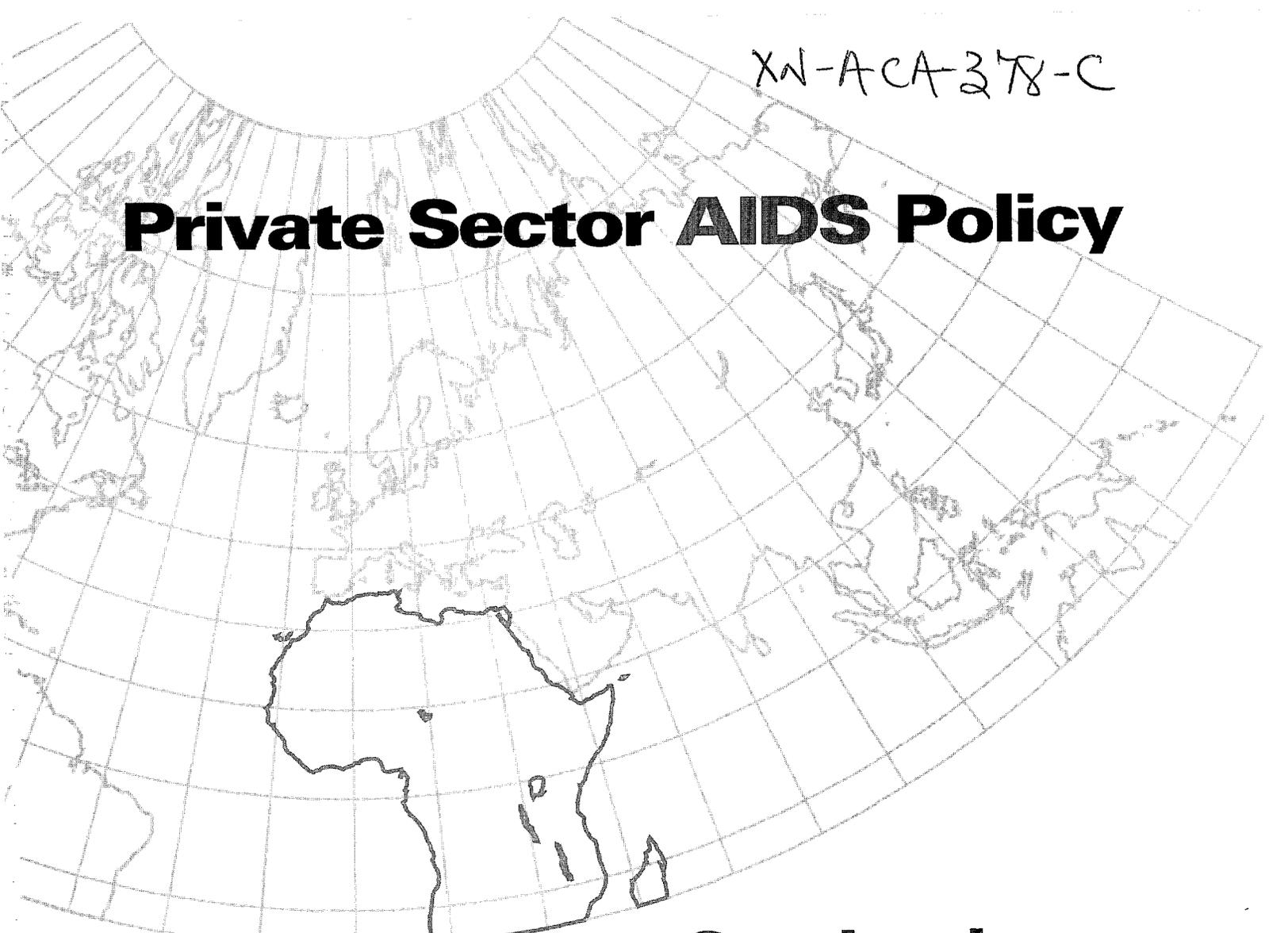


XN-ACA-378-C

# Private Sector AIDS Policy



## Conducting a Workplace HIV/AIDS Policy Needs Assessment:

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**A USER'S GUIDE**

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### **Using The *Guide***

The HIV/AIDS epidemic exists across all sectors of society and requires effective multi-sectoral responses. Workplaces are points at which HIV/AIDS prevention policies and programs can slow the spread of the epidemic. Businesses will benefit from well designed prevention policies and programs by protecting their financial, human and infrastructure resources.

The *Guide* provides a systematic way to assess the needs of companies in this era of HIV/AIDS. The needs assessment will provide information for management to make informed decisions as HIV/AIDS prevention programs and policies are developed. In some cases, management will not be committed to HIV/AIDS prevention in the workplace and will need a well-researched rationale for doing so. This *Guide* will assist in that process.

Potential users of the *Guide* include trade and employer associations, unions, consulting firms that assist businesses, and management training institutes. Any of these are likely to need information about several companies, rather than a single firm, in order to develop a profile that can be used in planning comprehensive HIV/AIDS prevention programs. Also, individual companies—whether private or joint public-private ventures—can apply the process outlined in the *Guide*. It is assumed that users will be within or working with large companies of several hundred employees. However, many of the survey questions are relevant for smaller firms, too.

The step-by-step approach outlined in the *Guide* is intended to make the design and implementation of a HIV/AIDS assessment as clear, structured, and rapid as possible. Users can adapt the materials and suggested steps to fit their particular situation.

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# I. WHY CONDUCT A WORKPLACE POLICY NEEDS ASSESSMENT?

**H**IV/AIDS presents a major obstacle to economic growth and stability in the workforce. In many countries, it is recognized that HIV/AIDS threatens profits, productivity, and human welfare advances achieved over several decades. Both the private and public sectors have strong economic and social reasons for vigorously promoting HIV/AIDS prevention.

Workplaces are key sites for promoting HIV/AIDS prevention policies and programs. Most people spend a large part of their day at the work site. Prevention programs in the workplace expand the range of sources for information and prevention options for workers. Sensitive policies promote improved worker morale and productivity, and serve as the foundation for effective prevention programs.

Experience indicates that bringing the private sector into the public health "fold" is a challenge, as managers are primarily focused on production, efficiency, and profits. While ethical appeals may have some influence, the private sector is more likely to respond to arguments of financial soundness and productivity than to appeals to serve the public good. The benefits of workplace-based health prevention initiatives usually have to be seen to be believed. Changes in corporate policies are rarely taken lightly.

Most company HIV/AIDS policies and prevention programs are fairly limited and of an ad hoc nature. The needs assessment approach outlined in this *Guide* will provide sufficient information to work with business managers in developing and implementing HIV/AIDS prevention workplace programs.

In short, a workplace needs assessment will aid businesses and other places of formal employment by providing information for decision-making and planning of appropriate responses to HIV/AIDS that protect their profits, their employees, and themselves.

## **II. CONDUCTING A WORKPLACE POLICY NEEDS ASSESSMENT**

There are several steps to preparing for and conducting a rapid assessment of the workplace successfully. These materials were originally designed for use in Kenya, Botswana, and Senegal; they will need to be adapted to suit local purposes.

The effectiveness of an assessment which is quickly done depends on adequate preparation. Because there is little time for major revisions in the methodology or changes in the field work, a rapid assessment relies on clear concepts, careful planning, consideration of anticipated problems, and flexibility to take advantage of unexpected opportunities for information.

The ten steps outlined below provide an overview for preparing, conducting, and analyzing the results from a rapid HIV/AIDS policy assessment for larger, formal sector businesses.

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# SETTING ASSESSMENT GOALS

## STEP 1

The first step is to determine the goal (or goals) of the needs assessment. Clearly specifying what one wants to learn at the outset will assure that the assessment will be “rapid” and will influence the approach to gathering the information.

The goals for the assessments in Kenya and Senegal were:

- to understand what firms and workers already knew and were doing about HIV/AIDS.
- to develop a profile of the information, arguments, and methods desired and needed by managers to adopt HIV/AIDS policies and prevention programs in the workplace.
- to understand the information and training needs of managers and workers which will result in creating appropriate HIV/AIDS prevention policies and programs.

The goal(s) should be compatible with a rapid assessment approach. Too detailed or elaborate a goal may require more time and resources than will go into a rapid assessment. The rapid assessment will provide indicators of management and worker attitudes and of existing and emerging program and policy needs.

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## DEFINING THE TYPES OF WORKPLACES

Because workplaces come in many different sizes and configurations, it is necessary to define boundaries for the survey. Some of the criteria that can be used to categorize businesses include [see also Appendix 1]:

- **Company size**—Firms can be categorized by their income or by the number of employees.
- **Type of organization**—Businesses may cover a cross-section of employers or be engaged in common activities. While there are many ways to classify firms, one suggested typology is:
  - High-technology or skilled manufacturing, industrial, or service firms (e.g., banks, pharmaceutical companies, accounting firms);
  - Low-technology or labor-intensive manufacturing, industrial, or service firms (e.g., garment manufacturing, electronic assembly, restaurants);
  - Agricultural firms (e.g., agro-industrial, plantations, large farms);
  - Government or parastatal organizations (e.g., agricultural boards, ministries);
  - Tourism-related firms (e.g., hotels, tour companies);
  - Transport-related businesses (e.g., bus and rail lines);
  - Mining companies.
- **Ownership of firm**—Firms can be categorized as wholly foreign- or locally-owned, joint partnerships, parastatals, or corporate or private ownership.
- **Provision of benefits**—Companies can be grouped by those that do or do not provide a set of benefits, such as health benefits. For example, firms with less than 100 employees are unlikely to have

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in-house health facilities, though it is possible that they may provide some health benefits. Firms with a couple of hundred or fewer workers will probably have some kind of medical facility, while companies with several hundred or more employees will likely have a fully-staffed medical clinic on-site or nearby.

- **Geographic**—Some assessments may focus on particular regions of a country or be interested primarily in urban or rural operations.

Other criteria can include the gender-ratio of employees, the educational level of employees, or the level of adoption and dissemination of employment policies.

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## STEP 3

# SELECTING A SAMPLE

Which organizations will best represent the mix of business types identified in STEP 2? For each important characteristic (e.g., manufacturing firms) or set of characteristics (e.g., locally-owned, manufacturing firms), at least two companies should be represented in the assessment.

At least eight, and probably not more than fifteen or twenty companies, represent an ideal sample size. Fewer than eight raises concerns about the representativeness of the assessment; more than twenty companies will make the survey too expensive and time-consuming to be considered a rapid assessment.

Suggestions for companies and worksites for inclusion in the sample should come from several sources. Worker and employer coalitions (such as unions or chambers of commerce), the National AIDS Control Program, and relevant government ministries all can suggest employers to include within the sample.

Once a draft list is compiled, review it to be sure that the firms meet the criteria for identified characteristics and representation. Are you familiar with all or most of the companies on the list? If so, might this reflect a bias toward certain company types rather than being truly representative? Are there worksites in the sample that have reputations for being outstanding in HIV/AIDS prevention policies or for being exploitative and harsh? If so, survey results in such firms may result in a distortion of the overall results. While some companies of both types of reputation may be included in the sample, it is best to complement them with a number of firms that are more typical or whose reputation is unknown.

A good example of the potential problems of a poorly selected sample is the initial list developed for the Kenya study undertaken by AIDSCAP/FHI. Most of the firms that were suggested to the study team were foreign-owned, manufacturing firms with extensive health benefits packages. While including a couple of these firms was appropriate and beneficial, including too many of them in the study would have offered an imbalanced view of AIDS prevention policies and practices in Kenyan workplaces.

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# REFINING INTERESTS AND SCOPE

## STEP 4

While this step may seem obvious, it is often overlooked: which aspects of the workplace policies and programs are of greatest interest? In some cases, a relatively comprehensive review of workplace policies and practices may be desired. In other cases, a more focused survey of employer rationales for creating existing HIV/AIDS prevention programs in the workplace may be sufficient.

In addition to assuring that these interests reflect the assessment goals, identifying the interests for the assessment is a way of making sure the task at hand is a realistic one. Are there sufficient time and resources available to conduct an assessment which will provide the level of detail desired?

The broader the scope of the study, the wider the range of information likely to be captured. The narrower the scope of interest, the greater the detail to be gained. If there is likely to be more than one study conducted, a broader study can be followed by a more specific study. For example, an initial, broad sketch assessment of workplace policies, practices and attitudes in Kenya was followed by a more specific study to collect financial and labor data from a few select companies in Senegal.

There are several possible areas of interest for an HIV/AIDS workplace assessment [see appendices 1, 3, 4 and 5]. The following list indicates some of these areas of interest:

- Health, medical, and benefits policies and practices;
- Organizational policies and policy processes;
- HIV/AIDS impacts on productivity and profitability;
- Worker knowledge and attitudes about HIV/AIDS;
- Case studies of companies' decision processes on HIV/AIDS policies;
- HIV/AIDS regulatory and legal impacts on company policies and practices;
- Workplace prevention education practices;

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CONDUCTING A WORKPLACE HIV/AIDS POLICY NEEDS ASSESSMENT

- Workplace prevention services or interventions;
- Information needs or assistance organizations seek.

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# DRAFTING THE ASSESSMENT QUESTIONNAIRE

## STEP 5

The previous steps have provided the preparation for developing the questions to be asked. Normally, questionnaires move from general to more specific questions. Also, questions can be asked in different ways at different points in an interview in order to cross-check responses and solicit further information. Questions around a common issue or theme can be grouped together within the questionnaire.

There are several ways to assure that the draft questionnaire is as comprehensive as possible: use a group of three or four people to identify the questions; ask several people to read, add to, and change the original draft list; or test the questions with several trial interviews. In addition, by soliciting input from others, it will help assure that the questions are presented clearly. Vague questions will cause confusion and may result in vague answers.

One cautionary note: the larger the group developing a questionnaire, the more likely that questions will go beyond the scope of the assessment. One or two people should be responsible for ensuring quality and relevance on the complete list of draft questions.

The questionnaire should be clearly structured and laid out on the paper. This will make it easier to solicit information, record answers, and compile the responses. Whenever possible, typed, photocopied and/or printed questionnaires should be used rather than hand written ones.

To assist in this process, appendices 2 through 6 contain sample interview questionnaires, focus group guides, financial surveys, and other tools that may be modified to suit specific interests and objectives. The following table indicates the sample questionnaire and appendix for each category of interest identified above:

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<b>Category</b>	<b>Assessment Tool</b>	<b>Found in Appendix</b>
Governmental legal framework	Preliminary Interview	Appendix 2
Prevention education practices	Management Interview	Appendix 3
Prevention services or interventions	Management Interview	Appendix 3
Health, medical, and benefits practices	Management Interview	Appendix 3
Organizational policies and policy processes	Management Interview	Appendix 3
HIV/AIDS impacts on organizations	Management Interview and Financial Survey	Appendix 3 and 4
Information needs or assistance organizations seek	Management Interview	Appendix 3
Worker knowledge and attitudes	Focus Group Guide	Appendix 5
In-depth case studies of companies	All instruments and Case Study Guide	Appendix 2-6

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# CONDUCTING THE PRELIMINARY INTERVIEWS

## STEP 6

The purpose of the preliminary interviews is to get a “lay of the land,” find out useful background information, identify potential contacts, and solicit valuable input and feedback on the assessment design while it is still in an early stage. A few meetings with persons familiar with the business community, non-governmental (NGOs) and other service organizations, and the health/AIDS situation in the country can be crucial to the study. They may identify or reframe aspects of the study that will increase its relevance or effectiveness. They may also identify other public or private sector contacts who can provide useful information or access to people to be interviewed.

Some preliminary interviews should focus on providing background information on relevant governmental labor, economic, health, and workplace practices and regulations in the country. HIV/AIDS remains a new area for employers. However, there will be a range of labor law and occupational regulations, for example, that will relate to HIV/AIDS. These meetings can often help to answer questions of methodology, inform areas of uncertainty, or raise issues of cultural or political sensitivity that may be critical to the success of the study. In some cases, printed sources—such as government economic reports and regulations issued by ministries of labor or industry—will provide information on regulations, laws, policies, and economic conditions.

If appropriate, a few preliminary interviews may provide the forum for pre-testing the management interview questionnaire to ensure that it is clear and will yield the desired information. Candidates for these preliminary workplace interviews may include:

- A representative of the chamber of commerce, employers’ federation, or equivalent;
- A representative of a trade union;
- A couple of private sector leaders/managers who are sympathetic and aware of the AIDS situation;
- Staff from a couple of NGOs involved in health promotion and/or AIDS prevention.

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Though it would be ideal if any generalist could undertake all of these studies, the reality is that few people possess the background or skills to use all of these tools without special training. The preliminary and management interviews can probably be undertaken by people who have a good understanding of HIV/AIDS, have strong interpersonal communication skills, and who are comfortable in conducting interviews.

If possible, it is useful to have two people conduct the interview. This allows one person to ask most of the questions and follow-up probes while the other person records the interview in writing. It is not necessary to write everything said verbatim, but the writer should note the main points as well as quote directly any statements that capture the "essence" of an important point. A tape recorder is not recommended because most managers are highly sensitive to being "on the record."

The other assessment tools are more specialized. The financial surveys should probably be conducted by someone who has a firm grasp of micro-economics and accounting. Conducting focus groups requires both special training in leading focus groups as well as a deep cultural familiarity and rapport with the participants.<sup>1</sup> Finally, while simple case studies can be prepared from the management interviews, in-depth company case studies will require the data produced by the other assessment exercises as well as strong writing skills.

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<sup>1</sup> See the AIDSCAP publication, "Conducting Effective Focus Group Discussions," Evaluation Tools, Module 2, 1994.

# CONDUCTING MANAGEMENT INTERVIEWS

STEP 7

The management interview is the heart of the workplace needs assessment process, particularly if the goal of the study is to assess management views and practices with the aim of ultimately influencing managers to establish workplace prevention programs and appropriate policies.

The management questionnaire in Appendix 3 is divided into sections covering the various categories of interest identified in STEP 4, and it can be used or adapted in whole or part. The questionnaire is designed to be administered in a "semi-open interview" style. That is, the questionnaire is designed to elicit responses to particular questions, and at the same time, provide interviewees with the freedom to share thoughts and information they see as relevant or interesting. The seemingly unrelated comments a manager makes during the interview may provide far more useful information or valuable insight than the specific answer to the question.

## GETTING AN INTERVIEW

The first step of a management interview is getting the interview itself. This is no small task. It may take two hours or more to initially identify the general manager or managing director of the company and to then phone or visit to arrange the interview. A referral by someone who is known to the manager will add credibility to the request for the interview.

The introductory contact will briefly explain the purpose of the study, how it may benefit the company, and how long the interview is likely to take. To capture their interest, AIDSCAP's study of businesses in Kenya explained to managers that the assessment could help companies like their own to assess the likely impact of AIDS on their operations. It is reasonable to suggest that the human resource director and clinic doctor or nurse (if applicable) attend the meeting as well.

## MANAGING THE INTERVIEW

Open the interview with a brief explanation of the purpose of the survey (without giving information that might bias the manager's subsequent answers). As confidentiality may be a concern of companies, it is important to explain that the interview is confidential and that the interviewee and their company will not be identified directly in any published reports without their permission.

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If other forms of information gathering (focus groups, a financial study, or some other activities) are anticipated with the company, this introductory period is the time to suggest it. For example, the interviewer might say: "If we both find this interview interesting and useful, we might arrange to conduct an economic impact assessment that will help your company in its planning..." You can return to this theme at the end of the interview if it seems desirable.

It is important not to belabor the introduction or the purpose of the study and to turn as quickly as possible to the questions.

Many managers have their own agenda and are used to being in charge. They may deliver what amounts to a set speech for visitors and then try to end the interview without ever really answering the questions. Assertive but non-offensive interviewing will help assure that the questions asked are answered. Cross-check questions also will improve the likelihood of getting the desired information.

In many cases, it will be important to question the interviewee further about his or her response. For example, a manager may say that the reason the company began distributing condoms was because management decided it was an important issue. At this point, a follow-up question is useful to understand the experiences that contributed to the decision. It is impossible to anticipate all of the follow-up questions here; many will occur spontaneously during the interview. During the interview, it is entirely appropriate to skip questions or move around the questionnaire to accommodate the flow of the interview and time constraints.

A useful approach to wrapping-up at the end of the interview is to ask if there is anything else the interviewee would like to add or comment on that they think is important. The person is likely to offer a few very interesting or important thoughts about the subject which have not been discussed. Also, conclude the interview by asking if the person can recommend other people whose information would be useful for the study.

### **FOLLOW-UP**

If it is decided to conduct a focus group with workers, use the company as a case study, or collect financial data, this is the time to reintroduce the theme. It should be possible to tell by the end of the meeting whether or not the manager would be receptive to any of these activities. Be clear what the activity will involve and if other peoples' assistance is required. Try to secure the manager's commitment at that time. For example, if a financial study is to be conducted, try to arrange a meeting with the accountant within a few days. Meanwhile, leave the financial survey for the accountant to begin collecting the data. If a focus group is desired, set a date for your return, explain what kinds of workers should be included, and what prior information participants should receive.

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Finally, immediately after the interview is concluded, the interviewers should discuss any questions they have of each other about the interview. A typed 1-3 page narrative summary of the interview should be prepared within the day which reports the central findings and themes of the interview based on the handwritten interview notes. If possible, use a computer word-processor so that multiple interview answers can be correlated and analyzed more easily.

### **An Alternative to Interviews**

There will be situations where neither the resources nor time is available to conduct a series of face-to-face interviews. In these situations short-cuts can be used. For example, an initial meeting with a manager can be arranged to explain the purpose of the survey and the questionnaire left behind for the manager to complete and return. Or, introductory phone calls can take the place of initial meetings, with a questionnaire subsequently mailed to the manager.

There are several disadvantages to using one of these short-cuts. Collection of the information is much more dependent on the manager's willingness to complete the written questionnaire. The interviewers cannot interact with managers to solicit additional information. If managers are confused by certain questions, there is no opportunity to provide verbal clarification.

When face-to-face interviews are not used, give extra attention to the preparation of each question and to the testing of those questions in real-life situations before circulating the questionnaire.

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## **USING FINANCIAL AND LABOR SURVEYS AND FOCUS GROUPS**

Financial and labor surveys can be used to gain insight into the potential economic impact of HIV/AIDS on a company's profitability. Both surveys may generate results not readily perceived by the company, especially as the impact of HIV and AIDS is not well understood. Thus, these additional assessments can provide useful information for both the company and the needs assessment. Keep in mind that financial and labor surveys require more time than the management interviews.

Focus groups with workers are a means to quickly gather information on the particular concerns, attitudes, and ideas of workers. The results of worker focus groups can be used in helping to design workplace HIV/AIDS policies, suggest areas where workers themselves can contribute to workplace policies and programs, and indicate the degree of workers' commitment to promoting HIV/AIDS prevention in the workplace.

Each of these specialized survey methods is described in more detail in the appendices along with the respective sample questionnaire.

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# ANALYZING SURVEY DATA

## STEP 9

One of the keys to the success of the needs assessment will be to organize and analyze effectively the potentially vast amount of data collected. Because there are many analytical techniques that can be successfully employed, it may be useful to organize the approach around typical and atypical experiences.

One of the likely purposes of the study is to find out what most organizations' and their employees' practices, knowledge, and attitudes are about HIV/AIDS. One of the goals of the assessment in Kenya and Senegal was to develop guidelines on how a business or worker association (or NGO or government agency) can approach managers to promote appropriate policies and prevention activities in the workplace. To promote prevention interventions, it is important to first know the typical situation in the private sector. Thus, the sample of companies included "typical" companies, and the survey data was organized to reveal the usual policies and practices of organizations.

At the same time, if one of the goals is to create policy change, it may be helpful to focus on the unusual as well as the average. Atypical experiences are informative because they suggest why and how unexpected and unusual outcomes occurred. **Atypical** experiences provide clues to what has worked for others and suggest recommendations for subsequent policy or program action. For example, the Kenyan study supported by AIDSCAP/FHI identified three companies (of sixteen in the assessment) which had already established comprehensive HIV/AIDS prevention programs. What was it about these organizations and/or their management that led them to develop AIDS programs and policies? The survey data should also be organized to indicate anything likely to serve as effective catalysts or approaches to influencing positive change.

The data analysis approach offered here is built around a matrix which incorporates several categories related to the survey goals and assessment questionnaire. With the matrix, it is possible to incorporate both quantitative and qualitative data and information and both typical and atypical responses.

A word processing computer program is very useful for recording the data, although the work can be done without a computer. With a computer, the data can then be moved and organized around central themes and recommendations that emerge from the multiple sources.

Below is a list of categories for one possible matrix. Appendix 8 offers an illustrative example of how to utilize this matrix to organize the data collected.

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- Prevention Education Practices
- Prevention Services and Benefits Practices
- Organizational Policies
- HIV/AIDS Impact on Organizations
- Policy Processes/Influencing Change
- Policy Recommendations/Recommendations for Change
- Other

As data are collected from the interviews and focus groups, enter them into the respective categories, noting the source of data for each answer. It will be much easier to enter the findings if the interview summaries are done on computer, since they can be done by “cutting and pasting” useful sections. The management questionnaire is organized so that most findings can be disaggregated into these categories. Some of this analysis will require creative application of the findings to the categories of information desired. It may also be useful to create two subcategories for each of the first three categories: “Typical” and “Unique or Desired.” If there are findings that seem important for which there is no appropriate category, enter it in the “Other” category. The Policy Recommendations/Recommendations for Change section can be made up of recommendations that managers and workers present, as well as creative ideas that you come up with as you proceed with the assessment.

The use of a matrix for collating data allows quick analysis of the findings. For example, the data may show that, “Of the 12 company managers interviewed, 8 reported having an in-depth program of HIV/AIDS education. These companies typically have formal education sessions once every 3 months in which all workers discuss AIDS and preventive practices during a special 2 hour lunch meeting...”

It is not possible within this *Guide* to describe the techniques for analyzing focus group data. However, those who are trained to conduct focus groups usually are trained to analyze the data. Suffice it to say that some of the focus group findings may also be incorporated into the analytic document. For example, if Acme Textiles’ workers report that they wish management would provide condoms in the restrooms, this might be noted as something not taking place in the Prevention Services category and made part of an overall recommendation for companies in the Policy Recommendations category.

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## A USER'S GUIDE

Through the careful documentation and analysis of typical practices, existing policy processes, the atypical experiences of companies, recommendations voiced by participants, and recommendations and conclusions you form on the basis of the assessment, it should be possible to develop a Needs Assessment Report, as described in STEP 10.

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## REPORTING ON THE ASSESSMENT

The workplace assessment can be presented in a number of different ways to serve different purposes. The examples of presentation formats discussed below assume a **policy perspective**, that is, information is being presented to draw attention to policy gaps or opportunities, or for advocacy. A needs assessment of workplace policies regarding HIV/AIDS can identify specific characteristics of and weaknesses in the policies and processes of governments and organizations. It will also provide an opportunity to develop policy options that promote successful HIV/AIDS prevention among workers.

Keep in mind that even if the focus of an assessment is on workplace conditions and/or prevention initiatives and not on workplace policies per se, the findings of the assessment can have important **policy implications**. The policy dimensions come to the fore when one shifts from describing the existing workplace practices to advocating for particular workplace prevention initiatives. For example, what is the process by which policies are made for the workplace? What arguments can be made for comprehensive workplace HIV/AIDS prevention programs? To whom should arguments be targeted, and in what form are they most likely to be persuasive? After all, it is a **policy decision** to adopt HIV/AIDS prevention programs for the workplace.

### Needs Assessment Report

Appendix 9 offers an outline of one possible format for a report. The report should include an executive summary, a discussion of the main findings of the needs assessment, and recommendations for how to proceed with workplace-focused policies and activities. These recommendations should:

- Identify organizations and persons with the skills and capacities to promote workplace initiatives;
- Estimate resource inputs that may be needed;
- Suggest companies that are likely to be receptive participants to begin with;
- Identify governmental policies which promote or constrain workplace interventions;

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- Identify other economic, political, or social factors which may be constraints for businesses; and
- Describe the strategies and information most likely to persuade and assist managers to initiate workplace HIV/AIDS prevention programs and appropriate workplace policies.

### **Case Studies**

Case studies of company experiences with HIV/AIDS can be useful in describing pilot, innovative, or effective programs and policy responses. The case studies may deal with companies considering or having HIV/AIDS interventions. These examples may provide incentive and information to other organizations that are considering initiating prevention programs and supportive policies.

The case studies can be developed through analysis of the data collected on an organization for the other categories of interest (e.g., management interviews, focus groups, financial survey). They may also require follow-up interviews and additional data collection to fill in any information gaps or clarify answers. Appendix 6 provides an outline of issue areas and broad questions that may be used to structure the case studies. This outline may be helpful in developing a specific set of interview questions for managers. Appendix 7 provides an example of a case study prepared in the recommended format.

### **Economic/Financial Impact Analysis**

The micro-economic impact analysis (Appendix 4) of companies can be used to demonstrate the importance of establishing appropriate workplace policies and prevention programs at both company and country levels. Companies may find that the projected impact of HIV/AIDS on their companies is significant and worth the investment of resources to establish prevention interventions. By making the impact analysis available to others, and perhaps integrating the data with the qualitative case studies, the impact assessments can also be used to demonstrate to other companies the likely impact of HIV/AIDS on their operations. Unless a company has agreed to make the data public, it is extremely important to protect the anonymity of companies by converting the company data into generic scenarios that do not reveal the identity of the company or its staff.

### **Summaries**

Summary reports, articles, and the like can be drafted and disseminated. The business section of newspapers, for example, are likely to find the results of the study informative. Government departments that deal with industry, business, labor, planning, and finance will find the information important and useful. Likewise, other business and worker associations will want to see the findings.

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### **Workshops**

The findings of the assessment can be used to inform private sector representatives in a workshop environment. Such a forum provides these leaders with the opportunity to learn what other companies are facing and how they are responding, and to discuss options for introducing policies and prevention interventions that will benefit their organization and workers.

### **Presentations**

Presentations of the assessment findings—particularly the findings regarding the financial impact of HIV/AIDS—to company managers, their boards, community leaders, and others can be effective instruments to convince the private sector to establish or expand HIV/AIDS prevention programs and policies. For example, the AIDSCAP/FHI Kenya study found that one company's HIV/AIDS-related costs were consuming 7 percent of labor costs in 1994 and that this would likely double by the year 2000. Such findings are likely to be persuasive in convincing managers that investment in prevention may be more desirable than growing losses from absenteeism, retraining costs, and increased medical expenses.

## **III. CONCLUSION**

From a policy perspective, there are numerous opportunities for including businesses and labor in HIV/AIDS prevention. With each passing month, more and more companies are recognizing the epidemic as a problem for them. In turn, they are seeking guidance in designing effective responses. AIDS activists can help shape those responses, assuring that well-designed policies and programs are offered to businesses. The epidemic requires more than informing individuals about the threat of HIV/AIDS; policy and prevention program responses in the workplace will reach many more people, will legitimize the changes in individual behavior required to slow the epidemic, and will add resources to prevention programs.

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# APPENDIX 1: TYPOLOGY OF ORGANIZATIONS

Possible categories for combining organizations in a survey:

## I. Size of Company

- A. Less than 100 employees
- B. 100–300 employees
- C. 300+ employees

## II. Type of Production

- A. High-technology/high-skill manufacturing, industrial, or service firms (e.g., banks, pharmaceutical companies, accounting firms, etc.).
- B. Low-technology/labor-intensive manufacturing, industrial or service firms (e.g., garment manufacturing, consumer goods, restaurants, etc.).
- C. Agricultural firms (e.g., agro-industrial, plantations, large farms, etc.).
- D. Government or parastatal (partially government managed or owned) organizations (e.g., agricultural boards, ministries).
- E. Tourism-related organizations (e.g., hotels).
- F. Transport-related businesses (e.g., bus and rail lines).
- G. Mining companies.

## III. Ownership of Firm

- A. Locally owned
- B. Foreign owned

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C. Jointly owned

IV. Geographic Characteristics

A. Primarily urban-based

B. Primarily rural-based

V. Health Benefits

A. Whether or not employer pays for health services.

B. Whether or not health services are provided by company-employed staff.

C. Whether health services are provided on-site or off-site.

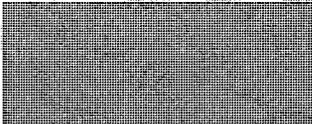
VI. Other Characteristics

A. Gender-ratio of employees.

B. Educational or other characteristics of employees.

C. Level of other benefits provided employees.

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# **APPENDIX 2: PRELIMINARY INTERVIEW FORMAT**

- I. Introductions
  - A. Your organization
  - B. Purpose of the study
  - C. Brief description of the study
- II. Gaining background information
  - A. Relevant governmental workplace regulations, policies, and practices including:
    - 1. Labor
    - 2. Economic
    - 3. Health
- III. Selected questions from the Management Interview Questionnaire that are appropriate for the particular interviewee.
- IV. Areas of cultural or political sensitivity in conducting the research and interviews.
- V. Recommendations on refining the study methodology or issues to address.
- VI. Recommendations on organizations or persons to include in the study or other useful contacts/sources of information.

# APPENDIX 3: MANAGEMENT QUESTIONNAIRE

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Person(s) Interviewed:                      Position(s):                      Date:

\_\_\_\_\_  
\_\_\_\_\_

Interviewer \_\_\_\_\_

Interviewer \_\_\_\_\_

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## Needs Assessment

Information needed from workplaces:

### I. Basic information

- I.A. What goods or services does it produce, or what is the nature of the business?
1. How long has the organization been in business (at this location, in the country, outside of the country if applicable)?
  2. Where is the organization's home base?
  3. What is the ownership pattern of the organization (For example, domestically-held company, foreign-owned multinational, joint foreign/domestic partnership, government-owned parastatal, family-owned, etc.)?
- I.B. How many people does the organization employ? \_\_\_\_\_
1. Is production highly labor-intensive or capital-intensive?
- I.C. How many are men? \_\_\_\_\_ How many are women? \_\_\_\_\_

### II. Prevention Education Practices:

- II.A. Does the organization presently have an HIV/AIDS Prevention Education Program for its employees?
- \_\_\_ NO [If not, go to II.T]
- \_\_\_ YES If so, please describe the education program.
- II.B. What is the nature of the prevention education program? Does it:
- \_\_\_ Mainly involve distribution of literature, posters, etc.?

\_\_\_\_\_ Include a short presentation (30-60 minutes) of factual information about HIV/AIDS?

\_\_\_\_\_ Or, is there a more in-depth discussion about HIV/AIDS, attitudes towards HIV/AIDS, fears and experiences, etc.?

\_\_\_\_\_ Is there a formal peer education program in place? If so, please describe the program and how it was initiated.

1. [If in-depth discussion] Please briefly outline what topics are discussed in these education sessions.

**[DO THEY HAVE COPIES OF ANY OF THE HANDOUTS OR MATERIALS THEY USE FOR THESE SESSIONS? COLLECT IF POSSIBLE.]**

II.C. Why did the organization initiate a prevention education program?

II.D. Who inside or outside the organization initiated the program?

\_\_\_\_\_ Person \_\_\_\_\_ Position

II.E. When did this program begin? \_\_\_\_\_ (year)

II.F. Can employees take time away from work without penalty to participate in these prevention programs?

\_\_\_ NO \_\_\_ YES [If NO] please explain rationale.

II.G. How long do the prevention education programs take?

\_\_\_ Less than 30 minutes \_\_\_ 30-60 minutes

\_\_\_ 1-2 hours \_\_\_ 2-3 hours \_\_\_ 3 or more hours

II.H. How often are the programs conducted?

\_\_\_ Weekly \_\_\_ Monthly \_\_\_ Quarterly \_\_\_ Annually

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Other [for example, not on a regular schedule]

Describe \_\_\_\_\_

II.I. How many employees have participated in the prevention education program in the past 12 months?  
\_\_\_\_\_

II.J. How many have participated to date? \_\_\_\_\_

II.K. Who conducts the education program?

Paid health workers of organization

Peer educators/workers of organization

Other types of employees paid to do this

Describe \_\_\_\_\_

Volunteer employees (not paid to do this)

Outside persons/organization paid to do this

Outside persons/organization not paid to do this

II.L. Please describe any technical, resource, or other assistance the organization receives in operating this program.

II.M. Who pays for, or sponsors, the education program?  
\_\_\_\_\_

II.N. Is participation in the education program voluntary? Please explain rationale for either way.

II.O. Who participates in the program?

All employees

Only some types of employees

Describe \_\_\_\_\_

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\_\_\_ Employees and family members. If yes, how is family defined (i.e., who can participate)?

---

II.P. Has the organization been planning to change these programs?

\_\_\_ NO \_\_\_ YES If so, why? In what ways?

II.Q. What kind of feedback, if any, has the organization gotten from employees about the program?

II.R. What has the organization done to respond to this feedback?

II.S. Have there been significant differences between male and female employees in the way the programs are conducted for them? Explain.

1. Differences between men and women in terms of their levels of interest or participation?
2. Differences between men and women in terms of the kinds of feedback men and women have given?

II.T. **[IF DO NOT HAVE A PROGRAM]** Have employees asked the organization for information on HIV/AIDS?

\_\_\_ NO **[skip to III/Prevention Services and Benefits, below]**

\_\_\_ YES For what kinds of information have they asked? (Are there differences between what men and women have asked for?)

1. What has the organization done to respond to their requests?

II.U. Has the organization been considering setting up a program?

\_\_\_ NO **[IF NO]** Why not?

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YES      What kind of program is the organization considering?

1. Possible follow-up probe questions:

- a. What are the main issues management is considering? The critical factors they are weighing, etc.?
- b. What information does management need to make a decision?
- c. Who are the people involved in making the decision?
- d. What options are they exploring?
- e. Is management seeking outside assistance, from whom, on what aspects, etc.?

**III. Prevention Services and Benefits:**

III.A. Do employees have access at the workplace to HIV/AIDS related health services, such as: **[Mark an "X" next to each service offered]**

Condom distribution?

STD diagnosis and treatment?

Voluntary and confidential HIV testing?

Counseling services?

Other services? Please describe.

**[IF NONE OFFERED, GO TO III.F]**

III.B. For the services offered above:

1. Where are the services provided?

On-site clinic

Company chosen off-site clinic

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Other, describe

2. Who conducts the services?

Paid health worker employed by the organization

Other types of employees paid to do this (e.g., peer educators)—Describe:

Volunteer employee (e.g., peer educator) **not** paid to do this—Describe:

Outside person/organization paid to do this

Outside person/organization **not** paid to do this

3. Please describe any technical, resource, or other assistance the organization receives in offering these services.

4. Who pays for, or sponsors, these services?

5. Who is eligible to receive these services?

All employees

Only some types of employees—Describe:

Retired employees

Employees and family members

III.C. Has the organization been planning to change these programs?

1. If so, why?

2. In what ways?

III.D. When did the organization start providing these services? \_\_\_\_\_

III.E. What kind of feedback, if any, has the organization gotten from employees about these health services?

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III.F. **[IF DO NOT HAVE A PROGRAM]** Has the organization been considering offering HIV/AIDS-related health services?

\_\_\_ NO **[If NO]** Why not?

- a. Have there been requests from workers for HIV/AIDS-related health services?

\_\_\_ YES If so, what kinds of services?

1. Possible follow-up probe questions:

- a. What are the main issues management is considering? The critical factors they are weighing, etc.?
- b. What information does management need to make a decision?
- c. Who are the people involved in making the decision?
- d. What options are they exploring?
- e. Is management seeking outside assistance, from whom, on what aspects, etc.?

**IV. Health, Medical, and Benefits Practices:**

IV.A. Describe how the organization handles medical illnesses of its employees? For example, does it: **[Not mutually exclusive]:**

\_\_\_ Provide treatment at an on-site clinic?

\_\_\_ Pay for treatment at an employer chosen facility elsewhere?

\_\_\_ Pay for health insurance for medical treatment by a health provider chosen by the employee?

\_\_\_ Has no responsibility for medical illness, other than providing sick leave?

IV.B. Describe any other health-related benefits offered to employees? For example:

Retirement scheme.

Disability payments.

Funeral expenses/burial fees.

One-time payment of death benefits/life insurance (e.g., death in-service benefit).

Ongoing family support.

Other benefits. Please describe.

IV.C. If someone were to have HIV/AIDS, would these same benefits be offered?

YES  NO [If NO], please explain.

**V. Organizational Policies and Policy Processes:**

The following questions address health-related policies of the organization. By policies, we mean formal rules or informal practices the organization follows for dealing with employees or applicants who have, or are believed to have, various kinds of medical conditions, including HIV/AIDS.

V.A. Does the organization have any health-related criteria for hiring employees?

NO  YES

a. [If Yes] Do the hiring policies refer specifically to, or differ for, applicants with HIV/AIDS?

NO  YES

1. Please describe the policy.

V.B. Does the organization have any health-related criteria for terminating employees?

NO  YES

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a. [If Yes] Do these termination policies refer specifically to, or differ for, employees with HIV/AIDS?

\_\_\_ NO \_\_\_ YES

1. Please describe the policy.

V.C. Does the organization have policies about testing for HIV?

\_\_\_ Do not test for HIV.

\_\_\_ Test employees for HIV. \_\_\_ Is testing mandatory?

\_\_\_ Test applicants for HIV. \_\_\_ Is testing mandatory?

1. [If Yes] Please describe the policy and its rationale.

V.D. Does the organization have policies about eligibility or maintenance of employee health insurance and/or medical benefits?

\_\_\_ NO \_\_\_ YES

1. [If Yes] Do these policies refer specifically to, or differ for, employees with HIV/AIDS?

\_\_\_ NO \_\_\_ YES

2. Please describe the policy.

V.E. Does the organization have policies about the confidentiality of medical information?

\_\_\_ NO \_\_\_ YES

a. [If Yes] Do these policies refer specifically to, or differ for, employees with HIV/AIDS?

\_\_\_ NO \_\_\_ YES

1. Please describe the policy.

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V.F. If an employee was known to have died of AIDS, would the organization record this in the employee's medical records?

NO  YES

V.G. Does the organization have policies about what to do if an employee is no longer able to work at normal capacity due to a health condition?

NO  YES

a. [If Yes] Do these policies refer specifically to, or differ for, employees with HIV/AIDS?

NO  YES

1. Please describe the policy (Do these policies differ for men and women?).

V.H. [If not already answered] What would the organization do in terms of such things as maintaining employment and benefits if it knows an employee is HIV+? And if the employee has "full blown" AIDS?

V.I. Do you know how and why these various policies were developed?

1. Possible follow-up probe questions:

a. Why were these policies adopted, what is the rationale, etc.?

b. Can you describe the process by which policies are made?

c. Who is involved in policy making?

V.J. Are any of these policies mandated by law? Which policies and by what laws?

V.K. What guidance or assistance, if any, did the organization receive in establishing these policies?

1. Possible follow-up probe questions:

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- a. Where did the organization learn about the external sources?
- b. What made the outside sources or their recommendations credible?

VI. What reactions, if any, have there been to these policies among employees?

- 1. Has there been interest or reactions to these policies outside of the organization?

V.M. Has the organization been planning to change any of these policies?

- 1. If so, why and in what ways?

**VI. HIV/AIDS Impact on Organization:**

VI.A. Has HIV/AIDS affected the operations, production, or profits and losses of the organization?

- 1. If so, in what ways?
- 2. Does the organization see HIV/AIDS as likely to be a problem in the future?
  - a. Why or why not?

VI.B. Do you know of any employees who are infected with HIV or who have "full blown" AIDS?

NO       YES

- 1. [If Yes] How many employees would you estimate?  
\_\_\_\_\_
- 2. Do particular types of workers appear unusually affected (e.g., Support/Maintenance, Manual Laborers, Supervisors/Middle Managers, Technical Professionals, and/or Senior Management)?
- 3. What percentage of the time are they out sick?  
\_\_\_\_\_

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VI.C. Do you know of any former employees who have died of AIDS in the past 5 years?

\_\_\_ NO \_\_\_ YES

[If Yes] How many employees in 1989? \_\_\_\_\_

How many employees in 1990? \_\_\_\_\_

How many employees in 1991? \_\_\_\_\_

How many employees in 1992? \_\_\_\_\_

How many employees in 1993? \_\_\_\_\_

1. What types of workers were they (Support/ Maintenance, Manual Laborers, Supervisors/ Middle Managers, Technical Professionals, and/or Senior Management)?

VI.D. Has the organization been able to replace employees it has lost to AIDS?

VI.E. How many employees leave the organization in a typical year, for any reason whatsoever? \_\_\_\_\_

VI.F. How many weeks of training do new employees receive? \_\_\_\_\_

1. Does this depend very much on the category of workers?

\_\_\_ NO \_\_\_ YES [If Yes, explain]

VI.G. How is the organization planning to respond to the effects of HIV/AIDS on productivity or operations in the future?

VI.H. Has HIV/AIDS increased the organization's health insurance or medical costs? Which costs?

1. By how much since last year? \_\_\_\_\_

2. Since 1990? \_\_\_\_\_

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VI.I. Has HIV/AIDS increased significantly any other costs?  
Please describe.

VI.J. Has HIV/AIDS affected relations between employees or  
between management and employees?

**VII. Information Needs:**

VII.A. What kinds of information do you think the  
organization would need to make a decision about  
whether or not to establish an HIV/AIDS prevention  
program?

VII.B. If the management of the organization were convinced  
that an HIV/AIDS prevention program would be of  
benefit to it, would it be likely to contribute resources  
to operate these programs?

1. For example, would the organization offer:

\_\_\_ Money to pay for ongoing prevention  
materials and services, such as condoms, STD  
drugs, and health employees' clinical and  
training services?

\_\_\_ Provide transport for employees and/or  
trainers to conduct prevention programs?

\_\_\_ Give some employees paid leave time to be  
trained to run prevention programs in the  
organization?

\_\_\_ Provide work space where prevention and  
treatment services can be conducted?

\_\_\_ Allow employees to receive prevention  
education and resources during working hours  
on the work site?

\_\_\_ Other? Please describe.

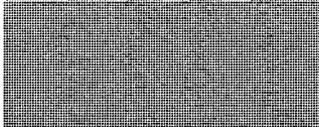
VII.C. If assistance were available to plan, implement, and/or  
review the organization's HIV/AIDS policies and  
prevention activities, what kinds of specific information  
would be most helpful?

1. For example:

- Information about HIV/AIDS itself (i.e. what HIV is, how it is transmitted, etc.)?
- Information or assistance in establishing workplace policies (e.g., benefits policies, hiring and firing policies, etc.)?
- Information or assistance in how to establish prevention programs in the workplace (e.g., what kinds of information and services the organization should provide employees about HIV/AIDS)?
- Information or assistance in handling employee relations, dealing with issues of management or employee attitudes about HIV/AIDS, etc.?
- Other kinds of information or assistance?  
Please describe.

VIII. Is there anything else you would like to tell me?

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## **APPENDIX 4: FINANCIAL QUESTIONS FOR ORGANIZATIONS**

Included in the *Manager's Guide* is a micro-economic model developed by AIDSCAP for analyzing the economic impact of HIV/AIDS on an organization. A full description of this impact model, as well as a companion model to estimate the costs of a workplace HIV/AIDS prevention program, are found in Appendices 9 and 10 of the *PSAP Manager's Guide*. Computerized versions of the two models are also included on a computer disk that accompanies the *PSAP Manager's Guide*.

Some of the information required to complete the impact model is likely to be considered highly sensitive. Thus, outsiders seeking such information for analysis should ensure that strong rapport has already been established during the interview process before pursuing the financial impact analysis. Though the model is designed to be self-administered, the information can be extremely helpful for the purposes of a needs assessment and may be more easily completed if you provide some assistance.

It may take several hours for a company to collect the information, depending on its record-keeping procedures. One effective strategy is to leave the questionnaire with the managing director or designate (probably an accountant) and to arrange to come back in a few days after they have had a chance to review the questions and collect the information. When you return, you should expect to spend an hour or two with the designate clarifying the answers and ensuring the survey is properly completed.

As an incentive to companies to participate in this part of the study, you should emphasize that the micro-economic analysis will provide management with valuable information about its own organization. The information can be used by the company to better plan for its future in terms of health and other benefits, training needs, and profitability.

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## **APPENDIX 5: FOCUS GROUP GUIDE**

Focus group sessions with workers and/or workers' representatives can provide essential information on workers' knowledge about HIV/AIDS, their behavior, and their attitudes and perspectives about the role of their employers in promoting their health. This information can serve several purposes. One, it can be used to identify risk behavior and help determine the areas of prevention training that are most critical. Two, the level of risk behavior and level of preventive knowledge that exists among workers can be used to convince managers to adopt appropriate prevention programs. Finally, worker perspectives on company medical services and other benefits should inform what types of workplace policies and prevention activities are adopted. Policy changes or prevention interventions that are not in the interests of—or are resisted by—workers are unlikely to be beneficial.

Focus groups should be led by trained focus group facilitators who are familiar with the language and culture of the participants. The focus group guide included here was developed for use in Kenya. AIDSCAP has also produced a guide to conducting effective focus group discussions (available from the Evaluation Unit) which describes and defines the methodology.

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## FOCUS Group Guide

1. What do you know about HIV/AIDS?

Probe: What are your sources of information?

2. How has this information affected the behavior or relationships among your workmates?
3. What do you think your employer should do to help workers protect themselves from getting HIV/AIDS?

4. What do you think your employer would do if he knew someone had HIV/AIDS?

Probe: Does the employer have any policies about HIV/AIDS that you know of?

5. **[If have an on-site clinic]** How does the on-site clinic work?

6. **[If have an on-site clinic]** How comfortable do you think your workmates are in using the company health clinic?

Probe: Are there particular illnesses you would feel uncomfortable getting treatment for at the clinic?

Probe: How about Sexually Transmitted Diseases?

7. **[If have an HIV/AIDS education program at work]** What do you think about the HIV/AIDS program you have at the company?

8. What kind of an HIV/AIDS program would you and your workmates wish to see in the company?

9. Who would you like to have conduct an HIV/AIDS program (e.g., company doctor, trained workmates, union workers, etc.)?

10. Is there anything else you would like to ask us or tell us?

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# APPENDIX 6: CASE STUDIES OF FIRMS

- I. Provide a brief description of the company in terms of:
  - A. The nature of the organization's business, its purpose or production.
  - B. The number of male and female employees, categories of employees, skill level of each category, and the training process and costs required for new employees.
  - C. Identify the company's overall revenues and expenditures. Is the work highly labor-intensive or more capital-intensive?
  - D. Identify the communities where the company's facilities are located and its relationship with the communities. How long they have operated there and their major competitors.
  - E. Describe the company's overall policies regarding hiring practices and employee compensation (e.g., health insurance, life insurance, burial benefits, etc.).
- II. Describe the organization's present understanding of how HIV/AIDS is affecting its operations.
  - A. Assess the overall attitude of workers and management regarding HIV/AIDS.
  - B. How many people in the firm do they think are HIV infected or have AIDS?
    1. Are certain types of employees more highly represented in terms of HIV/AIDS?
  - C. How is it affecting productivity? Absenteeism? Health expenses? Insurance costs? Funeral expenses? Labor relations?

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- D. How has management been responding to this problem to date?
  - 1. What formal or informal policies do they have regarding such things as:
    - a. Pre-employment HIV screening?
    - b. Worker HIV screening?
    - c. Response to employees with AIDS?
    - d. Confidentiality?
  - E. What has management been thinking or planning to do in the future to deal with HIV/AIDS?
- III. If applicable, describe the history of the company's realization of the need for HIV/AIDS policies and/or prevention programs.
  - A. Who were the key people involved?
  - B. What were the key factors that made them realize they had a problem?
  - C. What steps did they take?
  - D. Did they seek outside assistance or information and from where?
- IV. If they have a prevention program or adopted policies to deal with HIV/AIDS, describe them in detail. Also:
  - A. What lessons have they learned from undertaking these programs?
  - B. What have been the specific financial costs of running these programs?
  - C. What have been the financial or other benefits of running these programs?

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# APPENDIX 7: CASE STUDY OF DAVID WHITEHEAD TEXTILES<sup>2</sup>

## Company Background

David Whitehead Textiles—a subsidiary of the Lonrho conglomerate—employs nearly 4,500 people at its three factories in the towns of Kadoma (2,544 employees), Chegutu (1,764 employees), and Gweru (175 employees) in Zimbabwe. Over 90 percent of the company's employees are male. Most of the men live in town with their wives and families, although some couples are separated for long intervals when the wife returns to the village to cultivate the fields. A health clinic at each factory provides free health care to company employees.

## Impact of HIV/AIDS on the Company

The level of AIDS awareness is high among David Whitehead's workforce, largely because of management's strong commitment to AIDS prevention over the past five years and employees' active involvement in AIDS education activities.

David Whitehead Textiles has seen its share of deaths from AIDS. Since the end of 1989, the company's Kadoma factory has posted the number of AIDS deaths each month on notice boards outside the factory clinic and canteen. By the end of 1992, the company clinic had recorded 68 AIDS deaths among the workforce at Kadoma, and the death rate was increasing every year.

## Company Policy

The company maintains a policy of not screening job applicants or existing employees for HIV. Procedures have been established, however, for employees to be referred to government hospitals for HIV tests on purely clinical grounds, with their informed consent.

All nursing and medical staff at the company clinics have been trained in pre- and post-test counseling techniques. The company doctor treats the results of all these tests as confidential.

<sup>2</sup> This case study is based on a chapter of the book, *Work Against AIDS: Workplace-based AIDS Initiatives in Zimbabwe* by Glen Williams and Sunanda Ray, published by ACTIONAID, London, 1993. Also see the volume entitled, *African Workplace Profiles*, published by AIDSCAP along with the other materials in the *Private Sector AIDS Policy: Business Managing HIV/AIDS*.

## History of HIV/AIDS Prevention Program

David Whitehead Textiles has been at the forefront of industry's response to the AIDS epidemic in Zimbabwe since 1989 when the company launched its AIDS Awareness Campaign. Company management first realized the need for an AIDS prevention program and policy in 1988 when the Blood Transfusion Service discovered that 21 percent of blood donors at the company's factories in Kadoma and Chegutu were HIV-positive. In response to this disturbing news, the company's public relations manager and the company doctor—with strong support from the Chief Executive—initiated an AIDS Awareness Campaign targeting employees, their dependents, and the surrounding communities. The following were the company's objectives:

- To establish an understanding of HIV/AIDS among the entire population of David Whitehead Textiles to ensure they were aware that AIDS is relevant to their own lives, and that they can avoid infection, either by changing their sexual behavior or by always using condoms.
- To maintain stability within the workforce so that such costs as training, medical, and funeral expenses are kept to a minimum.
- To show the workforce (and Zimbabwe as a whole) that the company cares.
- To determine the present situation within the company, and to develop strategies for awareness by all employees, for treatment of people with HIV/AIDS, and for on-going support services.
- To provide medical and counseling services to people with HIV and AIDS within the workforce.
- To publicize the campaign nationwide so that other companies will follow suit.

In designing its AIDS education program, the company sought guidance and assistance from such outside organizations as the Ministry of Health, the National AIDS Coordination Programme, the World Health Organization, and local AIDS service organizations. It was decided that the campaign would use a number of communications channels, including drama, printed information materials, and group discussions, as well as interpersonal communication to reach its target audiences effectively.

The company doctor and Ministry of Health staff provided training in HIV and other sexually transmitted diseases (STDs) to all 64 Health

and Safety representatives from the three Whitehead factories. To this day, the trained representatives serve as AIDS Information Officers, answering questions, providing life-saving information and advice to groups and individuals at work.

A local theater group was identified to perform a play about AIDS in Shona, the local language. The company also developed a comic book entitled *AIDS: Toward a Greater Understanding*, in collaboration with the National AIDS Coordination Programme. Twenty thousand copies were published in English, Shona, and Ndebele.

The high profile campaign launch took place in November 1989 with meetings held in factory canteens, theaters, nightclubs, and school halls. The meetings, attended by David Whitehead employees, their families, and people from the local communities, featured an explanation of the campaign, a presentation by the company doctor on basic facts about AIDS, and a performance of the play "Me and My AIDS," followed by questions from the audience. Members of the audience received copies of the comic book and were advised that the company would provide free condoms to its employees.

After the campaign launch, workers could turn to the AIDS Information Officers at the work site to answer their questions about AIDS. Some AIDS Information Officers also went to bars and beer halls after working hours to talk about AIDS with sex workers and their clients and to promote condom use.

Employees at the Kadoma factory even wrote their own play about AIDS for World AIDS Day in 1991. Since that time, the group has performed the play at an Army barracks, an Air Force base, commercial farms, community halls, in the city square, and during football matches.

The company set up condom dispensing machines in all three of its factories in 1989 and has continued to incur the cost of supplying condoms free to its employees. At the Chegutu factory, an average of 1,776 condoms were distributed from the clinic, the Health and Safety Officer's Office, and the canteen each month in 1992—that's more than 21,000 condoms a year in just one of the company's factories.

### **Lessons Learned**

The experience of David Whitehead Textiles demonstrates the importance of a strong and ongoing commitment to an HIV/AIDS prevention program on the part of management—commitment of both time and financial resources. The active involvement of employees in educational activities was also critical to the program's success. The company also found that calling attention to the number of AIDS deaths within its own workforce, while seemingly controversial, helped convince employees to take HIV/AIDS more seriously.

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## Costs and Benefits

The company is very encouraged by the mounting evidence of sexual behavior change among its workforce members since initiating the AIDS Awareness Campaign. The number of STD cases treated at company clinics has dropped significantly since the start of the campaign. At the Kadoma factory clinic, for example, the number of patients treated for STDs fell by 53 percent, from 959 in 1989 to 453 in 1992. The decrease in the number of STD cases treated was even more dramatic at the Chegutu factory clinic—from 1,628 cases in 1989 to 408 in 1992, a decrease of 75 percent.

The tremendous increase in the number of condoms distributed to employees also points to sexual behavior change. Before the program began in 1989, no condoms were distributed. In 1992, 15,324 condoms were distributed at the Kadoma factory and 21,312 at the Chegutu factory. While no surveys have been conducted among the workforce, employees, particularly married men, are now choosing monogamy rather than having several sexual partners as before. The benefits of the campaign are clear. Company employees and their partners can now make an informed choice about avoiding HIV and other STDs.

The cost to the company of running an AIDS prevention program have included the costs of publishing the comic book (Z\$12,400), the costs of performing the play 21 times (Z\$5,250), and the cost of supplying condoms.

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# APPENDIX 8: DATA ANALYSIS MATRIX

This partially completed, illustrative matrix may assist in analyzing the data. Using the matrix format, enter the qualitative data findings where appropriate, identifying the company and questionnaire number for each answer.

## I. Prevention Education Practices

### A. II.A. [Management Questionnaire/Question #II.A./Does the organization presently have an HIV/AIDS Prevention Education Program for its employees?]

#### 1. Typical

CO1 [i.e. Company #1] No regular program—Conducted a one-time education session in 1991 for all employees. Have not done a program since then, but considering it.

CO2 Yes—Conduct an HIV/AIDS training session for workers every few months on voluntary basis after work hours. Estimate that 35% of workers have participated.

[Continue...]

#### 1. Unique/Desired

CO5 Yes—10 peer educators were trained in 1992 and are encouraged to conduct formal and informal sessions regularly with workers. Formal sessions are held every 2 months during lunch hour. Estimate that 100% of workers have participated.

## II. Prevention Services and Benefits Practices

### A. III.A.a. [Management Questionnaire/Question #III.A.a./Do employees have access AT the workplace to HIV/AIDS related health services—Condom distribution]

#### 1. Typical

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CO1 No  
CO2 No  
CO3 No

**2. Unique/Desired**

CO4 Yes. Note: Company purchases condoms from pharmaceutical company at wholesale price.

**B. III.A.b. [STD Diagnosis]**

**1. Typical**

**2. Unique/Desired**

**III. Organizational Policies**

**1. Typical**

**2. Unique/Desired**

**IV. HIV/AIDS Impact on Organizations**

**A. VIII.A. [Has HIV/AIDS affected the operations, production, or profits and losses of the organization?]**

CO1 No, not enough cases so far.

CO2 No.

CO3 No, but expect that it will be a problem if AIDS increases.

CO4 Yes, cost of medical insurance has increased by about 20% since last year.

CO5 No, don't think so.

**V. Policy Processes/Influencing Change**

[Fill in...]

**VI. Policy Recommendations/Recommendations for Change**

[Fill in...]

**VII. Other**

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# **APPENDIX 9: POSSIBLE OUTLINE OF REPORT**

- I. Executive Summary
- II. Introduction
  - A. Purpose of needs assessment
  - B. Background on the country's governmental/legal framework and the private sector as relevant to HIV/AIDS workplace prevention and policies.
  - C. Methodology
- III. Summary of management interview findings
  - A. What do organizations and management know, and what are they doing, about HIV/AIDS? (Use anonymous examples of companies to illustrate)
    - 1. Prevention education practices
    - 2. Prevention services, interventions, and benefits
    - 3. Organizational policies and policy processes
    - 4. HIV/AIDS impact on organizations
      - a. Summary of financial/labor data findings (if conducted)
- IV. Summary of focus group findings (if conducted)
- V. Recommendations
  - A. What will best persuade managers that they should establish HIV/AIDS policies and work place-based prevention programs?

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- B. What kinds of information and training do managers need to establish appropriate HIV/AIDS policies and prevention programs?
- C. Skills and capacities available in-country to initiate workplace prevention activities.

VI. Conclusion

VII. Appendix

- A. Case study profiles of companies
- B. Financial/labor data reporting
- C. Focus group transcripts

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