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FORMATIVE STUDY FOR HIPS' GOOD LIFE PROJECT

FINAL REPORT

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FORMATIVE STUDY FOR HIPS' GOOD LIFE PROJECT

FINAL REPORT

Author:

Wilsken Agencies Ltd

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
Recommended communication channels and strategies	2
1.0 INTRODUCTION	4
1.1 BACKGROUND TO STUDY.....	4
1.2 THE GOAL OF THE RESEARCH	4
1.2.1 <i>Specific Objectives</i>	5
2.0 STUDY DESIGN	6
2.1 STUDY AREAS.....	6
2.2 TARGET RESPONDENTS.....	6
2.3 DATA COLLECTION.....	6
3.0 STUDY FINDINGS	7
3.1 THE ARCHETYPE OUT GROWER OR CASUAL LABORER.....	7
3.1.1 <i>Out-grower archetype</i>	9
3.1.2 <i>Casual laborer archetype</i>	9
3.2 INDIRECT EMPLOYEES’ ATTITUDE TOWARDS SERVICES PROVIDED AT THE WORKPLACE.....	10
3.3 COMMUNICATION CHANNELS.....	10
3.3.1 <i>Source of health related information</i>	10
3.3.2 <i>Communication with employers/company</i>	11
3.3.3 <i>Communication within the community</i>	11
3.3.4 <i>Preferred communication strategies</i>	11
3.4 AWARENESS AND USAGE OF CURRENT SERVICES.....	12
3.5 WILLINGNESS TO TAKE UP/PROVIDE THE SERVICES	12
3.5.1 <i>Indirect employees willingness to take up services</i>	12
3.5.2 <i>Companies to provide the services</i>	13
3.6 WHAT MOTIVATES COMPANIES TO TAKE CARE OF THE HEALTH OF THEIR INDIRECT EMPLOYEES?.....	13
3.7 HOW MUCH COMPANIES ARE WILLING TO INVEST IN THE HEALTH OF COMPANY INDIRECT EMPLOYEES;	13
3.8. INDIRECT EMPLOYEES’ EXPECTATIONS OF THEIR EMPLOYERS IN TERMS OF THEIR HEALTH MAINTENANCE.....	13
3.9 HEALTH BEHAVIOURS AND REASONS FOR BEHAVIOUR	14
3.9.1 <i>Malaria</i>	14
3.9.2 <i>HIV/AIDS</i>	14
3.9.3 <i>Tuberculosis</i>	15
4.0 CONCLUSION AND RECOMMENDATION	16
5.0 RECOMMENDED COMMUNICATION CHANNELS AND STRATEGIES.....	17
APPENDIX I: HIPS DRAFT GROUP DISCUSSION (OUT GROWERS PROFILING STUDY)	18
APPENDIX II: KEY INFORMANT INTERVIEW GUIDE (HIPS OUT GROWERS STUDY)	24



EXECUTIVE SUMMARY

This report presents findings of a qualitative study commissioned by the Health Initiatives for the Private Sector (HIPS) Project. The aim of the study was to generate data that would support the project in designing an appropriate communication strategy for indirect employees working with partner companies. The study focused on the out grower and casual employee archetype and explored; 1) their attitude towards services provided through the work place; 2) appropriate communication channels and strategies; 3) awareness and usage of current services; 4) health related behaviour and reason for behaviour; 5) companies' willingness to invest in the health of part time employees; and 6) indirect employees' expectation from the company.

The study employed qualitative methods of data collection, using Focus Group Discussions (FGDs), Key Informant interviews (KI) and observation. A total of 24 FGDs were conducted with indirect company employees that included casual laborers and out-growers, while up to 12 Key informant interviews were conducted with selected company staff under whose docket the indirect employee portfolio fell. Data was analyzed with the aid of grids to develop sub-themes.

Overview of the findings

Archetype of the out grower and casual labourer

This study depicts a clear difference between an out grower and a casual labourer. There were marked differences in the social, economic and demographic characteristics of the casual labourer and out grower and in their relationship to the parent company. Casual labourers are usually migrant workers, much younger (majority in their early 20s) while out-growers are natives of the community surrounding the company and were much older (late 30s). Nearly all out-growers are married or living with a partner unlike casual labourers with the majority being or married but not living with their families. Often both out-growers and casual labourers are members of the local associations such as village banks, religious groups or farmers associations.

Casual labourers often have no alternative source of income unlike the out-growers who often have other sources of income other than their supply contracts with companies. For both out-growers and casual labourers, females are the least likely to have alternative sources of income.

Casual laborers do not have much free time after work compared to out growers.

Out growers are likely to have more free time for leisure compared to casual laborers who in most cases are on the clock and managed directly by the company. This implies that out-growers are more likely to have a higher exposure to communications interventions.

Males spend their leisure watching soccer, playing board games and drinking alcohol, while females visit friends, watch local drama, or are part of local music clubs. Most casual labourer and out-growers have a low level of education, though they can read and write in their local languages at the least.

Communication channels: Radio is the most used source of information. Other sources of information include; newspapers, posters, medical personnel, village health teams, word of mouth from peers and friends, sensitisation seminars, the church and mobile phones.

Health personnel are the most trusted source of health related information.

The use of interpersonal communication approaches such as peers, village health teams and health talks from health workers are the most plausible approaches to adopt. The radio could equally play a vital role despite its high cost. It is also advisable that messages be passed in the local language of the target population though in areas with a large migrant population English and Swahili should also be considered.



Interface between the company and its indirect employees

Contact between the out growers and the company is mainly at the point of sale of produce or when receiving assistance such as seed and insecticide, while contact between casual laborers and the company is more frequent.

Notices, telephone messages, use of supervisors or site coordinators are the common ways through which companies contact their indirect employees. Communication to casual laborers is mostly done through supervisors.

Attitude towards services provided at the work place: There is a very positive attitude towards health services provided at the workplace among the indirect employees of companies.

Awareness and Usage of current health care services provided by employer companies: Out-growers and casual labourers are aware of health services being offered by their employer companies. Services provided mentioned included; Voluntary Counseling and Training (VCT), HIV/AIDS training, family planning services, provision of Antiretrovirals (ARVs) and general health care for ailments like malaria and minor injuries. Casual laborers were however more likely to utilize these services than the out-growers.

Willingness for companies to provide services: Most companies are willing to provide health care services to the indirect employees though with the support of partners. The high cost however impedes the company from expanding these services to their indirect employees, their beneficiaries and the surrounding community.

The need to increase productivity was a leading reason for companies' motivation to extend health services to their indirect employees. Other motivating factors mentioned were government policy which requires companies to provide health care to employees and that it also acts as a corporate social responsibility gesture.

The majority of companies are willing to provide management of out-patient conditions and work related casualties to their indirect employees with only a few catering for dependents of their indirect employees and the surrounding community.

Employee expectations of their employers in terms of their health maintenance: Indirect employees' expectations are high. These include an increase in the service offered at the dispensary and a subsidy of health expenses at external facilities for the period when they are contracted by the company.

Health Behaviours and reasons for behaviour: Malaria and HIV/AIDS are the most pressing health problems in the communities. Concerns raised included low coverage of Insecticide Treated mosquito Nets (ITNs), discomfort in sleeping under the ITNs, and a highly migratory labor force particularly of casual laborers alongside a high spread of HIV/AIDS. Since most casual laborers do not live with their spouses, this is seen to lead to an extra-marital relationship that would expose one to HIV/AIDS infection. Participants reported that location of their residence, presence of many prostitutes and low sensitisation as some of the reasons that increase their vulnerability to HIV.

Recommended communication channels and strategies

1. It is important for HIPS to appreciate the difference between out-growers and casual laborers in developing its communication strategy. These are viewed differently by the company and so should HIPS.
2. It is recommended that HIPS uses a multi-pronged communication strategy. This is due to the fact that the target audience has a hotchpotch of different categories of people.
3. To target out-growers, community meetings would be the most reliable communication strategy while company supervisors are recommended for casual labourers.



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4. Radio is also another communication strategy that should be adopted. Evidently, participants preferred the radio because they would listen to it in their time of convenience.
 5. Use of peers and village health teams to pass on health related communication to the community would be another useful strategy. Both these strategies are proposed because of the nature of work of the indirect employees.
 6. The study found that although most casual laborers access health care service while on contract, few out growers did. It is therefore important that all companies are helped to start provision of all healthcare services to all out-growers, and casual laborers.
 7. The study found that among the indirect company employees one will find youth and adults; married, single & never married, and single mothers. Attention should be given to the different categories of indirect employees when designing a communication strategy. Important to note is that different messages appeal to different categories of people.
 8. Casual laborers spend most of their time in the company. It is recommended therefore that communication campaigns targeting the casual laborers should be at the company premises or in the periods when there is no activity at the company.
 9. The timing of the activities is very vital when dealing with casual laborers because of the seasonality of business with some months being the peak months and the companies are less willing to let their employees spend time on the health program.



1.0 INTRODUCTION

This is a presentation of the findings for a study commissioned by the Health Initiatives for the Private Sector (HIPS) Project. The study that commenced on 28th October 2008 generated data that is to be used for designing an appropriate communication strategy. The study targeted indirect employees of the company that include out growers and casual laborers. These categories of indirect employees are defined in Section 3.1 of this report. The findings are presented basing on the study themes that include; profile of out-grower or casual labourer; indirect employees' attitude towards services provided at the work place; communication channels: awareness and usage of current services: Willingness to take up/provide health services; what motivates companies to take care of the health of their indirect employees; how much the companies are willing to invest in the health of the company out growers; indirect employees' expectations of their employers in terms of their health maintenance; and health behaviours and reasons for that behaviour.

1.1 Background to study

HIPS (Health Initiatives for the Private Sector) a USAID funded project that works with the Ugandan business community to find cost-effective ways to ensure access to vital health services for company employees, their dependents and the surrounding community members. The Project provides technical assistance to design and implement comprehensive workplace health programs that maximize accessibility of HIV/AIDS, TB & Malaria prevention and treatment services and impart Reproductive Health and Family Planning knowledge.

The Project is undertaking activities in the areas of prevention, treatment, training, capacity building and alliance building to ensure that access to health programs are improved and expanded via the private sector. Such activities include developing behaviour change communication materials, peer education programs for employees and surrounding community members and provision of a variety of health products such as Long Lasting Insecticide Treated Mosquito Nets.

A Communication Strategy is being written to guide the work of HIPS communication and service sector staff and partners. Formulation of the strategy has been done focused mostly on company management and its direct employees. However, an audience gap exists as regards dependents of company employees and community members who offer support to the company but are not regarded as their direct employees. Because of the potentially large size of this audience, the management of companies may not be in a good position to effectively assess the communication needs of this group let alone reach out to them effectively.

1.2 The Goal of the Research

The goal of the research was to generate data that will help HIPS project design an appropriate communication strategy. HIPS sought to:

- Understand the knowledge, attitudes and practices among 'out growers/ indirect employees of the companies' regarding work place health programs with specific emphasis in HIV/AIDS prevention and palliative care; malaria, reproductive health and family planning, orphans and vulnerable children among companies and employees especially out-growers.
- Gain understanding of employers' current practices and attitudes about work place based health programmes including issues related to type of provided services; perceptions of sustainability; cost-share expectations; motivation for providing services



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- Describe means with which health services are currently provided and/or could be provided to out growers/indirect employees
 - Gain an archetype profile of an out grower, their likes, dislikes, mechanisms of exposure and other behavioural characteristics

1.2.1 SPECIFIC OBJECTIVES

Specifically, HIPS wanted to know

- Attitudes towards various services that can be provided through the workplace to out growers;
- Best communication channels and strategies appropriate for out-growers;
- Willingness/attitude of out growers taking up these services;
- Awareness and usage of current services;
- Behaviours and reasons for behaviour, particularly in the area of HIV /AIDS: prevention and palliative care, TB, malaria, reproductive health and family planning, Orphans and vulnerable children;
- How much the companies are willing to invest in the health of the company out growers;
- Motivates companies to take care of the health of their out-growers, migrant workers;
- The archetype out grower or indirect employee;
- Growers'/ indirect employees' expectations of their employers in terms of their health maintenance.



2.0 STUDY DESIGN

The study employed a qualitative technique of data collection that used Focus Group Discussions with relatively homogenous groups of 8-10 participants and in-depths interviews with company focal point personnel dealing with casual workers and out-growers and in some instances with relevant line managers.

2.1 Study areas

The study was conducted with companies partnering with HIPS that have out-growers or casual labourer groups. Some of the FGDs were conducted on the company premises with casual laborers and others in areas where they have out grower communities. The study managed to reach Dunavant Cotton, James Finlays Tea; Kakira Sugar works Ltd, Kinyara Sugar Works Ltd, Melissa flowers, Nile Breweries Limited, North Bukedi Cotton Ginnery, RoyalVanzanten Flowers Ltd, The New Forests Company, Tororo Cement, Tullow oil, and UGACOF Coffee. However, in Tullow oil the services of casual workers were out sourced and therefore no interviews were conducted there.

A total of 24 Focus Group Discussions were conducted. In each of the visited companies two (2) FGDs were conducted one with a female group and the other with males. In all the companies visited discussions were with either the out-growers or casual laborers and not both. Fifteen Key informant interviews were conducted at least one in each of the selected companies.

2.2 Target respondents

The study targeted out-growers/casual laborers, and company focal point personnel dealing with casual workers and out-growers. In some of the companies visited relevant line managers were interviewed.

Respondents were sought from the companies where they worked. Using a contact sheet provided by HIPS appointments for interviews with key informants were set. With the assistance from the focal person FGD participants were randomly selected by the research team.

2.3 Data collection

Data collection was conducted by a team of experienced Wilsken staff that comprised of a Moderator and note-taker. Five teams were sent out for data collection in each of the regions. The study regions included the North, Far East, East, Central and the West.

FGD guides (*see appendix*) were used to guide the moderators in data collection with the indirect employee, while Key Informant guides were used for the Key informants. The guides were developed by Wilsken Agencies in liaison with HIPS.

The FGDs comprised of 8 to 12 persons. Discussion proceedings were recorded and verbatim responses noted by a note taker. Most of the discussions were conducted in the local language and few mixed with English.



3.0 STUDY FINDINGS

3.1 The archetype out grower or casual laborer

The study targeted selected companies that used services of indirect employees. The indirect employees are staff that are not permanent, but provide services to the company. These include out growers who provide a product (produce) in-put, while casual laborers provide services on a temporary basis. Companies that were engaged in sugar cane growing, tea, cotton and tree planting were the only ones found with out-growers, while those engaged in coffee processing, flower growing, limestone mining and oil exploration had casual laborers. Table 1 below shows a summary profile of casual laborers and out growers who participated in FGDs.

Table 1: FGD participants profile

Characteristics	Profile Description	
	Out grower	Casual labourers
Age	Youngest: 30yrs Oldest: 61yrs Most: late 30s	Youngest: 22yrs Oldest: 45yrs Most: Mid 20s
Sex	Most: Male	Almost proportional male and Female
Level of education	Lowest: None Highest: University Graduate Most: some primary/some secondary education not beyond senior 4	Lowest: Primary four Highest: Senior Five Most: some primary/some secondary education not beyond senior 4
Marital status	Most: Married/staying with partner	Females: Most: Staying with partners A few: Never married (staying with parents)/Single mothers Males: Slightly more than a half: Married/cohabiting (some were migrants who did not move with their spouses) Others: Single (Staying in own rented house)
Family size	Average: 8 people	Average: 5 people
Alternative source of income	Female; (not likely) Male: Likely (Trade)	Female: (Not likely) Male: Most: Not likely A Few: Petty trade
Membership to association	All: Career related association (Out growers associations) Many: Community associations (village banks, youth, arts, social relations, farmers and religious groups.)	Majority: Career related associations (Sugar cane cutting, flower harvesting, tea picking etc...)



Leisure	<p><u>Female: Most:</u> Stay home</p> <p>A few: Visit friends, drama, church</p> <p><u>Male: Most:</u> Visit trading centres, play board games, watch football, go to the bar</p> <p>A few: Relax at home</p>	<p><u>Female: Most:</u> Stay home</p> <p>A few: Visit friends, drama, church</p> <p><u>Male: Most:</u> Visit trading centres, play board games, watch football, go to the bar</p> <p>A few: Relax at home</p>
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3.1.1 OUT-GROWER ARCHETYPE

A typical out grower is aged 36 years, locally born with an average family size of 8 people. He owns land, 3 to 5 acres on which he grows the crop to supply the company. In most cases a female out grower, grows the crop on his spouse's land. He owns assets such as a radio, bicycle, a house, poultry and livestock. An out grower is a member of an out growers association and is likely to be a member of a community association like a village bank and a drama, crafts, farmers or religious group. Most male out growers had some secondary education, while their female counterparts had some primary.

In Bushenyi district it was common to find a graduate out-grower, mostly male. He owns a big piece of land over ten acres and out-sources services of casual workers to pick the crop on his garden. He also buys the crop from smaller out growers and solely sells it to the company.

An out grower is in most cases contracted by the company he supplies if that company makes an input in the production of the crop. A company that provided pesticides, seeds and rendered a hand in the production process has contracts with the out growers. These contracts are normally annual. An out-grower that provides his/her agricultural inputs is not likely to be bound by a contract. An out-grower will most likely have supplied a company with produce for more than one year. He/she normally supplies the produce on a daily basis, though payment is done fortnightly. His/her interaction with the factory is when bringing the supply or clearing land for planting and it is with that company employee who is immediately responsible for the activity.

An out-grower at times gets assistance from the company to clear land with tractors readying it for planting, provide seeds, pesticides and in some instances technical assistance.

An out-grower most of the time engages in an alternative source of income. He/she is engages in agriculture to boost income and in limited circumstances engages in trade. Whereas an out grower engages in trade that calls for a lot of money like transport business (motorcycle) the casual laborer's trade requires little capital.

A female out grower does not have time for leisure. She is in most cases engaged in household chores when she gets back from the garden. The few times, she gets time for leisure, she visits friends and relatives, go to church and at times watch a local drama group. Male out-growers get a lot of time for leisure when there is no activity in the garden like sowing, weeding or harvesting. An out-grower most times leaves his/her garden at around 3pm and thereafter goes home to rest or engage in other activities like trading, watching football or movies, playing board games in the trading centre or drink alcohol at the local bars.

3.1.2 CASUAL LABORER ARCHETYPE

Most of casual laborers are in their early 20's; their overall age range is 22 to 45 years. They are most likely to have small families of less than four people. Family size is largely because most of the people in this category are in their early 20s. Slightly more than half, of the males are married or cohabiting and the others are single and staying in own rented room(s). The male married migrant out grower lives his spouse in his district of origin, and pays her a visit once in a while. A female out-grower is most times a married or cohabiting woman, in rare circumstances she is a single mother renting a house or single young woman staying with parents or relatives.

A male casual laborer is most likely to have dropped out of school before completing 'O' level, while a female will have some primary school education. Unlike an out-grower, a casual laborer does not own land. The few who do are squatters on small pieces of titled land and engaged in subsistence farming. Almost a third of the casual laborers are migrant workers.



Casual laborers are not likely to be members of associations within their communities, but are members to associations at their work place. They belong to associations like ‘*sugar cane cutting association*’, ‘*flower pickers association*’, and ‘*truck loaders association*’ among others.

They have contracts with companies they work with, and could be time bound or activity bound. An activity related contract stipulates the activity for which a laborer has been hired for and this could include; harvesting, sowing, or weeding. The time bound contracts range from three months to a full year, and you could find one who has worked for three months to eight years for the company under such a contractual arrangement.

Most casual laborers get paid at the end of the month after computing their daily rate. Some companies made fortnightly payments. A casual laborer is most likely to interact with the company through his/her immediate supervisor. They access medical care, like VCT, and treatment for ailments like malaria, get first aid treatment for simple accidents on company premises. A casual laborer also gets a Christmas hamper every end of year.

Casual laborers are not likely to have an alternative source of income, they however, engage in subsistence agriculture. In very rare circumstances you will chance on a male casual laborer engaged in petty trade as an alternative source of income. A female will not have an alternative source of income because she is expected to engage in domestic chores when she gets back from her work place. Likewise she did not get time for leisure; in the unlikely event that she gets time it would be used to visit friends and relatives, watch local drama shows or go singing. A male casual laborer would get time, normally late in the evening and night for leisure, and would watch the premiership (English Football league), play board games, go to the bar or visit friends.

A migrant casual worker will possess household assets like a television, bicycle and a radio, while the non-migrant will own capital assets like a house, land and livestock among others. A migrant casual laborer who owns such assets will most likely have them in his district of origin, while it is not likely that a female has these assets.

3.2 Indirect employees’ attitude towards services provided at the workplace

Both out-growers and casual laborers were found to like services provided at the work place. As we shall later observe most participants were keen on accessing these services. Some of the participants mentioned failure to access health services provided by the company dispensary as an issue of concern to them. Participants also raised the desire to test for HIV/AIDS, and attend health workshops organized by the company but were limited by the time available to them and company policy. This shows how interested these employees are in regard to services that can be provided through the work place.

3.3 Communication channels

3.3.1 SOURCE OF HEALTH RELATED INFORMATION

Radio is the most commonly used source of health related information for both the out-growers and casual laborers, followed by newspapers and posters. Other sources from which they reportedly got this information was consultation with medical personnel, village health teams, word of mouth from peers and friends, sensitisation seminars, mobile phones and the church.

Medical personnel were most trusted to deliver health related information. These personnel include doctors, nurses, and members of the village health team. This was attributed to the fact that the medical personnel are trained in the field just like those who facilitate in the seminars.



Participants reported that they heard many health related messages on radio mainly focusing on HIV/AIDS and use of mosquito nets. They were also a few who reported to have heard messages on family planning, hygiene and use of tablets other than injections to treat malaria.

Most of the participants reported to listen to the radio when news was being aired early in the morning at 7am and at night at 7pm for some and 9pm for others. They also reported to tune in on political radio talk shows.

3.3.2 COMMUNICATION WITH EMPLOYERS/COMPANY

Communication between the out grower and the company is not frequent. They only get in touch while selling the produce or when the company is providing seeds, pesticides or clearing the land. However, because the casual laborers are most of the time on company premises, they often get in touch with it through the supervision hierarchy.

In case the casual laborers wanted to get in touch with their employer, they would contact their supervisors who would in return contact the company.

The company had more options of getting in touch with its indirect employees. They at times communicate using phones, write out notices/posters that are pinned at strategic points for all to see, tell the supervisors or site coordinators who pass on the information, or use a mega phone.

'We follow our organizational structure, if the instructions come from the programme manager, they are sent to the area coordinators who channel the information to the field officers' (KI, Iki Iki)

Overall, most of the respondent especially out-growers preferred local languages for both the audio and written communication. However, in communities with large migrant casual laborers, participants preferred the use of Swahili and English. Participants preferred Swahili and English because they were perceived to be universal and understood by a wider population.

3.3.3 COMMUNICATION WITHIN THE COMMUNITY

Community meetings were conducted at least once in a month. We can infer from the study that out growers were more likely to attend community meetings, than the casual laborers. Likewise, women attended these meetings more. Most men especially the casual laborers reported that they left the company premises late and would therefore not be in position to attend the community meetings. They also pointed out that in most cases the meetings are organised at a time when they are at their workplace, making it impossible for them to attend.

3.3.4 PREFERRED COMMUNICATION STRATEGIES

Most participants preferred receiving communication through the radio because it uses their local language covers a wider audience and could be accessed any time.

Casual laborers also preferred getting information from their supervisors. Preference for this mode of communication was pegged on the fact that they would certainly get the information and would be in position to seek clarification.

Out growers mentioned community gatherings as another preferred strategy for receiving health related communication. Through community gatherings participants reported that they would be in position to ask questions to which they would get instant responses.



3.4 Awareness and usage of current services

Overall, participants were aware of the services that each company's health facility provided. Most companies provided health care services to casual laborers, but rarely to out-growers. Some key informants reported that health care services were provided to all permanent and casual employees.

However, it was evident that there is a difference between health care available to 'casuals' and that offered to the permanent staff. Whereas some permanent staff had a 50% health insurance cover when they visited external health facilities, the 'casuals' health care was limited to only that provided by the company dispensary. It was found that out growers only benefited from services targeting the communities because they were not considered as company employees. Bills for treatment obtained from the external providers would be footed by the casual laborer.

'We do not offer them [Ed; out growers] something visible but we just refer them in case of any health problem' (KI, Iki iki)

Company dispensaries were reported to provide treatment for malaria, colds, and minor injuries. They also provided HIV/AIDS training, VCT, family planning services, and a few provided ARVs to employees and PLWHA in the community. In instances where the company did not provide VCT, arrangement with external providers was made to have it at company premises.

Participants further noted that at times companies organize community outreach programs for the communities in its vicinity where issues like VCT, HIV/AIDS and Malaria are discussed. This was part of the companies' corporate social responsibility.

'Nearly everybody has an idea about HIV/AIDS at least everybody got something from the trainings' (KI, Mukono)

The casual laborers' failure to use company health services was as a result of company policies that prohibited them from accessing these services. Failure to get time to attend the health related workshops at the company and within the community due to their busy schedule was another reason. A key informant also reported that it was not possible to have VCT and other health related trainings at the period when they take on casual laborers because it is normally the time when they are very busy and need all 'the hands available'.

Apart from the company dispensaries, there are organisations providing health services in the community. Participants mentioned organisations that included World Vision, True Vine, HIPS, Aset, Plan International, Tororo Hospital, Kisubi hospital. Different health centres at the local levels were also mentioned as health service providers to the community. The services included provision of mosquito nets, sensitisation on HIV/AIDS, family planning and providing care and support to OVCs and PLWHA.

3.5 Willingness to take up/provide the services

3.5.1 INDIRECT EMPLOYEES WILLINGNESS TO TAKE UP SERVICES

Participants were willing to take up services being provided by the company. This willingness was most times portrayed by the participants' desire to test for HIV/AIDS, and attend health related workshops. There was an incidence reported in a discussion with a group of out growers, where a company came and took names of people with different ailments with a promise of coming back to treat the sick. Though no one has gotten back to them, they are still waiting and hopeful.

Whereas, some of the casual laborers raised an issue of the company failing to provide protective gear for them, a key informant reported that some casual laborers did not wear the protective gear even when provided.



3.5.2 COMPANIES TO PROVIDE THE SERVICES

All companies were willing to provide health facilities to the casual laborers, though few were willing to do the same for out growers. The companies however sought to get assistance from other partners in order to provide these services. However, key informants observed that provision of health care was costly and yet finding partners to work with is not easy.

3.6 What motivates companies to take care of the health of their indirect employees?

Companies are motivated by the desire to improve productivity. Key informants reported that companies aim at maximising profits and therefore will do all to increase productivity. Provision of health services was viewed as a way of ensuring casual laborers loyalty to the company resulting into increased productivity.

'If you have a healthy work group, you will expect high productivity' (KI, Kakira)

It was also reported by key informants that companies are motivated by government policies to provide health services to indirect employees.

Another motivation to companies is the desire to fulfill their corporate social responsibility. Respondents speaking on behalf of the companies noted that health services are provided to casual laborers and the communities as a way of giving back to the communities in which they operate.

3.7 How much companies are willing to invest in the health of company indirect employees;

Overall, most of the companies were interested in investing more in the health of company casual laborers and out growers. They already have programs that are providing VCT, family planning services, and preventing malaria. Companies through their social responsibility programs were reported to be providing safe water and providing ITNs to the communities.

Companies also showed an interest in providing sensitisation on tuberculosis, and also venture into maternal health care for both the casual laborers and out growers.

3.8. Indirect employees' expectations of their employers in terms of their health maintenance

Casuals had more expectations in terms of health maintenance from the company than out growers. Whereas out growers expect companies they supply their goods to, to assist in organising health workshops, the 'casuals' expect more health care services. Participants expect services offered at the dispensaries to be increased and introduce them where they are not.

Participants specifically expected companies to provide ITNs, malaria drugs, and VCT. They also proposed that employers should facilitate community health teams to reach more people in the community with simple medical care and information.

It was the casual laborers' expectation that companies subsidize treatment for 'casuals' when referred to external health facilities. Though most of the companies provided protective gear for their employees', 'casuals' that did not have protective gear expected the companies to provide them. Respondents also expected to get an improvement in pay, so that they can afford better treatment.

'They should increase our salaries ... so as to get better treatment' (Casual laborer, Bugiri)



3.9 Health Behaviours and reasons for behaviour

Overall, HIV/AIDS and malaria were the most pressing health problems in the communities. Orphans and vulnerable children were also mentioned in Northern Uganda, and specific to Bugiri district bilharzia was mentioned, while polio was mentioned in Gulu and exposure to pesticides was another health problem reported by casual laborers. Poor nutrition and limited health resources for pregnant mothers were also mentioned as other pressing health problems.

3.9.1 MALARIA

Most of the participants reported that they were at risk of catching malaria because they stayed in areas, that are mosquito infested and do not sleep under mosquito nets. Insecticide Treated Mosquito Nets (ITNs) were a necessity that many households did not possess. Participants reported that they were very expensive and could not afford buying them for the family members. It is however, important to note that there are participants who noted that they had mosquito nets but did not use them because there is a lot of dust around their home and the ITNs trap the dust. Others reported that ITNs generate a lot of heat making persons sleeping under them uncomfortable.

A sizeable proportion of casual laborers got malaria treatment from company dispensaries. Persons who did not access this treatment, most of who were out growers, would get it from government health centers, private clinic or use local herbs. Treatment from sources that are not government facilities was sought because of the distance to the center or lack of drugs in the government health facilities. A few participants reported that they cleared bushy surroundings around their homesteads in a bid to prevent malaria.

In one of the districts, a company reported that with assistance from a partner (AFFORD) ITNs were solicited and provided to the out growers, although they were not sufficient.

3.9.2 HIV/AIDS

Most of the participants perceived themselves vulnerable to catching HIV as a result of their own or partners' behavior. A participant observed that of late there is lack of trust among many married persons, which exposes them to a risk of contracting HIV. They also reported that locale of their residence, presence of many prostitutes and low sensitisation as some of the reasons that increase their vulnerability to HIV. It was also noted that migrant workers did not move with their wives and hence could not monitor their behaviour which might expose them to HIV.

Participants noted that many of the companies they worked for were providing VCT, HIV/AIDS sensitisation and in limited circumstances provided ARVs to those infected with HIV.

'We have been sensitized on HIV/AIDS, and some time there is voluntary testing that takes place in UCI' (Casual laborer, Tororo)

In order to address the HIV/AIDS problems, participants reported that many of them go for VCT at the company dispensary or when there has been an outreach organised. The male participants also reported use of condoms as a means of preventing contracting HIV.

However, participants reported that some of their colleagues were afraid of testing for HIV/AIDS because of the stigma attached. It was also reported that some of the persons diagnosed with HIV/AIDS do not have the resources to get the required medication.



3.9.3 TUBERCULOSIS

Most of the respondents said it was not likely that they would contract Tuberculosis (TB). As highlighted by a respondent in Bushenyi they were not likely to get TB *'because they do not take raw milk'*, while others thought they could because the disease was not common in their community. However, a few thought that because it's related to HIV/AIDS then chances of contracting it would be like that for contracting HIV. Other participants reported that they were likely to get T.B because they share household utensils with different people. Likelihood of contracting TB was also linked to the fact that most people were not aware of their status rendering it impossible to determine their individual risk. Some participant further noted that because TB is an airborne disease then the likelihood of one contracting it is increased. However, from the discussion one could realise that participants did not have enough information about TB.

'Since sometimes TB comes because of Aids and we have said the chances of contracting HIV are high, I expect the chances of contracting TB to also be high' (Out grower, Bushenyi)



4.0 CONCLUSION AND RECOMMENDATION

The motivation for conducting the study was to generate data that will help HIPS project design an appropriate communication strategy. This section presents the conclusions and recommendations of the study.

The study found that although most casual laborers to a limited extent access health care service while on contract, few out growers did.

- It is therefore important that all companies are helped to start provision of all healthcare services to all out-growers, and casual laborers.

The study found that among the indirect company employees one will find: youth and adults; married, single & never married, and single mothers.

- Attention should be given to the different categories of indirect employees when designing a communication strategy. Important to note is that different messages appeal to different categories of people.

Casual laborers did not have a lot of free time after work but out growers did. Most of the casual laborers left their work place late and exhausted, while the out growers left a little earlier and also had off peak seasons when they did not engage in gardening. Out growers therefore had more time where they could be exposed to communication unlike the casual laborers. Males in both categories of indirect employees, when availed with time for leisure would watch the premiership, play board games at the trading centre or take alcohol. The females most of the time visited friends or relatives.

- Any communication campaign that targets casual laborers should be at the company premises or within the communities during the period when there isn't much production activity at the company.

The most important source of health information was reported to be the radio. Though the casual laborers mainly listened to the radio at night, out growers had more time to listen to it. Both casual laborers and out-growers reported listening to news bulletins at night and early in the morning.

- Any communication targeting this category of people on radio should be preferably at night and close to the time when news is aired on the different radio stations within their localities. Information could also be passed on to the indirect employees through peers at the work place or places where they spend their leisure time.



5.0 RECOMMENDED COMMUNICATION CHANNELS AND STRATEGIES

It is recommended that HIPS uses a multi-pronged communication strategy. This is due to the fact that the target audience has a hotchpotch of different categories of people. These categories are differentiated by age, sex, time available to access information and leisure.

Overall, community meetings would be the most reliable communication strategy. This strategy will be helpful in that the target population will have time to ask questions to which answers will be available. However, specific to casual laborers, these meetings should be organized at company premises or when there is no work at the company. Whereas, for the out growers it's important that they are organized when there is less work at their farms.

Radio is also another communication strategy that should be adopted. Evidently, participants preferred the radio because they would listen to it in their time of convenience. Health information on the radio should be aired just before or after prime news in the morning or the night. This would cater for both the casual laborers and out growers.

Use of peers and village health teams to pass on health related communication to the community would be another useful strategy. Both these strategies are proposed because of the nature of work of the indirect employees. Peers are specifically proposed because they are most of the time in company of some of these direct employees. This is at the work place and places where they spend their leisure time. Without destructing their colleagues, trained peers can provide health information to the communities as part of their casual conversation. As for the village health teams, since they stay with in the communities, then it's likely that they will be contacted for information. The study already reveals that village health team members were some of the most provided sources of health related information.



APPENDIX I: HIPS DRAFT GROUP DISCUSSION (OUT GROWERS PROFILING STUDY)

Self Introduction:

You are all welcome. We are happy that you could make time for us. We here, come from **Wilken Agencies Ltd**; a consultancy firm working in the general field of social and market research. (Moderator, say your name, usual place of abode and ask the Note taker to introduce himself or herself.

Brief description of the study:

You have been invited here to participate in study we are conducting on behalf the Health Initiatives for Private Sector project (HIPS). HIPS is a USAID project that works with Ugandan Business community to find cost effective ways to ensure access to vital health services for company employees, their dependants and the surrounding community members. One of the company/companies that HIPS works with is _____ (*moderator insert the appropriate name of the company related to the out grower group for which this FGD has been formulated*). The aim of this study is to understand your working relationship with this company and how HIPS can work with the company in the provision and access of health services for people like you. We are particularly interested in knowing the nature and extent of your relationship with this company, what benefits and services you get from them, what you expect from the company and how much you rely on them or them on you. Further we would like to ask you about certain health services and how you, your family and peers normally access these health services. We would also like to know a bit about life in this community, what you do for money, entertainment, leisure and pleasure. In addition, we would like also to know about your association membership, your commonly used means of communication as well as communication services available and how these get played out in your day-to-day life.

Gaining consent:

You have been purposely selected to participate in this exercise because we believe you have better information and experience to share with us on this subject. There is no wrong or right answer. We are just interested in your views. You are free to agree or disagree with anyone or anything. This work is highly confidential. We are not going to publicize your names or say that so and so attended. We encourage members to feel free to say anything concerning the topic of discussion. We thank you in advance for your participation in this study. I request you to allow us to write down and record your responses. Whatever you tell us will be treated with utmost confidentiality.

Moderator, explain the tape recorder and request permission to use it. Remind them that there is no wrong or right answer. You want to get their opinions on the issues you would like to discuss.

Warm up:

The moderator asks participants to introduce themselves at this stage including their age, occupation, marital status, number of dependents and educational level attained and whether they are local born to area or not.



Now let us talk a little more about you, where you work.

Theme	Sub Theme	Focus	No	Lead Questions
1. Developing the out grower archetype	Exploring Participants' life styles and social economic backgrounds	Relationship with company; Standard of living, Life styles and influencers	1	Are there any groups/associations/clubs where some of you belong? If yes, please tell me about these groups that you belong to?
			2	What nature of employees are you in relation to _____? (<i>moderator insert appropriate name of company or company for which this FGD has been formulated</i>)
			3	Generally speaking, for how long do people like you normally work for this company?
			4	What are the activities that you do for this company?
			5	Please tell me the manner in which you are paid for the services that you provide to this company? <i>Moderator probe to find out whether payments are fixed monthly wages or per day worked or on based on deliverables</i>
			6	How often do you get in contact with this company?
			7	Who do you normally interact with at the company?
			8	Other than being paid for the services you provide for this company, what other benefits are you entitled to? <i>Probe for health benefits and services</i>
			9	Does this company do anything to help this community? If yes what activities or programmes does the company do to help your community? <i>Probe for health programmes and activities</i>



Theme	Sub Theme	Focus	No	Lead Questions
			10	Other than working for this company, what other activities do people like you do for money?
			11	On a typical week day, how do you normally spend your day starting from morning until you go to sleep?
			12	What do people like you do for entertainment, leisure or pleasure?
				How would you describe a well to do person?
			13	What kind of assets do people like you have? <i>Probe for owner ship of land, livestock, and other social amenities</i>
			14	Who you usually turn to for advice or encouragement?

Now let us turn our focus to health

Theme	Sub Theme	Focus	No	Lead Questions
2. Exploring the most pressing problems out grower communities that	Health problems	HIV/AIDS, Malaria, Reproductive health and OVC	15	How interested are you in health related information or news?
			16	Do you usually discuss health information related news or information with friends and neighbours?
			17	What are the most pressing health problems facing this community that you would like to address? <i>Probe for HIV/AIDS, malaria, reproductive health and family planning and OVC</i>



Theme	Sub Theme	Focus	No	Lead Questions
Want addressed			18	What about the most pressing health problems facing you and your family? <i>Probe for HIV/AIDS, malaria, reproductive health and family planning and OVC</i>
			19	How do you normally deal with these problems as a community and you and your family personally?
			20	Do you get any outside help in dealing with these problems? If yes from whom and what is the nature of such assistance or help?
			21	What health services are available in your community to deal with these problems? What about at your place of work; what health services or benefits are available to you to help you deal with these problems?
			22	Do you have or find any problems as regards accessing these services either at the community or your place of work? If yes, please tell me some of the problems you face?
			23	Where do you normally go to access health services?
			24	Please tell me where someone can go in this community or anywhere else to access the following services <ol style="list-style-type: none"> 1) HCT 2) Treatment for HIV related infections 3) HIV palliative care 4) Malaria diagnosis and treatment 5) Reproductive health and family planning services



Theme	Sub Theme	Focus	No	Lead Questions
			25	How do you rate the likelihood of you or members of family contracting the following 1) HIV/AIDS 2) Malaria 3) TB Please explain
			26	If your workplace was willing to help you deal with your health related problems, how would want them to help you out? <i>Probe for direct Vs in-direct intervention mechanisms</i>

Now let us talk about communication channels you often use to communicate

Theme	Sub Theme	Focus	No	Lead Questions
3. Communication Channels and strategies			27	How do you usually get to know about important information? <i>Probe for conventional and non-conventional sources (such as community meetings, word of mouth, notice board etc.)</i>
			28	How often do get news or information from these sources you have mentioned?
			29	How do people like you acquire/access important health information?
			30	Which of these sources you have mention do you trust most? <i>Moderator read out list of sources mentioned in above</i>



Theme	Sub Theme	Focus	No	Lead Questions
			31	How would you prefer to be informed about important health issues, news, problems or availability of services?
			32	When you want to get in touch with your employer or if your employer (<i>moderator insert appropriate name of company or company for which this FGD has been formulated</i>) wants to get in touch with you How do you usually communicate with each other?
			33	How often are community meeting held in your community? And do you normally attend these meetings
			34	In what language would prefer to receive the audio information or written information?

Closing the discussion:

Is there anything else that we have not talked about this topic that you would like us to discuss?

Thank you very much for taking your time to share with us your experience.

Remember to give the Incentives



APPENDIX II: KEY INFORMANT INTERVIEW GUIDE (HIPS OUT GROWERS STUDY)

Hello. My name is _____. I work with Wilsken Agencies Ltd a research company current doing a study commissioned by the Health Initiatives for Private Sector project (HIPS). HIPS is a USAID project that works with Ugandan Business community to find cost effective ways to ensure access to vital health services for company employees, their dependants and the surrounding community members. One of the company/companies that HIPS works with is this. The aim of this study is to understand your working relationship with this company and how HIPS can work with your company to provide health services to your out growers. We here to talk to you about your out grower scheme and the nature relationship existing between your institution and them. If you would like to participate in the study, we will ask you to answer some questions for about 30 minutes. Would you like to take part in this study?

[If yes = **continue**]: [If No = **close**]:

Name	
Institution / company	
Occupation / position	
Date	

Interviewer writes the responses in a notebook

1. Does this company have out grower schemes or a temporary/ part time work force providing some sort of paid service for your production/supply chain?

2. What sort of scheme is this? Please describe how the scheme operates, services provided or activities done and what department/office of your company is in charge of this.

Probe for categorization, registration, information kept by the institution and management of the scheme

3. What are some of the locations with the largest number of out growers/temporary work force?

4. How do you normally communicate or mobilize your out growers/temporary work force?

5. What challenges do you face in dealing with out growers/temporary work force? ***Probe for communication challenges, wellness and health related production challenges***

6. How have you dealt with or what do you do to overcome these challenges?

7. Other than being paid for services provided, what other additional benefits or incentives does your company provide for your out growers/temporary work force (***Probe for health benefits and other wellness social schemes***)



8. How much value or importance does your institution attach to the well being of your out growers/temporary work force
9. What does your institution do to ensure the wellbeing of your out growers/temporary work force
(Probe for health benefits and other wellness social schemes)
10. What challenges do you face in providing these additional benefits/schemes
11. *If nothing is being done*, Would your institution be willing to do more for your out growers/temporary work force in way of ensuring their well being? If yes What areas would be most interested?
12. If I want to mobilize your out growers to hold some Focus group discussions with them, what would be the quickest way for me to do this?

END INTERVIEW BY THANKING RESPONDENT AND RECORD ENDING