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Annexure

Interview Guide: Information and data needs

The information needs have been clustered into categories and sub-categories to ease management of a nonlinear line of inquiry. The categories are flexible and designed to accommodate new findings as generative questioning techniques are used.

General issues:

Policy:

What is the HIV and AIDS policy in the organisation?

What is it based on and attempting to achieve?

Have you conducted any studies on the HIV and AIDS in the workplace?

Policy Implementation:

What aspects of it have been implemented fully and well?

What aspect of the policy implementation needs more attention, commitment and focus?

Is there a Work Welfare Program in the organisation?

What is it designed to achieve and how much has it achieved?

What is on the anvil as Work In Progress?

What is the perceived level of commitment behind the implementation?

What are the factors that have facilitated the policy implementation that has been completed and is in place as a practice?

What are the factors that are inhibiting its implementation? Why are these factors inhibiting it?

What is preventing people from accessing policy provisions? Policy? Structural? Human?

Are there financial reasons for non-implementation? What are they?

Mapping a timeline on policy implementation:

Is there a change in the pace and completion of policy implementation over time? What is the change? When did it start changing? To what can we attribute the change? Where do we see it going from here? Why?

Coping with uncertainties:

It will be important for my study to understand the structure and coping mechanism of international development organisations and to recognize its influence on decisions of policy implementation. What are the uncertainties and what are the changes that International Development Organisations have to deal with from within the organisations and externally? How do they do so? It will also be necessary to understand the structure of the organisations and what the hierarchical elements and participatory processes are. This will help me compare them with Weberian characteristics expected of bureaucracies and to see if they are making the journey of change and how.

External influences and pressures:

Probe the stands and pressures of organisations and movements outside the organisation under study. What do GIPA and TAC stand for in terms of principles and the changes they want to see in society? Then probe what influence it has had on the organisation's stands.

GIPA involvement: What do GIPA and TAC as movements stand for in terms of principles and the changes they want to see in society? Does it influence the program in your organisation?

What is the nature of the GIPA program in your organisation? How does it work? What are the strengths and drawbacks of the process as it is implemented today?

Has there been any impact of the larger advocacy influences of the movements like the Treatment Action Campaign in your organisation? What have these been and how have they influenced the HIV and AIDS policy and implementation?

Policy implementation & interpretation:

Is the policy absolute or is it open to interpretation? If it is open to interpretation what are the differences between staff and managers?

How much of policy implementation is based on 'standardized' rules and how much is based on consultative or centralized decision making (i.e. Is the implementation a clear execution of policy based on the letter of the rule book or is there an aspect of interpreting the meaning and feasibility of the policy along with the level and time frame of implementation? Get examples based on these decisions.

If implementation of HIV and AIDS policies are partly or wholly decision driven, who decides on the nature and implementation of HIV and AIDS policy? What qualifies them to do so? Is there a chain of command in the decision making and implementation process? Who does what in that chain (i.e. how are responsibilities divided?)? How does that work? Are there any suggested modifications that might help improve the process and make it more effective?

Role of finance and resources in decision making:

What if any is the role of finance in the implementation of policy? How is it pushing the policy forward and how is it pulling it back? It is illegal in SA to discriminate on the basis of a person's health (including HIV) and this may not entirely be in tune with the conventional wisdom of financially oriented managers with immediate performance criteria to fulfill. Get responses on grounds of humanness, economic and management practicability.

Get a sense of the argument in the context of the mandate, choices, decisions, actions vis-à-vis beliefs of the stakeholders (both managers and staff) and the information available to them. Is there a 'belief trap' where the cost of maintaining the belief is too high? How do managers and staff decide and act in these situations? Eg. Value/HumanRights vs. Financial imperatives? Peer group pressures?

Power and policy implementation:

What is power based on in the organisation? Analyze each:

- Rank and position.
- Personality: Dominant and dependant.
- Resources: Resource or politically based power.
- Moral authority:

How do staff and management negotiate power or decisions? Egs?

Manager related issues:

Policy understanding:

What are the policies on HIV and AIDS in the organisation? What is the feasibility of it? Are there specific examples of feasibility or lack of it? What are they? Should it be modified to cover any aspect it may have missed out on?
How much of the policy has been implemented? Why? What are future plans for it?
How empowered are you to manage, change and implement the policies? If you are not who is?

Can you describe any phenomenon, distinct or highlight-able facts/ occurrences/ perceptions that came about through the HIV and AIDS Policy and program in your organisation that may have caught your attention? It may be a complex situation arising from well-meaning action, a problem or even a solution that is working.

Personal beliefs, interpretation & HIV Policy:

What are your personal beliefs vis-à-vis the HIV situation in society?
What are your personal beliefs vis-à-vis the HIV situation in the organisation?
What are your personal beliefs regarding the nature, relevance and effectiveness of the organisation's HIV and AIDS policy? Track how personal beliefs influence their decisions and actions as managers implementing policy. What are the other factors affecting the decisions?

We have been living with the virus (in our lives, our families and our workplaces for many years now). Is there subtle or overt stigmatization in the workplace? What form does it take? What are the direct and/or indirect effects of Stigmatization on the implementation of HIV and AIDS policies in the organisation? Does it lead to discrimination among colleagues? What are its manifestations?

In a variant for managers specifically, probe if they feel pressure to implement HIV policy. If yes, what kind? If no what is the propulsion or inducement to do so?
Then what is the reason for implementation bottlenecks?

What in the system (vis-à-vis HIV and AIDS policies and their implementation) is driven by standardized rules and what is driven by your authority and discretion? How much of your action is driven by your personal judgment, interpretation and inner analysis of the feasibility of a policy implementation and how much on the letter of the law or rule book? Are some of the rules open to interpretation or are they uniform and implying only one action? Give examples. Are there any policies that you feel disinclined to implement either at all or for now? What? Why?

Uncertainties & external influences on policy implementation:
Are there uncertainties that the organisations have to deal with at this point in time (uncertainties or situations of change) that may threaten the survival of the organisation at one level or that may prevent the implementation of HIV and AIDS policies at another? Are there external movements or pressures that organisations are facing or need to look out for or respond to? They could be positive or negative. What are they? How do they impact on the organisation? Is the organisation responding to it already? How? If not why not? (Probe GIPA / TAC and find out others unprompted 1st)
If staff were to push you on a decisions, how would you react? How would you act on the situations? E.g.?

Pressures & policy implementation:

Do the needs and pressures of the staff sometimes differ from the rules and needs of the organisations? E.g. Anti Retro-Virals for consultants on Short term Special Assignments (called SSAs in some organisations). How do you balance between the organisation's rules and the staff's needs? Do you think the organisation's rules on the issue of SSA and family's access to full medical coverage will change? Should it? Is it viable? What are the issues and decision making parameters? How would you resolve them if they are pulling in different directions?

What is the cost effectiveness of the HIV and AIDS Workplace program in relation to organisational productivity. There were earlier fears that the costs would be unmanageable, yet organisations these days are talking about surprising benefits that accrue from a strong care and treatment program. We would like illustrated views on it from both sides of the argument. Do you have calculations or reports that reflect the issues of cost effectiveness and cost burdens? Could we have copies and analyses of these reports?

Are staff members psychologically dependent on superiors and managers? What form does it take? What are the implications?

How does the program influence the wider family and community of the staff member? Are the families involved in the programs directly or indirectly? Is there are trickle down effect? What is the nature of it? Does it need to be improved? How?

International managers in local jobs:

Do senior managers who are international staff lack a knowledge and understanding of local conditions? How important do they believe it is? If important how do they make up for it? What are the implications and consequences of this mobility? Does it affect the relationship with national staff? How? How does all this link to HIV policy implementation HIV?

Staff related issues:

Policy understanding:

What are the policies on HIV and AIDS in the organisation? What is the feasibility of it? Are there specific examples of feasibility or lack of it? What are they? Should it be modified to cover any aspect it may have missed out on? How much of it has been implemented? Why? What are future plans for it? How empowered are you to manage, change and implement the policies? If you are not who is?

Personal beliefs, interpretation & HIV Policy:

What are your personal beliefs vis-à-vis the HIV situation in society?
What are your personal beliefs vis-à-vis the HIV situation in the organisation?
What are your personal beliefs regarding the nature, relevance and effectiveness of the organisation's HIV and AIDS policy? Track how personal beliefs influence their decisions and actions as managers implementing policy? What are the other factors affecting the decisions? How does it determine the staff's decisions and actions? How does it (in their perception affect the manager's decisions and actions?

What in the system (vis-à-vis HIV and AIDS policies and their implementation) is driven by standardized rules and what is driven by the manager's authority and discretion? Get a commentary on it.

Entitlements in implementation:

Are all those working in the organisation entitled to medical coverage? Are all staff member's who are entitled to medical coverage fully accessing this coverage? If no, why not? Find out if that is ok or if it is perceived to need rectification? If it needs rectification, what can the organisation do to rectify the situation? What can they as staff members do to rectify it?

Interpretation and policy implementation & power issues:

What actions of implementation or non-implementation are based on the letter of the policy and how many are based on the manager's decisions? Examples? What power does the staff have to influence this process? For example to provide ARVs?

Give examples of a manager using power to enable an implementation of policy in the interest of the staff? Where has a manager used power over staff to pressure or leverage a situation? Examples?

Are there any policies that managers seem to feel disinclined to implement either at all or for now? What? Why is it so?

Policy and external influences:

Are there external movements or pressures that organisations are facing or need to look out for or respond to? They could be positive or negative. What are they? How do they impact on the organisation? Is the organisation responding to it already? How? If not, why not? (Probe GIPA / TAC and find out others unprompted 1st)

Are staff members psychologically dependent on superiors and managers? What form does it take? What are the implications?

How does the program influence the wider family and community of the staff member? Are the families involved in the programs directly or indirectly? Is there are trickle down effect? What is the nature of it? Does it need to be improved? How?

Relevance of international managers in local jobs:

Do senior managers who are international staff lack a knowledge and understanding of local conditions? How important do they believe it is? If important how do they make up for it? What are the implications and consequences of this mobility? Does it affect the relationship with national staff? How? How does all this link to policy implementation especially HIV?

Personal actions & acceptances vis-à-vis policy:

How much of your action or acceptance of the situation is driven by your personal judgment, interpretation and inner analysis of the feasibility of a policy implementation and how much on the letter of the law or rule book? Are some of the rules open to interpretation or are they uniform and implying only one action? Give examples.

How empowered or powerless do staff members perceive themselves to be vis-à-vis the rule book and the manager's interpretation of the rule book?

Key-concept clusters

Staff:

- Discrimination; fairness; performance issues; sickness among staff and from management/ people living with the virus leaving jobs: I explored in my probes and questions if staff living with the virus in the work space felt (in any way) stigmatised and discriminated against. This concept was explored both among those known to be living with the virus and those either not living with the virus or unaware of it.
- Disillusionment / Caste system: This point inquired if staff felt disillusioned by the organisation and the speed and efficiency of the AIDS policy implementations. It also aimed to test whether there was an unstated class structure within the organisation that distanced management from staff or those living with the virus from others.
- Women as managers and staff: gender issues and status of women; privileges and discrimination of women in the system
- Psychological dependence of staff on managers: This point set out to explore if (as a factor of the hierarchical construct of the organisation) staff members had lost their own initiatives and tended to depend on senior managers and supervisors for perspectives and actions.
- Local and foreign managers in international development organisations: This point of inquiry was driven by the assumption that local managers may be better aware of the local culture and understand local staff better. It also held in perspective the possibility that foreign staff may be open and unprejudiced in their interactions.
- Organisational connectedness and isolation vis-à-vis staff: I attempted to find out if the staff felt connected or isolated from the organisation they worked for.
- Managers: management style; feudal; dictatorial; hierarchical. This point explored manager's style of management and its implications on connectedness with staff, motivation and disillusionment and also its effects on HIV policy implementation.
- Stamina and focus: What gives a person the strength to negotiate the situation of living with the virus? How do staff members negotiate their condition in the workplace? I explored this not just from the perspective of the participants but also from my own view of experiences within the organisation and from my own

experiences of living with a potentially life-threatening illness that may be construed as an impediment to a staff member's ability to perform at work.

Contracts:

This set of explorations enabled me to understand the nature of contracts, the degrees of permanence and transience and their effects on staff members living with the virus. It also enabled me to understanding how managers could potentially use these contracts as tools of management:

- SSA or short-term contracts / Differentiation between the different types of contracts/ Cutting Costs and Re-profiling as a management tool/ Procedures (how fair they appear to be to staff members)/
- Access to treatment, testing and medical coverage for staff members with different types of contracts and related levels of stress and comfort with the benefits available to them.

Culture of the UN/International Development Organisations:

This cluster of queries enabled me to understand the culture of the organisation vis-à-vis staff support and management:

- Relevance of the UN (as an organisation/ staff / policies of the organisation)
- UN Reforms; efficiency; harmonization
- Culture of UN; competitiveness among succeeding managers attempting to establish their own mark within the system
- Team Spirit and the staff members' ability to rally around colleagues experiencing problems
- Values & Principles that managers and staff members use as a basis for decision-making and action; Fostering an environment conducive to the roll out of policy
- Confidentiality and trust, a critical aspect of managing HIV and AIDS
- Sensitivity of staff members and sensitisation programmes undertaken by staff members

Policy issues:

In this cluster, I structured a set of probes to determine the policies themselves and the manner in which they were being interpreted and implemented:

- Policy interpretation
- Policy implementation
- Approachability of managers to determine how comfortable staff members feel with not just the policy but also the sensitivity and thoroughness with which managers implement the policies
- Confidence in policy implementation; how complete is a policy… flexibility, fixed or cast in stone; internal policy; connectedness of internal and external policy; practicing what we preach;
- Wellness programme; a broadened and all-encompassing programme to provide confidence and greater support to staff members; follow-up and couple testing;

Bureaucracy:

Within this set of probes, I inquired about the organisational structure itself and the level of preparedness to implement and manage the epidemic within the organisation

- Hierarchical organisation; bureaucracy; transparency with which managers implement policies.
- Responses to change: How equipped is the organisation to manage change?
- Commitment/ challenges / bottlenecks/ obstacles/ pressures

Influence of the External Environment on implementation of policy and *modus operandi* of international development organisations:

- Connectedness to environment; GIPA, TAC; Comparisons to private sector organisations / Obligations of international development organisations to respond to the needs and demands of communities negotiating the epidemic at the ground level

UN HIV workplace initiatives

Caring for Us is a UNICEF-initiated programme that now includes UNFPA. *Caring for Us* promotes a caring environment for people living with, or affected by, HIV, as well as for staff members affected by other health and personal issues. Measures to help staff members and their families cope with illness or death are complemented by learning opportunities on related topics, such as access to ART.

With its initiative *HIV/AIDS in the Workplace*, WFP is strongly committed to accepting and supporting colleagues living with HIV and AIDS in a tolerant, just and compassionate work environment. The initiative is designed to ensure that WFP's personnel policies on HIV and AIDS meet and exceed the international standards set within the UN, extend to all WFP staff training on effective AIDS awareness in the workplace, and support the development of AIDS workplace programmes in all regions. WFP works 22 of the 25 countries most affected by AIDS, and building awareness of the epidemic is high on its agenda.

UNDP's *We Care* initiative supports the implementation of the UN system's workplace policy on HIV/AIDS, ensures protection of the rights of those living with HIV, and promotes a supportive work environment. *We Care* enhances AIDS awareness among UNDP and other UN-system staff members and facilitates a workplace environment free of discrimination and stigma.

Launched in 2002, ACTION (Access, Care, Treatment and Inter-Organisational Needs) is a project of the UN system medical services. In 10 pilot countries (Cambodia, Ethiopia, India, Nigeria, Rwanda, Senegal, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe), ACTION is mapping locally available resources for care and support, enhancing local capacity to address HIV prevention and AIDS care, and improving interagency coordination on workplace issues. Benefiting from the technical expertise of WHO, ACTION facilitates treatment initiatives that are appropriate to individual countries. For example, ACTION has established a revolving fund to purchase a constant

and reliable supply of high-quality ART drugs to ensure a continuous supply for UN employees and dependants who need them. In addition, ACTION undertakes workplace initiatives to foster a compassionate and supportive work environment for people living with HIV. It is hoped that ACTION will eventually extend beyond the initial 10 target countries.

To intensify the fight against HIV and AIDS in the workplace, the World Bank has appointed internal focal points (Task Team Leaders) in all its offices world-wide. These individuals are responsible for increasing awareness among staff and their dependants, promoting access to the free voluntary counselling and testing services provided by the World Bank, and ensuring access to PEP kits for those who need them. The World Bank guarantees confidentiality in the processing of medical claims through its Health Services Department in Washington and facilitates the supply of antiretroviral drugs to its HIV-positive staff and dependants.

In several countries, the UN system has moved beyond agency-specific initiatives to promote a fair and non-discriminatory workplace. The consolidation of all of its HIV and AIDS-related workplace efforts has enabled the UN system to target all staff members working in these countries.