USAID FROM THE AMERICAN PEOPLE | SCALING UP FOR MOST-AT-RISK POPULATIONS

ORGANIZATIONAL PERFORMANCE SUM

Supporting the HIV Response: A Manual for Civil Society Organizations

Module 5 CSO Organizational Policies and Procedures

June 2011

USAID FROM THE AMERICAN PEOPLE | SCALING UP FOR MOST-AT-RISK POPULATIONS

SUPPORTING THE HIV RESPONSE: A MANUAL FOR CIVIL SOCIETY ORGANIZATIONS

Module 5

CSO Organizational Policies and Procedures

June 2011

[Page intentionally left blank]

Table of Contents

Abbreviations.....5

Purpose of this Module 7

1. Organizational Codes of Conduct 9

2. Service Delivery Protocols and Procedures 12

3. Organizational Health and Safety 13

4. Handling Complaints from Clients and Stakeholders.....14

[Page intentionally left blank]

Abbreviations

CSO	Civil Society Organization
ERA	Expanded readiness assessments
FSW	Female sex workers
HIV	Human Immunodeficiency Virus
IEC	Information, Education, Communication
IDU	Injecting drug user
MARPs	Most At Risk Populations
MSM	Men who have sex with men
NAC	National AIDS Commission
NGO	Non-Government Organization
NHSAP	National HIV and AIDS Strategy and Action Plan
OP	Organizational performance
PLA	Person/people living with AIDS
PLHIV	Person/people living with HIV
SW	Sex worker
TC	Technical capacity
TG	Transgender persons
USAID	United States Agency for International Development
VCT	Voluntary testing and counselling

[Intentionally left blank]

Purpose of this Module

This *CSO Organizational Policy and Procedures Module* is a *how to* guide developed to supplement the four core "best practices" manuals prepared by the USAID Scaling Up for Most-at-Risk Populations (SUM) Program for CSOs working in the HIV response. The four core manuals are:

- *Supporting the HIV Response: A Manual for Civil Society Organizations Working with Men who have Sex with Men*

- *Supporting the HIV Response: A Manual for Civil Society Organizations Working with Female Sex Workers*

- *Supporting the HIV Response: A Manual for Civil Society Organizations Working with Transgender Persons*

- *Supporting the HIV Response: A Manual for Civil Society Organizations Working with Injecting Drug Users*

Version One of these four core manuals were produced in 2011. They each include sections on organizational performance and technical capacity.

A key challenge for *Version One* was *how much to include* and at the same time keep the core manuals to a reasonable length. The decision was made to focus the core manuals on essential best practices and supplement them with a series of *how to* modules. Modules currently available in Indonesian and English include:

- *Module 1 – CSO Start-Up*
- *Module 2 – CSO Strategic Planning*
- *Module 3 – CSO Human Resources Management*
- *Module 4 – CSO Program Planning*
- *Module 5 – CSO Policies and Procedures*
- *Module 6 – Mobilizing for MARPs*
- *Module 7 –Strategies for Effective MARPs-based Advocacy*

Version Two of the four core manuals will be produced in early 2012. Each of the core manuals will be refined and strengthened, benefiting from the results of the 2011 SUM Program expanded readiness assessments (ERAs) in several communities across the country, and from the results of the 2011 SUM Program CSO-specific organizational performance and technical capacity (OP/TC) assessments conducted with a number of CSOs in SUM Program targeted communities.

Also available from the USAID SUM Program are many “how to” organizational performance and technical capacity manuals developed by its predecessor project – the USAID Aksi Stop AIDS (ASA) Project. Throughout the four core manuals these supplemental *how to* materials are referenced as key resources.

Over the coming years, the SUM Program will expand its list of “how to” manuals, technical briefs, and training materials based on needs identified by CSOs and other stakeholders.

The USAID SUM Program manuals and supplemental modules are aligned to the Government of Indonesia National AIDS Commission’s *National Strategy and Action Plan 2010-2014*. A key priority action of the National Strategy is to strengthen the engagement of civil society in the HIV response.

The aim of this *CSO Organizational Policy and Procedures Module* is to enable CSO leadership, staff, and volunteers to work effectively together to delivery successful programs and services in a safe and healthy work environment.

1. Organizational Codes of Conduct

The term, organizational codes of conduct, is sometimes used interchangeably with performance standards. However, in this Module we differentiate between organizational code of conduct and performance standards: the former refers to the organization and the latter refers to the staff. Nevertheless, staff and organization are so entwined that at time it is difficult to differentiate the two.

The organizational codes of conduct can be defined as the detailed description of your organization's values (see *CSO Strategic Planning Module*). Let us take *accountability* as an example of a value held by many organizations. The Codes of Conduct related to *accountability* could be:

- We do not tolerate inaccuracy in financial recording
- We make sure donors' funds can be accounted for
- We make sure donors' funds are used for the good of who we serve
- We make ourselves accountable to those we serve by providing the best possible services

Organizational Codes of Conduct and Organizational Values

With your colleagues, using the adjacent example as a model, take one of your organization's values and identify codes of conduct that would help staff and volunteers live into the values.

You will note that some of these codes could also appear in the standards of performance expected the CSO technical director or accountant or field coordinator.

Codes of conduct are also tied to discipline and program values. For example, the NGO HIV/AIDS Code of Practice Project, a joint initiative of several international NGOs, societies and associations, offers the following organizational principles:[1]

HIV/AIDS Programs Code of Practice

Involvement of PLHA and affected communities

- We foster active and meaningful involvement of PLHA and affected communities in our work.

Multi-sector partnerships

- We build and sustain partnerships to support coordinated and comprehensive responses to HIV/AIDS

Governance

- We have transparent governance and are accountable to our communities/constituencies.

[1] http://www.icaso.org/publications/NGOCode.pdf

Organizational mission and management

- We have a clear mission, supported by strategic objectives that are achieved through good management.
- We value, support and effectively manage our human resources.
- We develop and maintain the organizational capacity necessary to support effective responses to HIV/AIDS.
- We manage financial resources in an efficient, transparent and accountable manner.

Program planning, monitoring and evaluation

- We select appropriate partners in a transparent manner.
- We plan, monitor and evaluate programs for effectiveness and in response to community need.

Access and equity

- Our programs are non-discriminatory, accessible and equitable.

Advocacy

- We advocate for an enabling environment that protects and promotes the rights of PLHA and affected communities and supports effective programming.
- We plan, monitor and evaluate advocacy efforts for effectiveness and in response to community need.

Research

- We undertake and/or advocate for adequate and appropriate research to ensure responses to HIV/AIDS are informed by evidence.

Scaling up

- We work to scale up appropriate programs while ensuring their quality and sustainability.
- We develop and maintain community ownership and organizational capacity to support scaling up of programs.
- We monitor and evaluate programs that are scaled up.

This *HIV/AIDS Program Code of Practice* has been signed by hundreds of international and national organizations that provide HIV and AIDS programs and services. These principles should rightfully guide your own CSO in the development and delivery of programs and services.

The text box on the adjacent page provides an example of a checklist on organizational culture practices.

Organizational Culture Practices

O*rganizational culture practices* and organizational codes of conduct are different approaches to the same hoped-for outcome – organizational excellence. The main difference is that organizational culture practices are already identified and offered to the organization to master. Many checklists are available and the following checklist is an example of the types of practices offered. The aim of these checklists is to help an organization determine how well they are following good organizational culture practices.

Checklist of Organizational Culture Practices

- Does the Chief Executive take an active interest in financial management?
- Do program staff job descriptions clarify financial management roles and responsibilities?
- Do program staff receive financial management training, either through formal courses or as ”on-the-job” training?
- Do senior managers lead by example in complying with financial policies and procedures?
- Does program staff generally comply with accounting requirements and procedures?
- Is non-compliance with procedures by all staff members followed up with some form of sanction or warning?
- Are finance policies and procedures written down (for example in a Finance Manual) and circulated or publicized to all staff?
- Do finance staff and program staff meet regularly to discuss program plans and progress on objectives?
- Does program staff receive regular budget monitoring reports and use them for managing their programs?
- Is the Chart of Accounts (a list of accounts codes/categories) made available to program staff?
- Is the finance staff known to be approachable and willing to discuss queries from program staff?
- To what extent is the finance unit valued by the organization, e.g., is it adequately resourced?
- Is finance staff involved in the strategic planning process?
- Is finance staff involved in the annual budgeting process?
- Is senior program staff authorized to sign documentation on behalf of the NGO, within specified limits (e.g. purchase orders, checks, contracts)?
- Can potential sub-grantees provide evidence of last board meeting?
- Membership of the board is separated from the executive (not under undue influence of the executive, rubber stamp).
- Board members have signed conflict of interest statements.
- Experience and qualifications of leaders demonstrably match programs.
- The organization has legal status according to local law.
- The organizational structure shows a clear line of authority.
- The organization has professional staff overseeing administrative management (i.e., office manager).
- Staff is paid on time.
- There is a work plan for every program or service.
- Written job description
- Sub-grantees have written policy on salary & benefits.
- Internal audit function in existence.
- Program achievement is measured by an agreed-upon tool.
- Functioning M&E system exists.
- M&E is discussed and used to improve program (follow up).
- Sub-grantee has references from other donors.

2. Service Delivery Protocols and Procedures

Your CSO should develop and implement protocols and procedures for service delivery.

The common types of HIV programs and services involve prevention, care, support and treatment. With each of these areas, and the core CSO role focuses on assuring *access* to health service providers. With treatment, for example, the CSO role typically to make sure that a person living with HIV (PLHIV) or a person living with AIDS (PLA) receives the treatment that he or she requires and has the right to obtain. Even VCT is the responsibility of health service providers such as Puskesmas.

The protocols and procedures that your CSO should establish for program and service delivery are most likely limited to the issues of:

- ***Confidentiality***. Staff and volunteers consider the confidentiality of their clients as the most important thing to maintain.
- ***Privacy***. Staff and volunteers protect the privacy of their clients.
- ***Freedom of choice***. The clients' freedom to choose what they think is best for their own personal health and wellness should always be respected. The contribution to this freedom of choice by your staff and volunteer is simply to give their clients the correct and relevant information about their condition and prospects (without taking over the responsibility of physician), and the choices available to them with the pluses and minuses of the various choices. The decision on choice is for the client to make, not the CSO.
- ***Rights***. Too often it is the case that CSO clients do not get the rights they are entitled to in accessing health services. CSOs that are pro-MARPs take on the responsibility to ensure that their clients get all their rights that may be denied by others.

In addition to the above, your CSO may also need to develop special step-by-step procedures, such as how staff and volunteers should conduct their peer education training sessions. The need to introduce themselves, introduce the program (objectives, outcomes, approaches, expectations of the clients, and the importance of their participation). Protocols may also need to be developed on how staff and volunteers introduce themselves and the CSO program to local authorities, such as the village head, the Head of RW or RT,[2] and the local police. Such protocols help assure clear and consistent messages about the programs and are important even if the involvement of these local authorities is not immediately required.

[2] RT is Rukun Tetangga (neighborhood harmonious) and RW means Rukun Warga (citizen harmonious). They are the lowest levels of the government structure in Indonesia and help organize neighborhood watch groups and other community activities.

3. Organizational Health and Safety

Article 86 of Indonesia's Law No. 13 /2003 on Labor stipulates:

1) Every worker/laborer has the right to receive protection for:
   - Workplace safety and health
   - Morality and decency
   - Treatment that is in accord with human dignity and religious values

2) To protect the safety of workers/laborers to create the workers/laborers' optimum productivity, efforts toward work safety and health should be made.

3) The protection stipulated in point Clause (1) and (2) is carried out according to the existing laws and regulations.

In clause 2) above, "*efforts toward work safety and health"* include the prevention of job-related accidents and illnesses, control of work place hazards, health promotion, medication and rehabilitation.

Occupational health and safety is regulated by a separate law, Law No.1/1970 on Work Safety. This law especially addresses precautionary actions in work safety, such as proper protective clothing.

Workplace health, on the other hand, is regulated by Law No.23/1992, wherein Article 23 stipulates:

<u>Article 23</u>

1) Workplace health is administered to create optimum work productivity.
2) Workplace health includes workplace health services, job induced illness prevention, and workplace health requirements.
3) Every workplace has the obligation to offer workplace health.
4) Regulations regarding workplace health referred to in clause (1) and (2) are addressed through Government Regulations.

Based on the above laws, CSOs that focus on HIV-related programs should consider:

- Safety at the CSO's office, such as:
  - Availability of a fire extinguisher
  - Securing all electrical wiring and connections to avoid fire due to a short-circuit
  - Switching off computers, air conditioners and other office equipment at end of the office day
- Travel safety such as:
  - A strict CSO policy that staff wear motorbike helmets

    - Provision of life-saving float when staff routinely travels by boat
    - A strict CSO policy on wearing a safety belt in vehicles
    - All CSO vehicles insured, including coverage for passengers and third party liability to protect the CSO from claims due to accidents.
- Personal safety in outreach and other non-office settings such as:
    - As a CSO working in HIV response, it is very likely that your staff is required to work in the evening in locations that present potential personal security threats. Procedures and measures should be developed to avoid such threats and/or how to cope with those threats.
    - It is also likely that your staff may be raided and detained by the police and/or other related city departments because they hang around in places that are, for example, meeting areas for MSM or FSW, or because your staff is carrying needles and syringes. They should be equipped with proper ID signifying their types of work and that they need the support of the authorities rather than getting detained.

Please note that workplace safety measures should also include ensuring that all visitors to your office are protected from any possible hazards.

On health issues you may want to consider the following:

- Ensure your office premise is free from mosquitoes, rodents, cockroaches and dangerous insects.
- Ensure you have enough water for washing, including washing hands with soap.
- Ensure your office has proper and sanitary toilets.
- Always clean throughout the office.
- Allow no smoking in the office environment.
- Cover your staff with a health plan for both outpatient and inpatient and an accident plan. Jamsostek coverage is an employer's obligation that provides health coverage as well. Please note that many donors are allowing CSOs to cover the benefits for their staff.

4. Handling Complaints from Clients and Stakeholders

Your CSO is hopefully not being inundated with complaints from clients and stakeholders, unlike the typical profit-making companies producing consumer goods or providing public services. There larger number of complaints requires them to staff a customer service or customer relations department. But even with few complaints your CSO should be ready and knowledgeable in how to handle them.

Complaints are feedback – negative feedback. They can come from clients, partners and other stakeholders, as well as from staff and volunteers.

Many articles and tips have been written and posted on websites specializing in how to handle complaints, mainly geared to the profit-making enterprise.

The following points and tips are summarized from several sources and may be used as a basis for developing your CSO guidance to staff for how to handle complaints:

1) ***Listen.*** Let the person with the complaint know that his or her concerns are heard. Often the chance to be heard is the sole need – someone willing to listen and understands the frustration or anger they feel. One way to demonstrate listening is to paraphrase points and to summarize the complaint at the end of the communication.

2) ***Thank them***. Say "thank you" to the person giving the complaint for taking the time to bring the issue or situation up to you.

3) ***Do not take personally***. Listen to the complaint message – the words – without getting defensive or taking the emotions and words personally. Paraphrasing and summarizing will help get the complaint clearly communicated and understood, so the correct conclusion and solution is reached.

4) ***Clarify what the person wants.*** Trying to understand what the person wants is not agreeing to their request. After the individual expresses the complaint, simply clarify what he or she wants. Do the individual want an apology? Is he or she looking for an improvement in the situation, and what specifically is the hoped-for improvement? You will not know what options you have until you know what the person with the complaint feels is appropriate action to take. Remember in asking for these clarifications to not give the impression you are challenging him or her. Use words like "help me understand what you would like to see happen." Sometimes you may find that it not a complaint but only a point the person simply wants to raise and bring to your attention.

5) ***Don't promise anything you cannot deliver***. In the eyes of the person complaining, you have already failed. Do not add fuel to the fire by promising something you cannot deliver.

6) ***If you need to research something or collaborate with others, say so***. Similar to the tip above, don't guess at an answer, find an accurate one. Don't over commit yourself or others.

7) ***Never act on a complaint without hearing both sides of the story.*** Most complaints and problems stem from different perceptions of the same facts or experiences. For example, if a client complains about what your field staff is doing that annoys others first thank them and then say you will look into it. Do not accuse people when you ask; simply inform them in a low-key way that a problem has been brought to your attention and you need to collect basic information on what has happened.

8) ***Look over your options***. Now that you know what the complaint is and what the person wants, you have to decide how to respond. Compromise may be an option. Or, depending upon the nature of the complaint, you may decide to do nothing. In all cases, be clear in your response and provide closure**.**

9) ***Written responses can become a boomerang***. Be very careful in how you respond in writing.

10) ***When in doubt, leave it out***. If the sentence about to come out of your mouth begins with "I know you won't like hearing this, but..." or if your better judgment is telling you not to say something, don't say it. This rule also applies to written communications. Short is better than long in contentious situations.

11) ***Say what you'll do and do what you say; set the time frame***. Once you've decided upon a course of action, even if it's just to talk to various people to gather information, follow through on the actions. Nothing will compromise your credibility more than to make commitments you do not fulfill or to declare boundaries you do not enforce.

12) ***Keep Notes*****.** You do not have to transcribe meetings related to a complaint word-by-word, but have some reasonably orderly system for noting the date and who was present, and the main points related to the complaint. The longer you leave matters unrecorded, the more creative later renditions will become. Meeting notes are much more useful than subsequent re-creations.

Walking your staff and volunteers through the above tips (and your own) should help them feel prepared and better able to act properly when presented with a complaint. It may also be useful to identify internal steps to take when a client, partner or stakeholder makes a complaint, e.g., who in the organization should be informed about a complaint.

Menara Salemba , Lantai 7
Jl. Salemba Raya No.5
Jakarta Pusat 10440
Indonesia
Tel : +62-21-3984-0256
Fax +62-21-3984-0257