

The need for being flexible in implementing workplace policies



The experiences of Vicci Tallis of Gender AIDS Forum, South Africa

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Gender AIDS Forum is an activist NGO based in South Africa and focuses on the interface between HIV/AIDS and gender. In 2003, after a strategic planning process, which was a watershed moment for the organization that was established in 1999, we started addressing the issue of policy development, including how to tackle HIV and AIDS in the workplace.

We are a flat-structured organization, which means that the Board, staff and volunteers are equal and make decisions as a team. Through a consultative process we decided on two approaches to addressing HIV and AIDS, that is within the Conditions of Service and also in our Gender and Diversity policy. The policy development process involved a designated Board member and staff member drafting the policies, which were then circulated to the rest of the Board, staff and volunteers.

Within the organization we have people who have been integrally involved in mainstreaming HIV and AIDS into the programmes and policies of NGOs. Their skills were useful in developing our own approach. Written comments from the Board, staff and volunteers were collected and then integrated into the policies. Finally, the changes were discussed at a meeting and the policies adopted.

Conditions of Service

Within the Conditions of Service we reflected on issues such as compassionate leave and sick leave using an HIV and AIDS lens and debated what would be fair and just but at the same time would ensure that the work of Gender AIDS Forum is not compromised. These debates are not always easy and it is only when faced with the realities of HIV and AIDS that the provisions in the policy are tested.

We quickly had to put the policy to the test when one of our volunteers, a woman who had worked for the organization on an almost daily basis and was on government pension, fell sick in July 2004 and died a month later. She had little household or family support. We had a policy that did not reflect these realities of a

volunteer, but an organizational culture based on our beliefs and principles that the inside is as important as the outside. We paid for her hospitalization, medication and contributed to her funeral. One year on, we still had a relationship with her eldest child and provided for him. The greatest lesson learned was the need for flexibility in order to be responsive to the situations that you are faced with and which don't necessarily match the policy. The emotional impact of a Board member, staff member or volunteer who is sick, or who dies, should not be underestimated and should be dealt with.

Gender and diversity policy

We are an organization that is diverse in terms of gender, race, sexual orientation, HIV status — representing different marginalized groups. We felt it was important to include HIV status in our diversity policy to ensure the rights of men and women living with HIV and AIDS, and in keeping with our focus on building solidarity

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with different marginalized groups. We have people living with HIV/AIDS on our Board as well as staff. Some have been actively recruited because of their HIV status and our policy is to expand the number of diverse groups represented in the organization. Some people within the Board and staff are openly living with HIV/AIDS whilst others prefer to keep their HIV status to themselves.

Part of our policy refers to the fact that it is obviously not compulsory to disclose HIV status to the rest of the team. However, our recent negotiations with medical aid companies to ensure that all staff receive medical benefits has necessitated people to disclose



their HIV status to the member of staff coordinating the process. Medical benefits for people living with HIV/AIDS are difficult to source and some companies flatly refuse to enrol HIV-positive people. As an organization we had to negotiate the best possible package, which addressed the needs of HIV-positive and HIVnegative colleagues and of those of us who do not yet know our status.

This had to be discussed and agreed amongst the team – especially since the best option for HIV-positive people in the organization who joined the medical aid was a one-year exclusion from benefits for

any existing condition related to HIV and AIDS. During the first year, only non-HIV-related illness and accidents are covered by the medical aid: however, children are exempted from this exclusion. Applying the principles of justice, fairness and equality, which underpin our gender and diversity policy, can sometimes be a challenge.

A policy may be a good starting point for an NGO to address the realities and impacts of HIV and AIDS. However, the policy should never be so rigid that it fails to deal with the complexities of the HIV and AIDS epidemics. A clearly defined organizational culture that espouses openness, trust and a safe space will go a long way to creating a conducive environment in which the implementation of the policy can be more effective.

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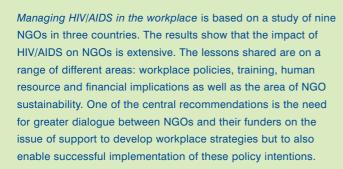
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Resources

Managing HIV/AIDS in the workplace:

Examples of nine non-governmental organisations in South Africa, Zambia, and 7imbabwe

Mary O'Grady, Oxfam International, 2004 (37 p.)



www.oxfam.org/eng/policy_pape_HIV.htm

Positive organisation:

Living and working with the invisible impact of HIV/Aids - a resource for NGOs

H. de Wet, C. Everett, CDRA, 2003 (144 p.)

What will it take to build organizations that are robust enough to absorb the impacts of the AIDS epidemic, while providing humane, stable workplaces? A practical resource for NGOs, this book contains six sections, which can be read individually or in sequence:

- a conceptual overview of the epidemic,
- a research report into the experiences of South African NGOs affected by the epidemic,
- a guide to the South African legal and policy framework,
- methodology for NGOs adapting to the HIV/AIDS environment,
- a practical toolkit for responding to HIV/AIDS,
- an annotated bibliography and references to key websites.

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