Developing Workplace HIV/AIDS Policies and Programs: Needs Assessment Guide

Center on AIDS & Community Health

Version Dated: October 7, 2002

This version of the Guide is a draft document to be piloted in the countries in which the SMARTWork project operates. AED would greatly appreciate feedback from all readers and users of the materials, including union representatives, business managers, governmental officials, and NGO staff. Your feedback, and other formative evaluation data, will be carefully considered in order to revise and refine SMARTWork's publications, training materials, and technical assistance approaches.

Please contact your local SMARTWork project staff from whom you may have received these materials, or send your comments directly to SMARTWork's headquarter office:

<div align="center">

Matthew W. Roberts, Ph.D., Director
SMARTWork Program
Center on AIDS & Community Health
Academy for Educational Development
1825 Connecticut Avenue NW
Washington, DC 20009-5721 USA
E-mail: smartwork@aed.org
Tel: (+1) (202) 884-8813
Fax: (+1) (202) 884-8474

</div>

Acknowledgments

Table of Contents

I. Introduction

A. Purpose of This Guide

The purpose of this guide is to provide user-friendly information on conducting an assessment of needs and resources related to HIV/AIDS programs in the workplace. More specifically, this guide is intended to help users collect information as a foundation for developing workplace HIV/AIDS programs and policies. A thorough understanding of current conditions, practices, and attitudes among employers, workers, and government officials toward HIV/AIDS and the workplace within a sector, region or nation is essential to: (a) developing a compelling advocacy strategy to encourage organizations to create HIV/AIDS workplace programs and policies; and (b) designing HIV/AIDS workplace policies and prevention and education programs that are appropriate to the country context.

This guide will assist you to prepare three types of materials: (1) a detailed Needs Assessment Report regarding workplace-based HIV/AIDS programs and policies; (2) a brief Country Report that can be shared publicly as an education and advocacy piece for workplace programs; and (3) a set of organizational (enterprise and union) case studies, or "Profiles" on typical practices and attitudes towards workplace HIV/AIDS programs and policies among your target group(s).

B. Who Should Use This Guide

This guide is designed for use by SMARTWork staff and partners, and by anyone who seeks to design and implement HIV/AIDS workplace prevention and education programs for groups of organizations, utilizing a tripartite approach comprised of labor, business, and government representatives.

C. Format of This Guide

This guide has three major sections, which are described below.

Introduction
This section contains basic information about the purpose, intended audience, and layout of this guide. In addition, the section includes an overview of the Department of Labor-funded, AED SMARTWork Program and of the global impact of HIV/AIDS in the workplace.

Conducting a Workplace Policy and Program Needs Assessment
This section begins with an introduction to the major purpose of a needs assessment. The section also includes a step-by-step approach for conducting a needs assessment.

Appendices

The appendices contain additional resources, model questionnaires, and other instruments that may be adapted based on the unique need of individual users. All appendices are included on a disk attached to the inside front cover of this guide. In addition, appendices may be downloaded from http://www.smartwork.org.

D. The Global Impact of HIV/AIDS in the Workplace

HIV/AIDS is already an obstacle to social and economic development in many areas around the globe. By 2010, the United Nations AIDS Programme (UNAIDS) estimates that there will be 71 million fewer people in sub-Saharan Africa because of HIV/AIDS, with some African countries experiencing a 20 percent decline in gross national product. The International Labor Organization (ILO) estimates that, by 2020, the countries of Zimbabwe, Botswana, and Namibia could each lose nearly 35 percent of their labor force due to HIV/AIDS. Many other regions and countries will be similarly affected, now or in the future.[1] For example, the U.S. Census Bureau estimates that life expectancy in Haiti will be reduced by nearly 10 years by 2010 due to HIV/AIDS. In Thailand, households are reported to spend up to 50 percent more on funerals than on health care. Despite the estimates from these regions, the potential impact of HIV/AIDS is not yet known in other areas where the epidemic is emerging, such as Eastern Europe.

Because the majority of HIV infections are among persons who are 20–49 years old—who often comprise the bulk of the workforce—employers are largely affected by HIV/AIDS. Today's workforce and the workforce of the future may be affected by HIV/AIDS in a variety of ways, including impact on deepening poverty; the purchase of goods by fewer consumers; decreased life expectancy, especially among trained workers; and benefit costs for workers.

Experience has shown that the government and the health sector alone cannot address the impact of HIV/AIDS. Other sectors are equally important in addressing and augmenting limited public funding for HIV/AIDS. Business, labor, and government—acting together—can provide needed human and financial resources to address HIV/AIDS prevention, support, and care. Addressing HIV/AIDS has been shown to be effective for employers in increasing worker longevity, increased productivity, and decreased absenteeism.

Education is important in addressing HIV/AIDS. A decade's worth of experience in HIV/AIDS education in southern Africa, however, has demonstrated that educational programs alone are not sufficient. Without workplace-based, anti-discriminatory employment policies and contract language that assures the protection of HIV-infected employees, fear of HIV may lead many people into denial and discourage them from seeking help. By teaching that there is no need to fear people living with HIV, and by providing a guarantee of job security for as long as persons can work, a powerful message is sent to combat stigma.

---

[1] United Nations Development Program Policy Paper. *HIV/AIDS Implications for Poverty Reduction.* Prepared by Drs. Rene Loewenson and Alan Whiteside for UN General Assembly Special Session on HIV/AIDS. Geneva: June 2001.

In addition, because many people spend a large part of the day at work, workplaces can serve as key sites for reaching a large number of people with effective HIV/AIDS prevention, and care and support programs. These programs can offer resources and life-saving information, and can mitigate the impact of HIV/AIDS among employers and workers alike. Sound policies can promote improved worker morale and productivity, and provide the foundation for effective HIV/AIDS prevention, and care and support programs.

Employers around the globe are discovering that implementing HIV/AIDS prevention and, care and support programs in the workplace can be both cost-effective and socially responsible.

E. THE SMARTWORK PROGRAM

SMARTWork is a program that brings together employers, labor, and government—utilizing a tripartite framework—to support the creation and expansion of workplace-based HIV/AIDS prevention and education programs and to establish sound policies that may reduce stigma and discrimination related to HIV/AIDS in the workplace.

According to UNAIDS, over 40 million people were estimated to be living with HIV/AIDS at the end of 2001. The economic impact of the disease is undeniable. In countries greatly affected by the epidemic, increased costs due to absenteeism, funeral attendance, loss of skills, retraining and recruitment, health care, and burial fees take a substantial toll on businesses. The economic losses, weakened workforce, and resulting instability have devastated many communities. The effect of HIV/AIDS on communities and countries—and on the "bottom line"—has motivated employers to get involved in preventing the spread of the disease.

Employers now recognize that there is a need for appropriate corporate policies on HIV/AIDS, and labor unions are seeing the need for such policy to be reflected in contract language to assure protection for the workers. All parties are beginning to recognize that workplaces can be effective focal points for prevention education. But the efforts of any single party will not be sufficient to build comprehensive and sustainable programs. Employers, labor, and government must come together in dialogue and efforts to assure effective and sustainable programs. Fortunately, there is considerable experience with utilizing a tripartite framework amongst these three partners that demonstrates their ability to develop innovative and effective approaches in which all parties mutually benefit.

SMARTWork

To reduce the rate of HIV infections as a result of workplace education and prevention programs and to assure workplace protection and guaranteed human rights of individuals affected and infected by HIV/AIDS.

Employees Labor/Unions

Education   Policy

Capacity Building

Employers Management

Government

Conceptual Model
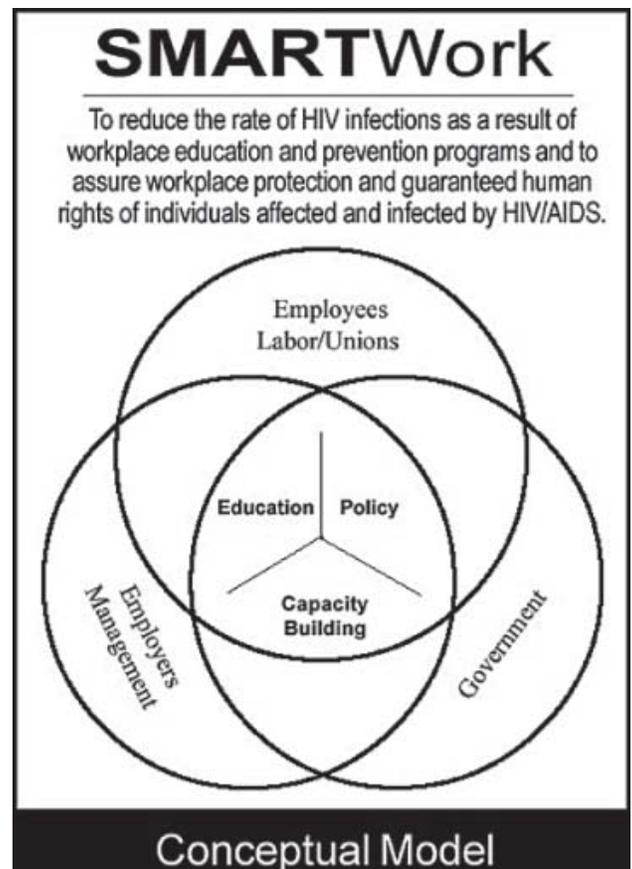
Building on the growing experiences and successes of workplace responses to HIV/AIDS, SMARTWork creates strategic partnerships between business groups, employers, labor unions, labor organizations, government agencies, and non-governmental organizations to create effective, tailor-made workplace prevention and education programs.

To assist in the creation of workplace HIV/AIDS policies and programs, SMARTWork offers education training through workshops and presentations, and provides materials that employers and labor can adapt for their own programs. Once a program is initiated, SMARTWork provides follow-up technical assistance while working to nurture the creation of sustainable, in-country networks that can assist and encourage workplace-based HIV/AIDS programs. SMARTWork also prepares employer and union profiles that are representative of sectors, serve as models for workplace intervention, and/or highlight the opportunities for organizations to establish HIV/AIDS programs and policies.

SMARTWork has offices in the Dominican Republic, Haiti, Nigeria, Ukraine, Vietnam and Zimbabwe. For additional information, please contact the local country representative or our main office:

Matthew W. Roberts, Ph.D., Director
SMARTWork Program
Center for Community-Based Health Strategies
Academy for Educational Development
1825 Connecticut Avenue NW
Washington, DC 20009-5721 USA
E-mail: smartwork@aed.org
Tel: (+1) (202) 884-8813
Fax: (+1) (202) 884-8474

II. CONDUCTING A WORKPLACE POLICY AND PROGRAM NEEDS ASSESSMENT

A. PURPOSE OF THE NEEDS ASSESSMENT

The purpose of the needs assessment is to obtain specific information about the response to HIV/AIDS among organizations in your SMARTWork project country. This will enable you to create compelling presentations and other advocacy tools aimed at encouraging enterprises to: (a) develop effective workplace HIV/AIDS programs and policies utilizing a bipartite (business and labor) or tripartite (business, labor, and government) framework as appropriate; and (b) to determine generally what types of workplace policies and programs are needed in the country.

This guide is primarily designed for conducting needs assessments in medium and larger-scale firms (those with 50 or more employees, although it also may be effectively used or adapted for use in smaller enterprises. Such firms are more likely to have the internal infrastructure and resources needed to undertake comprehensive HIV/AIDS programs, to have formal and written policies, and may allow your project to positively affect a larger number of employees given limited project resources. A needs assessment conducted with managers, workers, union representatives, government officials, and other key informants is a starting point to assess whether there are current organizational policies, union contract language, and prevention, care, and support programs on HIV/AIDS.

The needs assessment is designed to answer broad questions:

- To what extent are HIV/AIDS issues being addressed in the workplace?
- What policies—either national or among organizations—address HIV/AIDS?
- Does the national strategic plan on HIV/AIDS address workplace issues? If so, how is it influencing workplace policies and practices? If not, what are the implications and possibilities of incorporating workplace issues into the plan?
- What contract language exists to support workers in relation to HIV/AIDS?
- What laws, regulations, or codes of conduct exist to protect persons living with HIV/AIDS (PLWHA) in the workplace? To what extent are these measures used or enforced? Does political support exist for developing a national policy?
- How are HIV/AIDS policies and programs being implemented among managers, labor representatives, and workers?
- How are current prevention, support, and care options being addressed in the workplace?
- What voluntary counseling and testing (VCT) options are available to workers (either in the country and/or at the worksite)? Is testing required in the hiring process and/or mandatory for employees (neither is recommended)?
- How does HIV/AIDS impact productivity and profits?
- What policies and programs could be implemented to lessen the impact of HIV/AIDS?
- What is the nature of tripartite relations among the local partners? How might their capabilities to implement workplace responses to HIV/AIDS—individually and in partnership—be enhanced?

The information collected through a needs assessment provides a foundation for assessing HIV/AIDS prevention, care, and support options, and for exploring opportunities for employers and unions to address HIV/AIDS in the future.

B. A Step-by-Step Guide to Conducting a Workplace HIV/AIDS Policy and Program Needs Assessment

A workplace needs assessment is an effective method of determining what is needed for HIV/AIDS policies and programs. The methods described in this guide are based on the concept of "rapid assessment," which is designed to yield practical understanding for assessing the workplace policy and programs in a relatively short amount of time.

As a tool of the SMARTWork project, this guide will help you to analyze and assess the nature of relations between employers, labor groups, and relevant governmental bodies in the country, and to develop a strategy for advocating, designing, and facilitating workplace-based HIV/AIDS programs and policies within this tripartite framework. Though the specific nature of the tripartite relationship is likely to be unique to each country, there are frequently common characteristics and elements to consider. Some of these include:

Government—Particularly ministries of labor, play a critical role in creating a legal and regulatory framework, as well as enabling environment, for appropriate policies and programs to be adopted by enterprises. An effective Ministry of Labor can facilitate the making of national policies or guidelines on HIV/AIDS, require that employers abide by the law, ensure that labor unions are able to operate, and engage business and labor groups in social dialogue to create and implement effective HIV/AIDS workplace responses.

- Is there a functioning tripartite body addressing other labor-related issues? How is it structured? Who are the key players, and how might they be mobilized to address AIDS?
- How well does business, labor, and government work together on other business and/or labor-related issues?
- What is the capacity of the Ministry of Labor to forge and/or lead a tripartite response to AIDS at the workplace? What could be done to enhance its capacity in this area?
- What is the degree of political will, commitment, and/or interest of the Ministry of Labor (or other government bodies) to addressing workplace-related HIV/AIDS issues? What specific governmental commitments, activities, or plans are being developed, on HIV/AIDS and the workplace?

Employers—Play a critical role in mobilizing corporate resources—and launching workplace programs and policies—that educate workers about AIDS, provide care and support services, and reduce discrimination and stigma towards workers affected by and living with HIV/AIDS.

- Are there particular companies, business leaders, and/or an employer coalition body that are well suited to mobilize a broader, deeper response to HIV/AIDS among employers?
- What is the current relationship between business and labor groups? Are there examples where they have worked well together that can be similarly emulated to address AIDS?

✐   Are there any employers that have effective HIV/AIDS programs in place that can be profiled and serve as models of success for others?

Labor Unions—Play a critical role in advocating for, and helping implement, working conditions and labor contracts that protect the rights of all workers, including those living with HIV/AIDS. Labor representatives, especially shop stewards, also are key to educating members about their rights and responsibilities vis-à-vis HIV/AIDS at the workplace, and creating a non-discriminatory and non-stigmatizing work environment for PLWHA.

✐   Is there a federation of labor, or particular labor unions, which have, or could be, encouraged to make HIV/AIDS a priority issue among its membership?

✐   What will it take to make HIV/AIDS a key concern among organized labor?

This guide is primarily intended to address needs assessments for formal-sector employers with 50 or more employees. The guide was not designed for informal sector workplaces, which may require additional assistance in conducting a needs assessment.

There are eleven steps for preparing, conducting, and analyzing the results from a workplace needs assessment:

NEEDS ASSESSMENT STEPS

Step 1: Planning the Needs Assessment
Step 2: Gathering Initial Data
Step 3: Selecting a Sample
Step 4: Refining Interests and Scope
Step 5: Creating the Assessment Tools
Step 6: Conducting the Preliminary/Background Interviews
Step 7: Conducting Management Interviews
Step 8: Using Financial Analysis
Step 9: Conducting Union and Worker Focus Groups
Step 10: Analyzing Data
Step 11: Reporting on the Assessment

These eleven steps are described in more detail on the pages that follow. Appendix A offers a planning tool that may assist you in conducting the needs assessment.

STEP 1: PLANNING THE NEEDS ASSESSMENT

GOALS

The first step of the assessment is to determine your goals. Clearly specifying what you want to learn at the outset will assure that the assessment will help you get the information you need. In addition, knowing your goals can help to steer your approach to gathering the appropriate information. Overall, the goals of a workplace needs assessment are to:

- Understand the underlying issues that are facilitators and barriers to implementing workplace policies and programs. This process will help detail what employers and workers already know and are currently doing about HIV/AIDS.
- Develop a profile of the background information, best practices, and methods that will assist managers and labor representatives to establish HIV/AIDS policies, contract language, and prevention programs in the workplace.
- Understand the education and training needs of managers and workers that will result in creating or updating appropriate HIV/AIDS prevention policies, contract language, and programs, and their costs and benefits.

At your discretion, you may wish to tailor the goals listed above for your country.

RESEARCH QUESTIONS

After developing your goals, think about and record specific "research questions" you want to answer in the needs assessment. Examples of research questions include the following:

- What types of policies do employers have in place?
- What types of support and guarantees do workers receive from their union?
- How do workers living with HIV/AIDS feel about the treatment they receive at work?
- What types of HIV/AIDS programs already exist in workplaces?
- What is the level of interest in developing HIV/AIDS programs among employers and/or union representatives?

TIMEFRAME AND RESPONSIBLE PERSONS

In general, the needs assessment should be completed in six to eight weeks. Because the needs assessment is conducted in several steps, however, it may be useful to break it down by step, recording the following for each step:

- Completion date
- Lead person responsible
- Other staff who will help with that step

> **TIP**
> Appendix A provides a template to help SMARTWork staff plan a needs assessment. Distributing the completed template to all involved staff will help ensure a common understanding of the steps, timeframe, roles, and responsibilities of the needs assessment.

STEP 2: GATHERING INITIAL DATA

RESEARCHING COUNTRY-WIDE HIV/AIDS POLICIES AND LAWS

Before speaking with any workplace representatives, it is essential to gain an understanding of any country-wide governmental, labor, economic, health, and workplace practices and data related to HIV/AIDS. You should review, and be familiar with any existing HIV/AIDS-related legislation at the national or local levels. Your country's Ministry of Labor, Ministry of Health, National AIDS Control Program, and the local office of the International Labor Organization are likely to be the best sources for this information. Step 6 (Conducting Preliminary/Background Interviews), utilizing Appendix C (Preliminary/Background Interview Guide) will help you collect this information. In addition, you may wish to gather printed sources (e.g., government labor and economic reports, regulations issued by ministries of labor or industry), that can provide information on regulations, laws, policies, and economic conditions within a district, country, or region.

DEFINING TYPES OF WORKPLACES

Before choosing the actual workplaces that you will assess, it is important to conduct background research on the employers in your area. You can gather basic information through printed or electronic materials, such as annual reports. In addition, you may be able to gather information through informal networking with people familiar with individual employers or with specific sectors or industries.

Because there are many different types of workplaces, it is often helpful to look at similarities and differences across worksites in your region. To ensure that your research captures the possible diversity of practices and potential variations in response needed to implement workplace programs, it is important to include in a sample of all the types of organizations which are likely to be targets of the project.

Categorizing workplaces may be important to understanding both current status and future options for employers. In addition, if you are going to concentrate your work within one or two sectors, an HIV/AIDS response appropriate to one employer within a sector may also be applicable to another employer in the same sector.

Many factors are important in categorizing the type of workplaces. For example, studies have shown that the size of an employer may be an important factor in that employer's response to HIV/AIDS—and the costs and benefits of implementing HIV/AIDS policies and programs within the workplace. Where the employer is located, in addition to other characteristics, may also be important.

You may wish to consider the following traits as you characterize the workplaces you plan to assess:

Employer Size
Large employers (more than 250 employees) may be more likely to have established benefit packages for employees, and may already be addressing the impact of HIV/AIDS. Medium

employers (between 50 and 249 employees) may have some benefits, but may not offer a full range of services. Small employers (fewer than 50 employees) may have less formal policies and procedures, but they may also have fewer bureaucratic constraints to establishing policies. Sampling at least a couple of medium (and possibly even a small) employers is recommended. As noted previously, informal workplaces are not addressed in this document.

Union Representation

Union representation within specific companies may vary greatly. Some workplaces may have several different unions representing their workforce, while others may have only one or even no union in place. While unions and employers overlap within the workplace, it will be important to understand and be engaged with union activities beyond any one single worksite.

Though selecting firms with union representation should be the primary emphasis (in that SMARTWork focuses on a tripartite framework, which includes organized labor) it may be worthwhile to also select some organizations that are not unionized. For example, in countries or and/or sectors where unions are weak or non-existent, it will be important to understand the character of business-labor relations, if these organizations are likely to be included in the project. In fact, including such organizations may not only make an important contribution to HIV/AIDS prevention in their workplaces, but also help to catalyze labor organizing.

Type of Organization

Employers that provide similar types of services may respond to HIV/AIDS similarly. Employer organizations can be classified in the following ways:

- ⍰ High technology or skilled manufacturing, industrial, or service firms (e.g., banks, some heavy industry, media, pharmaceuticals, accounting firms)
- ⍰ Low technology or labor-intensive manufacturing, industrial, or service firms (e.g., garment manufacturing, electronic assembly, restaurants, retail stores)
- ⍰ Agricultural firms (e.g., agro-industrial, plantations, large farms)
- ⍰ Tourism and other service-related firms (e.g., hotels, tour companies, and restaurants)
- ⍰ Transport-related businesses (e.g., trucking, bus, and rail lines)
- ⍰ Mining companies
- ⍰ Government or parastatal (partially government managed or owned) organizations (e.g., ministries, agricultural boards)
- ⍰ Labor unions, as well as other types of non-governmental organizations

Geographic Location

Some assessments may focus on particular regions of a country or they may be interested primarily in urban or rural operations. HIV/AIDS prevalence (number of infections) and incidence (new infections during a period of time) may vary from one place to another and even vary within a place from one year to another. Therefore, geographic location may be important.

Ownership of Business

Private sector businesses can be categorized as wholly locally owned, foreign owned, or jointly owned; enterprises may also be state-owned or parastatals.

Organizations With and Without HIV/AIDS Programs and Policies
Ideally you will be able to include several organizations in the needs assessment which already have workplace HIV/AIDS programs and policies that can serve as models and examples to others. Unfortunately, there are many countries where no comprehensive HIV/AIDS programs or policies have been created or sustained, and hence it will not be possible to profile local exemplary organizations. However, even in these situations, it is important to profile existing organizational practices and attitudes towards HIV/AIDS at the workplace in order to be able to advocate for, and help create realistic, appropriate responses.

Appendix B, Organization Overview Checklist, provides a tool for recording information gathered in Step 2.

Step 3: Selecting a Sample

How Many Organizations do I Need to Assess?

Based on experience, this guide recommends that an assessment include at least six different business organizations, as well as at least one or two labor unions. Depending on your area and the types of employers and unions, you may need up to eight or 12, if this is feasible. Because this is a "rapid assessment," your choice of sites will not be an exhaustive list, but rather a sampling of different types of organizations to assess the situation in your area. Your sample can include different types of sectors (e.g., transportation, heavy industry), types of ownership (e.g., foreign, domestic, governmental/parastatal), sizes (e.g., large, medium, and perhaps small), locations (e.g., urban, rural), and levels of program/policy experience (e.g., have/do not have HIV/AIDS programs or policies).

Selection Criteria

In order to select your sample, make a list of criteria to use in the selection process. Ideally, you will want to choose different types of characteristics for at least four of the employers. For the SMARTWork project, at least one or two labor unions (preferably with experience in addressing HIV/AIDS) should be included. If feasible, you may also want to profile the Ministry of Labor.

For an important characteristic (e.g., manufacturing firms) or set of characteristics (e.g., locally owned, manufacturing firms), you may wish to choose at least two companies to be represented in the assessment. You can categorize by size, type of ownership, skilled/unskilled workers, or type of employer (see Appendix B). Consider a mix of ownership to ensure that your results will be useful to both foreign and locally owned employers.

Creating a Draft List

Solicit suggestions for your sample of workplaces from several sources. Worker and employer coalitions (such as union organizations or chambers of commerce), labor unions and labor leaders, the national AIDS control program, and relevant government ministries (e.g., Ministry of Labor and Ministry of Health) can be polled to determine a draft list of workplaces for possible inclusion in your sample.

Once a draft list is compiled, review the workplace overview for each employer to assess whether these organizations meet your criteria of identified characteristics and represent a broad diversity of workplaces. Objectivity in selecting the sample is important. If all of the organizations selected are ones with which you were previously familiar, your sample is most likely not very broad nor representative of the vast array of workplaces in your country. From this first draft list of worksites, prepare a final list of worksites to approach for rapid assessment.

> **Tip**
>
> Be sure to have one or two workplaces that will be on a secondary list, in case some of the workplaces from your final list cannot participate. Remember that events within an organization can have an impact on the attention of the persons within an organization. Remember that mergers or acquisitions, changes of management, or similar events will capture the immediate attention of the key informants you wish to interview. Be respectful of an organization's internal issues and either reschedule or move on to another organization.

Selecting "Key Informants" and Information Collection Approaches

Interviews with all three partners that participate in the tripartite framework are essential to completing the needs assessment. Interviews with government and NGO staff, as well with select business and labor leaders who may already be championing HIV/AIDS efforts, can provide critical information on such things as the nature of tripartite relations in the country, the legal and policy environment, and overall business and labor practices, attitudes, and receptiveness to HIV/AIDS initiatives. Research and interviews with business and labor representatives of individual organizations, and with unions, will provide the information needed to prepare organizational profiles.

Different organizations, types of persons within them, and the data needed, requires different approaches to information collection. The guide provides detailed guidance to tailoring interview questions, data collection, and your approach to the different types of assessment data needed— they can be found as follows:

Information to Prepare Preliminary/Background Summary –
Interviews with the following representatives: - Step 6 and Appendix C (all).
- Ministry of Labor and other relevant government officials
- Local employers' organizations
- Umbrella trade organization and/or individual trade unions
- Private sector leaders who understand HIV/AIDS issues
- Relevant NGOs

Information to Prepare Business Profiles –
- Interviews with Top Management – Step 7 and Appendix D.
- Interviews with Human Resources staff and Medical or Wellness staff – Step 7 and Appendix D.
- Interviews with Labor Representatives (e.g., shop stewards) – Step 7 and Appendix F.
- Focus groups with Workers from various positions – Step 8 and Appendix G.
- Analysis of financial impact of HIV/AIDS – Step 9 and Appendix H.

Information to Prepare Union Profiles –
- Interviews with Union Leaders and program staff person(s) responsible for HIV/AIDS activities – Step 7 and Appendix E.

Step 4: Refining Interests and Scope

Once you have completed the first three steps, stop and review what you have done up to this point. Make sure that what you intend to accomplish is consistent with your goals and realistic within the timeframe and resources available. Then you will have completed your initial planning process.

Consistency With Your Goals
Check to make sure that the list of worksites you have developed is consistent with your goals and research questions.

Feasible Within the Timeframe
In addition to assuring that your assessment goals can be met with the final list, make sure that these goals are feasible within the timeframe allotted. Is there sufficient time and resources available to conduct an assessment that will provide the level of detail desired?

Defined Potential Areas of Inquiry
There are several possible areas of inquiry in your plan for an HIV/AIDS workplace assessment, including the following:

- Organizational policies
- Development of policies for the worksite
- Union contract language, or collective bargaining agreements
- Discrimination and stigma issues
- Confidentiality and disclosure issues
- Health policy with regard to chronic diseases
- Support and care, including treatment options for treatment of tuberculosis (TB), sexually transmitted infections (STIs), or HIV/AIDS
- Government laws or regulations that may impact HIV/AIDS policies on prevention, care, and treatment
- Costs and benefits of HIV/AIDS workplace programs
- Potential impact of HIV/AIDS on productivity/profitability
- Potential benefit of preventing HIV and STIs
- Worker knowledge, attitudes, and behaviors about HIV/AIDS
- Workplace prevention education practices and programs
- Information needs or assistance from community-based or AIDS-service organizations

Step 5: Creating the Assessment Tools

Previous steps provide guidance for developing your questions for the needs assessment. This step is about how to develop draft questionnaires and other instruments for data collection. While it will be important to collect similar information from all worksites in your sample, not all instruments or questions will be used for all organizations.

Who and How?

As noted in Step 3, you will want to collect information from several different people, and types of people, for each organization in your sample. Because different people within an organization have different perspectives and information to share, the methods you use to collect information from them will differ.

Data collection may include the following:

⍯ Preliminary interviews with key persons within a region on HIV/AIDS issues

⍯ Interviews designed to find out specialized knowledge about the workplace, particularly as assessed by management and top labor leaders

⍯ Focus groups with representatives from management, workers, union representatives, or elected officials, and people affected and infected by HIV/AIDS

> **Tip**
> Public health, sociology, psychology, and anthropology students and faculty at local universities may be available to help with instrument design and data collection.
>
>

Developing the Tools

After reviewing your assessment goals and areas of interest, ask a group of three or four employer and employee representatives to suggest questions – or types of questions – to ask. Ask several people from the "intended audience" (i.e., the people you will actually interview) and your colleagues to review and provide feedback on the draft questions. Getting feedback and input from others will help assure that the questions are presented clearly and are culturally sensitive and specific. In addition, because it is difficult for any one person to think of all the relevant questions for an assessment, reviews can suggest additional questions to be asked.

Organizing and Formatting Interview and Focus Group Guides

Usually, interview and focus group guides start with general questions and then ask more specific questions. You should focus on your research questions—the information you are hoping to get out of the assessment. Also, questions can be asked in different ways at different points in an interview to crosscheck responses and to solicit further information. Questions around a common issue or theme can be grouped together within the guide.

The guide should be clearly structured and laid out, which will make it easier to solicit information, record answers, and compile responses. Whenever possible, typed, photocopied, and/or printed guides, rather than handwritten ones, should be used.

Testing the Questions

Sometimes, a question seems clear to the person who writes it, because he or she knows what the intention is. However, some questions may be interpreted differently by different people—and may or may not yield the information you are hoping for. To make sure that questions are clear, test the questions with several trial interviews.

Translation Issues

Please note that translation of the document may be needed within your area. You should be able to determine whether a translation is necessary. If you determine that a translation is needed, you may want to have it translated into the local language and then also "back-translated" into English. By having documents back-translated, it will help ensure that you have not included any unclear, offensive, or slang language.

Sample Tools

The following appendices provide sample tools that can be used as is or modified to meet your assessment needs:

- Appendix C: Preliminary/Background Interview Guide
- Appendix D: Sample Management Interview Guide (for Business Profiles)
- Appendix E: Sample Union Leader Interview Guide (for Union Profiles)
- Appendix F: Sample Labor Representative (e.g., shop stewards) Interview Guide (for Business Profiles)
- Appendix G: Sample Focus Group Guide
- Appendix H: Financial Analysis Spreadsheet

Step 6: Conducting the Preliminary/Background Interviews

The purpose of the preliminary interviews is to provide an overview of background information on the country as it relates to establishing workplace HIV/AIDS programs and policies. They will highlight such things as:

- The nature of tripartite relations locally
- Relevant current national legislation and policies
- Business practices and perspectives
- Labor union capabilities and relevant contract language
- Existing programs on HIV/AIDS
- Potential business, labor, and/or government opinion leaders who can serve as contacts within enterprises.

The information collected in these background interviews will help you to synthesize the information collected from individual interviews and research on workplaces. It may also be helpful to conduct a couple of background interviews after you have completed profiling enterprises in order to fill in any information gaps that remain.

You should consider four or five preliminary interviews, which are open-ended and semi-structured. Appendix C offers a format and some questions you may want to include in these interviews. These interviews may already have been done in an initial visit, such as a project mission visit or similar assessment. This may also be the time to further refine the assessment plan or to obtain additional details with regard to country regulations and policies on HIV/AIDS.

Potential candidates for preliminary interviews include the following:

- Representatives of the ministries of labor and health, the National AIDS Control Program, and any other relevant governmental bodies.
- Representatives from the local employers' organization, or equivalent.
- Representative from the umbrella trade union and/or individual unions.
- Two to three private sector leaders/managers who understand HIV/AIDS issues.
- Staff from NGOs involved in health promotion and/or HIV/AIDS prevention.

Review your assessment plan developed in Steps 1 through 5 with persons familiar with the business and labor communities, NGOs, other service organizations, and health/AIDS personnel. They may be able to make suggestions about possible refinements to your assessment plan or identify other public or private sector contacts. They may also direct you to persons within a worksite who may be willing to be interviewed about their HIV/AIDS programs and policies. You also can pre-test the management and labor leader interview guides, which are discussed in Step 7, during some of the preliminary interviews.

Persons who are nonjudgmental, are good listeners, have strong interpersonal communication skills, and are comfortable conducting interviews should conduct preliminary and

management/labor interviews. If possible, have two people conduct these interviews. This approach allows one person to ask most of the questions and follow-up probes while the other person records the interview in writing. The recorder should note the main points and any specific statements that capture or illustrate important points. A tape recorder may interfere with the ability to develop rapport with the interviewee and is not recommended.

Step 7: Conducting Interviews with Business Managers, Union Leaders, and Labor Representatives

Interviews with business managers, union leaders, and workplace labor representatives (e.g., shop stewards) are at the core of the workplace needs assessment process. Business manager interviews, integrated with perspectives of labor gained by interviewing labor representatives and conducting focus groups with workers (described in Step 8), enables you to produce the business profiles. Labor leader interviews will enable you to prepare profiles on unions that either have established HIV/AIDS programs for its membership, or are potential candidates to do so.

The purpose of these interviews is to understand the philosophy and decision-making within the organizations specifically relating to HIV/AIDS policies and programs, and contract language from collective bargaining agreements; both from the perspective of management and labor. Top management will best be able to describe management's decision-making process and any current policies and program activities on HIV/AIDS. Interviews with labor representatives at workplaces will best explain how employment issues are addressed in the union contract and, specifically whether there is HIV/AIDS-relevant contract language on: anti-discrimination, health care coverage, sick leave, death benefits, and other labor benefits or rights. Given that the goal of the workplace assessment is to determine the current status of HIV/AIDS policies and programs, contract language, and practices, these interviews can also help to determine future directions for your needs assessment.

In worksites where there are no programs, the interviews are designed to determine how organizational policies, union contract language, and programs are developed. The interviews will assist in determining the barriers to introduction of new policies and programs, contract language, and it may identify potential opportunities to develop additional policies, contract language, and programs in the future.

Importantly, interviews will also allow you to determine what will motivate the worksite to proactively address HIV/AIDS issues, if it does not already. The interviews can assist to determine the next steps for planning and then refining policies and programs tailored for the country/sector.

The Sample Business Manager Interview Guide for creating business profiles is provided in Appendix D. The Sample Union Leader Interview Guide for creating union profiles is provided in Appendix E. The Sample Workplace Labor Representative Interview Guide, also for creating business profiles, is provided in Appendix F. Each of these sample interview guides may be used as it is, or adapted in whole or in part. The sample guides are designed to be administered in an open, semi-structured interview style designed to elicit responses to particular questions. At the same time, it provides interviewees with the freedom to share thoughts and information they see as relevant or interesting. The nonspecific comments an interviewee gives during the interview can provide useful information or valuable insight into programs, contract language, and policies; these comments should be included where possible.

Getting an Interview

The first step to conducting management and labor leader interviews is getting the interviews. This is no small task. It may take two hours or more to initially identify the General Manager or Managing Director, Shop Steward(s), and/or other union representative of the company and to phone or visit to arrange the interview. A referral by someone who is known to the manager or labor leader may assist in a request for the interview.

In your introductory contact, briefly explain the purpose of the assessment, how it may benefit the employers and unions, and how long the interview is likely to take. You will likely find it advantageous to point out that the project is funded by the U.S. Department of Labor and that it has the support of the Ministry of Labor, unions, and any other organizations that you know support the program and have clout with the interviewee. A certain degree of flexibility and perceptiveness will be needed to assess whether you will have better success interviewing top management separately or at the same time with his or her relevant Human Resource manager and the Medical Director or other relevant medical staff. If management is receptive and time permits, individual interviews with each type of manager is preferable. Explain the benefits of participation by others who may have alternative perspectives or insights into different issues. Whatever the circumstance, it is strongly advised to conduct the labor representative interviews without the presence of management, so they are able to speak candidly. In this way, with both management and labor, you will be able to have a broad-based discussion about current policies and practices and potential opportunities for the future.

Managing the Interview

Open the interview with a brief explanation of the purpose of the needs assessment (without giving information that might bias the manager or labor leader's subsequent answers). You should explain that the interview is confidential and assure the interviewee that he or she and the company or union will not be identified directly without their permission in any reports that will be distributed outside of SMARTWork project staff.

In some cases, you may wish to question the interviewee further about his or her responses to specific questions. For example, a manager may say the reason the company began distributing condoms was because management decided it was an important issue. An open-ended follow-up question, such as, "How did you make the initial decision to distribute condoms?" can be useful to understand the experiences that contributed to the decision. It is impossible to anticipate all of the "probe" questions here; many will occur spontaneously during the interview. During the interview, you may wish to skip questions or move around the questionnaire to accommodate the flow of the interview and time constraints.

> **Tip**
>
> After the interview has been completed, your understanding can be a starting point for education, and planning for the next steps. You may wish to provide specific resources, such as the *ILO Code of Practice* and the UNAIDS publications, *HIV/AIDS and the Workplace: forging innovative business responses* and *Putting HIV/AIDS on the Business Agenda.*

One way to end the interview is to ask if there is anything else the interviewee would like to add or comment on that is important. The respondent may end with new or interesting points about the subjects you have covered. You may wish to conclude the interview by requesting other key contacts with the employer and/or union.

Before leaving the top management interview, you should explore the feasibility of using other tools or questionnaires (e.g., financial analysis, union and worker focus groups, or some other activities). If appropriate, you may discuss potential timelines for these other data-collection methods.

RELEASE OF INFORMATION APPROVAL

In order to maintain the trust of organizations and key informants in your research, it is important to discuss with them how the information may or may not be used, and to secure approval for release of information before making any information public. Managers frequently are hesitant to release information, and hence the process of securing their release approval requires considerable tact. Whether you request their approval before, during, or after the interview depends on the rapport you have built, and at what point their confidence in your research intent has been gained. To gain their approval, it may be helpful to explain how this information will assist you in conducting analyses which ultimately may help the organization respond (more) effectively to HIV/AIDS. Be sure to mention any other enterprises that have set up model programs, and/or have agreed to participate in the project. Appeals to a manager and organization's foresight and good corporate 'citizenship' may also prove helpful. Appendix M provides a Sample Release Form.

REPORTING

When the interview is concluded, the interviewer(s) should reflect on whether there are any remaining questions about the interview that may need to be followed up on. As soon as you can, type a two- to three-page narrative summary of the interview that reports the central findings and themes of the interview, based on notes. Entering these notes into your computer or word processor will facilitate analysis (In addition to the narrative, Step 10 also describes how to collate information in a manner that will aid in cross-organizational analysis). These narratives should be performed in the local language and English and sent to SMARTWork headquarters.

FOLLOW-UP

Based on the initial interview and follow-up, you and other decision makers can determine the next steps, which may include the following:

- Collecting information for the financial questionnaire
- Conducting focus groups with workers and union representatives
- Offering to highlight the company as a case study profile

Be sure to specify the amount of effort for and scope of each activity, including the types of internal personnel whose assistance may be needed. This is the time to determine who will be involved with the next steps. For example, if a cost analysis will be implemented, find out from the key informant in the organization how he or she would like to proceed in collecting the information from the list. You may wish to leave a list of information needed for the survey with

the key informant within the company. If a focus group will be conducted, you may wish to determine an opportune date for your return, explain what kinds of workers should be included, and what information group participants should receive.

Step 8: Conducting Worker Focus Groups

The worker focus groups are an important way to "round out" the information you gathered through the preliminary/background and management and interviews. This additional data gathering approach may also serve as a reality check for information provided to you during the management interviews.

Focus groups are planned, structured group discussions that are designed to collect opinions, ideas, and information from a particular group of people. If the workplace is largely unionized, you will most likely want to include one or two shop stewards in the worker focus group. The results of these worker focus groups can be used to provide input in the design of workplace HIV/AIDS policies and programs, as well as other important labor concerns that can inform the collective bargaining process and preparation of HIV/AIDS-related contract language. The focus groups can also provide suggestions for areas in which workers can contribute to workplace policies and programs, and indicate the degree of workers' commitment to promoting HIV/AIDS policies and prevention in the workplace.

Worker focus groups are a valuable method of obtaining a wide range of understanding, views, opinions, and general attitudes about workplace HIV/AIDS activities. Focus groups with employees can provide essential information about workers' knowledge of HIV/AIDS, their behavior, and their attitudes and perspectives about the role of their employers and unions in promoting their health and safety. This information can serve several purposes:

> **Tip**
>
> Facilitating a focus group takes special training. To ensure that you get valuable information out of the worker focus groups, it may be useful to either:
> - Contract with a professional focus group facilitator to conduct the groups; or
> - Send a designated SMARTWork staff member to focus group training.

- One, it can be used to identify worker perspectives on their employers, their medical services, and other benefits, which should inform what types of workplace HIV/AIDS policies, contract language, and education programs are adopted.
- Two, focus groups can help identify worker perspectives on the role and capabilities of their union to participate in HIV/AIDS policy and program development.
- Three, focus groups can be used to identify risk behavior and help determine the areas of prevention training that are most critical. Four, the focus groups will help identify what issues are of most concern to workers.
- Finally, focus groups can play a critical role in assessing the workplace environment regarding discrimination and stigma towards HIV-positive workers, or employee needs with regard to care and support, including treatment issues.

As with the financial questionnaire, conducting focus groups requires more time than the other data gathering techniques highlighted previously, and again, pre-planning is essential. 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 in the Appendix G is one example of the kinds of questions that may be used in a focus group.

Step 9: Using Financial Analysis

The financial questionnaire is another way to "round out" the information you gathered through the preliminary/background and management and labor leader interviews. This additional data-collection method can provide useful information to inform the employer about how best to move forward with workplace HIV/AIDS programming.

The financial questionnaire also requires more time than the management and labor leader interviews. Pre-planning is essential, and you will need to explore the feasibility of using this instrument only after you have developed rapport through the management/labor leader interview.

One of the issues employers must consider in deciding how to handle HIV/AIDS in the workplace is the financial impact the disease presents to the organization. While some employers will decide to proactively address HIV/AIDS policy and programs independent of cost/benefit issues, many managers are likely to want some type of financial impact analysis in the process of making this decision.

The financial questionnaire is a tool that can demonstrate some of the financial/economic impacts HIV/AIDS is having on an organization. For the purposes of this guide, the economic or financial benefit of a workplace prevention program is defined as the estimated value of the impact (of HIV/AIDS and STIs) averted by the workplace program. Though this may not satisfy all employers, estimates prepared by AIDSCAP for a number of companies in sub-Saharan Africa indicate that the financial impact of HIV/AIDS and STIs on an organization often exceeds the cost of operating a prevention program.

A worksheet to use in estimating the financial/economic impact on employers is included in Appendix H. To complete the financial questionnaire, information may be needed from several individuals within a company. For example, top management or human resource managers may have needed data on absenteeism rates and training costs; medical staff are likely to have information on the number of STI cases; and the bookkeeping department will likely have information on insurance or medical expenses. Therefore, it may be helpful to create a list of items needed to complete this tool and share the list with a key informant ahead of time. That way, when the SMARTWork staff comes to gather the information all of the needed data may have already have been gathered.

Step 10: Analyzing Data

One of the keys to the success of the needs assessment will be to organize, analyze, and present the data effectively. Because there are many analytic techniques that can be used, it may be helpful to organize the approach around typical and atypical experiences.

One of the likely purposes of the needs assessment is to find out what are typical employer and employee practices, knowledge of, and attitudes are about HIV/AIDS. If one of the goals is to foster policy change or create new contract language, it may be helpful to focus on innovative solutions to HIV/AIDS issues. 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 may provide a roadmap for policy or program development by other organizations. The survey data should also be organized to indicate anything likely to serve as effective catalysts or approaches to influencing positive change.

Data analysis for the needs assessment is organized around a matrix incorporating several categories related to the survey goals and assessment questionnaire. With the matrix, it is possible to include both quantitative and qualitative data and information, and both typical and atypical responses. Below is a potential list of categories for one matrix.

- Current organizational policies
- Discrimination and stigma issues
- Development of policy within a company
- Development of contract language
- Factors that influence change
- Recommendations regarding policy changes or changes in contract language
- Prevention education practices
- Prevention services and benefits practices
- Impact of HIV/AIDS on organizations
- Support and care, including treatment options for TB, STIs, and HIV/AIDS

> **Tip**
>
> Analyzing and presenting data may be another task for which you may want to enlist the help of university faculty and/or students with behavioral research experience.

Appendix I offers an example of how to utilize this style of matrix to organize the data collected. As data are collected from interviews and focus groups, enter them into the respective categories, noting the source of data for each answer. The management interview guide is organized so that most findings can be divided into categories. Use of a matrix for collating data allows quick analysis of the findings. For example, data may show, "Of the 12 managers interviewed, eight reported having an in-depth program of HIV/AIDS education. These employers typically have formal education sessions once every three months in which all workers discuss AIDS and preventive practices during a special two-hour lunch meeting."

Analyzing focus group data is a skill. However, those who are trained to conduct focus groups usually are trained to analyze the data from the focus group. Even if rigorous analysis is not possible, focus group findings can be integrated into the needs assessment findings. For example, if Acme Textiles workers report that they wish management would provide condoms in restrooms, this might be noted as an opportunity in the Prevention Services category. It would then be part of an overall recommendation for companies in the Recommendations for Policy Change category.

Document your analysis of existing policy, HIV/AIDS programming experiences, existing policy processes, atypical experiences, and any recommendations voiced by participants. Include recommendations and conclusions that you may have formed on the basis of the assessment. These can then be incorporated into the Needs Assessment Report, as described in Step 11.

● Step 11: Reporting on the Assessment

After data have been collected and analyzed, SMARTWork staffs are to present findings in two different reports:

⊄#   Needs Assessment Report (including the individual organization case studies/profiles)
⊄#   A Country Brief

Needs Assessment Report

The assessment report is intended for internal use by SMARTWork sites and key partners, and includes information that can be used to design and inform the program for the country. This report should demonstrate gaps or opportunities for addressing HIV/AIDS among employers and unions, and identify barriers or facilitators in the environment (e.g., cultural beliefs, laws, or governmental policies).

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:

⊄#   Provide an overview of each of the tripartite partners and the character of their relationships on HIV/AIDS and/or other comparable issues.
⊄#   Identify organizations and persons with the skills and capacities to promote workplace HIV/AIDS initiatives.
⊄#   Estimate resources that may be needed to accomplish the initiatives.
⊄#   Suggest an initial list of companies and labor unions for future participation in HIV/AIDS workshops.
⊄#   Identify barriers or facilitators, such as governmental policies, to HIV/AIDS workplace interventions.
⊄#   Identify other economic, political, or social factors that may be barriers or facilitators for employers and/or unions (e.g., business coalitions, labor organizations, etc.).
⊄#   Describe the strategies and recommendations for addressing HIV/AIDS policies and programs.

The Needs Assessment Report is usually 20 pages or fewer plus appendices, which should include the following:

⊄#   A case study or profile for each workplace that participated in the needs assessment
⊄#   Financial analysis results (if this has been done)

Appendix J provides suggested formats for the Needs Assessment Report and Country Brief.

Case Studies/Profiles

Case studies of employer and union experiences with HIV/AIDS can be useful in describing innovative policy, contract language, and prevention or treatment programs, and can provide information to other organizations considering initiating policy, prevention, and care and support programs. When employers or unions have limited policies, contract language, and programs, these profiles can be used to identify current status and opportunities to take appropriate action.

The case studies are developed through thorough analysis of the information collected from an organization utilizing various tools, such as management/labor leader interviews, focus groups, and the financial questionnaire. They may also require follow-up interviews and additional data collection to fill in any information gaps or to clarify answers. Appendix K provides an outline of issue areas and broad questions that may be used to structure the case studies and an example of a case study prepared in the recommended format. Case studies should be shared with organizations for their review and approval and as a means to assist in educating the organization on barriers to and opportunities for addressing HIV/AIDS. Because the profiles will likely be shared with employers and possibly publicly, it may be worthwhile producing a frank case study report for internal SMARTWork use, as well as a refined profile that is phrased more diplomatically.

Economic/Financial Impact Analysis

In reporting on the findings of the financial analysis, the anonymity of employers can be protected by converting the employer data into generic scenarios that do not reveal the identity of specific companies, their staff, or location. A sample financial report is included in Appendix L.

COUNTRY BRIEFS

Country Briefs are intended to serve as easily understandable summaries of needs, opportunities, programs, and policies related to HIV/AIDS within the country context. These summaries should be five to 10 pages in length and designed to serve as an advocacy tool. Country Briefs are shared publicly with the media, companies, and unions—both those that participated in the needs assessment and those with which the SMARTWork program may wish to work.

PRESENTATIONS

Presentations of the assessment findings—particularly findings regarding the financial impact of HIV/AIDS—to company managers, their boards, labor representatives, community leaders, and others can be an effective way of convincing the private sector to establish or expand HIV/AIDS prevention programs and policies. Additional information about preparing for and conducting presentations can be found in the *SMARTWork Facilitator's Guide for Conducting Joint Business and Labor Leader Presentations and Workshops on HIV/AIDS Policies and Programs for the Workplace*.

WORKSHOPS

The findings of the assessment can be used to inform and encourage dialogue among employers and labor representatives in an HIV/AIDS workshop. The HIV/AIDS workshop provides labor and management leaders with the opportunity to learn how other employers are addressing, or will address, HIV/AIDS and their responses. It also allows discussion about HIV/AIDS policy, contract language, prevention, and care and support within a company or organization. See the *SMARTWork Facilitator's Guid*e for additional information.

Conclusion

The workplace is an essential focal point in which to address HIV/AIDS. This guide is intended to help country or regional persons conduct a quick analysis of the workplace responses to HIV/AIDS at a particular time.

This guide outlines the basics for conducting a needs assessment of workplace HIV/AIDS policies, contract language, and programs; and to prepare a report to guide further workplace activities within a country or region. This assessment process will assist in determining the status and future directions of HIV/AIDS with management and labor within a company. The approach outlined in this guide provides a step-by-step approach and sample tools for preparing and conducting an assessment of workplace policy, contract language, and program responses to HIV/AIDS. In addition, the following items are included in the Appendices:

⍟   Appendix N: Selected List of Acronyms
⍟   Appendix O: Additional Resources

The dilemma of how to address the impact of HIV/AIDS will not be solved by employers, unions, or governments working in isolation. It will be solved by the collective action of many people from many sectors of the economy with differing perspectives engaged in collaborative, interdisciplinary discovery and focused action. It is with this view that this guide was written. Its purpose is to advance the end goal of inspiring continuing coordinated action—both individual and collective—from all sectors of the economy to address the social, economic, and health impact of HIV/AIDS.

APPENDIX A: NEEDS ASSESSMENT PLANNING TOOL

Use the worksheet below to plan your needs assessment.

GOALS

⊄#

⊄#

⊄#

RESEARCH QUESTIONS

⊄#

⊄#

⊄#

STEP	COMPLETION DATE	LEAD PERSON RESPOSIBLE	OTHER STAFF
Step 1: Planning the Needs Assessment			
Step 2: Gathering Initial Data			
Step 3: Selecting a Sample			
Step 4: Refining Interests and Scope			
Step 5: Creating the Assessment Tools			
Step 6: Conducting the Preliminary/ Background Interviews			
Step 7: Conducting Interviews with Business Managers, Union Leaders and Labor Representatives			
Step 8: Conducting Worker Focus Groups			
Step 9: Using Financial Analysis			
Step 10: Analyzing Data			
Step 11: Reporting on the Assessment			

Appendix B: Organization Overview Checklist

The checklist below was designed to assist you with collecting, organizing, and presenting general information about the worksites you assess. This information will assist you with selecting your needs assessment sample, and with creating Needs Assessment Reports, Case Studies, and Country Briefs.

Employer Name: _____

Size of Employer

❑ Small: Fewer Than 50 Employees—Unlikely to have company-financed, on-site medical facilities or medical staff

❑ Medium: 50-249 Employees—Probably have some kind of on-site medical facility and some medical staff

❑ Large: 250 or More Employees—Likely to have fully-staffed on-site medical clinic

Type of Production

❑ High technology/high-skill manufacturing, industrial, or service firms (e.g., banks, pharmaceutical companies, accounting firms)

❑ Low technology/labor-intensive manufacturing, industrial, or service firms (e.g., garment manufacturing, consumer goods, restaurants, retail shops)

❑ Agricultural (e.g., agro-industrial, plantations, large farms)

❑ Government or parastatal organizations (e.g., agricultural boards, or ministries)

❑ Tourism and other service related organizations (e.g., hotels, tour companies, and restaurants)

❑ Transport-related businesses (e.g., trucking, bus, and rail lines)

❑ Mining companies

❑ Labor union or other NGO. If other, describe: _____

Ownership of Firm

❑ Locally owned

❑ Foreign owned or multinational

❑ Jointly owned

❑ State owned or parastatal

Geographic Characteristics

❑ Primarily urban based

❑ Primarily rural based

Union Representation In Enterprise

❑ Multiple unions represented within the worksite

❑ One union represented within the worksite

❑ No unions represented within the worksite

Name of union(s) _____

Number of workers within worksite engaged in union(s)

Organizational HIV/AIDS programs and Policies

❑ Organization has HIV/AIDS education program (of any kind)

❑ Organization does not have HIV/AIDS education program

❑ Organization has HIV/AIDS-related policy (of any kind)

❑ Organization does not have HIV/AIDS-related policy

Appendix C: Preliminary/Background Interview Guide

I.   Introductions by Interviewer

    A. Company/Organization

    B. Purpose of the needs assessment

    C. Brief description of the needs assessment

II.   Background information

    A.   Regarding private companies, do you think they see HIV/AIDS as a business issue?

    B. What do you find businesses, and/or labor unions, are doing to respond to HIV/AIDS?

       1. Are there enterprises providing workplace-based education and prevention services at their workplaces? How typical is this?
       2. What services are being provided at the workplace? (Ex. Education sessions, STI, TB diagnosis and treatment, condom distribution).
       3. What is being done to provide workers with access to voluntary HIV testing and counseling?
       4. Are there IDU (intravenous drug use) treatment and services?
       5. What is being done regarding care and treatment for HIV-positive employees and their partners (e.g., treating opportunistic infections, providing anti-retroviral therapy)?
       6. Are there employer organizations, or an existing business coalition on HIV/AIDS, that is or could focus on HIV/AIDS and the workplace?

    C. Do businesses typically have policies regarding HIV/AIDS?

       1. What are they? (Ex. Do not test applicants or employees for HIV, retain and accommodate HIV+ employees, insurance and benefits for workers and their families, ensure medical confidentiality).

    D. What would you say labor unions, or other worker representative groups, think about HIV/AIDS policies and programs aimed at the workplace?

       1. Are there labor unions (or an umbrella organization) that have been working to ensure members are not discriminated against, and receive prevention and education services at the workplace regarding HIV/AIDS?
       2. Are their particular labor groups you would encourage us to meet with?
       3. What do you think is their capacity to initiate or undertake workplace HIV/AIDS programs and policy development for their members?

4. How could their capacity be enhanced?
5. What do you think would be the best approach to winning their participation and support?

E. What role has the national (or regional, local as relevant) government been playing in addressing HIV/AIDS program and policy development at the workplace?

1. Are there existing laws, guidelines, or other regulations that address HIV/AIDS as it relates to workplaces? What are they? Are any being developed? [Get copies if possible]
2. Do any of these laws or guidelines address discrimination of HIV-positive employees?
3. Which government ministries or other bodies have been most active in HIV/AIDS and the workplace issues?
4. What role has or is the Ministry of Labor playing in this regard?
5. How could the Ministry's capabilities to promote and support the development of workplace programs and policies be enhanced?

F. Because the SMARTWork program builds on a *tripartite framework*—of business, labor, and government as equal partners, engaging in dialogue and collaboration—to encourage the development of workplace-based HIV/AIDS programs and policies, it is important for us to understand the nature of tripartite relations in the country. How would you describe their relationships as it pertains to AIDS and the workplace?

1. If the tripartite partners have not yet addressed HIV/AIDS, can you describe another issue(s) that they address in a tripartite manner?
2. How would you anticipate they would address AIDS at the workplace?
3. What opportunities, and or challenges, do you think exist to engage business, labor, and government in HIV/AIDS and the workplace activities?
4. How might the capabilities of the tripartite partners—individually and collectively—be strengthened to help expand appropriate and effective HIV/AIDS policies and programs for workplaces?

G. Which sectors—for example tourism, manufacturing companies, services industry, transport, agriculture, etc.—do you think would particularly benefit from workshops and other technical assistance to develop workplace AIDS policies and programs?

1. Are there particular enterprises that would likely be very interested in participating in these programs?
2. Are there organizations that should participate but would be reluctant?
3. How do you think they might be approached or convinced?
4. Are there strong business, labor, or other community leaders that would be persuasive? Who?

H. Are you familiar with any other assistance programs (whether run by government, labor unions, NGOs, or private firms) that have been helping businesses with workplace-based HIV/AIDS programs and policy development?
    If so, please describe.

    1. Which organizations/programs are working on these issues?
    2. Would you say they have been successful? Why or why not?
    3. What do you think could be done differently, if anything, to make programs to help make these workplace HIV/AIDS policies and programs (even) more successful?
    4. Are there particular areas of need in workplace HIV/AIDS program planning that you think should be addressed and have not been thus far?

I. In order to expand the number of businesses the program can work with, and to make it sustainable over time, SMARTWork will be partnering with various NGOs, or other types of organizations. We are looking for organizations that will be effective HIV/AIDS education and policy trainers and program developers and that will have credibility and respect of both business leaders and labor groups. Can you recommend any organizations that might meet these criteria?

J. One of the most challenging aspects of HIV/AIDS is effectively addressing the issues of discrimination, stigma, and denial. What are the issues of discrimination, stigma, or denial common in this country?

    1. How might these issues effect our workplace program planning? For example, how might stigma against people who are drug users affect planning company programs for employees?
    2. Are you familiar with any support organizations for people who are HIV+?
    3. Are there people who are HIV+ who are open about their status to their employers and co-workers?

K. Are there any areas of cultural or political sensitivity we should be aware of as we continue to do our research, interviews, and planning?

L. Are there any other government, business, or labor policies that would either promote or constrain the development of workplace-focused prevention programs and policies?

M. Are there any other economic, political, or social factors that might otherwise encourage or discourage businesses from establishing HIV/AIDS programs and policies for their workplaces?

III.   If preparing your own questions, you may want to use this framework to structure the questions: Relevant governmental workplace regulations, policies, and practices, including:

      A.   Labor
      B.   Economic
      C.   Health
      D.   Discrimination
      E.   Testing
      F.   Care and Treatment issues for TB, STIs, and HIV

IV.   If pre-testing the questions for interviewing managers, union leaders, and labor representatives, select pre-determined questions from those interview guides, appropriate for the particular interviewee.

V.   Request for feedback from interviewee for adapting the study methodology

VI.   Request for recommendations about organizations or persons that can be included in the study or other useful contacts/sources of information

Appendix D: Sample Management Interview Guide (For Creating Business Profiles)

The following menu of questions is meant to serve for interviews with Managers. The key content of questions remains primarily the same for both management and labor leader interviews (Appendix E is for labor union profiling). However, because of the likely differences in their backgrounds and perspectives, two different guides are provided here.

All questions will not be appropriate for all parties being interviewed. The questions that follow are meant to serve as a menu from which interviewers may pick questions based on appropriateness for the specific interview. Based on your initial interview, some of the questions will be relevant and some will not be relevant. Choose those questions that are most appropriate and can be answered within the time frame available with the interviewee. Please refer to Step 7 for additional information about conducting the interviews.

Interviewers may also wish to ask additional questions or to rephrase some of the questions based on context.

Interviewers should review the entire guide prior to conducting an interview. Interviewers may then wish to highlight or circle questions they intend to ask.

The goal of the interview is to find out basic information about policies, labor relations and contract language, programs, and opportunities regarding HIV/AIDS. The outcome is to provide assistance to the worksite in moving to the next step.

Remember to probe or ask for descriptions about the policies and programs.

Background Information

Employer   _____

Address   _____

Phone #   _____   Fax #   _____

E-mail   _____   Website _____

Person Interviewed: Position: Date:

_____   _____   _____

Interviewer   _____

Note to Interviewer:

Basic categories of information and instructions for skipping specific questions are bolded. These are provided to assist you in structuring the interview.

A. Basic information

A.1.　Background Information

    a.　What is the nature of the business (e.g., goods/services, manufacturing, heavy industry, agriculture, mining, retail, media, etc.)?

    b.　How long has the organization been in business (at this location, in the country, outside of the country, if applicable)?

    c.　Where is the organization's central or home office?

    d.　How many facilities are in this country/ region?

    e.　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.)?

A.2.　Number of Employees and Union Representation

    a.　What is the total number of employees at this location? _____

    b.　At all locations? _____

    c.　What is the percentage of workers who are skilled professionals or managers? _____%

    d.　How many employees are men? _____How many are women? _____

    e.　Is there one or more unions represented in the worksite? _____

      If Yes—What are the unions represented in the worksite and how many staff at the worksite are represented by each of the unions?

      Union Name_____ Number of employees_____

      Union Name_____ Number of employees_____

      Union Name_____ Number of employees_____

A.3.　How would you describe the organization's relationship with labor groups representing employees? How about with labor-related government bodies?

A.4.   Have you worked with labor representatives, or with governmental or non-
        government bodies (NGOs) to address HIV/AIDS at the workplace? Has this been
        done within a tripartite—business, labor, and government—framework?

> **If Yes**—Please describe. **If No**—Are there other similar issues or concerns in
> which the organization has worked with labor groups and/or others to address?

B. Policy, Contract Language, and Common Practices

**Understanding the distinctions between informal policy or practice, formal policy, and
contract language**—Policy is developed with the intention of shaping practice. However,
practice may formally or informally define policy. In regards to labor unions, practice is often
defined through contract language, which is negotiated by unions through the collective
bargaining agreement process with businesses. For example, common practice in a workplace
may be to assure that employees with HIV/AIDS are still guaranteed health benefits. If this were
a general practice with no written policy or contract language requiring it, it would be referred to
as informal policy. From a management perspective, if this practice were to be formalized, it
would most likely be captured in the form of a written policy; from a union perspective, this
practice would be formalized as a result of being guaranteed in their contract language.

Key directions for implementing this section of the questionnaire—For those instances in
which interviewees affirm that policies or contract language does exist, you should ask for
written copies of such policies or language. If policies are informal, defined purely through
practice, or not readily available in writing, ask the interviewee to describe the policy practice.

B.1.   Does your organization have policies, and/or is it subject to a labor contract, with regard
        to health-related issues?

   a.   Does your organization have policies, or is it subject to a labor contract, with
        regard to applicants or employees with HIV or AIDS?

B.2.   Does the organization have any health-related criteria for hiring employees?

   a.   Are there any criteria that are specific to HIV or AIDS?

B.3.   Does the organization have any health-related criteria for firing employees?

   a.   Are there any criteria that are specific to HIV or AIDS?

B.4.   Does the organization have policies or contract language about eligibility or maintenance
        of employee health insurance and/or medical benefits?

   a.   Is eligibility or maintenance of health benefits or health insurance different for a
        person with HIV/AIDS?

B.5. Does the organization have policies, or is it subject to a labor contract, concerning testing for HIV?

    a. Does the policy, contract language, or practice call for any of the following?

        _____ Do not test for HIV
        _____ Test job applicants for HIV
        _____ Offer voluntary HIV counseling and testing for existing workers
        _____ Require mandatory testing of employees for HIV (specify once or periodically)

    b. Describe how testing is implemented and its rationale.

B.6. Does the organization have policies, or is it subject to a labor contract, about the confidentiality of medical information?

    a. Do these policies refer specifically to employees with HIV/AIDS?

B.7. Does the organization have policies, or is it subject to a labor contract, about what to do if an employee is no longer able to work at normal capacity due to a health condition?

    a. Do these policies refer specifically to employees with HIV/AIDS?

B.8. How would management address employment benefits for a person known to be infected with HIV/AIDS?

B.9. How would management address change of duties for persons known to be infected with HIV/AIDS?

B.10. How were your HIV/AIDS policies, and/or the contract language, developed?

    a. Can you describe the process by which policies and/or contract language are generally made within the organization?

    b. Who are the decision makers involved in policymaking, and/or in negotiating with labor groups on collective bargaining agreements?

B.11. Are you aware of any governmental laws or regulations that specifically address employees or applicants who may have HIV/AIDS? Can you specify?

    a. Are your policies consistent with these laws or regulations?

    b. Was a lawyer or government official involved in helping to write or define the policies and/or contract language to assure consistency with the law?

B.12. Are you aware of a situation in which employees/workers were treated differently by anyone because they were known to have HIV/AIDS, or were perceived to have HIV/AIDS? If yes, please describe.

     a. Who treated differently the employee known or perceived to have HIV/AIDS?
        _____ Co-workers
        _____ Supervisors
        _____ Managers
        _____ Labor representatives
        _____ Others (specify)

B.13. Are you aware of a situation(s) or event(s) in which a person know or perceived to have HIV/AIDS became an issue for your organization? If yes, please describe.

     a. How did these situations or events influence your organization's policies, contract language, or practices related to HIV/AIDS?

B.14. Has any person with HIV/AIDS disclosed their status in the workplace?

     a. How did supervisors, co-workers, management, and/or the union respond?

B.15. Are you aware of any organizations that provide care and support for persons living with HIV/AIDS? This would include information about HIV/AIDS and education efforts within the community.

C. PREVENTION EDUCATION PRACTICES

C.1. Are you aware of any situation in which an employee/worker has asked the organization or union for information on HIV/AIDS? If yes, please describe and provide information of the types of information requested.

     a. How did the organization or union respond?

C.2. Does the organization and/or union presently have an HIV/AIDS prevention education program for its employees?

If Yes—ask the following. If No—skip to Question C.3.

     a. Why did the organization or union initiate a prevention education program?

     b. Who initiated the program?

     c. When was the program initiated?

     d. Describe your prevention education program. Does it include the following? (If

possible, request course outlines or copies of handouts or materials that are used for education programs—if materials are not available, ask interviewee to describe the content of educational programs.)

    _____ Basic facts in brochures, posters, etc.
    _____ A short presentation (30 to 60 minutes) of factual information about HIV/AIDS
    _____ A longer program or discussion about HIV/AIDS such as attitudes towards AIDS, experiences with HIV, or support and care issues
    _____ A formal peer education program for HIV/AIDS (If so, please describe the program and how it was initiated)
    _____ Education or support programs for workers who are HIV infected
    _____ Education or programs for workers on sensitivity to co-workers infected with HIV.

e.   Are attendance at and/or participation in the program mandatory or optional?

f.   How often are programs conducted? (At orientation, weekly, monthly, quarterly, etc.)

g.   How many employees or what percentage of employees have ever participated in a prevention education program?

h.   Where are the programs conducted?

i.   Who conducts the education programs?

    _____ Paid health workers or organization
    _____ Peer education/workers of organization
    _____ Labor representatives (e.g., shop stewards)
    _____ Other types of employees paid to do this (describe)
    _____ Volunteer employees
    _____ Outside persons/organization paid to do this
    _____ Outside persons/organization not paid to do this

j.   Please describe any other financial or human resources to operate these programs. (Such sources may include the union, the employer, government, outside funders, AIDS service organizations, etc.)

k.   Who participates in the HIV/AIDS education programs?

    _____ All employees
    _____ Some employees
    _____ Employee family members (how is "family" defined?)
    _____ Community members
    _____ Suppliers and/or vendors

l.   Is there any formal evaluation of the program conducted or informal feedback collected from program participants? If yes, please describe how evaluation or feedback is gathered and how it is utilized.

m.   Are there any plans to make changes to your current educational program? If yes, why and what type of changes?

_____ Who is leading the efforts to change the program? (Management, union or labor representative, board, etc.—please also get specific contact information for the individual(s) leading the effort)

n.   Are there different programs offered for male and female employees? If yes, please describe.

_____ Are there different levels of interest between male and female employees about HIV/AIDS issues? If yes, please describe.
_____ Are there differences in feedback on programs between men and women? If yes, please describe.
_____ Are there differences between men and women in how they treat employees known or perceived to have HIV/AIDS? If yes, please describe.

C.3.   **(Skip Question C.3 if HIV/AIDS program already exists)** Has the organization or union considered starting an HIV/AIDS education and prevention program?

If no—why? **If yes**—what kind of program is being considered?

Follow-up probes:

⊄#   What factors are important to management or the union in setting up a program?
⊄#   Are these factors being addressed?
⊄#   What decisions are needed from management or the union to start a program?
⊄#   What positions are involved in the decision making for implementing such a program?
⊄#   What options are being explored for programming efforts?
⊄#   Is management or the union seeking outside assistance? If yes, from whom and on what aspects?
⊄#   From your perspective, if management set up the program, how would labor respond? If the union set up the program, how would management respond?

C.4.   Does the government or an AIDS service organization offer prevention programs as a community service?

C.5.　For each of the following, what is your perception of the willingness to participate in a two to three day workshop on HIV/AIDS?

　　　　_____ Top Management
　　　　_____ Human Resources managers/staff
　　　　_____ Medical Director or other medical staff
　　　　_____ Labor Representatives (e.g. shop stewards)
　　　　_____ Others they identify?

C.6.　Are you aware of labor groups or other business networks involved in addressing AIDS?

D. PREVENTION SERVICES, AND CARE AND SUPPORT BENEFITS

D.1.　Do employees have access to selected health services at the workplace related to prevention or care of HIV/AIDS? If yes, please specify—are any of the following offered?
　　　　_____ Condom distribution
　　　　_____ STI testing and diagnosis
　　　　_____ Voluntary and confidential HIV testing
　　　　_____ Counseling services
　　　　_____ TB Treatment
　　　　_____ Antiretroviral (ARV) therapy
　　　　_____ ARV treatment for women during pregnancy

　　a.　Where are services provided?
　　　　_____ On-site clinic
　　　　_____ Company-chosen off-site clinic
　　　　_____ Other (please describe)

　　b.　Who conducts the services?
　　　　_____ Paid health worker employed by the organization
　　　　_____ Other types of employees paid to do this, such as peer educators (please describe)
　　　　_____ Volunteer employees (please describe)
　　　　_____ Outside person or organization paid to do this (please describe)
　　　　_____ Outside person or organization not paid to do this (please describe)

　　c.　Who sponsor or pays for these services?

　　d.　Who is eligible to receive these services?
　　　　_____ All employees
　　　　_____ Certain employees (please describe)
　　　　_____ Retired employees
　　　　_____ Family members of employees (please describe how "family" is defined)

D.2.   When did the organization begin to provide these services?

D.3.   What type of feedback, if any, has the organization received from employees about these health services?

D.4.   Does the organization plan to change the services offered? (If yes, please describe how and why)

D.5.   Does the organization offer health services through insurance (either company or government sponsored)?

If yes— Describe the main health benefits provided, including whether HIV/AIDS-related services are provided. Ask for any documentation, if possible, that describes the benefits offered.

Is treatment provided via the insurance plan?

D.6.   Describe any other health-related benefits offered to employees. For example:

_____ Retirement benefits
_____ Disability payments
_____ Funeral expenses/burial fees
_____ One-time payment of death benefits/life insurance
_____ On-going family support
_____ Other benefits (please describe)

D.7.   Are you aware of any feedback about benefits from workers? (If yes, please explain)

D.8.   If a worker is known to have HIV/AIDS, do the benefits continue, remain the same, or end?

D.9.   Are any changes planned in benefits by the organization in the near future? (If yes, please describe)

E. HIV/AIDS Impact on Organization

E.1.   Have you observed any HIV/AIDS-related issues affecting the operations, production, or profits and losses of the organization?

If yes—Please describe. **If no**—Despite not observing such impacts, do you think some impact may be occurring, and if so, what?

E.2.   Do you anticipate that HIV/AIDS will be an issue in the workplace in the future?

E.3.   Do you know of any employees who are infected with HIV or who have AIDS?

    If yes—How many? How has the number changed over the last three to five
    years?

E.4.   Do particular types of workers appear disproportionately affected by HIV/AIDS? (For
    example, secretarial or support staff, sales staff, manual laborers, management, etc.)

E.5.   Are you aware of any former employee who has died of complications related to AIDS?

    If yes—How many employees in the last year? How many employees for each
    year over the last three to five years?

    What category of workers has been primarily impacted? (For example, secretarial
    or support staff, sales staff, manual laborers, management, etc.)

E.6.   How many employees leave the organization in a typical year, for any reason
    whatsoever?

E.7.   How many weeks of training do new employees receive? How does this vary by category
    of worker?

E.8.   Has HIV/AIDS increased the cost of your organization's health insurance or medical
    services?

    If yes—By how much since last year? By how much since five years ago?

E.9.   Has HIV/AIDS affected relations between and/or among any of the following?

    _____ Management
    _____ Labor representatives
    _____ Front-line workers

F. Information Needs or Assistance Sought

F.1.   What type of information would be useful for your organization in order to make a
    decision about whether or not to establish or expand an HIV/AIDS prevention program?

F.2.   If your organization is, or were, convinced that there are benefits for offering such
    programs, are they likely to contribute resources?

If Yes—which of the following might be provided?

_____ Financial resources for materials such as brochures and condoms
_____ Transportation for employees to prevention programs
_____ Facilities in which prevention programs could be operated
_____ Paid-leave time for employees to participate in programs
_____ Others (please describe)

F.3.   If technical assistance were available to plan, implement and review union and/or employer activities related to HIV/AIDS, what kinds of specific information or technical assistance would be most helpful?

_____ Info/TA about HIV/AIDS (i.e. what HIV is, how it is transmitted, etc.)
_____ Info/TA in establishing workplace policies or contract language
_____ Info/TA in how to establish prevention programs in the workplace
_____ Info/TA in addressing employee relations/management or employee attitudes about HIV/AIDS
_____ Info/TA regarding treatment of HIV, STI, and TB
_____ Other kinds of information or technical assistance (please describe)

F.4.   Do you have any other ideas or recommendations about what kinds of opportunities for HIV/AIDS prevention and education efforts do you think are feasible?

F.5.   Is there anything else you would like to tell me?

Appendix E: Sample Labor Leader Interview Guide (For Creating Union Profiles)

The following menu of questions is meant to serve for interviews with Labor Leaders in order to create a case study/profile on union(s). The key content of questions remains primarily the same for both management and labor leader interviews (Appendix D is for business profiling). However, because of the likely differences in their backgrounds and perspectives, two different guides are provided here.

All questions will not be appropriate for all parties being interviewed. The questions that follow are meant to serve as a menu from which interviewers may pick questions based on appropriateness for the specific interview. Based on your initial interview, some of the questions will be relevant and some will not be relevant. Choose those questions that are most appropriate and can be answered within the time frame available with the interviewee. Please refer to Step 7 for additional information about conducting the interviews.

Interviewers may also wish to ask additional questions or to rephrase some of the questions based on context.

Interviewers should review the entire guide prior to conducting an interview. Interviewers may then wish to highlight or circle questions they intend to ask

The goal of the interview is to find out basic information about policies, labor relations and contract language, programs, and opportunities regarding HIV/AIDS. The outcome is to provide assistance to the worksite in moving to the next step.

Remember to probe or ask for descriptions about the policies and programs.

Background Information

Employer   _____

Address   _____

Phone #   _____   Fax #   _____

E-mail   _____   Website _____

Person Interviewed: Position: Date:

_____   _____   _____

Interviewer   _____

Note to Interviewer:

Basic categories of information and instructions for skipping specific questions are bolded. These are provided to assist you in structuring the interview.

A. Basic information

A.1.   Background Information
- a. Please provide a brief overview of the union, including when it was formed, what types of workers and/or sectors it covers, and whether it is affiliated with other domestic or international unions or umbrella organizations.

- b. How long has the union been in existence organization been in business (at this location, in the country, outside of the country, if applicable)?

- c. Where is the union headquartered?

- d. How many offices does it have in this country/region?

A.2.   Number of Workers Represented (approximations are fine)

- a. What is the total number of workers that the union represents? _____

- b. At how many businesses or organizations? _____

- c. What is the percentage of workers who are skilled professionals or managers? _____%

- d. How many members are men? ____ How many members are women? _____

A.3.   How would you describe the union's relationship with the organizations and management of companies in which your members work? How about with labor-related government bodies?

A.4.   Have you worked with business leaders, or with other governmental or non-governmental bodies to address HIV/AIDS at the workplace? Has this been done within a tripartite—labor, business, and government—framework?

If Yes—Please describe. **If No**—Are there other similar issues or concerns in which the organization has worked with business and/or other organizations to address?

B. Policy, Contract Language, and Common Practices

Understanding the distinctions between informal policy or practice, formal policy, and contract language—Policy is developed with the intention of shaping practice. However, practice may formally or informally define policy. In regards to labor unions, practice is often defined through contract language, which is negotiated by unions through the collective bargaining agreement process with businesses. For example, common practice in a workplace may be to assure that employees with HIV/AIDS are still guaranteed health benefits. If this were a general practice with no written policy or contract language requiring it, it would be referred to as informal policy. From a management perspective, if this practice were to be formalized, it would most likely be captured in the form of a written policy; from a union perspective, this practice would be formalized as a result of being guaranteed in their contract language.

Key directions for implementing this section of the questionnaire—For those instances in which interviewees affirm that contract language or policies do exist, you should ask for written copies of these. If policies or labor agreements are informal in nature, defined purely through practice, or not readily available in writing, ask the interviewee to describe them.

B.1.   What are the key labor priorities and concerns of your union, currently and/or historically?

        a.   Where do health, and specifically, HIV/AIDS-related issues, fit into your unions' priorities and concerns?

        b.   Has your union negotiated with any businesses to include health, and specifically, HIV/AIDS in its collective bargaining agreements and/or their corporate policies? Please describe.

B.2.   Does any of your union contracts address health-related criteria for hiring employees?

        a.   Are there any criteria that are specific to HIV or AIDS?

B.3.   Does any of your union contracts address health-related criteria for firing employees?

        a.   Are there any criteria that are specific to HIV or AIDS?

B.4.   Does any of your union contracts address testing members for HIV?

        a.   Does any of your union contracts call for any of the following?

            _____ Do not test employees for HIV
            _____ Do not test job applicants for HIV
            _____ Offer voluntary HIV counseling and testing for existing workers

B.5. Does any of your union contracts address eligibility or maintenance of employee health insurance and/or medical benefits?

   a. Is eligibility or maintenance of health benefits or health insurance different for a person with HIV/AIDS?

B.6. Does any of your union contracts address confidentiality of medical information?

   a. Do these contracts refer specifically to employees with HIV/AIDS?

B.7. Does any of your union contracts address what employers are to do if a worker is no longer able to work at normal capacity due to a health condition?

   a. Do these contracts refer specifically to employees with HIV/AIDS?

B.8. **If there are contracts including HIV/AIDS**—How were these collective bargaining agreements made involving HIV/AIDS developed?

   a. Did business managers or others resist including these agreements?

   If there are NOT contracts including HIV/AIDS—How likely is that your union will try to include contract language involving HIV/AIDS?   How receptive do you believe business managers would be to including such language?

B.9. Can you describe the process by which policies and/or contract language is generally made between your union and businesses?

B.10. Are you aware of any governmental laws or regulations that specifically address employees or applicants who may have HIV/AIDS? Can you specify?

   a. Is your contract language consistent with these laws or regulations?

B.11. Are you aware of a situation in which workers were treated differently by anyone because they were known to have HIV/AIDS, or were perceived to have HIV/AIDS? If yes, please describe.

   a. Who treated differently the employee known or perceived to have HIV/AIDS?
   _____ Co-workers
   _____ Supervisors
   _____ Managers
   _____ Labor representatives
   _____ Others (specify)

B.12. Are you aware of a situation(s) or event(s) in which a person know or perceived to have HIV/AIDS became an issue for your union? If yes, please describe.

    a. How did these situations or events influence your organization's policies, contract language, or practices related to HIV/AIDS?

B.13. Has any members of your union with HIV/AIDS disclosed their status in the workplace?

    a. How did supervisors, co-workers, management, and/or other union representatives respond?

B.14. Are you aware of any organizations that provide care and support for persons living with HIV/AIDS? This would include information about HIV/AIDS and education efforts within the community.

C. Prevention Education Practices

C.1. Are you aware of any situation in which a worker has asked the union, or their employer, for information on HIV/AIDS? If yes, please describe and provide information of the types of information requested.

    a. How did the union, and/or employer, respond?

C.2. Does the union presently have an HIV/AIDS prevention education program for its members?

If Yes—ask the following. **If No**—skip to Question C.3.

    a. Why did the union initiate a prevention education program?

    b. Who initiated the program?

    c. When was the program initiated?

    d. Describe your prevention education program. Is the program operated independently by the union or is it coordinated/co-sponsored with any enterprise(s) your members work with?

e. Does the program include the following? (If possible, request course outlines or copies of handouts or materials that are used for education programs—if materials are not available, ask interviewee to describe the content of educational programs.)

_____ Basic facts in brochures, posters, etc.
_____ A short presentation (30 to 60 minutes) of factual information about HIV/AIDS
_____ A longer program or discussion about HIV/AIDS such as attitudes towards AIDS, experiences with HIV, or support and care issues
_____ A formal peer education program for HIV/AIDS (If so, please describe the program and how it was initiated)
_____ Education or support programs for workers who are HIV infected
_____ Education or programs for workers on sensitivity to co-workers infected with HIV.

f. Are attendance at and/or participation in the program mandatory or optional?

g. How often are programs conducted? (for ex. weekly, monthly, quarterly, etc.)

h. How many members or what percentage of your total membership, have ever participated in this prevention education program?

i. Where are the programs conducted?

j. Who conducts the education programs?

_____ Union-paid/sponsored staff
_____ Health staff paid by employers
_____ Peer educators managed by: __ the Union, or ___ Employers
_____ Other types of persons paid to do this (describe)
_____ Volunteers (describe)

k. Please describe any other financial or human resources to operate these programs. (Such sources may include the union, employers, government, outside funders, AIDS service organizations, etc.)

l. Who participates in the HIV/AIDS education programs?
_____ Union members only
_____ All employees
_____ Some employees (describe)
_____ Employee family members (how is "family" defined?)
_____ Community members
_____ Suppliers and/or vendors

m.   Is there any formal evaluation of the program conducted or informal feedback collected from program participants? If yes, please describe how evaluation or feedback is gathered and how it is utilized.

n.   Are there any plans to make changes to your current educational program? If yes, why and what type of changes?

_____ Who is leading the efforts to change the program? (Please also get specific contact information for the individual(s) leading the effort)

o.   Are there different programs offered for male and female employees? If yes, please describe.

_____ Are there different levels of interest between male and female employees about HIV/AIDS issues? If yes, please describe.
_____ Are there differences in feedback on programs between men and women? If yes, please describe.
_____ Are there differences between men and women in how they treat employees known or perceived to have HIV/AIDS? If yes, please describe.

C.3.   **(Skip Question C.3 if HIV/AIDS program already exists)** Has the union considered starting an HIV/AIDS education and prevention program?

If No—why? **If Yes**—what kind of program is being considered?

a.   Are there examples of other types of programs the union has established that would serve as a model in trying to set up an HIV/AIDS program? Has the union ever worked with businesses, and governmental or other bodies, to operate these programs? Please describe.

Follow-up probes:

⊄#   What factors are important to the union, or employers, in setting up a program?
⊄#   Are these factors being addressed?
⊄#   What decisions are needed from the union to start a program?
⊄#   What options are being explored for programming efforts?
⊄#   Is the union seeking outside assistance? If yes, from whom and on what aspects?
⊄#   From your perspective, if the union tried to establish a program, how would business managers respond?

C.4.   Does the government or an AIDS service organization offer prevention programs as a community service?

C.5.   For each of the following, what is your perception of the willingness to participate in a two to three day workshop on HIV/AIDS?

_____ Management
_____ Labor Leaders
_____ Union members

C.6.   Are you aware of business networks or other labor associations that are involved in addressing HIV/AIDS?

D. Prevention Services, and Care and Support Benefits

D.1.   Does the union provide members any HIV/AIDS-related prevention or care services beyond education about HIV/AIDS? **If No**—Skip to E.1.

If Yes:

    a. Please specify—are any of the following offered?
        _____ Condom distribution
        _____ STI testing and diagnosis
        _____ Voluntary and confidential HIV testing
        _____ Counseling services
        _____ TB Treatment
        _____ Antiretroviral (ARV) therapy
        _____ ARV treatment for women during pregnancy

    b.   Where are the services provided?
        _____ On-site, company-run clinic
        _____ Company-chosen off-site clinic
        _____ Union-run clinic
        _____ Other (please describe)

    c.   Who conducts the services?
        _____ Paid health worker employed by the organization
        _____ Other types of employees paid to do this, such as peer educators (please describe)
        _____ Volunteer employees (please describe)
        _____ Outside person or organization paid to do this (please describe)
        _____ Outside person or organization not paid to do this (please describe)

    d.   Who sponsor or pays for these services?

e.	Who is eligible to receive these services?

_____ All employees
_____ Certain employees (please describe)
_____ Retired employees
_____ Family members of employees (please describe how "family" is
        defined)

D.2.	When did the union begin to provide these services?

D.3.	What type of feedback, if any, has the union received from members about these health services?

D.4.	Are any changes planned in benefits by the union in the near future? (If yes, please describe)

E. Information Needs or Assistance Sought

E.1.	What type of information would be useful to your union in order to make a decision about whether or not to establish an HIV/AIDS prevention program?

E.2.	If your union is convinced of any benefits for offering such programs, is it likely to contribute resources to operate HIV/AIDS programs?

If Yes—which of the following might be provided?

_____ Financial resources for materials such as brochures and condoms
_____ Transportation for employees to prevention programs
_____ Facilities in which prevention programs could be operated
_____ Paid-leave time for employees to participate in programs
_____ Others (please describe)

E.3.	If technical assistance were available to plan, implement and review union and/or employer activities related to HIV/AIDS, what kinds of specific information or technical assistance would be most helpful?

_____ Info/TA about HIV/AIDS (i.e. what HIV is, how it is transmitted, etc.)
_____ Info/TA in establishing workplace policies or contract language
_____ Info/TA in how to establish prevention programs in the workplace
_____ Info/TA in addressing employee relations/management or employee attitudes
        about HIV/AIDS
_____ Info/TA regarding treatment of HIV, STI, and TB
_____ Other kinds of information or technical assistance (please describe)

E.4.   Do you have any other ideas or recommendations about what kinds of opportunities for HIV/AIDS prevention and education efforts do you think are feasible?

E.5.   Is there anything else you would like to tell me?

Appendix F: Sample Labor Representative Interview Guide (For Creating Business Profiles)

The following menu of questions is meant to serve for interviews with workplace Labor Representatives, such as Shop Stewards. The key content of questions remains primarily the same for both managers and labor representative interviews (Appendix D is for manager interviews to create business profiles). However, because of the likely differences in their responsibilities, backgrounds, and perspectives, two different guides are provided here.

All questions will not be appropriate for all parties being interviewed. The questions that follow are meant to serve as a menu from which interviewers may pick questions based on appropriateness for the specific interview. Based on your initial interview, some of the questions will be relevant and some will not be relevant. Choose those questions that are most appropriate and can be answered within the time frame available with the interviewee. Please refer to Step 7 for additional information about conducting the interviews.

Interviewers may also wish to ask additional questions or to rephrase some of the questions based on context.

Interviewers should review the entire guide prior to conducting an interview. Interviewers may then wish to highlight or circle questions they intend to ask.

The goal of the interview is to find out basic information about policies, labor relations and contract language, programs, and opportunities regarding HIV/AIDS. The outcome is to provide assistance to the worksite in moving to the next step.

Remember to probe or ask for descriptions about the policies and programs.

Background Information

Employer   _____

Address   _____

Phone #   _____   Fax #   _____

E-mail   _____   Website _____

Person Interviewed: Position: Date:

_____   _____   _____

Interviewer   _____

Note to Interviewer:

Basic categories of information and instructions for skipping specific questions are bolded. These are provided to assist you in structuring the interview.

A. Basic information

A.1. Number of Employees and Union Representation

    a. How many union members do you have at this location? _____

    b. At all locations? _____

    c. What percentage of the workforce is unionized? _____%

    d. How many members are men? _____How many are women? _____

    e. Is there one or more unions represented in the worksite? _____

A.2. How would you describe the organization and management's relationship with labor unions representing employees? How about with labor-related government bodies?

A.3. Have you worked with other labor representatives, or with governmental or non-government bodies (NGOs) to address HIV/AIDS at the workplace? Has this been done within a tripartite—business, labor, and government—framework?

    If Yes—Please describe. **If No**—Are there other similar issues or concerns in which the organization has worked with labor groups and/or others to address?

B. Policy, Contract Language, and Common Practices

Understanding the distinctions between informal policy or practice, formal policy, and contract language—Policy is developed with the intention of shaping practice. However, practice may formally or informally define policy. In regards to labor unions, practice is often defined through contract language, which is negotiated by unions through the collective bargaining agreement process with businesses. For example, common practice in a workplace may be to assure that employees with HIV/AIDS are still guaranteed health benefits. If this were a general practice with no written policy or contract language requiring it, it would be referred to as informal policy. From a management perspective, if this practice were to be formalized, it would most likely be captured in the form of a written policy; from a union perspective, this practice would be formalized as a result of being guaranteed in their contract language.

Key directions for implementing this section of the questionnaire—For those instances in which interviewees affirm that policies or contract language does exist, you should ask for written copies of such policies or language. If policies are informal, defined purely through practice, or not readily available in writing, ask the interviewee to describe the policy practice. **For each of the questions below, please indicate as well whether the policies, or contract agreements, are in your experience, in fact practiced by the organization:**

B.1.   Does your employer have policies, and/or is it subject to a labor contract, with regard to health-related issues?

    a.   Does your employer have policies, or is it subject to a labor contract, with regard to applicants or employees with HIV or AIDS?

B.2.   Does the organization have any health-related criteria, and/or is it subject to a labor contract, with regard to hiring employees?

    a.   Are there any criteria that are specific to HIV or AIDS?

B.3.   Does the organization have any health-related criteria, and/or is it subject to a labor contract, with regard to firing employees?

    a.   Are there any criteria that are specific to HIV or AIDS?

B.4.   Does the organization have policies or contract language about eligibility or maintenance of employee health insurance and/or medical benefits?

    a.   Is eligibility or maintenance of health benefits or health insurance different for a person with HIV/AIDS?

B.5.   Does the organization have policies, or is it subject to a labor contract, concerning testing for HIV?

    a.   Does the policy, contract language, or practice call for any of the following?

        _____ Do not test for HIV
        _____ Test job applicants for HIV
        _____ Offer voluntary HIV counseling and testing for existing workers
        _____ Require mandatory testing of employees for HIV (specify once or periodically)

    b.   Describe how testing is implemented and its rationale.

B.6.   Does the organization have policies, or is it subject to a labor contract, about the confidentiality of medical information?

    a.   Do these policies refer specifically to employees with HIV/AIDS?

B.7.   Does the organization have policies, or is it subject to a labor contract, about what to do if an employee is no longer able to work at normal capacity due to a health condition?

    a.   Do these policies refer specifically to employees with HIV/AIDS?

B.8.   How do you believe management would address employment benefits for a person known to be infected with HIV/AIDS?

B.9.   How do you believe management would address change of duties for persons known to be infected with HIV/AIDS?

B.10.   How were these HIV/AIDS policies, and/or the contract language, developed?

      a.   Can you describe the process by which policies and/or contract language are generally made within the organization?

      b.   Who are the decision makers involved in policymaking, and/or in negotiating with labor groups on collective bargaining agreements?

B.11.   Are you aware of any governmental laws or regulations that specifically address employees or applicants who may have HIV/AIDS? Can you specify?

      a.   Do you believe that the organization's policies are consistent with these laws or regulations?

B.12.   Are you aware of a situation in which workers were treated differently by anyone because they were known to have HIV/AIDS, or were perceived to have HIV/AIDS? If yes, please describe.

      a.   Who treated differently the employee known or perceived to have HIV/AIDS?
          _____ Co-workers
          _____ Supervisors
          _____ Managers
          _____ Labor representatives (e.g., shop stewards)
          _____ Others (specify)

B.13.   Are you aware of a situation(s) or event(s) in which a person know or perceived to have HIV/AIDS became an issue for the organization? If yes, please describe.

      a.   How did these situations or events influence your organization's policies, contract language, or practices related to HIV/AIDS?

B.14.   Has any person with HIV/AIDS disclosed their status in the workplace?

      a.   How did supervisors, co-workers, management, and/or the union respond?

B.15.   Are you aware of any organizations that provide care and support for persons living with HIV/AIDS? This would include information about HIV/AIDS and education efforts within the community.

AED – SMARTWork Program
U.S. DOL Cooperative Agreement – E-9-K-1-0074
      Appendix F-5
      Needs Assessment Guide

C. Prevention Education Practices

C.1. Are you aware of any situation in which a worker has asked the organization or union for information on HIV/AIDS? If yes, please describe and provide information of the types of information requested.

    a.   How did the organization or union respond?

C.2. Does the organization and/or union presently have an HIV/AIDS prevention education program for its employees?

If Yes—ask the following. If No—skip to Question C.3.

    a.   Why did the organization or union initiate a prevention education program?

    b.   Who initiated the program?

    c.   When was the program initiated?

    d.   Describe your prevention education program. Does it include the following? (If possible, request course outlines or copies of handouts or materials that are used for education programs—if materials are not available, ask interviewee to describe the content of educational programs.)

           _____ Basic facts in brochures, posters, etc.
           _____ A short presentation (30 to 60 minutes) of factual information about HIV/AIDS
           _____ A longer program or discussion about HIV/AIDS such as attitudes towards AIDS, experiences with HIV, or support and care issues
           _____ A formal peer education program for HIV/AIDS (If so, please describe the program and how it was initiated)
           _____ Education or support programs for workers who are HIV infected
           _____ Education or programs for workers on sensitivity to co-workers infected with HIV.

    e.   Are attendance at and/or participation in the program mandatory or optional?

    f.   How often are programs conducted? (At orientation, weekly, monthly, quarterly, etc.)

    g.   How many employees or what percentage of employees have ever participated in a prevention education program?

    h.   Where are the programs conducted?

i.   Who conducts the education programs?

          _____ Paid health workers or organization
          _____ Peer education/workers of organization
          _____ Labor representatives (e.g., shop stewards)
          _____ Other types of employees paid to do this (describe)
          _____ Volunteer employees
          _____ Outside persons/organization paid to do this
          _____ Outside persons/organization not paid to do this

j.   Please describe any other financial or human resources to operate these programs. (Such sources may include the union, the employer, government, outside funders, AIDS service organizations, etc.)

k.   Who participates in the HIV/AIDS education programs?

          _____ All employees
          _____ Some employees
          _____ Employee family members (how is "family" defined?)
          _____ Community members
          _____ Suppliers and/or vendors

l.   Is there any formal evaluation of the program conducted or informal feedback collected from program participants? If yes, please describe how evaluation or feedback is gathered and how it is utilized.

m.   Are there any plans to make changes to your current educational program? If yes, why and what type of changes?

          _____ Who is leading the efforts to change the program? (Management, the union, etc.—please also get specific contact information for the individual(s) leading the effort)

n.   Are there different programs offered for male and female employees? If yes, please describe.

          _____ Are there different levels of interest between male and female employees about HIV/AIDS issues? If yes, please describe.
          _____ Are there differences in feedback on programs between men and women? If yes, please describe.
          _____ Are there differences between men and women in how they treat employees known or perceived to have HIV/AIDS? If yes, please describe.

C.3.   **(Skip Question C.3 if HIV/AIDS program already exists)** Has the organization or union considered starting an HIV/AIDS education and prevention program?

       If no—why? **If yes**—what kind of program is being considered?

       Follow-up probes:

- ⊄#   What factors are important to management or the union in setting up a program?
- ⊄#   Are these factors being addressed?
- ⊄#   What decisions are needed from management or the union to start a program?
- ⊄#   What positions are involved in the decision making for implementing such a program?
- ⊄#   What options are being explored for programming efforts?
- ⊄#   Is management or the union seeking outside assistance? If yes, from whom and on what aspects?
- ⊄#   From your perspective, if management set up the program, how would labor respond? If the union set up the program, how would management respond?

C.4.   Does the government or an AIDS service organization offer prevention programs as a community service?

C.5.   For each of the following, what is your perception of the willingness to participate in a two to three day workshop on HIV/AIDS?

       _____ Top Management
       _____ Human Resources managers/staff
       _____ Medical Director or other medical staff
       _____ Labor Representatives (e.g. shop stewards)
       _____ Others they identify?

C.6.   Are you aware of labor groups or other business networks involved in addressing AIDS?

D. PREVENTION SERVICES, AND CARE AND SUPPORT BENEFITS

D.1.   Do employees have access to selected health services at the workplace related to prevention or care of HIV/AIDS? If yes, please specify—are any of the following offered?

       _____ Condom distribution
       _____ STI testing and diagnosis
       _____ Voluntary and confidential HIV testing
       _____ Counseling services
       _____ TB Treatment
       _____ Antiretroviral (ARV) therapy
       _____ ARV treatment for women during pregnancy

e.   Where are services provided?
          _____ On-site clinic
          _____ Company-chosen off-site clinic
          _____ Other (please describe)

f.   Who conducts the services?
          _____ Paid health worker employed by the organization
          _____ Other types of employees paid to do this, such as peer educators
                  (please describe)
          _____ Volunteer employees (please describe)
          _____ Outside person or organization paid to do this (please describe)
          _____ Outside person or organization not paid to do this (please describe)

g.   Who sponsor or pays for these services?

h.   Who is eligible to receive these services?
          _____ All employees
          _____ Certain employees (please describe)
          _____ Retired employees
          _____ Family members of employees (please describe how "family" is defined)

D.2.   When did the organization begin to provide these services?

D.3.   What type of feedback, if any, has the organization received from employees about these health services?

D.4.   Does the organization plan to change the services offered? (If yes, please describe how and why)

D.5.   Does the organization offer health services through insurance (either company or government sponsored)?

If yes— Describe the main health benefits provided, including whether HIV/AIDS-related services are provided. Ask for any documentation, if possible, that describes the benefits offered.

Is treatment provided via the insurance plan?

D.6.   Describe any other health-related benefits offered to employees. For example:

          _____ Retirement benefits
          _____ Disability payments
          _____ Funeral expenses/burial fees
          _____ One-time payment of death benefits/life insurance
          _____ On-going family support
          _____ Other benefits (please describe)

AED – SMARTWork Program
U.S. DOL Cooperative Agreement – E-9-K-1-0074
    Appendix F-9
    Needs Assessment Guide

D.7.   Are you aware of any feedback about benefits from other workers? (If yes, please explain)

D.8.   If a worker is known to have HIV/AIDS, do the benefits continue, remain the same, or end?

D.9.   Are any changes planned in benefits by the organization in the near future? (If yes, please describe).

E. HIV/AIDS Impact on Organization

E.1.   Have you observed any HIV/AIDS-related issues affecting the operations, production? Do you believe HIV/AIDS is having an effect on profits and losses of the organization?

   If yes—Please describe. **If no**—Despite not observing such impacts, do you think some impact may be occurring, and if so, what?

E.2.   Do you anticipate that HIV/AIDS will be an issue in the workplace in the future?

E.3.   Do you know of any employees who are infected with HIV or who have AIDS?

   If yes—How many? How has the number changed over the last three to five years?

E.4.   Do particular types of workers appear disproportionately affected by HIV/AIDS? (For example, secretarial or support staff, sales staff, manual laborers, management, etc.)

E.5.   Are you aware of any former employee who has died of complications related to AIDS?

   If yes—How many employees in the last year? How many employees would you estimate for each year over the last three to five years?

   What category of workers has been primarily impacted? (For example, secretarial or support staff, sales staff, manual laborers, management, etc.)

E.6.   Do you believe HIV/AIDS has increased the cost of your organization's, and/or personal costs, for health insurance or other medical costs?

   If yes—By how much would you estimate since last year?

E.7.   Has HIV/AIDS affected relations between and/or among any of the following?

   _____ Management
   _____ Labor representatives
   _____ Front-line workers

F. Information Needs or Assistance Sought

F.1.   What type of information would be useful for your union, and/or your employer, in order to make a decision about whether or not to establish or expand an HIV/AIDS prevention program?

F.2.   If your employer is convinced that there are benefits for offering such programs, are they likely to contribute resources to operate an HIV/AIDS program?

       If Yes—which of the following might be provided?

          _____ Financial resources for materials such as brochures and condoms
          _____ Transportation for employees to prevention programs
          _____ Facilities in which prevention programs could be operated
          _____ Paid-leave time for employees to participate in programs
          _____ Others (please describe)

F.3.   If technical assistance were available to plan, implement and review union and/or employer activities related to HIV/AIDS, what kinds of specific information or technical assistance would be most helpful?

          _____ Info/TA about HIV/AIDS (i.e. what HIV is, how it is transmitted, etc.)
          _____ Info/TA in establishing workplace policies or contract language
          _____ Info/TA in how to establish prevention programs in the workplace
          _____ Info/TA in addressing employee relations/management or employee attitudes about HIV/AIDS
          _____ Info/TA regarding treatment of HIV, STI, and TB
          _____ Other kinds of information or technical assistance (please describe)

F.4.   Do you have any other ideas or recommendations about what kinds of opportunities for HIV/AIDS prevention and education efforts do you think are feasible?

F.5.   Is there anything else you would like to tell me?

Appendix F-12

Appendix G: Sample Focus Group Guide

1.   What do you know about HIV/AIDS?

        Probe: What are your sources of information?

2.   How has this concern affected behavior or relationships among your co-workers?

3.   What do you believe that your employer and or union should do to assist workers in preventing HIV/AIDS?

4.   What do you think your employer and/or union would do if it knew someone had AIDS?

        Probe: Do you know about any policies or contract language relating to HIV/AIDS?

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 think your workmates would feel uncomfortable getting treatment for at the clinic?

        Probe: How comfortable do you think your workmates would be getting treated for sexually transmitted infections?

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

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

9.   Who do you think would be appropriate to conduct an HIV/AIDS program in your workplace (for example, company doctor, trained workmates, union workers, etc.)?

10.   Would your employer participate in a day-long HIV/AIDS workshop for business?

11.   Would your employer participate in a day-long HIV/AIDS workshop for business, government, and labor?

12.   Can you recall an incident in which persons known or suspected to have HIV/AIDS were treated differently by co-workers or management?

13.   How can labor be involved with HIV/AIDS within your company?

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

Appendix H: Financial Analysis Spreadsheet

Included in this guide is a micro-economic model developed by AIDSCAP that can be used to analyze the economic impact of HIV/AIDS on an organization. A full description of this impact model, and a companion model to estimate the costs of a workplace HIV/AIDS prevention program, are found in Module 3 of *Private Sector AIDS Policy: Businesses Managing AIDS, A Guide for Managers*, available at http://www.fhi.org/en/aids/aidscap/aidspubs/policy/psapp.html.

Some of the information required to complete the impact model is likely to be considered highly sensitive. Thus, you 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. Make sure to protect the confidentiality and anonymity of the company, if the company has requested it.

This information may take several hours for a company to collect. The time varies depending on employer internal procedures. One effective strategy is to leave the list of items needed with the managing director or designates (probably an accountant) and to arrange to come back 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 employers 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 employer to plan projected health and other benefits needs, training needs, and profitability.

A MODEL FOR CALCULATING THE COSTS OF HIV/AIDS TO AN ORGANIZATION

This spreadsheet is used to calculate the cost of AIDS to an organization. Detailed notes on each line item in the form are provided at the end of the spreadsheet.

Category of Employee

SupStf ManLab SupMgr TecPro Sen Mgr

I. EMPLOYEES / SALARY

A. Number (#) of employees   [total # in each category of staff in company]
B. Gross weekly salary   [gross weekly salary of all staff in each category]

II. LABOR TURNOVER

C. # of weeks to hire new employees in each category
D. *Lost labor cost*   **[C*B/A]**

III. TRAINING

E. Trainer's time in weeks   [# of weeks trainer is training each staff category]
F. Trainer's wage per week   [weekly gross salary of trainer]
G. Class size   [the typical class size for training each staff category]
H. Trainees' time   [# of weeks trainees are in training]
I. Weekly training wage per trainee   [percentage of gross weekly salary, B, paid to trainee]
J. Training cost per employee   [(E*F)/G]
K. Total salary paid employee during training   [H* I]
L. *Total training cost*   **[J +K]**

IV. REDUCED PRODUCTIVITY

M. # of weeks after training before productivity reaches 100
N. Productivity immediately after training[% productivity after training]   %
O. Percentage of productivity lost   [100-N]   %
P. Total wages paid to employee before productivity reaches 100%   [M*B/A]
Q. *Total productivity cost*   **[(.5*O*P)/100]**

V. FUNERAL ATTENDANCE

R. Average # of paid leave days a worker takes to attend a co-worker's funeral

S. Average # of workers who took paid leave to attend each co-worker's funeral this year

T. *Productivity loss per co-worker funeral attended* **[R/5*S*B/A]**

VI. ABSENTEEISM

U. Average # of absent days for employees

V. AIDS absenteeism [# of days during this year workers with AIDS were absent]

W. *AIDS cost* **[B/A*(V-U)/5]**

X. HIV absenteeism [# of days this year workers with HIV were absent]

Y. *HIV cost* **[B/A*(X-U)/5]**

Z. STI absenteeism [# of days this year workers with STD were absent]

AA. *STI cost* **[B/A*(Z-U)/5]**

VII. RECRUITMENT

AB. *Recruitment cost* [recruitment cost per employee hired in each category]

VIII. ANNUAL HEALTH COSTS

AC. Total cost of all employee claims this year

AD. Total # of employee claims this year

AE. **Cost per claim this year** **[AC/AD]**

AF. Average # of health claims per employee with full-blown AIDS

AG. Average # of HIV-related claims per employee, prior to full-blown AIDS

AH. Average # of STD-related claims per employee

AI. *Health care cost per employee due to AIDS* **[AE*AF]**

AJ. *Health care cost per employee due to HIV* **[AE*AG]**

AK. *Health care cost per employee due to STI* **[AE*AH]**

Category of Employee
SupStf ManLab SupMgr TecPro Sen Mgr

IX.   BURIAL COSTS/DEATH BENEFITS PER EMPLOYEE

AL.   Cost of a coffin (if paid for by organization), plus other death benefits paid to family _____ _____ _____ _____ _____

AM.   Other costs (not paid to family), excluding lost labor due to funeral attendance _____ _____ _____ _____ _____

AN.   *Total burial cost*   [AL+AM] _____ _____ _____ _____ _____

X.   HIV/AIDS RATES (may assume the same for each category of employee unless specific information available)

AO.   AIDS prevalence (%) _____% _____% _____% _____% _____%

AP.   HIV prevalence (%) _____% _____% _____% _____% _____%

AQ.   STI prevalence (%) _____% _____% _____% _____% _____%

AR.   *AIDS cases*   [A*AO/100] _____ _____ _____ _____ _____

AS.   *HIV cases*   [A*AP/100] _____ _____ _____ _____ _____

AT.   *STI cases*   [A*AQ/100] _____ _____ _____ _____ _____

ANTICIPATED DECREASED REVENUES AND INCREASED EXPENDITURES

DECREASED REVENUES

AU.   **Organization revenue**   [revenue for the organization this year] _____

AV.   Labor turnover   [AR*D] _____

AW.   Training   [AR*L] _____

AX.   Reduced productivity   [AR*Q] _____

AY.   Funeral attendance   [AR*T] _____

AZ.   AIDS absenteeism   [AR*W] _____

BA.   HIV absenteeism   [AS*Y] _____

BB.   STI absenteeism   [AT*AA] _____

BC.   *Decreased revenues in each category*   **[sum of AV through BB]** _____

Category of Employee

	SupStf	ManLab	SupMgr	TecPro	SenMgr

BD. *Summary revenue impact of STI/HIV/AIDS across all categories* [sum of all categories in BC] _____

BE. *Total revenue with STI/HIV/AIDS* [AU-BD] _____

INCREASED EXPENDITURES

BF. *Organization expenditures* [expenditures incurred by the organization this year as reported] _____

BG. Recruitment [AR*AB] _____
BH. Health care costs - AIDS [AR*AI] _____
BI. Health care costs - HIV [AS*AJ] _____
BJ. Health care costs - STI [AT*AK] _____
BK. **Total health care cost** **[sum BH through BJ]** _____
BL. Burial [AR*AN] _____

BM. *Anticipated increased expenditures in each category due to STI/HIV/AIDS* **[BG+BK+BL]** _____

BN. *Summary of anticipated expenditure impact of STI/HIV/AIDS across categories* *[sum of all categories in BM]* _____

BO. *Total expenditure in the presence of STI/HIV/AIDS* [BF+BN] _____

Appendix H-6

SUMMARY OF HIV/AIDS IMPACT ON ORGANIZATION

PROJECTED HIV & AIDS CASES

BP. AIDS cases (this year)   _____ [sum across AR]
BQ. HIV cases (this year)   _____ [sum across AS]
BR. STI cases (this year)   _____ [sum across AT]

DISTRIBUTION OF COSTS

BS. Organization profits without AIDS   _____ [AU-BF]
BT. Organization profits with STD/HIV//AIDS _____ [BE-BO]

BU. *Decrease in profits as a result of STI/HIV/AIDS* _____ [**BS-BT**]

DISTRIBUTION OF COSTS

Labor turnover	$ _____	[sum across AV]	_____	[sum across AV*100/BU]	%
Training	$ _____	[sum across AW]	_____	[sum across AW*100/BU]	%
Reduced productivity	$ _____	[sum across AX]	_____	[sum across AX*100/BU]	%
Funeral attendance	$ _____	[sum across AY]	_____	[sum across AY*100/BU]	%
AIDS absenteeism	$ _____	[sum across AZ]	_____	[sum across AZ*100/BU]	%
HIV absenteeism	$ _____	[sum across BA]	_____	[sum across BA*100/BU]	%
STI absenteeism	$ _____	[sum across BB]	_____	[sum across BB*100/BU]	%
Recruitment	$ _____	[sum across BG]	_____	[sum across BG*100/BU]	%
Health care	$ _____	[sum across BK]	_____	[sum across BK*100/BU]	%
Burial	$ _____	[sum across BL]	_____	[sum across BL*100/BU]	%

STI/HIV/AIDS per employee $ _____

SUMMARY OF HIV/AIDS IMPACT ON ORGANIZATION

PROJECTED HIV & AIDS CASES

New AIDS cases (this year) _____
New HIV cases (this year) _____
New STI cases (this year) _____

PROFITS

Organization profits without STI/HIV/AIDS $ _____
Organization profits with STI/HIV/AIDS $ _____

Decrease in Profits as a Result of STI/HIV/AIDS $ _____

DISTRIBUTION OF COSTS

Labor turnover $ _____   _____ %
Training $ _____   _____ %
Productivity $ _____   _____ %
Funeral attendance $ _____   _____ %
AIDS absenteeism $ _____   _____ %
HIV absenteeism $ _____   _____ %
STI absenteeism $ _____   _____ %
Recruitment $ _____   _____ %
Health care $ _____   _____ %
Burial $ _____   _____ %

STI/HIV/AIDS cost per employee $ _____

Technical Notes for Impact Spreadsheet

Category of Employee

SupStf: Support Staff
ManLab: Manual Labor
SupMgr: Supervisor/Manager
TecPro: Technical Professional
SenMgr: Senior Manager

The numbers and letters below correspond to the numbers and letters of individual lines found in the spreadsheet. The technical notes describe the data needed for the individual lines and, in some cases, suggest where those data can be obtained. Unless otherwise noted, the data entered (such as number of days absent) should be an average estimate per employee.

I.   EMPLOYEES/SALARY

A.   The number of employees, by each employee category in the organization, obtained from organization records.

B.   This number is the total gross wage (including benefits) of all employees in each category. Organization records may provide gross wages by staff category or it may be estimated by multiplying the average wage in each category by the number of employees in each category.

II.   LABOR TURNOVER

Labor turnover is treated as a loss in revenue since the number of weeks it takes to hire employees is a period of lost revenue (this cost may also represent increased expenditures if workers are hired or existing employees must be paid overtime). The cost of training is treated as a decrease in revenue because new employees in training do not contribute to productivity.

C.   The number of weeks it takes to hire an employee in each category.

D.   This number is obtained by multiplying line item C by the average weekly salary of each category of employees (B/A).

III.   TRAINING

E.   The number of weeks a trainer/supervisor spends in training an employee, by each employee category. This is based on how long it takes to train this cadre of employees.

F.   The trainer's wage per week is his/her weekly gross salary.

G.   This number represents the typical class size for trainees in each employee category. If training is predominantly on a one-to-one basis, the average class size should be set to 1.

H. This is the length of time in weeks that new or promoted employees receive training, by each employee category.

I. The gross wage of a trainee per week, in each employee category. It is assumed here that the trainee will be paid a certain percentage of normal weekly gross pay. That percentage is multiplied by the average gross weekly wage. For example, if the average weekly gross wage is X (obtained from line item B), and a trainee is paid 90 percent of that during training, then the pay would be .9*X.

J. This is the training cost per employee, by each employee category. The number is obtained by multiplying E by F and then dividing the product by G (weekly salary paid to trainer divided by number of trainees).

K. This is the total salary paid to employee while in training. This number is obtained by multiplying H by I (weekly training wage per employee by the number of weeks spent in training).

L. This number represents the total cost of training each employee, obtained by adding J to K (training cost per employee added to total salary paid to employee while in training).

IV. REDUCED PRODUCTIVITY

M. Once an employee has been trained, he/she will begin working but at less than 100 percent productivity. The organization will provide information on how long it takes before a trainee reaches 100 percent productivity. If the information is in percentage (e.g., 30 percent of the year), multiply this number by 52 weeks in a year and divide the product by 100 to get the number of weeks the trainee is not yet at full productivity.

N. The organization will provide information on the employee's level of productivity after training.

O. This number represents the percentage of productivity lost. It is obtained by subtracting N from 100.

P. Total wages paid to employees before they reach 100 percent productivity. It is assumed that the employee will be paid the same salary as regular employees after training.

Q. The total productivity cost is obtained by multiplying O by 0.5 and by P, and then the product is divided by 100.

Note that O through Q refers to the reduced productivity of new employees who have not reached a level of full proficiency. There is also reduced productivity due to absenteeism, but this is calculated elsewhere: AZ to BB, revenue loss due to HIV and AIDS absenteeism.

V. FUNERAL ATTENDANCE

Funeral attendance is seen as a decrease in revenue, since those who take time off to attend a funeral do not contribute to productivity, thus resulting in a reduction in revenue generated by the organization.

R. The organization provides the average number of paid leave days employees in each category take to attend each funeral.

S. This is the average number of workers who took paid leave to attend each co-worker's funeral. The organization provides the number of employees in each employee category.

T. Productivity loss per co-worker funeral attended, obtained by multiplying S by R/5 and by B/A.

VI. ABSENTEEISM

Absenteeism because of STIs and HIV/AIDS is treated as a loss in revenue because absent employees do not contribute to productivity. Depending on how the organization responds to absenteeism, this cost may actually be an increased expenditure rather than lost revenue.

U. Average number of absent days for employees.

V. The organization provides information on the number of days during the year employees with AIDS were absent. If not available, use 28 days. Based on findings from a study by Chester N. Morris et. al., "Economic Impact of HIV Infection in a Cohort of Male Sugar Mill Workers in South Africa from their Perspective of Industry."

W. The cost of AIDS absenteeism to the organization, obtained by multiplying the gross weekly wage of each employee category—i.e. B/A—by (V-U) and then dividing the result by 5.

X. The organization provides information on the number of days during the year employees with HIV (without full-blown AIDS) were absent. If not available, use 15 days (an approximation made by the authors of this model).

Y. This represents the cost of HIV absenteeism to the organization. This figure is obtained by multiplying (B/A) by (X-U) and then dividing the result by 5.

Z. The organization provides information on the number of days during the year employees with STDs were absent. If not available, use 10 days (an approximation made by the authors of this model).

AA. This represents the cost of STD absenteeism to the organization. The figure is obtained by multiplying (B/A) by (Z-U), then dividing the result by 5.

VII. RECRUITMENT

AB. The cost the organization incurs in hiring each employee, by each category. Examples include advertising costs, medical exams, transportation reimbursement, etc.

VIII. ANNUAL HEALTH COSTS

AC. The total cost of all health claims by employees in each category, this year. If not available, obtain the total cost of all health claims for all employees in all categories, this year.

AD. The total number of employee health claims made, by each employee category. If not available, obtain the total number of health claims made by all employees in all categories, this year.

AE. This number is obtained by dividing AC by AD.

AF. This is the average number of AIDS-related claims made by employees during the year.

AG. This is the average number of HIV-related claims made by employees during the year.
AH. This is the average number of STI-related claims made by employees during the year.

AI. This is the health cost per employee due to AIDS, obtained by multiplying AE by AF.

AJ. This is the health cost per employee due to HIV, obtained by multiplying AE by AG.

AK. This is the health cost per employee due to STIs, obtained by multiplying AE by AH.

IX. **BURIAL COSTS/DEATH BENEFITS PER EMPLOYEE**

AL. The market price of a coffin this year plus benefits paid to the deceased's family, in cash or kind. If in kind, give cash value equivalent.

AM. The cost of organization representation in funerals this year (excluding lost labor due to funeral attendance). Examples of this include transportation of employees to funerals, flowers, per diem, etc.

AN. This is the total burial cost, obtained by adding AL to AM.

X. **HIV/AIDS RATES** (assume the same for each category of employee unless specific information available)

AO. To obtain AIDS prevalence rates (%), use the rates of the city/area/region where the organization is located. If this information is not available, use the national AIDS prevalence rates.

AP. Use the same rule as in AO above to obtained HIV prevalence rates.

AQ. Use the same rule as in AO above to obtain STI prevalence rates.

AR. This number is obtained by multiplying the AIDS prevalence rate, AO, by the number of employees in each employee category, A, and then dividing by 100. For example, if the AIDS prevalence rate is X and the number of employees in the support employee category is Y, the number of new AIDS cases will be obtained by X*Y and divide the result by 100.

AS. This number is obtained by multiplying the HIV prevalence rate, AP, by the number of employees in each employee category, A, and then dividing by 100. For example, if the HIV prevalence rate is X and the number of employees in the support employee category is Y, then the new HIV cases is X*Y/100.

AT. This number is obtained by multiplying the STIs prevalence rate, AQ, by the number of employees in each employee category, A,, and then dividing by 100. For example, if the STIs prevalence rate is X and the number of employees in the support employee category is Y, then the new STDs cases in this category will be X*Y/100.

ANTICIPATED DECREASED REVENUES AND INCREASED EXPENDITURES

AU. The organization will provide the revenue figure for the year.

AV. To calculate decreased revenues due to labor turnover, multiply D by AR.

AW. To calculate decreased revenues due to training, multiply L by AR.

AX. To calculate decreased revenue due to productivity loss, multiply Q by AR.

AY. To calculate decreased revenue due to funeral attendance, multiply T by AR.

AZ. To calculate decreased revenue due to AIDS absenteeism, multiply W by AR.

BA. To calculate decreased revenue due to HIV absenteeism, multiply Y by AS.

BB. To calculate decreased revenue due to STIs absenteeism, multiply AA by AT.

Where the epidemic has hit some categories of workers especially hard, some companies have resorted to double hiring in anticipation of higher labor turnover due to AIDS. Thus, the values in AV through BA will increase to reflect these costs.

BC. To get total decreased revenue due to HIV/AIDS, add AV through BB.

BD. To get total decreased revenue across all categories, add BC across all employee categories.

BE. To get total revenue in the presence of STIs, HIV and AIDS, calculate the difference between AU and BD. BF. The organization will provide the expenditure figure for the year.

BG. To calculate the increased expenditure for recruitment due to AIDS, multiply AB by AR.

BH. To calculate increased expenditures due to AIDS, multiply AJ by AR.

BI. To calculate increased expenditures due to HIV, multiply AI by AS.

BJ. To calculate increased expenditures due to STIs, multiply AK by AT.

BK. To calculate the total health care cost, add BH to BJ.

BL. To calculate the increased expenditure due to burial, multiply AN by AR.

BM. To calculate increased expenditures due to HIV/AIDS/STIs in each category, add BG, BK, and BL.

BN. The summary of anticipated expenditure due to HIV/AIDS/STIs is obtained by adding BM across all employee categories.

BO. Total expenditure in the presence of HIV/AIDS/STIs is the sum of BF and BN.

BP. To get the total number of new AIDS cases in the organization this year, add AR across all employee categories.

BQ. Total number of new HIV cases in the organization this year is obtained by adding AS across all employee categories.

BR. To get the total number of new STIs cases in the organization this year, add AT across all employee categories.

BS. To calculate profits under the no-AIDS scenario, subtract BF from AU.

BT. To calculate profits under the AIDS scenario, subtract BO from BE.

BU. To calculate the decrease in profits due to AIDS, subtract BT from BS.

Appendix H-14

Appendix I: Data analysis Matrix

The data analysis matrix that follows on the next page is intended to provide an example of one method of analyzing data from the management/labor leader interview.

Instructions

⍚ On a separate sheet of paper, assign each workplace a code, such as WP1, WP2, WP3.
⍚ Enter workplace codes, along with data (i.e., pieces of information) that illustrate "typical" and "unique/desired" programs, policies, practices, etc.

Two pieces of data have been entered into the matrix as examples.

QUESTION	TYPICAL		UNIQUE/DESIRED	
PREVENTION EDUCATION PRACTICES				
A.III.a. Does the organization presently have an HIV/AIDS Prevention Education Program for its employees?	Code	*Example:* Conducts HIV/AIDS training for workers every few months on a voluntary basis after work. An estimated 35% of workers have participated.	Code	*Example:* 10 peer educators were trained in 1992; they conduct educational sessions every two months during lunch hour. An estimated 98% of employees have participated.
	CO1		CO5	
PREVENTION SERVICES AND BENEFITS PRACTICE				
A.IIIA.a. Do employees have access to HIV/AIDS related health services at the workplace (e.g., condom distribution)?	Code	Findings	Code	Findings

Appendix J: Suggested Format for Needs Assessment Report and Country Brief

Final Needs Assessment Report

As noted previously, the Needs Assessment Report is generally 20 pages or fewer, plus appendices, and is intended for "internal" use by SMARTWork staff and consultants only. Below is a suggested outline for the Needs Assessment Report.

I.   Executive Summary

II.   Introduction

    A. Background on the employer, labor, and government tripartite relationship in the country, and as it relates to undertaking HIV/AIDS workplace initiatives.

    B. Methodology

III.   Summary of findings

    A. What do management, unions, and workers know, and what are they doing about HIV/AIDS?

IV.   Recommendations

    A. Policies, Contract Language, and Programs: What would convince managers and/or unions to establish HIV/AIDS policies, contract language, and workplace-based prevention, support, and care programs?

    B. Training: What kinds of information and training do managers and labor leaders need to establish appropriate HIV/AIDS policies and prevention, support, and care programs? What is needed to attend workshops?

    C. Capabilities in the area (labor organizations, business coalitions, Rotary Clubs, NGO training, etc.).

V.   Conclusion

VI.   Appendices

    A. Case Study profiles of employers (Additional information about Case Studies, including a sample Case Study, follows in Appendix I.)
    B. Detailed financial/labor data reporting. (A sample financial report is included in Appendix L.)

Country Brief

Country Briefs are intended to summarize key points in five to 10 pages. Designed to be an advocacy tool, Country Briefs are shared publicly with the media and employers—both those that participated in the needs assessment and those with which the SMARTWork program may wish to work. To follow is a suggested outline for a Country Brief.

I.   Executive Summary

II.   Overview of the employer, labor, and government tripartite relationship as it relates to undertaking HIV/AIDS workplace initiatives.

III.   Summary of organizational profile findings

    A. What do organizations and management know and what are they doing (if anything) about HIV/AIDS?

    B. HIV/AIDS impact on organization

        1. Summary of key effects/impacts of HIV/AIDS at the workplace, including financial questionnaire findings.

        2. Examples of effective/positive responses to HIV/AIDS: Are there indications of significant losses from inaction, or opportunities to take action, that might motivate others?

        3. Include good quotes from employer, labor, or government leaders.

IV.   Recommendations

    A.   Policies, Contract Language and Programs: Highlight findings and craft messages that will encourage business and labor leaders to establish HIV/AIDS policies, contract language, and workplace-based prevention, support, and care programs.

V.   Conclusion

Appendix K: Case Studies

Below is an outline for Case Studies, followed by a sample Case Study.

KEY POINTS

- The Impact of HIV/AIDS (including economic/epidemiological estimate data if the microeconomic analysis is done)
- Workplace HIV/AIDS Policies
- Union Contract Language related to HIV/AIDS
- Workplace HIV/AIDS Programs

I.   EMPLOYER BACKGROUND

A.   The nature of the organization's business, its purpose or production.

B.   Identify the employer's source of revenue and major expenditures. Is the work highly labor intensive or more capital intensive? (if available/relevant)

C.   Identify the communities in which the employer's facilities are located and its relationship with those communities. How long has the employer operated at this location?

D.   The character of the organization's workforce, such as: number of male and female employees; union presence; categories of employees; skill level of each category; and the training process and costs required for new employees.

E.   Brief overview of the labor-management relationship. For example, what is the character of the relationship between management and labor? Are workers represented by a union? Does the organization include labor, and in what manner, in policymaking or benefit decisions?

II.   IMPACT OF HIV/AIDS

A.   The overall attitude of workers and management regarding HIV/AIDS.

B.   Are management/labor leaders aware of persons in the company who they believe are HIV infected or have AIDS? How many people in the firm do they think are HIV positive or living with AIDS? How many people, if any, do they believe have died from AIDS?

C.   How is HIV/AIDS affecting productivity? Absenteeism? Health expenses? Insurance costs? Funeral expenses? Labor relations?

III.   EMPLOYER RESPONSE

A.   What HIV/AIDS prevention or treatment programs are in place or planned for the future?

B.   What were the key factors that led the organization to realize it had a problem or to take action?

C.   Who were the key people involved?

D.   How has management and labor interacted/worked together to develop the organization's response?

E.   What steps did they take?

F.   Did they seek outside assistance or information, and from where?

IV.   EMPLOYER POLICY AND UNION CONTRACT LANGUAGE

A.   What type of workplace policies and union contract language related to HIV/AIDS is in place? Are any of the following addressed, and how?
   a.   Worker confidentiality and disclosure issues
   b.   Issues relating to stigma and discrimination by co-workers and management
   c.   Pre-employment HIV testing
   d.   Worker HIV testing
   e.   Response to employees with AIDS
   f.   Knowledge, attitude and behavior of workers/labor leaders/management regarding HIV/AIDS (from KAPB evaluation). Describe the history of the company's rationale for developing an HIV/AIDS policy.

B.   Who were the key people involved?

C.   What were the key factors that led to a response to HIV/AIDS?

D.   What leadership and what process was used?

E.   Do management and labor interact on any policy issues within the company?

F.   How do management and labor interact on policies relating to HIV/AIDS?

G.   Was outside assistance or information sought to develop the organization's response, and from where?

V. Lessons Learned, Observations, Plans for the Future, or Recommendations

A. **[If no programs or policies on HIV/AIDS]** Is anything being planned or in progress?

    a.   Describe current/projected risk of HIV/AIDS to the company and workers, and how this assessment was derived.

    b.   Are there any potential actions planned or desired in the near future?

B.   What lessons have been learned from undertaking an HIV/AIDS policies and programs?

C.   What have been the specific financial costs of undertaking these programs?

D.   What have been the financial or other benefits of running these programs?

E.   Are there any other key lessons learned?

Sample Case Study: Debswana Diamond Company (PTY) Ltd.

Key Points

Debswana Diamond Company currently has the following in place with regard to HIV/AIDS policies and programs:

- A comprehensive program providing information, support, and care, including antiretroviral treatment to employees and their spouses.

- A comprehensive policy for employees and suppliers, with training on policy.

- An institutional audit to define impact of HIV/AIDS on employees.

- An ongoing evaluation and monitoring of program elements to assess impact, including a Knowledge, Attitudes and Practices Survey (KAP) and partnership with the government, trade unions, and community.

No data on economic impact of HIV/AIDS were shared with reviewer.

Employer Background

The Debswana Diamond Company has various components, including diamond mining at Orapa, Letlhakane, and Jwaneng, diamond valuing in Gaborone and cutting in Serowe, a colliery at Morupule, and a farming project at Pandamatenga. This company is the largest source of income for Botswana.

The company is a parastatal joint venture with ownership 50 percent De Beers Centenary AG, 50 percent Government of Botswana.

The Debswana Diamond Company has 6,002 employees; the majority of these are men. It has a multidisciplinary workforce, including teachers, doctors, engineers, miners, accountants, and operators.

Impact of HIV/AIDS

Between 1996 and 1999, Debswana noted the impact of increased morbidity and mortality due to HIV/AIDS among the workforce, including a rise in disability retirement from 40 percent in 1996 to 75 percent in 1999. Of deaths from all causes, HIV/AIDS related deaths increased from 37.5 percent in 1996 to 59.1 percent in 1999.

In 1999, a voluntary anonymous HIV survey was conducted to establish prevalence levels. With 75 percent of the workforce participating, 28.8 percent of the 5,261 employees surveyed were infected with HIV, with the highest prevalence of 31.3 percent among 30–34 years olds. This rate is somewhat lower than the comparable rate for Botswana, with an alarming 35.8 percent of adults now infected with HIV.

A company-wide evaluation of current HIV policies and programs was undertaken in the year 2000 at all Debswana operations, which included a Knowledge, Attitude, and Practices (KAP)

survey. The results demonstrated that basic knowledge about transmission of HIV/AIDS was high, at 94 percent; however, a significant percentage (ranging from 26 percent to 46 percent) of both male and female respondents have multiple partners and do not use condoms.

An institutional audit was recently conducted to assess future costs and liabilities attributed to increased morbidity and mortality from HIV/AIDS. The audit included health care costs and benefits, costs of increased demands on health care, potential consequences for productivity and implications for staff morale.

One of the key outcomes of the audit was the development of guidelines for the identification and analysis of key critical posts. The analysis identified only 26 percent of the jobs as being critical to the core business. These critical posts will be targeted for specific risk reduction strategies including training and replacement/succession strategies. The audit results have provided major input into the overall epidemic and cost containment strategies.

Workplace Response

Debswana has initiated a comprehensive strategy to address HIV/AIDS in response to the epidemic within the communities in which it operates. In the late 1980s, an HIV/AIDS education and awareness program for health care workers was begun in response to the first HIV/AIDS cases seen at its hospitals in 1987 and 1989. Now, Debswana's efforts have expanded to continue responding to the changing impact of the epidemic among its employees through the years.

Botswana, where Debswana is located, has become one of the most heavily impacted countries in the world, with high adult prevalence rates of HIV over 35 percent in 1999, according to UNAIDS[1]. The Debswana HIV/AIDS program, which now extends to the surrounding communities, includes a comprehensive policy for employees and suppliers, provision of medical care, and antiretroviral therapy for all affected employees and their spouses. A voluntary anonymous prevalence survey using saliva tests was conducted in 1999 to establish prevalence levels by grade and age at the three diamond mines, Debswana and the head office.

There was a high degree of participation with 75 percent of the workforce taking part in the survey. The results showed that 28.8 percent of the 5,261 employees were infected with the virus. There was prevalence at every level of the organization and the hardest hit age group was the 30–34 with a prevalence rate of 36.9 percent. Jwaneng Mine was the most affected with a prevalence of 31.3 percent.

A standard Peer Education manual has been developed for use across the company in order to ensure consistency and standards for training. A pilot project has been initiated at Jwaneng to test the acceptability of the female condom.

The program includes proven information, education and communication strategies on HIV prevention, the treatment of STIs, Voluntary Counselling and Testing (VCT), and free male

---

[1]UNAIDS. Botswana. *Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections*. 2000 Update. Geneva: 2000. http://www.unaids.org/hivaidsinfo/statistics/june00/fact_sheets/pdfs/botswana.pdf

condom distribution. Two full-time AIDS Program Coordinators were hired in the early 1990s at the two largest mines. Their duties are to provide education to employees and their families, serve as resource persons on AIDS issues for line management, and find ways of integrating AIDS into other company activities. They are also tasked with coordination of the activities of the various support staff, including peer educators, counsellors, and AIDS committees.

Treatment of STIs was instituted in the mid-1990s to reduce HIV infection. Opportunistic infections, TB treatment, and anti-fungal treatment were also instituted at Debswana in the mid-1990s. Beginning March 2001, the Board of Directors approved the provision of anti-retroviral treatment for employees living with HIV/AIDS. Debswana provides subsidies for anti-retroviral therapy, which includes prophylactic treatment and appropriate laboratory testing of CD4 (surface receptors on helper lymphocyte cells which HIV can attach to so to initiate entry into the cell) and viral load. Debswana pays 90 percent of the cost for an infected employee and one legally married spouse who is HIV positive. A nurse monitors employees using antiretroviral therapy, through a toll free line. She calls all registered patients to discuss the importance of adherence to therapy, and provides reminders to patients for blood tests and follow-up with doctors and other staff.

Employer Policy

By 1995, a workplace policy was developed which included a non-discrimination policy for affected employees, no pre-employment HIV testing, and the importance of education and prevention efforts for HIV/AIDS. The role of all employees and support structures, such as home-based caregivers, counselors, peer educators, and health care workers, is articulated in the policy.

While initially the policy was derived from the strategy of the health and safety of employees, a new strategic plan review in 2000 identified HIV/AIDS as an area of strategic importance requiring a special, ongoing focus by the company. The new HIV/AIDS strategy includes a vision and mission statement to address HIV/AIDS and the following areas that require further attention: epidemic containment, living with HIV/AIDS, cost containment, stakeholder engagement, evaluation and monitoring, and communication.

Stakeholder engagement is encompassed in a policy document specifying that suppliers providing goods and services to Debswana must support Debswana's HIV/AIDS initiatives and have their own workplace HIV/AIDS policy and program. Suppliers are audited on a periodic basis to assure that they have an HIV/AIDS workplace policy and program.

As the education and awareness campaigns were extended to the workforce and families, the company identified a need to articulate a policy that would serve as a basis for the education program and related activities. Most important, the policy was developed to articulate the company's position and practices regarding employees who were infected with the virus.

The policy was developed in line with the company's strategy on Health and Safety. It was diffuses to the entire workforce through the medium of industrial theatre. The policy embraces the international norms of non-discrimination and no pre-employment testing, and emphasizes

education and information dissemination. It also stipulates various responsibilities for respective managers and sets out the roles of the various support structures. These structures include home-based caregivers, counselors, peer educators, and a practitioner's forum.

Other related policies are on Occupational Health and on Safety and Loss Control. These policies all seek to create a safer working environment, reduce the number of injuries on duty, improve the health of employees and their families, and reduce the incidence of HIV.

Lessons Learned and Plans for the Future

The results of the comprehensive evaluation were used to provide input for future prevention and education strategies. The challenge in the coming years is the development of appropriate programs to address behavior change.

A holistic wellness program will be developed for all employees and will emphasize healthy lifestyle through diet, physical fitness, and psychological support through counseling and other support services. The company is optimistic that it can address the challenge of behavior change, just as it has addressed changes in the epidemic over time. Debswana is a company that is leading the world in responding to the ever-evolving challenges of the HIV/AIDS epidemic.

Debswana has engaged all stakeholders that are important to the success of their program, such as the Botswana Mining Workers Union, various government ministries and departments through the multisectoral AIDS Committee structures, various pharmaceutical companies, and non-governmental organizations. In the mining communities, Debswana collaborates with schools, local government structures, community-based groups, and both traditional and faith healers in the fight against AIDS. The company has engaged the services of Pharmaceutical Benefit Management, which is a company-based program in Capetown, South Africa, to provide clinical advice to company doctors and others in the private sector that have been selected to administer anti-retroviral therapy to employees. The registration of patients occurs in Botswana; the review of test results and conversations between treating doctors and clinical consultants about appropriate therapies occurs via Internet.

APPENDIX L: SAMPLE FINANCIAL REPORT

THE IMPACT OF HIV/AIDS AND THE COSTS OF A PREVENTION PROGRAM: AN EXAMPLE FROM KENYA

The data for this report were drawn from several large companies in Kenya and illustrate how the results from the impact and cost spreadsheets can inform business decision making. For reasons of completeness of the data and to preserve the anonymity of individual companies, the data were combined to create a general scenario.

Estimates of the number of people infected by HIV/AIDS and STIs were obtained using the epidemiological data available in Kenya. Estimates of HIV prevalence in Nairobi were 14 percent in 1995. Estimates of STDs were estimated at 10 percent and AIDS rates at 1.2 percent. Based on the prevalence, the number of people in the organization living with HIV/AIDS and STIs was estimated.

To determine the total cost of HIV/AIDS and STIs to the organization, the cost of each employee category was calculated. These costs (assuming that AIDS affected employees at all levels to an equal extent) included burial and health care costs, recruitment, reduced revenue, and absenteeism. The total cost was then divided by the total number of employees in the organization to determine the per employee costs of HIV/AIDS and STIs to the organization.

As the pie chart table below indicates, HIV/AIDS Absenteeism (53 percent), health care costs (12 percent), burial costs (10 percent) , recruitment costs (10 percent), and training costs (7 percent) are significantly affected by HIV/AIDS and STIs. Based on 1995 prevalence rates, the cost of HIV/AIDS and STIs to the company would be US$48,057 or US$44 per employee annually.
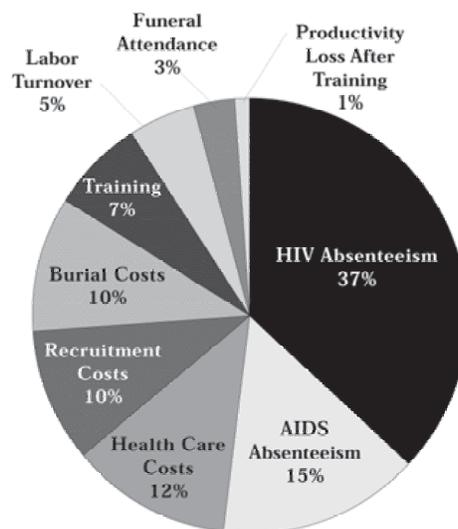
Source: AIDSCAP/Family Health International, *AIDS in Kenya: Socioeconomic Impact and Policy Implications*, 1996

The costs will rise dramatically as the epidemic continues and the number of people living with HIV/AIDS or other STIs grows. Though detailed future projection calculations are not shown, the following table summarizes the results. By 1995, the adult HIV prevalence rate in Nairobi, Kenya was estimated to be nearly 14 percent, was estimated to rise to 24 percent by 2005, and had an STI rate of nearly 20 percent within the company (in the absence of a prevention program). Based on this projection, the costs of HIV/AIDS and STIs annually to the company in 2000 would exceed US$170,000 or about $US156 per employee. If nothing was done to mitigate the impact of the disease on the organization, the cost was projected to rise to an annual total of $US221,270 or US$203 per employee in the year 2005.

The composite company example of the costs of a workplace HIV/AIDS and STIs prevention program demonstrates the benefits of establishing such a program. The costs of operating a prevention program in the first year is estimated to be US$26,100 or about $US24 per employee.[1] After the initial investment in training and some capital equipment, recurrent operating costs would be US$18,110 or about US$16 per employee. Importantly, these costs would be likely to decrease over time as HIV/AIDS and STI rates decline within the company as a result of the prevention program's success. By putting a prevention program in place now, the financial bottom line for the organization will improve over the long run.

	1995	2000	2005
HIV Prevalence Rate	14.0	24.0	28.0
AIDS Prevalence Rate	1.3	3.0	6.0
STIs Prevalence Rate	10.0	20.0	27.0
Company Impact: HIV/AIDS/STIs	US$48, 057	US$170,040	US$221,270
Impact per Employee: HIV/AIDS/STIs	US$44	US$156	US$203
Prevention Program Cost Per Employee	US$24	(after first year) US$16	

---

[1] To calculate the cost of a prevention program, all the resources needed to implement such a program were taken into account. This includes the wage costs of educators, counselors, peer educators, and clinicians and the cost of condoms and condom vending machines. It was assumed in this example that only one educator would be needed for every 100 workers (the organization is encouraged to use different numbers depending on the prevailing conditions of the organization). Also, it is assumed that most of the time used for education programs will occur during employee breaks.

Appendix M: Sample Release Form

I, _____, an Official Representative of
        (1. Full Name of Official Representative and 2. Title)

_____, hereby give
        (1. Name of Participant Organization, 2. City, 3. Country)

_____ and its legal representatives, employees, and assigns,
        (Name of Research Organization)

including the interviewer/writer/ _____ (specify name), right and

permission, with respect to the information and opinions provided by me:

Options (check one):

PREFERRED:

❑ To use, re-use, publish, and republish any or all of the information and opinions regarding the Participant Organization in whole or in part, in conjunction with other information, in any medium and for any lawful purpose whatsoever, including (but not by way of limitation) editorial, illustration, promotion, advertising, and trade.

    Or:

ALTERNATIVE:

❑ To use, re-use, publish, and republish any or all of the information and opinions regarding the Participant Organization in whole or in part, in conjunction with other information, in any medium and for any lawful purpose whatsoever, including (but not by way of limitation) editorial, illustration, promotion, advertising, and trade. Reasonable efforts will be made by the Research Organization to conceal the identity of the participant, and neither my name nor the name of the Participant Organization will be used in published materials. Though pseudonyms such as "Acme Industries" will be used, the Research Organization cannot guarantee that the reports will provide complete anonymity.

List any specific exceptions to the preceding information provided to the Research Organization named above:

_____

_____

_____

AED – SMARTWork Program
U.S. DOL Cooperative Agreement – E-9-K-1-0074
    Appendix M-1
    Needs Assessment Guide

The Research Organization or its designate, *if requested below*, will provide the following:

Options (check one):

❑ Participant Organization will have an opportunity to review and comment on draft documents that summarize the company's response to HIV/AIDS prior to first publication. Participant Organization shall provide comments within 10 days after receipt of a draft document, and failure to submit comments within that time shall be construed as an election not to comment. Subsequent use, re-use, publication or republication of materials that have already been reviewed by the Participant Organization will not be submitted for further comment.

Or:

❑ Participant Organization will be provided with a draft for comments on any document that summarizes the company's response to HIV/AIDS for review prior to first publication. Specific identifiers will not be used, and reasonable attempts will be made by the Research Organization to preserve anonymity of the Participant Organization. Subsequent use, re-use, publication or republication of materials that have already been reviewed by the Participant Organization will not be submitted for further review.

I hereby release and discharge the Research Organization specified above and its legal representatives and assigns; the interviewer/writer, his/her heirs, executors, assigns; and any designee (including any agency, client, broadcaster, periodical, or other publication) from any and all claims and demands arising out of, or in connection with, the use of such information, including, but not limited to, any claims for defamation or invasion of privacy.

I have read this release and fully understand its contents.

Name (please print) _____ Date _____

Authorized Signature for Company _____

Position of Person _____

Address _____

City _____ State/Province _____

Country _____ Zip Code _____

Phone: _____ Fax: _____

E-Mail_____

Appendix N: Selected List of Acronyms

AIDS—Acquired Immunodeficiency Syndrome

AED—Academy for Educational Development

CDC—Centers for Disease Control and Prevention

DOL—Department of Labor

HIV/AIDS—Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

KAP—Knowledge, Attitude, and Practices Survey

NGO—Non-governmental Organization (a non-profit organization that meets a particular community, region, or country need)

SMARTWork—Strategically Managing HIV/AIDS Responses Together

STI—Sexually Transmitted Infection (sometimes known as Sexually Transmitted Disease, or STD)

TB—Tuberculosis

UNAIDS—United Nations AIDS Programme

VCT—Voluntary Counseling and Testing

CD4—Co-receptor on helper T cells that has surface receptors to which HIV can attach to so to initiate entry into the cell.

Appendix O: Additional Resources

AIDS Discrimination and Stigma

World Health Organization. UNAIDS Best Practice Collection. *HIV and AIDS-Related Stigmatization, Discrimination and Denial: Forms, Contexts and Determinants: Research Studies From Uganda and India*. Geneva: UNAIDS, 2000.
http://www.unaids.org/publications/documents/human/law/ugandaindiabb.pdf

World Health Organization (WHO). *Fighting HIV-Related Intolerance: Exposing the Links Between Racism, Stigma and Discrimination*. Geneva: WHO, 1999.
www.unaids.org/humanrights/BPracism.doc

AIDS Policies

AIDS Management Standard Initiative. *AIDS Management Standard: Facilitating Effective HIV/AIDS Management in South African Business*. Cape Town: AIDS Management Standard Initiative, 2002. http://www.amsi.org.za/standard.html

Congress of South African Trade Unions (COSATU). *COSATU Declaration on HIV/AIDS* (adopted by COSATU Special Congress, August 1999).
www.cosatu.org.za/congress/cong99/dec-hiv.htm

International Confederation of Free Trade Unions. *Framework of Action Towards Involving Workers in Fighting HIV/AIDS in the Workplace*. Gaborone, Botswana: International Confederation of Free Trade Unions, 2000.
www.icftu.org/displaydocument.asp?Index=991211419&Language=EN

International Labor Organization (ILO). *The ILO Code of Practice on HIV/AIDS and the World of Work*. Geneva: Global Program and HIV/AIDS and the World of Work, 2001.
http://www.ilo.org/public/english/protection/trav/aids/code/codemain.htm

United Nations High Commissioner on Human Rights (UNHCR). *The Right to the Highest Attainable Standard of Health*. Geneva: UNHCR, 2000.
www.unhchr.ch/tbs/doc.nsf/MasterFrameView/40d009901358b0e2c1
256915005090be?Opendocument

Economic Issues Associated With HIV/AIDS

Aventin, L., and Huard, P. *HIV/AIDS and Business in Africa: A Socio-Medical Response to the Economic Impact. The Case of Côte d'Ivoire. Management of Social Transformation. Discussion Paper #19*. www.unesco.org/most/ds19.htm

Barks-Ruggles, E., Fantan, T., McPherson, M., and Whiteside, A. *Conference Report 39: The Economic Impact of HIV/AIDS in Southern Africa*. Washington, DC: Brookings Institute, 2001. www.brook.edu/dybdocroot/comm/ConferenceReport/cr09.htm

Jones, C. "What HIV Cost a Tea Estate in Malawi." *AIDS Analysis Africa,* vol. 7 no. 3 (1997): 5–7.

Loewenson, R., Michael, K., Whiteside, A., Hunter L., and Khan, N. *Best Practices: Company Actions on HIV/AIDS in Southern Africa*. Pretoria, South Africa: Organization of African Trade Unity and Bagaetsho Services, 1999.

Rosen, S., Simon, J.L., Thea, D.M., and Vincent, J.R. *Care and Treatment to Extend the Working Lives of HIV-Positive Employees: Calculating the Benefits to Business*. Cambridge, MA: Harvard Institute for International Development (prepared under grant # HRN-A-00-96-90010-00 for USAID), 2000.

Rosen, S., Simon, J.L., Thea, D.M., MacLeod, W., and Vincent, J. *The Impact of HIV/AIDS on Businesses in Southern Africa*. Presentation by the Center for International Health, Boston University School of Public Health, to the Brookings Institute, June 14, 2001. www.brookings.edu/fp/research/health/20010628%5f/slidesa.ppt

Steen, R., Vuylsteke, B., De Coito, T., Rlalepeli, S., et al. "Evidence of Declining STD Prevalence in a South Africa Mining Community Following a Core Group Intervention." *STD,* vol. 21 no. 7 (January 2000): 1–11.

Stover, J., and Bollinger, L. *The Economic Impact of AIDS*. Arlington, VA: The Futures Group in collaboration with Research Triangle Institute and the Center for Development and Population Activities (CEDPA), under UNAIDS contract #CCP-C-00-95-00023-04, 1999.

Whiteside, A. "Demography and Economics of HIV/AIDS." In Weiss, R.A., Adler, M.W., and Rowland-Jones, S.L. (eds.). *Changing Face of HIV and AIDS. British Medical Bulletin.* vol. 58: 73–87. Oxford: Oxford University Press, 2001.

Symdley, B.D., and Leonard, S. (eds.). *Promoting Health Intervention Strategies From Behavioral and Social Research*. Washington, DC: National Academy Press, 2000.

United Nations AIDS Program (UNAIDS). HIV/AIDS and the Workplace: forging innovative business responses. UNAIDS Technical Update. Geneva: UNAIDS, 1998. http://www.unaids.org/publications/documents/sectors/workplace/workptue.pdf

United Nations AIDS Program (UNAIDS): Putting HIV/AIDS on the Business Agenda. UNAIDS Point of View. Geneva: UNAIDS, 1998.
http://www.unaids.org/publications/documents/sectors/workplace/workppve.pdf

World Bank. *Intensifying Action Against HIV/AIDS in Africa. Responding to a Development Crisis*. Washington, DC: World Bank, 1999.

Rapid Assessment Methodology

Lengeler, C., et al. "The Value of Questionnaires Aimed at Key Informants and Distributed Through an Existing Administrative System for Rapid and Cost-Effective Health Assessment." *World Health Statistics Quarterly*, vol. 44 no. 3 (1991): 150–159.

Roberts, Matthew W. "Business Responses to HIV/AIDS in the African Formal Sector Workplace: Findings of a Kenya Needs Assessment." (1994). Available from the author and AED. Email. Mroberts@aed.org.

Scrimshaw, N.S., Gleason, G.R. *Rapid Assessment Procedures: Qualitative Methodologies for Planning and Evaluation of Health-Related Programmes*. Geneva: World Health Organization, 1992.

U.S. Department of Health and Human Services. *A Guide for Conducting Community-Based Rapid Assessment, Response, and Evaluation*. Washington, DC: Crisis Response Teams Initiative, Office of HIV/AIDS Policy, 2000.

World Health Organization (WHO). Monograph: *Rapid Health Assessment Protocols for Emergencies*. Geneva: WHO, 1999.

Appendix O-4