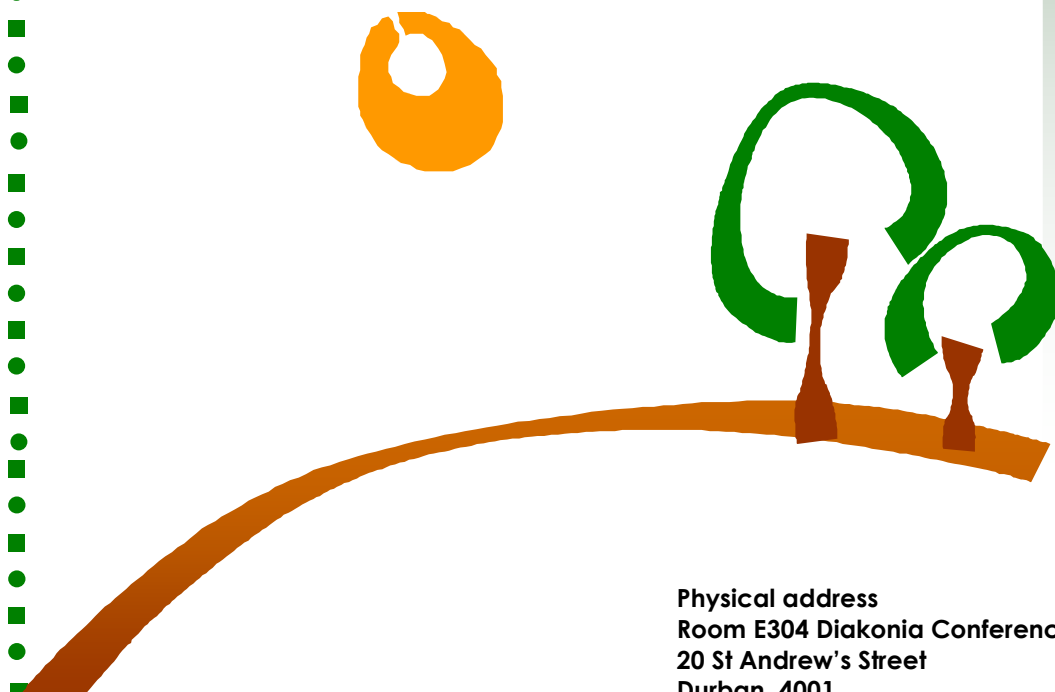


HIV and AIDS in Civil Society Organisations: Building a Positive Culture

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Physical address
Room E304 Diakonia Conference Centre
20 St Andrew's Street
Durban, 4001
Kwazulu Natal
South Africa

Tel : +27 (0)31 310 3565
Fax : +27 (0)31 310 3566
Email : info@projectempower.org.za

HIV and AIDS in Civil Society Organisations: Building a Positive Culture

Project Empower

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Project Empower is a registered non-profit organisation founded in 2001 and is based in Durban. The organisation is committed to strengthening civil society's response to the HIV epidemic and works in partnership with other non-governmental and community based organisations to strengthen individual and collective responses to the HIV and AIDS epidemics. Allan Moolman is the Coordinator at Project Empower

Contact Info:

Project Empower

Room E304 Diakonia Conference Centre
20 St. Diakonia Avenue
Durban
4001

Tel : (031) 310 3565
Fax : (031) 310 3566
Email : info@projectempower.org.za
www.projectempower.org.za

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1. Introduction

This paper documents the learnings from a process undertaken by Project Empower in partnership with the Health Economics HIV/AIDS Research Division (HEARD) during 2002/2003. In response to the growing threat that the effects of HIV present for civil society organisations Project Empower facilitated a series of workshops with civil society organisations to examine the impact of HIV on the organisation. The workshops placed a specific emphasis on how HIV affects the *people* who work in organisations. As a consequence of this, the suggested responses focussed on strengthening intra-organisational relationships and organisational culture as a means of counteracting the effects of HIV, rather than the technical systems and procedures options that are more widely discussed.

The following sections present brief overview of the effects of epidemic on society, and the specific effects on civil society organisations. The following section describes the project – the motivation for undertaking this project, the assumptions made and processes followed and finally presents a summary of the discussions and findings of the individual workshops.

The following four sections present the discussions that took place in individual workshops in more detail. Where recommendations and suggestions were made, these are also presented.

The following two sections present in some detail important discussions on organisational resources and the nature of leadership in the context of HIV.

The final section of the paper presents a summary of the ideal organisation – one that participants in the process felt would be best suited to dealing with the impact of HIV and AIDS.

2. Context

"Most research thus far has focused on calculating the potential demographic and economic impact of HIV/AIDS. There has been less analysis of the social implications of HIV/AIDS, the impact the disease is having on social processes, social structure and social relationships ...Yet to understand these processes as they occur is a critical national project which has to underpin our response to the epidemic. To develop strategies, allocate resources and initiate projects in the absence of such understanding and without increased research is to shape a response without a context."

AIDS Review 2003, (Over) extended , V. Barolsky, University of Pretoria

The HIV and AIDS epidemic represents an unparalleled threat to human society as we know it. It impacts on every aspect of our lives: as individuals; as family members; as community members and as citizens. HIV and AIDS challenge our fundamental ideas of what it means to be compassionate human beings. The epidemic has starkly highlighted the challenges our

democracy still faces in translating the rights, values and principles outlined in our Constitution and Bill of Rights into a reality for all South Africa's citizens.

The vicious cycle of poverty and HIV infection is evident everywhere – while poverty increases vulnerability to infection, HIV infection increases poverty. No area of our lives escapes the spotlight that HIV and AIDS cast. Women remain more vulnerable to HIV infection than men. HIV and AIDS affects the way in which we as individuals interact, work and earn our income. And beyond the local level, the macroeconomic impact of the pandemic dramatically increases the emotional, social and financial cost of human development.

So many of the challenges facing South African society are highlighted and thrown into stark relief through the lens of HIV: the overburdened health system, the high vulnerability of youth, the disparities between urban and rural development, the growing income gap. All of these have become more visible in the cold light casts by HIV and its affects. Marginalised groups (gays and lesbians, sex workers, etc.) are blamed for HIV transmission, face ongoing discrimination and stigma, and are regularly denied their rights and deprived of their dignity.

3. HIV and AIDS inside the development sector

Generally, the responses of the development sector have been directed at dealing with the impact of HIV on programme delivery. The development sector has not, until recently, begun to consider the impact of HIV on civil society organisations (CSOs) themselves. Many CSOs are therefore able to articulate the problems and the potential and current impact of HIV on the constituencies they work with, but cannot translate this in terms that enable their own organisations to engage with them. All of the HIV and AIDS work done by CSOs has focused on the people their organisations provide services to – with little or no thought being given to their own organisational vulnerability. Very few have examined the impact that HIV/AIDS is likely to have on their own staff and consequently on their ability to continue to manage their day-to-day work and meet their objectives. Even fewer have formulated the most basic of organisational responses to this potential crisis.

In directing efforts towards providing solutions for others CSOs have not considered that their staff may be as vulnerable to HIV as anyone else. This may be attributed to the belief that development workers have “superior” knowledge and experience that will somehow protect them.

However, smaller civil society organisations, in particular community based organisations (CBOs) and small, localised non-governmental organisations (NGOs), are in a precarious position. Their low staff numbers and high reliance on an active volunteer base makes them particularly vulnerable should members of their staff become HIV+. Many of these organisations deliver critical welfare services to the most marginalised communities and threats to these organisations increase the vulnerability of these target groups. HIV and AIDS have the potential to seriously affect the sustainability of organisations that are, in many cases, the only lifeline that thousands (if not hundreds of thousands) of South Africans have.

The International Labour organisation describes the HIV and AIDS epidemic as “an emergency of an unprecedented nature.” The effects of the epidemic on society in general, and on our workplaces in particular, provide us with an imperative to act to prevent socio-economic collapse. HIV and AIDS are diseases that affect people profoundly, and affect every aspect of their lives. Dealing with HIV requires a radical shift in the way we see organisations and the people and relationships that keep organisations going. Dealing with the problems that HIV and AIDS presents requires that we unlearn some of our organisational behaviour and develop new practices more suited to work in an HIV+ environment.

4. Learning from experience – The Project Empower Leadership Forum

4.1 Background

During 2003, Project Empower, in collaboration with the Health Economics HIV/AIDS Research Division (HEARD) of the University of KwaZulu Natal, began a process of exploring ways in which CSOs could learn to live with HIV.

We worked with 10 KwaZulu Natal-based NGOs and CBOs to construct a clearer picture of the implications that the epidemic has for the internal workings and sustainability of these organisations.¹ This paper provides a summary of the discussions, learnings and suggested processes these organisations saw as possible solutions to the problems they face in relation to HIV and AIDS in their workplaces.

The Leadership Forum, as the programme was titled, brought together a mix of both rural and urban CSOs that ranged in size from community based and non-governmental organisations with small, localised constituencies, to NGOs working province-wide. None of the organisations that participated in the forum focus directly on HIV or AIDS service delivery, although all have had some experience of working with HIV+ people. All participants in the process were in leadership positions in their organisations and had the ability and authority to influence the policy and decision making of their organisations. Organisations were specifically asked to nominate a representative who had the authority and access to influence the organisation's planning and management processes. Participants interacted in a number of learning sessions over a nine-month period.

4.2 Process

Project Empower played a facilitative role in the process and also collected and distributed additional resource and support material for the participants. Learning events took the form of interactive, participatory workshops held over one or two days. These included:

¹ During our work together, we made use of “*The Impact of HIV / AIDS on civil society*” (HEARD) in conjunction with “*Positive Organisation: Living and Working with the Invisible Impact of HIV/AIDS*” (CDRA), as well as individual organisations’ experiences of the epidemic.

- **Building a Positive Organisation** in which participants examined the potential impact of HIV on their organisations. Out of this process organisations determined priorities and areas of common interest. These were worked with during later events.
- The second workshop titled **Building Creative Partnerships Against HIV/AIDS** gave participants the opportunity to engage in discussions with locally based donor organisations about the impact of HIV on CSOs and to begin the process of moving towards a common strategy to deal with this impact.
- During the following workshop, **Developing HIV/AIDS Workplace Policy**, participants explored the usefulness of workplace policies for dealing with HIV, using their own experiences as material. The design of the workshop focused specifically on developing a procedure and content guidelines for the development of a relevant policy, rather than aiming to have them leave with a final policy document.
- The final workshop in the series, **Organisational Wellness** explored the concept of wellness programmes, with a focus on wellness support for staff in very limited resource settings. It involved a critique of the corporate wellness programme model and looked at how CSOs could provide alternative support and care options within the constraints of their resources

4.3 Assumptions

In undertaking this work, Project Empower made a few fundamental assumptions about finding organisational solutions to the problems of HIV and AIDS. Solution-finding is a process that requires that we:

- understand our organisations;
- predict the potential impact of HIV;
- propose and test a number of strategies to deal with this impact;
- share our learnings and experiences of working with HIV; and
- constantly review and adapt our initiatives in the light of new learning and experience.

With these premises underpinning the programme, the following principles were used to guide the structure, content and focus of the exercises and discussions in the workshops.

- Organisations are unique – each has an individual personality that is formed through the interactions between the people, systems, and contexts (or “worlds”) making up the organisation. The individual personality, or self, of an organisation will determine its response to the HIV epidemic.
- People are at the centre of the HIV epidemic. Dealing with HIV requires that we place individuals at the centre of our responses. At the same time we cannot forget that organisations have finite resources. Achieving balance between the needs of the organisation and the needs of staff members is critical.

- Policy based approaches are limited in their application. Organisational culture (relationships and the way people and systems interact and construct each other) cannot be simply regulated. Policy can only be implemented effectively within the context of an amenable organisational culture..
- There is no single approach or generic solution for dealing with HIV in the workplace. Solutions have to be crafted to suit the organisation by the people who work in that organisation. Solutions to the problems that HIV and AIDS present are not permanent and have to be constantly reviewed and adapted in the light of new learning and experience.
- Organisations are not independent, isolated entities. They operate within a fluid environment that impacts on their work, and the ways in which they work.

4.4 Learning

Participants were very open to sharing their experiences of HIV and AIDS in their own organisations. The high levels of trust built over time in the group allowed for frank, honest sharing of lessons learned working with HIV and AIDS in the workplace. The work in the group highlighted several key issues and pointed out things that can often be taken for granted. Some of these are:

- Surprisingly, **HIV/AIDS awareness amongst NGO staff is uneven/patchy** – some staff members are very knowledgeable, others have little awareness of the disease, its transmission and its affects.
- Many **organisations do not as yet have HIV policies** in place or are struggling to develop a policy. This is particularly true of smaller organisations. Organisations that wish to develop policies find it difficult to find relevant information and guidelines and sometimes become bogged down in participatory policy development processes.
- When **policy is developed it is difficult to implement** because disclosure is central to policy implementation and staff are often reluctant to disclose their HIV+ status in the workplace.
- There is a need **to provide better benefits for staff**. Many CSOs offer none of the benefits seen as key to managing HIV in the workplace, such as medical aid and provident funds.
- Organisations should **take care of the physical and psychological well being of staff**. There is a strong bias towards providing medical support with little or no effort being taken to deal with the psychosocial aspects of HIV. Benefit packages should include psychological support for infected and affected staff members.
- The organisation's **vulnerability to HIV and AIDS is directly linked to organisational culture** and relationship patterns inside the system.

Organisations with strong interpersonal relationships may be better placed to provide critical emotional support to infected and affected colleagues.

- **Organisational boundaries are porous** – organisations are linked to communities through relationships and held together by relationships. No organisation can be completely isolated from its environment by virtue of the fact that the members of that organisation are part of the family structures and communities that surround the system and therefore, have an influence on it. The events and interactions that affect individual staff members affect the organisation.
- **The nature and process of work changes** under the strain of HIV and AIDS. Both the physical and emotional effects of HIV are debilitating and affect people's ability to perform work. The work environment will have to shift to accommodate this to ensure that the organisation continues to meet its objectives.

Organisations are at different points in their experience of HIV. Many organisations have not, as yet, had any of their staff report disclose their HIV+ status while others have lost several staff to AIDS. Almost all CSOs have been affected by the fact that staff have sick relatives and friends who need their care and staff who need to attend more funerals.

Participating organisations have responded to HIV in various ways, and all agree that no one of them has "the answer". But it is through forums such as this, in which people can share their experiences, get support and advice and learn from each other, that civil society can begin crafting solutions to the problems presented by HIV and AIDS.

4.5 Understanding HIV in our organisations

Organisations develop their own unique character born of a complex combination of their component parts and the relationships between their purpose and ambition, their past formative experiences of their success or failure and their internal and external relationships

Taylor, J. Organisations and Development: towards building a practice. CDRA, SA, 2002.

While recognising the complexity of organisations and the dynamic nature of the organisational relationships, practices and cultures, it is nevertheless useful for the purpose of analysis, to agree on a common framework to describe the basic elements of an organisation. Such a framework was shared, discussed and refined during a Forum workshop. The suggested framework, illustrated in Figure 1 above, separates organisations into six interconnected elements we can use to evaluate how they function. It may provide a useful tool for analysing the *impact* of HIV on our organisational functioning.



Figure 1: Organisational framework

1. **Strategy**– describes the organisation's vision, mission and the broad strategies it employs to achieve its goals, as well as the values that inform these. This element of organisation is critical to its identity and placement within society, and provides a good reference against which the organisation's practiced values can be assessed.
2. **Systems management** – refers to how we control and order the functions, roles, responsibilities and procedures of the organisation. These are the stated and indispensable processes that ensure that information and learning is transmitted throughout the organisation. Systems provide for ordered dissemination of information to individuals inside and outside the organisation and are usually documented in policy and procedures documents.
3. **Resource management** – refers to the way in which the organisation ensures its own continuity and that of its work. This includes the processes used to recruit and retain staff, the sources and opportunities for financing and the management of the intellectual (knowledge and learning) resources of the organisation. The availability of resources is strongly related to the sustainability of the organisation and the quality and volume of service delivery.

4. **People** – refers to the relationships within the organisations. It describes the unspoken, accepted habits and patterns of interaction between members of organisation. These are the practiced attitudes and values that are prevalent in the organisation but are not necessarily reflected in the system's written policies and procedures.

5. **External relations** – the organisation is separated from its environment by a porous boundary, and indeed, the impact of the relationships individual members have beyond the boundaries of the system, are often felt within the system/organisation. External relations describes all the relationships that the organisation engages in through its members as:
 - a. Partners in relationships (husbands, wives, etc)
 - b. Family members (fathers, mothers children, etc)
 - c. Community members (household members, churchgoers, workers, etc)
 - d. Representatives of the organisation
 - e. Citizens (taxpayers, voters, etc)

6. **Leadership** – is a cross cutting component of organisation and does not exist discretely within the management structures of organisations. Leadership is not necessarily associated with the head (Director, Programme Co-ordinator, etc.) of the organisation, rather it is a motivational role that is fulfilled by a number of individuals within the organisation and is situational. Leadership is a role fulfilled by individuals as a particular need arises – to steer the organisation through difficult periods.

4.6 Analysing impact

HIV and AIDS pose a significant threat to all organisations. With the exception of some research conducted by HEARD, most studies have focused on developing quantitative, predictive models, intent on illustrating the impact of HIV on the productivity of business organisations – how HIV affects profit and therefore the economy.

What is generally lacking is an assessment of the potential impact on organisations as social entities. The impact of HIV on the way people relate (because HIV and AIDS influences social conditions) potentially poses a very significant threat to the sustainability of organisations. Lower productivity and reduced profit are consequences of sickness and death, but even more, reflect the psychological impact of HIV on individuals and their relationships with one another. The Forum agreed that generally the impact of HIV and AIDS would be felt in the following areas:

- **The ability of the organisation to meet its objectives.** HIV/AIDS will place increasing strain on the **capacity** of the organisation. Particularly, human and financial resources will be affected and the organisation will have to meet the growing needs of its constituency with fewer resources,

- **The way organisations carry out their work.** The organisation will be forced to change the way in which it carries out its work. The

organisation's **work methods** (the policies and procedures that govern the day to day operation of the organisation) were designed ensure that healthy staff can continue to do work – HIV will affect the ability of individuals and teams to fulfil their designated functions.

- **How people in the organisation relate.** The way people interact with each other within the organisation and the prevailing attitudes will affect the **organisational culture**.

➤ **Capacity**

Organisations will find it more and more difficult to fulfil their stated objectives as the number of staff infected and affected by HIV increases. This will largely be due to the fact that:

- Absenteeism due to illness (both for carers and those infected) will increase. This will increase over time, as infected staff become more vulnerable to opportunistic infections.
- Absenteeism for bereavement and funeral attendance will rise.
- HIV infected staff will be less physically able to complete their work as time goes by. Fatigue will play a major role in their ability to perform work.
- Staff members will die.
- The cost of recruitment and training will increase as the staff that die have to be replaced. Valuable skills and experience will also be lost when individuals die.
- In the event of illness, fewer people will have to complete the same amount of planned work. When additional temporary or part-time staff are hired there will be cost implications.
- The reputation of the organisation, and consequently its ability to generate support, will be negatively affected as it is less able to meet its objectives

➤ **Work methods**

- HIV+ staff members are vulnerable to opportunistic infections and precautions will have to be taken to minimise this risk.
- The allocation of work will be affected. Fatigue will play a major role in the amount and type of work HIV+ staff will be able to do.
- The continuity of relationships with client communities and supporters of the organisation will be affected by illness and death of staff.
- The organisation will lose valuable skills and experience and the 'memory' and learning of the organisation will be affected.
- There will be a greater need for information sharing and peer learning.
- Budgetary considerations will need to change to accommodate the needs created by HIV+ staff members.
- Work processes and organisational structures will be affected by illness and the consequent effect on people ability to perform their work.

➤ **Organisational culture**

- There may be increased tension between staff members who have disclosed their status and those who have not; between those who are HIV- and those who are HIV+.
- HIV+ staff members may experience stigma and discriminatory practices.
- Disclosure in any environment brings with it the risk of alienation.
- Positive discrimination (preferential treatment for HIV+ staff who have disclosed) may create resentment. This could lead to heightened tension in the organisation.
- Staff may not know how to respond appropriately to an HIV+ colleague's condition.
- Increased levels of stress in the organisation.
- Longer and more sustained periods of grieving and the increased need for peer support and counselling.
- The burden of care (physical and emotional) will become a responsibility of the organisation.

The predicted impacts as discussed during the workshops are summarised in the figure below:

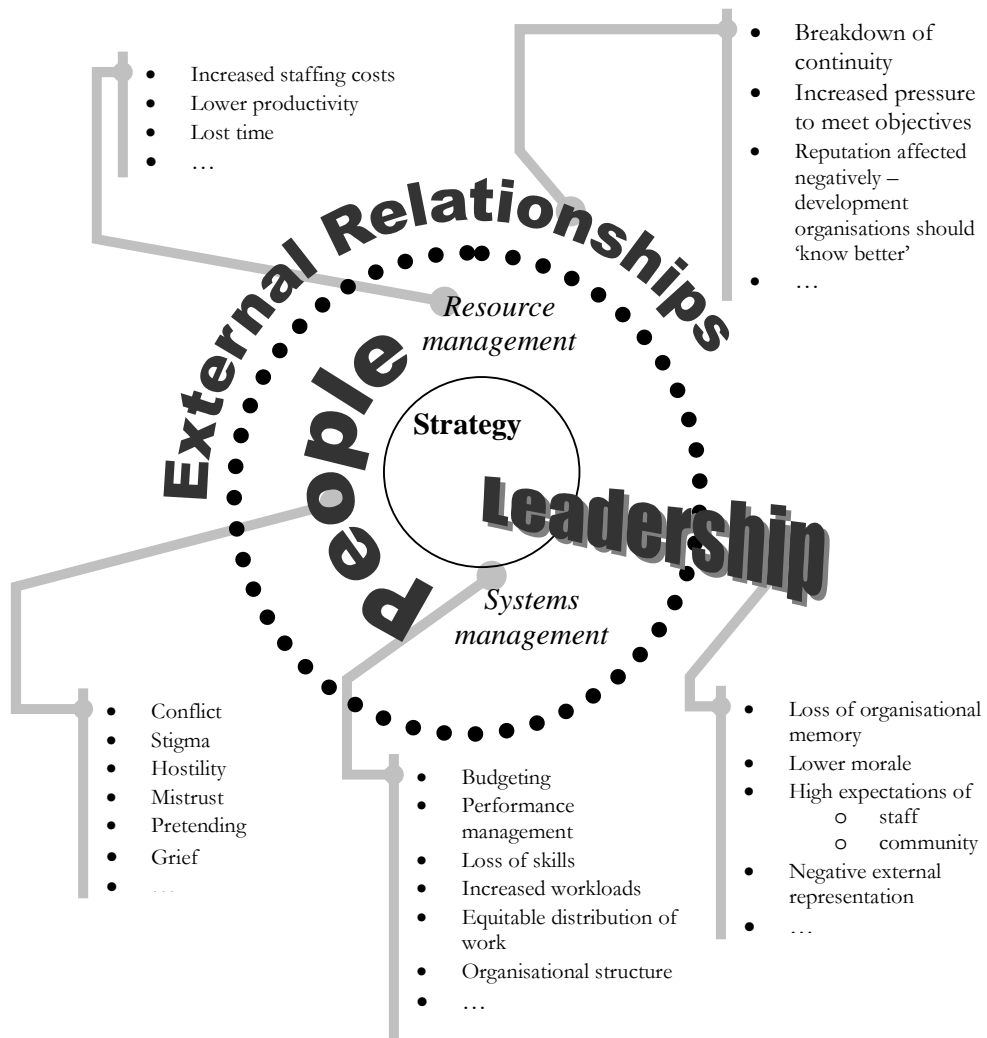


Figure 2: The impact of HIV on CSOs

5. Responding to the impact of HIV

The impact of the [HIV] epidemic on the NGO sector can only increase in the future. As the epidemic moves from its early stages of HIV infection to the later stages of AIDS deaths, there will be a greater direct impact on all employers in South Africa, including NGOs...

CDRA, 2003, *Positive Organisation: Living and Working with the Invisible Impact of HIV/AIDS*

Co-operation, partnership and participation are common words in the development sector. These terms are used to describe the relationships between a number of stakeholders – donors and NGOs; NGOs and communities; NGOs and government; etc. However, the meaning of these words has been eroded by overuse; they have come to represent an ideal that is quite seldom reflected in our practice.

HIV and AIDS have made it necessary that we review the relationships between stakeholders in the development sector. In particular the emergence of HIV and AIDS in the organisations we work in presents us with a host of new challenges that can only be dealt with through the coordinated action of all stakeholders. HIV and AIDS have forced us to reconsider the way we approach our work and has highlighted the stresses under which our organisations currently operate.

A principle relationship in dealing with the impact of HIV and AIDS is that between donors and their partner organisations. The discussions of the Leadership Forum have highlighted the need for more open and frank communication between funders and organisations they support. This was evidenced by:

- the uncertainty organisations experienced with regard to donors' funding of staff benefits;
- organisations viewing donors as policing bodies concerned with outputs who had little or no interest in the well being of the organisations;
- organisations not communicating their problems to donors and having to meet objectives with great difficulty; and
- organisations' perception that donors do not understand the day-to-day problems of delivery.

The discussions highlighted several themes:

- The limitations of current development funding
- Fragmentation within civil society
- Power relations and trust
- Funded organisations' responsibilities
- The role of government

5.1 The limitations of current development funding

Funding organisations act within their own set of limitations. Back donors generally determine the size of their grants and the priority areas to which they may be allocated. These organisations – usually Western governments,

welfare institutes or faith-based organisations – hold final say over the locally based donor organisations (which are often little more than field agencies delivering against a predetermined set of objectives).

Local agencies are allowed some flexibility in apportioning funding, using their local knowledge to lobby for particular projects, but are still limited by the expectations and plans developed by their back donors.

Organisations applying for funding also experience difficulties in accessing meaningful organisational support – funding is often limited to direct project costs. This limits the amount of money available to organisations wishing to give good salary packages and essential benefits to their staff members. Some donors will not agree to fund staff benefits and salaries as discrete line items. Project-based fundraising is complicated by the fact that applications are not guaranteed to be funded and multiple applications have to be made to ensure that the organisation is able to cover costs. With the limited human resources at their disposal and the, often onerous, reporting requirements, many organisations are unable to deliver adequately against their stated objectives. This situation leaves little room for developing capacity, for organisational reflection or for sustainability. The pressures of delivery often lead to overload and burnout of staff and to programme failure.

5.2 Fragmentation within civil society

Civil society organisations lack a coherent voice. There are large numbers of such organisations working throughout KZN, all experiencing similar problems, but they are unable to articulate these at a level broader than their individual perspectives. Competition and rivalry between organisations is common, and there is little or no co-operation between CBOS and NGOs at a local level. Programmes duplication also remains commonplace.

5.3 Power relations and trust

NGOS and CBOs view donor organisations as having power over them. This perception – that donors' control of finance places them beyond the reach of CSO questioning and lobbying – has led to a lack of engagement and genuine relationship between CSOs and donor organisations. Civil society organisations have to take responsibility for their role in promoting these ideas, in that they do not challenge or educate donor organisations about their needs.

Individuals within the development sector also wield an undue amount of influence over funding allocations. The idea that “who you know is most important when fundraising” has been reinforced by the sometimes obviously over-resourced organisations who seem to be donor favourites while small CBOs doing meaningful work are passed over because they do not have a high-profile individual associated with them.

5.4 Funded organisations responsibilities

Funded organisations have a responsibility to educate donors about what is going on in their communities. They should not be silent partners, only meeting the minimum reporting requirements and having minimal contact with the

donor. CSOs have an obligation maintain a people-centred approach focused on delivering the services their constituencies need. Additionally they have an obligation to make sure that that they deliver on their obligations to their funders. However, service delivery to the communities they serve must remain their key focus – it is the fundamental reason for their existence.

Organisations need to be clear about what their needs are and need to engage with their donors more often around these needs. They need to present a clear picture of what it is they are doing and what they would need to do to ensure that delivery takes place. This should include both external and organisational constraints and limitations on the organisation's capacity to deliver.

5.5 The role of government

. The relationship between government and civil society has long been adversarial, and government departments feel increasingly defensive. We have, however, reached the point where we have to start working co-operatively if we are to ensure that the broadest range of social services reach those who need them.

The difficulty is that opportunity for dialogue are not take up – in many cases, because government feels that they will be attacked if they participate in public forums. The needs of the communities we serve should be the primary concern of all organisations – both those of the state and those of civil society. We have to develop relationships that are mutually beneficial and are ultimately in the interest of clients

6. Workplace Policy

The common (and best promoted) response to HIV and AIDS in the workplace is to “develop a policy”. The need for such policy is obvious. Policy is key to ensuring that the organisation is able to achieve a balance between the needs of individuals and the long-term sustainability of the organisation. Policy aims to set parameters for the management of the organisation that will ensure that it is able to continue operating and supporting staff. In the context of HIV and AIDS, workplace policy has to be seen as only one of a number of integrated initiatives needed to deal with the impact of HIV and AIDS on our work.

Some organisations have developed and implemented workplace policies with varying degrees of success, while others have as yet not developed any HIV policy at all. Before embarking on generic policy development options, organisations need to consider what role policy plays in organisation: what form it can take; what organisational constraints exist; and what processes could be engaged in to develop policy that is relevant to the organisation. The impact of HIV on organisations is multi-faceted and unique to each organisation.

The policy development options chosen by some organisations has been to modify policies developed by organisations similar to their own; to use outside consultants to draft policy; and the use of exhaustive participatory processes. All of these options have their limitations (see table below). The main

consideration during policy development is designing policy that is relevant and realistic within the limitations of the organisation's resources.

Table 1: Limitations of policy development processes

Process	Limitation
Modifying generic policy documents	<input type="checkbox"/> Not contextual <input type="checkbox"/> Requires a level of skill that is not always available to the organisation <input type="checkbox"/> Not owned by the organisation
Using outside consultants	<input type="checkbox"/> Have a shallow understanding of the organisation <input type="checkbox"/> Impose processes on the organisation <input type="checkbox"/> Are not available for review
Consultative processes	<input type="checkbox"/> Take time and drain organisational resources <input type="checkbox"/> Can become stuck in consensus-building processes

6.1 The role of policy – finding the balance

Policy has a key role to play in ensuring that the organisation is able to achieve a balance between the needs of individuals and the long-term sustainability of the organisation. Policy aims to set parameters that will ensure that the organisation is able to continue operating. Implicit is the fact that the well-being of the staff is linked to the continued functioning of the organisation. In the tension between limited organisational resources and the, sometimes substantial, needs of staff members, policy provides guidelines for the management of organisational resources.

The effectiveness of a policy can only be ascertained during its implementation. Policies have to be 'lived'. There is often a conflict between organisational practice and the requirements of policy, and it is up to the members of the organisation to develop an organisational environment in which policy can be effectively implemented. Developing and maintaining a positive work environment is beyond the scope of policy. Policy merely provides general principles and mechanisms for individuals' interactions within the confines of the organisation; it cannot, in an of itself, regulate attitudes, values or beliefs.

Developing a workplace policy is not a final solution to the problems presented by HIV in the workplace. It is merely one of many tools that can be employed to ensure that organisations are able to continue functioning effectively. Critical to the successful development and implementation of policy is the development of an organisational culture that is non-discriminatory and supportive of all staff, irrespective of their HIV status.

6.2 Policy considerations

- Policy becomes critical to the effective management of an organisation as the size (the number of members) of the organisation increases.
- Policy is dynamic and has to be reviewed and adapted regularly to suit the organisation. Organisations change over time – they expand and shift

focus and methods of operation. Policy has to keep pace with the organisation.

- Policy development should be a consultative process that takes the views and opinions of all staff into consideration. This process, however, has to be carefully managed so it does not become stuck in a drawn-out struggle for (perhaps unattainable) consensus.
- The workplace is regulated externally by national policy documents (like the Constitution, Labour Relations Act, Basic Conditions of Employment Act, etc.) and labour law) that provide a regulatory framework for work. Organisations should therefore not try to design all encompassing policy as these documents provide minimum standards and set operational limitations

7. Wellness Programmes

Employee wellness is a concept gaining ground in the development sector. Traditionally a corporate sector response to the realisation that the health (physical, psychological and emotional) of people in their employ is affected by workplace stress, the concept is increasingly being discussed within civil society organisations.

Wellness programmes recognise the fact that work environments can be unhealthy. The corporate approach attempts to reduce/mitigate the effects of unhealthy work environments and focus on dealing with the physical and psychological well-being of staff. Programmes therefore generally attempt to provide good health benefits. Such programmes are usually expensive and further, are often seen as "add-ons" to the real work of the company and external to the way "we really do things done around here". Thus, wellness programmes can be seen as an added benefit, rather than an intrinsic part of the corporate culture.

Civil society organisations operating in resource poor environments have to take a different approach because they have very little control over the way they use the funding they receive (beyond very specific project allocations). Their responses to HIV and AIDS in the workplace are limited by the cost of provision and have to be tailored to make maximum use of available resources. Again, no generic programme can be suggested. Rather, organisations have to develop, implement and test potential solutions that suit them and what they can afford (in terms of time, energy and money). The knee jerk reaction in developing wellness programmes is to go the corporate route and to make sure that sufficient healthcare benefits are in place for staff. Organisations naturally tend toward implementing programmes that are tangible – health information, team building exercises, regular social gatherings in the office, etc.

We have to ask ourselves this question though: *If we do all the right things, implement the tried and tested programmes, will it automatically translate into wellness for the organisation?*

Promoting wellness has far more to do with organisational culture than with the physical actions we take. Wellness programmes are attempts to affect the lives of staff positively, and in an holistic manner that recognises our individual needs for more than just a healthy body and mind (i.e. our need for affirmation, for recognition, for challenge and stimulation, and so on). Wellness programmes should be designed to create a working environment that helps to reduce stress, strengthen relationships and develop people. Programmes should make members more conscious about the way they relate to themselves, to each other, and to the system as a whole so that they can change, shift or redefine patterns of interaction positively.

It must be remembered that these programmes are limited by the availability of resources, but that a broader definition of resources includes our skills, abilities and experiences as individuals and as an organisation. Wellness programmes should be designed to ensure that both the individuals within the organisation and the organisation as a whole are able to function effectively. In trying to create positive work environments we have to be aware of the need for balance between the needs and expectations of individuals and the continuity and sustainability of the organisation.

7.1 Suggestions for improving the working environments

- All members should have ownership of the organisation. Processes should give staff the opportunity to participate actively in developing the organisational culture.
- Members of organisations should set their own work goals. Management should then facilitate a compromise between the needs and expectations of the individual and those of the organisation.
- Devolve responsibility. Members have to take responsibility for managing their own work, both in terms of delivery and realistically defining their limitations and capacities.
- Successes and achievements of individual members, and of the organisation as a whole, need to be affirmed.
- Develop links with other organisations with which services can be exchanged e.g. peer counselling, external debriefing, etc.
- Collect and distribute current healthcare information.
- Host wellness discussion groups.
- Promote discussion and debate at all levels of the organisation. Provide opportunity for formal discussion and group learning.
- Encourage social contact between staff – both within and outside of the work environment.
- Respect opinions, divergent points of view and suggestions.
- Train and develop staff whenever the opportunity presents itself.

8. Organisational Resources

Often when asked to list available resources organisations will list physical (the people who work in the organisation and the assets the organisation owns) and financial resources and in some instances will include the services the organisation provides. What is often forgotten is that individuals in

organisations have a wealth of experience, skills and qualities that are useful to the work of the organisation. Additionally, the external relationships, influence and access (to decision makers and services) are also often ignored.

People are resources, not only for the skills they use in their work. Organisations tend to place very little value on any skills other than those directly employed in “getting the job done” – this is to their detriment. Many civil society organisations are staffed by individuals who are caring, supportive and have a great deal of empathy. All these are qualities critical to supporting HIV+ individuals and affected family members. Civil society organisations also deliver a range of services to people outside of their organisation, but are often oblivious to the needs of their own members, e.g. food parcel and clothing distribution to community members, but certainly *not* to those who staff the organisation.

9. Leadership

Managers and directors of organisations often feel burdened with the responsibility of caring for staff. Members of organisations in leadership positions often feel that they are isolated from the rest of the staff and sometimes have great difficulty relating to the people they work with. They often see themselves as an embodiment of the organisation; they represent their organisation and have the obligation of making sure that all the components of the organisation (including staff) are “in good working order”.

Leaders are often viewed as distant, unapproachable people for whom we work and are responsible. The sense from staff members is that “they have no sense of who we are and the pressures we work under; they are only interested in driving staff to complete objectives and meet deadlines, without any concern for what it costs us”. The relationship between staff members and management is often antagonistic – with both sides believing that the other does not understand the constraints under which they operate.

Leaders have a responsibility to find and maintain the balance between the needs of staff, organisation, constituency and donors. It must be remembered though, that they are also members of the organisation and thus experience the same stresses and strains as other members of staff, in addition to the burden of leadership and care. Wellness programmes should take this into consideration. The wellness of every individual within the organisation, including leaders, is critical to its success and sustainability. Good wellness programmes do not recognise the difference of status or seniority. Good wellness programmes distribute the burden of caring throughout the organisation and do not separate individuals from the organisation.

10. In conclusion

There is a tendency in the development sector to critique and to be critical, but to rarely present real alternatives or solution. This is a human tendency that requires an effort of will to overcome. The work done by the Leadership Forum was always intended to move to a point where such alternatives could be presented so that we could begin the process of testing solutions and

sharing learnings. This has to a large extent been achieved within the Form and it is their description of an HIV+ organisation that will encapsulate their work:

- Relaxed, pleasant physical and psychological work environment – comfortable offices; relaxing music; visually appealing spaces; physically secure; people laugh a lot ...
- Friendly, caring and supportive – providing a sense of belonging; interested in the well-being of staff; provides health information; good staff relations; staff respect and care for each other; work well in teams; meet socially in and outside of work; diverse (cultural, race, gender, etc.) and friendly; ...
- The organisational culture is well defined and shared – members have common values; positive work ethic; staff understand and believe in the organisations goals; ...
- Flexible – the organisation is open to positive change; in touch with constituency's needs; encourages ownership and innovation; ...
- Participative/democratic work processes – the organisation is transparent to its members and the people it works with; devolved responsibility; individual accountability; self management; respects individual points of view; promotes debate; open door policy; limited hierarchy; ...
- Developmental – the organisation provides training and development opportunities; gives recognition for work well done; promotes on-the-job learning; allows risk taking/innovation; promotes discussion and sharing; ...
- Porous organisational boundaries – the organisation is well networked; resources are shared; it is integrated into community; it recognises that family life and work intersect; it is open to outside influences; ...

The experience of participating organisations is varied, but all are conscious of the need to act to avert a crisis in civil society organisations and in the communities they provide work with and in. The failure of state to provide basic welfare is increasingly placing the burden of service delivery on civil society organisations. A threat to the survival of these organisations represents a threat to many communities in crisis. It is vital that civil society organisations recognise the need to rethink the way we deliver programmes to affected communities; and this, most importantly, requires a shift in how we conceptualise our organisations and how we relate to ourselves and each other within them.

There is a growing number of effective efforts to slow the epidemic's advance. But there is no magic bullet, no single formula that works

everywhere. An effective response depends on a combination of prevention and treatment, as well as programmes to address the present and future impacts of AIDS. Within organisations, our ability to deal with HIV and its effects, will have much to do with our ability to constructively engage with, and relate to, each other.

Should you wish to provide feedback on this paper or to offer your own ideas, please contact the author and/or Olive (Organisation Development and Training).....

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Useful Websites

- Canadian AIDS Society (CAS) Policy Guidelines – www.cdnaids.ca
- International Labour Organisation – www.ilo.com
- South African Department of Labour- www.labour.gov.za
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