

Gathering Data for the Development of a Behaviour Change Communication Programme for the Workplace

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Introduction

This booklet offers users a framework for collecting data to form the basis of an HIV/AIDS behaviour change communication (BCC) programme for the workplace. Gathering data for BCC is generally called a 'formative assessment' and is defined as the gathering of in-depth information about the programme's target groups to design effective behaviour change communication activities. 'Formative' means the formation or development of a body of information through which to assess or determine the nature of a population. Formative assessments will be conducted during the planning stage of the BCC programme's development. A formative assessment provides a thorough understanding of current conditions, practices and attitudes among target populations. This understanding is essential for designing appropriate BCC interventions, as well as workplace HIV/AIDS programmes and policies.

This booklet describes the research methods available for gathering information, along with guidelines on how to select and use these methods. The appendix contains guides for designing a BCC formative assessment for the workplace.

Reading and using this booklet will enable a team or facilitator to:

- plan the formative assessment;
- select the appropriate data-collection methods;
- develop a formative assessment workplan;
- collect the data;
- analyse the data;
- develop a formative assessment report; and
- segment the target populations in preparation for BCC programming.

Step 1: Plan the formative assessment

A. Defining your goals

The goals of the BCC formative assessment in the workplace are:

- to identify opportunities, resources and potential barriers to BCC activities;
- to understand different target populations' behaviours, attitudes, likes and dislikes, hopes and fears for the future;
- to specify the target populations' current knowledge, attitudes and behaviours regarding HIV/AIDS;
- to identify the target populations' specific interests and concerns regarding HIV/AIDS and the type of programming and support they need;
- to define their social networks and their high-risk settings (i.e., environments that can lead to high-risk behaviours—for example, bars, brothels and truck stops, where sex workers operate);
- to involve them in the behaviour change process; and
- to identify ways to increase HIV/AIDS-related health-seeking behaviour.

B. Gathering data

Achieving these main purposes means reviewing the information already available about a particular workplace, and identifying what additional information is necessary.

The following categories may help when collecting information for the formative assessment.

The broader environment

- Data on the epidemic in the country/region (including the main modes of HIV transmission)
- Role of national, regional or local government in addressing HIV/AIDS in the workplace (e.g., workplace strategy as part of national HIV/AIDS plan)
- Information and services available from community-based or AIDS service organizations.

The work environment

- Existing programmes, policies and practices at the workplace for HIV/AIDS prevention, care and support
- Condom distribution
- Basic health care
- Sexually transmitted infection diagnosis and treatment
- Access to voluntary HIV testing and counselling
- HIV/AIDS/tuberculosis treatment, care and support (including antiretroviral therapy)
- Workplace policy
- Workplace committees (e.g., health and safety)
- Basic and in-service training programmes
- Normally planned events
- Worker organization(s); what kind of support workers receive from their union
- Categories of workers by job function, education, gender, income and ethnicity.

Worker knowledge, attitudes, values and beliefs

- Current knowledge, attitudes and behaviour regarding HIV/AIDS
- Level of interest in developing HIV/AIDS programmes
- Specific interests and concerns related to HIV/AIDS (e.g., housekeeping staff in a hospital in Kenya were afraid to clean the rooms of AIDS patients)
- HIV-positive workers who are open about their status with employers and co-workers
- Treatment of workers living with HIV/AIDS
- Attitudes towards people living with HIV/AIDS at the workplace
- Behaviours, attitudes, hopes and fears for the future, likes and dislikes
- Social networks
- Potential high-risk settings
- Current health-seeking behaviour

Communication mechanisms

- How people get information at the workplace (e.g., newsletter, bulletin board, staff meetings, training sessions, new employee orientation)
- Trusted sources of information
- Media habits

Identifying information that is currently available

To identify relevant information that is already available, you will need to conduct a review of work already carried out by previous programmes. Potential sources of information may include:

- ILO country profile or status reports regarding HIV/AIDS and the world of work;
- UNAIDS country fact sheets;
- past studies and reports on HIV/AIDS;
- surveys of HIV/AIDS knowledge, attitudes, practices and beliefs among the target population;
- government epidemiological data and health surveys pertaining to HIV/AIDS;
- local university dissertation research;
- other organizations' studies; and
- studies conducted in the selected workplace.

There may be no need to have focus group discussions and in-depth interviews with the target populations if the relevant data already exist. Instead, information gaps may be identified and a questionnaire developed on the basis of the missing information. In this way, valuable and scarce resources may be preserved for use in other areas of the programme.

Identifying necessary additional information

Once existing studies and data have been reviewed, there may still be gaps in information about the key target populations. It is important to systematically categorize these gaps in preparation for gathering additional data for the formative assessment.

Step 2: Select the appropriate data-collection methods

Once you have reviewed the existing data, you will need to collect the additional information needed for the BCC formative assessment. The following methods may be used to do this.

Site inventories help assess how target populations are structured in geographic and social space and how they network with other populations. Site inventories usually focus on informants who are knowledgeable about the geography and social structure of the area and experienced with BCC interventions. Inventories can also provide an overview of existing resources useful to the programme, such as HIV/AIDS-related services available both at the workplace and in the surrounding community, media opportunities and local partners. This exercise is easy to carry out at the workplace.

KAP surveys for workers consist of a list of questions with a range of pre-determined responses. Surveyors generally use these questionnaires to learn more about workers' knowledge, attitudes and practices with regard to HIV/AIDS. HIV/AIDS knowledge can include misconceptions, prevention strategies and modes of transmission. Becoming more aware of workers' attitudes, such as how they feel about condoms, will help you determine which topics your BCC programme should focus on. In addition, the practices that workers engage in will help you ascertain which activities would be most beneficial at your workplace. Knowledge, attitude and practice surveys are relatively simple to conduct and can provide baseline data for programme development.

Key informant interviews are conducted with people who are highly knowledgeable about the topic under investigation and who are linked to target populations. Key informants may include opinion leaders, local health providers and experts from the target population. Key informant interviews provide an insider's view of the structural, organizational, social and cultural context of the workplace or community. They also give insights into the target population's behaviour. This activity serves as the basis for the methods that follow.

Focus group discussions are conducted with eight to ten representatives of the target population, and require a skilled moderator. These discussions reveal major issues and patterns, including both shared and conflicting ideas about target population behaviour. They also allow interviewers to assess potential reasons for a target population adopting a particular behaviour.

In-depth interviews can take place with workers from different departments at the workplace and from different levels of management. They can also include representatives from human resources and medical departments, as well as union and health and safety representatives (if relevant). In the community, interviewees may include labour leaders, health-care providers and representatives from local non-governmental organizations that provide HIV/AIDS services. These individual assessments are necessary for an in-depth look at the intimate individual perspectives, beliefs, motivations and logic behind behaviour. They may also show how such behaviour fits into the broader social context.

Observation can help to confirm or refute results found through the methods outlined above. Observation involves choosing a setting of interest, such as a truck stop, to see how the workers engage in social and work activities. It helps in describing social networks, high-risk settings and the steps or influences that lead to high-risk behaviours.

BCC assessment monitoring involves the results of one method informing the content and structure of another. This feedback and revision will lead to more refined assessment protocols. For example, data obtained from the inventory exercise may reveal additional questions that will need to be put to management. Information from in-depth Interviews with management may lead to questions for staff group discussions.

Each method can inform the development of other methods or help in determining if another method is needed. Developing a good BCC programme is an investigative process.

Factors to consider when choosing methods:

- Level of existing information
- Human and financial resources at your disposal
- Diversity of target populations
- Time available

Step 3: Develop a formative assessment workplan

Once the data-gathering activities have been selected, a review of the suggested methodology and of the kinds of questions to be included in each guide should be carried out. This will help define the scope of the assessment and determine which human and financial resources are necessary. Some activities may be curtailed if human and financial resources are limited. The Family Health International publication *Qualitative Methods: A Field Guide for Applied Research in Sexual and Reproductive Health* is a valuable resource that covers topics such as planning research, methods, sampling and ethics.

To develop a workplan, you will need to:

- A. set up the needs assessment team;**
- B. select the sample;**
- C. select key informants and information collection approaches;**
- D. create assessment tools based on the toolkit guides; and**
- E. train interviewers.**

A. Set up the needs assessment team

What are the roles of the different assessment team members?

The assessment team can be as simple or as extensive as is necessary to complete your needs assessment. For example, if your needs assessment is small, then hiring one consultant could be enough. However, a larger assessment team will be necessary if you want to include multiple workplaces, review secondary resources, map each workplace, and use several of the qualitative formative assessment methods described below.

The assessment team may include programme staff, a consultant or a team of consultants, and representatives from the workplace. The roles outlined below are examples of how you might want to organize your assessment team if the needs assessment is on a larger scale. You can also combine tasks so that one person fills two roles.

Assessment leader: The person who provides technical leadership and oversight; the BCC programme coordinator might fill this role.

Assessment coordinator: The person in charge of logistics. He/she works in close collaboration with the partnership interviewers, setting up meetings, communicating with the rest of the team and carrying out other organizational duties.

Partnership interviewers: Members of the community who help recruit participants and identify respondents and interview sites. These people might help record responses and observations such as facial expressions and body language during focus group discussions, or they might keep a log of the discussion if a tape recorder is not available.

Interviewers: People who perform field tasks such as interviews, observations and moderating.

The programme coordinator may choose to maintain a formal role in the team or to act in an advisory capacity. The BCC assessment team should make decisions about how to set up a workable system to conduct the assessment. How the team is constituted will depend on the situation.

How to establish a timeline

It is advisable to develop a timeline for assessment activities prior to assigning specific tasks to team members. The assessment leader should work with team members to develop a timeline based on the overall BCC programme calendar. Together, this team can determine the pace of work.

The workplan will need to specify the roles and responsibilities of each team member and an appropriate timeline for assessment activities. For example, if the team decides to conduct four focus group discussions with long-distance truck drivers from 6 to 8 July, it will be necessary to organize logistics and conduct the interviews.

It is important to make several field visits to the selected sites to gain the support of the community and of those at the workplace for the formative assessment before implementing it. Site visits help you understand when, where and how to conduct the formative assessment, and encourage collaboration with stakeholders.

Table 1: Example of timelines for interviews

Method	How long	How many	How often	When
Inventory	1 week	3 key informant interviews (plus review of documents)		1-5 July
In-depth interviews	90 minutes	15 interviews	2 per day	7-12 July
Focus group discussion	1 hour	3 groups	1 per day	6-8 July

Table 2: Assignment example

Who	What	When
Assessment coordinator	Organize focus group discussions for truckers <ul style="list-style-type: none"> Meet with trucker union Meet with truckers Coordinate venue 	15-17 June
	Organize focus group discussions for secretaries <ul style="list-style-type: none"> Meet with secretaries Coordinate venue 	17-19 June

B. Select the sample

The first task is to select the workplace to be assessed. In many cases, this will already be apparent. But you may also have to identify specific areas within the site.

Next, the respondents must be selected. Here are some suggestions for doing this:

- Always keep in mind the populations you are targeting.
- Go to sites or observe events that are easier to get to (or arrange).
- Go to the sites when people are most cooperative: for example, when members are on break or at the beginning or end of the day. Times for research may be different than times for setting up interviews: for example, you might contact secretaries during a coffee break but schedule the interview for the following day, when they are not busy.
- Always take advantage of opportunities that occur.
- Always follow up on leads about where you can find the people you are seeking.

C. Select key informants and information-collection approaches

(See Step 2, page 4.)

D. Create assessment tools based on toolkit guides

(See Step 2, page 4, and the appendix of Booklet 2)

E. Train interviewers

Once you have developed the assessment tool and are ready to implement it, you will need to schedule a training session for the interviewers on your team. The training will provide them with information and skills on how to conduct an interview and/or group discussion using the tool.

The activities listed below are examples of what to include in the training.

Day 1: Getting to know the tool

The main goal of the first day is to provide interviewers with background knowledge on the tool. Begin by walking interviewers through the tool, explaining the reason for including the questions or topics and what you hope to learn from the interviewees. The trainer should provide enough background information so that interviewers feel confident. The main concepts to cover include:

- modes of transmission and prevention strategies for HIV and other sexually transmitted infections;
- HIV/AIDS activities at the workplace;
- stigma and discrimination; and
- knowledge of HIV/AIDS workplace policies.

Interviewers should learn about general questionnaire/interview administration issues, such as obtaining consent, establishing rapport with a respondent, and the need for standardization of questions.

Day 2: Role play

The main activity of the second day is role plays. In role plays, one interviewer pretends to be an interviewee while another administers the questionnaire or interview. Others watch and, at designated times defined by the training facilitator, may offer suggestions for improvement and/or may point out good qualities. After all interviewers have assumed both roles, they should repeat the exercise with interviewers playing the part of a 'difficult' interviewee. After each session, the group should discuss the strengths and weaknesses of the interviewer, as well as possible ways of probing the interviewee. During the role plays, interviewers should gain good knowledge of questionnaire/interview administration. They should learn to handle clients who answer vaguely or not at all. They should also be able to filter out superfluous information and to note multiple answers.

Step 4: Conduct the formative assessment

The same behaviour may mean different things to different people. Talking with the target population can yield insights about the rationale behind their actions that help in designing effective communication products and activities aimed at altering behaviours.

The BCC assessment team will work with respondents to produce answers about topics of interest. The success of the assessment depends on the quality of the relationship between the respondent and researcher as well as on the level of interaction.

For formative assessment methods 2 to 7, described below, there are associated guides in the appendix, which provide examples of how to modify or adapt a programme, if needed.

Method 1: Review of existing information

Method 2: Site inventory

Method 3: Knowledge, attitude and practice (KAP) survey for workers

Method 4: Key informant interview

Method 5: Focus group discussion

Method 6: In-depth interview

Method 7: Observation

Method 1: Review of existing resources

Reviewing existing resources includes consulting existing studies and reports on HIV/AIDS, on the selected target population, and on the selected workplaces. Resources that cover HIV/AIDS-related issues can be useful in the design of successful BCC workplace interventions. Reviewing existing resources can yield much of the required information, saving time and money. Any gaps in the available information can be covered by a questionnaire or interview that focuses on the missing information.

Method 2: Site inventory

You can conduct the initial site visit and the site inventory at the same time. Both require meeting with managers, supervisors and line workers to outline the systems, structures and opportunities at the workplace. It is also a good opportunity to build partnerships between programme and workplace staff. Through the site inventory, you can:

- chart the organizational and physical structure of the workplace;
- identify the main target populations, worker organizations, and workplace activities and services; and
- identify opportunities for integration of HIV/AIDS-related activities into existing services or for easy creation of new services.

The site interview can be conducted by reviewing available documents that describe the organizational structure of the workplace, and by interviewing key staff to gain more up-to-date information about services, programmes, activities, associations and newsletters. The results of the site inventory will help in identifying opportunities and gaps for integration and/or addition of HIV/AIDS behaviour change communication activities. (See the appendix, page A-1, for a site inventory guide.)

Method 3: Knowledge, attitude and practice (KAP) survey for workers

The KAP method is a quantitative method used in HIV/AIDS studies and programmes. A statistician will need to be on your team so you can accurately analyse the results. KAP surveys are often used in a pre/post-test design to rapidly assess the population's knowledge, attitudes and practices regarding a certain disease or area. In a pre/post-test design, the programmers and/or researchers can determine whether there have been any changes that could possibly be attributed to the interventions.

KAP surveys often give the programmers/researchers new insights about the target population. However, there are disadvantages to this approach. For example, in any survey, the respondents may give you answers that they think you want to hear. The respondents may also answer untruthfully in areas that are very personal, such as their sex lives or their feelings towards people with HIV. In addition, the many "yes/no" answers to many of the

questions do not allow the researcher to explore the question in depth. Often, qualitative methods need to be conducted as well to get a fuller picture of the lives of the target population. The in-depth information from the target population is especially important when designing behavior change communication programmes.

Method 4: Key informant interview

Key informants are experienced people with direct, expert knowledge of the subject under study. Key informants may include:

- worker representatives;
- focal points from trade unions and employer organizations;
- representatives from the health facility that serves the target population; and
- staff from organizations that provide HIV/AIDS services to the target population.

It could also be relevant to interview:

- representatives of the ministries of labour and health;
- representatives of the national HIV/AIDS programme;
- private sector leaders who understand HIV/AIDS issues; and
- relevant non-governmental organizations.

It is important to include representatives from all levels of workplace personnel—from top management to line workers—and from different departments. Staff from medical services and human resource departments, as well as health, safety and union representatives (where they exist), should be high on the list of interviewees.

Talking to people from these groups will help in determining who the experts are. For example, when talking to garage owners, it is useful to ask who the lead mechanic is or who most people look up to in the garage. Similarly, when speaking with apprentices and other mechanics, you can ask which of their colleagues is most knowledgeable about the garage and possible HIV/AIDS-related activities. People identified repeatedly as experts may be promising key informants.

Try to probe potential key informants to make sure that they really are experts before accepting them as key informants and investing time in interviewing them. Look for a long record of involvement; direct, personal experience; and comments rich in situational and contextual detail and examples. Be wary of informants whose comments are limited to generalities. If your informant's reply is satisfactory, you can proceed. If not, thank them politely and tactfully discontinue the conversation.

How to gain information from key informants

There are numerous ways of acquiring information from key informants. This can be done:

- informally;
- through formal introductions;
- via in-person interviews;
- through telephone interviews; and
- with formal techniques, such as written questionnaires.

Try to apply the following principles when conducting key informant interviews:

- Begin with truly exploratory, flexible, open-ended questions and pursue all unanticipated, but important, issues that arise.
- Never tell people they are wrong, give non-verbal clues, or offer value judgements.
- Share your own experiences (without disclosing strong views), if doing so relaxes informants.
- Never move to a new topic until you have completely explored the topic under discussion.
- Make detailed notes on each informant's comments.
- Interpret and summarize the key informant interviews, perhaps using the following steps:
 - First, make a list of all areas, categories of places, addresses, days and times when/where risky activity occurs.
 - Second, produce a summary (in point form) of the key points made by each key informant.
 - Third, make a summary (in point form) of the separate key informant summaries.
 - Divide the summary into areas of major and limited agreement and consider possible explanations for inconsistencies.

The following strategies can help in determining whether the information received is reliable:

- Be attentive to internal inconsistencies in the comments of key informants and explore these inconsistencies in a reassuring way.
- If some conclusions seem questionable, try to determine whether an informant has drawn them from a single, memorable incident.
- Ask whether key informants' experience qualifies them to make a statement whose reliability seems uncertain.
- Consider carefully whether the attitude the informant holds towards the workplace may have influenced particular answers.
- Compare answers of different key informants, looking for contradictions and points of consistency.
- Compare the information gathered from key informants with that yielded by other methods.

Key informant interviews will help yield the following information:

- An overview and in-depth information on the workplace and its social context
- Perceptions and insights into target population behaviour
- Information about human resources for the forthcoming BCC programme.

You can also ask key informants to suggest questions for possible use during in-depth interviews and focus group discussions, should you choose to use these methods. (See the appendix, page C-1, for a key informant interview guide.)

Method 5: Focus group discussion

Focus group discussions involve gathering a group of people from the workplace to thoroughly discuss important issues such as HIV/AIDS and related interventions. A group leader guides the discussion, using a series of carefully chosen questions. Individual in-depth interviews are often preferable to focus groups for examining personal, sensitive or complex issues, while focus groups are useful for producing ideas, examining group interaction and its effects, developing and testing educational materials, and refining health services.

Workplace focus groups can generate important information by:

- identifying worker perspectives on employers, unions, medical services and other benefits that help determine what type of BCC HIV/AIDS programme to develop;
- identifying high-risk behaviours and helping to determine the areas of prevention training that are most critical to the workplace;
- identifying which HIV/AIDS-related issues are of most concern to workers; and
- assessing the workplace environment regarding discrimination and stigma towards HIV-positive workers, or employee needs with regard to care and support, including testing and treatment issues.

A focus group discussion is not meant to be a problem-solving session, nor is it a decision-making group. At best, it is a discussion among participants rather than a series of two-way communications between the moderator and individual participants. Ideally, the moderator will ensure that participants feel free to express their thoughts and opinions openly, that all topics of the focus group discussion guide are presented, and that the discussion is broad and deep. One of the goals should be to foster an in-depth discussion among participants about their knowledge, attitudes and behaviours with regard to HIV/AIDS. The skill and experience of the moderator will determine the quality of the information gathered.

If possible, a skilled moderator should be hired. If not, informal group discussions are still a good way to learn about workers' knowledge, attitudes and practices, as well as what they would like to see in a workplace HIV/AIDS programme. Be aware, however, that informal group discussions do not constitute a genuine qualitative research method.

In focus group discussions, the interaction of participants should stimulate richer responses and allow for new and valuable thoughts to emerge. It is not necessary for the group to reach a consensus, or for people to disagree, although this may occur. The objective is to get high-quality information in a setting where people can consider their own views in light of the views of others.

Focus group composition

The composition of the discussion group should include workers from different departments or a particular target audience (e.g., janitors). Focus group discussions are usually easier to conduct and generate better results if participants are of similar age, sex, education, socio-economic background, occupation and fluency in the language used. However, you may waive some of these criteria if the goal is to hold a discussion among a broad cross-section of the workplace. It is usually important to be careful when mixing people of different status. For example, in workplace settings, workers may have difficulty speaking freely among supervisors and managers.

Size

The ideal group size is eight to ten people. This gives everyone a chance to talk and permits a sufficient range of contributions. The number should seldom be below six or above 12.

Number of sessions needed

There are no firm guidelines about the ideal number of group discussions, although, as a rule, three sessions are held for each variable (males vs. females, in-school vs. out-of-school youth) and sessions are continued until no new information comes up. Participants usually begin to repeat information over the course of three group discussions. At least one focus group discussion should take place in each geographical region where a difference in information might appear.

Session length

Each session should last from one-and-a-half to two hours.

Setting and seating arrangement

Choose a site where it is easy to hear people speak. It should be accessible, private, quiet, comfortable, and in a non-threatening environment. Select a site where the presence of an observer will not disturb the group. It should also be large enough to seat eight to 12 people in a circle, as this makes it harder for anyone to dominate the discussion.

The seating arrangement should avoid showing status. Set up seating so that the moderator has good eye contact with everyone and every participant is equidistant from the moderator and in view of the other participants. The group leader should sit in the circle with everyone else and avoid standing in front of the group or doing anything else that suggests higher status. A circular seating plan usually fulfills these requirements.

Moderator technique

The moderator should not be (or seem) judgemental or try to dominate. He/she should convey warmth, enthusiasm and interest, encourage everyone to participate, and quietly try to control dominant participants.

When the group discussion is over, the leader should invite concluding comments, thank the group as a whole (noting how helpful they have been and citing specific insights they have provided), and thank them individually.

Topic guide

Before holding a focus group discussion, it is important to agree on the objective. For example, a focus group in the early stage of an intervention may be concerned primarily with the social and sexual context of HIV risk. A focus group held when an intervention is well established may examine participants' responses to intervention services and programme adjustments needed. However, some themes are likely to be consistently important throughout a programme. These include how to remove barriers to condom use and how to improve the accessibility, acceptability and uptake of sexually transmitted infection management and other services.

Once the objective is clear, you will need to prepare a question guide. This guide must not be too long or the focus group will be rushed and superficial. In general, about ten to 12 questions are sufficient.

Topic guides will have this general structure:

1) Warm-up and explanation

- A) Introduction
- B) Purpose
- C) Procedure
- D) Self-introductions

2) Topics (four to eight major ones with a total of ten to 12 questions)

3) Closure

Develop your own topic guide, using one or more of the following guides as a model. (See the appendix, page D-1, for a focus group discussion guide.)

Method 6: In-depth interview

What is an in-depth interview?

An in-depth interview is an extended and formalized conversation. This type of interview focuses on a good informant from the target population. In-depth interviews are open-ended and use many of the same principles discussed above for key informant interviews. As noted earlier, key informants have expert knowledge of other peoples' lives, while in-depth informants are experts about their own lives. It is customary to interview key informants several times and in-depth informants once.

In-depth interviews focus on obtaining in-depth information about why the target population engages in certain behaviours. This includes aspects of high-risk behaviour, beliefs, motivations and the logic behind their behaviour.

While the main goal of the in-depth interview is to gather information, it also makes key target populations feel that they are being consulted and helps bring them on board as allies or partners.

Preparation

Define the purpose of the interview. Prior to interviewing, the person developing the assessment instrument must define the information required.

Script the interview. In-depth interviews require a format and process that entail the preparation of a script or protocol. You will need to prepare, pilot and review detailed questions with the interviewer and with representatives from the target population before conducting the interview.

Prepare the interviewee. Confirm the time and place of the interview before it takes place. Before beginning, summarize the main topic areas. Explain to the interviewee the contribution of the interview to the assessment and to the programme. Assure the interviewee that you will respect confidentiality and tell her/him how much time the interview will take.

Interview

Try to make the interview feel more like a conversation than a survey. Let the respondent do most of the talking.

Recording the interview

- You may want to tape the interview. This may help to convey your intention to 'get it right', and it encourages considered responses, while ensuring a back-up if the original notes are lost. Ask permission to tape and offer to stop taping on request. However, taping is optional, as no recorder may be available and it might inhibit the respondents from speaking freely.
- While conducting the interview, pause to allow the respondent to gather her/his thoughts, but not long enough to raise uncomfortable feelings.
- Take notes even if you are taping, so that you have a back-up copy of the interview in case your tape does not work. Return to key questions that have incomplete responses, using oblique questions to reveal additional facets.
- Tell the interviewee that you may follow up if you still have questions.
- Tell the interviewee that a summary of the interview will be available and that he/she will be welcome to look at it. This will raise the level of credibility of your programme.

After the interview

- Immediately after each interview, fill in the blanks in your notes while the interview is still fresh in your mind.
- Contact the interviewee for follow-up information, if necessary.
- Provide a summary of the interview notes to the respondent for approval, if requested.

(See the appendix, page E-1, for an in-depth interview guide.)

Method 7: Observation

Why observation?

The goal of observation is to obtain evidence about the social networks and the settings for risk and influences that lead a target population to engage in risky sexual behaviour. Observation allows you to see things that interviews do not reveal and to use this information to amplify data or to ask additional questions of the target population. Observation also reaffirms or contradicts information obtained as a result of other activities.

What to observe

In a workplace setting, you might observe who talks to whom, who the natural leaders are, where people spend their time (which may be good venues for future BCC activities), how they access information, and to what extent they use facilities or resources (e.g., do workers take advantage of the health services? Are educational events well-attended? Who attends?). You may also have an opportunity to observe situations that lead to high-risk behaviours (e.g., do workers typically go out drinking after work?).

When and how to use observation

Information about your target population should help you to determine when to observe, what to look for, and where to go to see who is in the social networks and what the high-risk settings are. (See Table 3 below for an example.)

Table 3: Observation locations

Locations for:		
Secretaries	Bank tellers	Truckers
Front desk	Bank lobby	Truck park
Outside boss's office	Break room	Bars/clubs
Lunch room	Neighbouring bar	Garages

The observer can be a non-participant or participant (an observer who joins the activities as if he/she is a member of the population under observation). A non-participant observer can be more objective, but sometimes activities are too private or the people being observed are too defensive to allow an outsider to observe. It is important that the person making the observations be able to objectively record what he/she sees so that the data collected truly reflect what is occurring.

Once on location, the observer should let events unfold as freely as possible in order to observe the target population, networks and the culture, and to identify behaviour patterns.

How to make observations

- You may start by writing down everything that goes on in a blank notebook (field notes). Describe who you see, what they are doing and the setting they are in. There cannot be too many details when you are observing. These notes will help you form hypotheses about what is going on and to compare what you discover during observation with what you discover during interviews. You should take notes to help ensure validity of the data-collection and -interpretation processes. You should also try to confirm your data with members of the target population.
- You may use audio- and/or videotape. Recording the essential elements of your observations requires knowing what you are looking for.
- In addition to your own observations, you can use the observations of others, journal notes, or anything else that reveals the culture of the target population.
- As you proceed with your observations, try to develop a synthesis of what you are seeing, and then compare new information with information already synthesized. If necessary, revise your synthesis and continue until you believe you have an accurate picture of what is occurring.

The framework shown below might help you to better organize your observations. Note that you can revise these categories to reflect the local situation. (See the appendix, page F-1, for an observation guide.)

Step 5: Analyse the data from focus groups and in-depth interviews

Purpose of data analysis

Data analysis of focus group discussions and in-depth interviews involves reviewing the statements made by participants on each topic to determine:

- what the audience members already know and what misinformation they have;
- why they behave the way they do;
- how comfortable they feel discussing a topic, what they want to know, and what they need to know; and
- how they want to receive information, what they believe, and why.

Analysis should bring to the surface some of the underlying factors or reasons for participants' behaviour or beliefs, as well as some ideas for arguments that you may use to motivate them to alter their behaviour or to allay their fears or doubts. Well-conducted in-depth interviews and group discussions will provide data that can serve to improve or modify counselling and service delivery, develop behaviour change communication materials, and design training programmes.

After each in-depth interview or group discussion (or as soon as possible on that same day), the facilitator and note-taker should review the notes together and, if possible, listen to the audiotape(s) of the interview or group discussion to fill in any gaps in the notes. They should jot down initial overall impressions and findings while the conversations are still fresh in their minds. These initial notes often capture key findings as well as the atmosphere of the interview or group. Certain emotional and interactive events are easily forgotten as the team prepares for the next interview or group discussion. The quality of the notes will directly influence the outcome of the data analysis.

Organizing notes

Organizing notes, after filling in any gaps, helps the project team understand the data collected. Here is one method for doing this:

- Photocopy notes. If photocopying is not possible, use coloured pencils for coding the margin of the note-taker's original notes, with a different colour assigned to each main topic.
- Place asterisks next to particularly 'quotable' passages (e.g., comments that might actually be used as messages or as text under a pictorial message).
- Write out key questions or topics from the discussion guide on the top of separate sheets of paper.
- Cut up the photocopy of the notes and glue all the information relevant to each discussion question on the appropriate sheet of paper. Create new sheets labelled with appropriate question headings for data that do not fit under any existing discussion questions. Try to group the new data by question or issue.
- Once you have cut and pasted all the notes onto sheets with headings, review the information for each question. (Note: If you have used the margin colour-coding method, take one topic at a time and read the coded items in the notes to see what informants said and felt about each topic.)

- Write a summary of the major findings for that question and, if possible, include some participant quotes supporting the finding(s).
- Review all the organized notes to see if programme staff can identify any emerging patterns that confirm or refute assumptions about the research question. Those organizing the discussion notes should be able to fill in these blanks:

Most of the participants said _____

Some of the participants said _____

A few of the participants said _____

- Decide if it is necessary to add, change or delete any of the discussion questions or probing questions to get the information you are seeking. Remember not to automatically discount responses given by only a few people or that you had not expected to hear. If you suspect that there may be an important underlying reason for the comment, or that it may be an issue that is important to others, include questions in subsequent focus groups to check out the finding.

Use of computer programmes

Several computer programmes are now available to help in organizing the information gathered. Two popular programmes, NUD*IST and Ethnograph, are available from SCOLARI Sage Publications Software (www.scolari.co.uk/). Other programmes such as Ez-Text are available free of charge from the US Centers for Disease Control website (www.cdc.gov/hiv/software/ez-text.htm).

When deciding whether to use manual tabulation or computer-assisted analysis, consider the following:

- The programme's timeframe and resources. A computer programme will not code the data or do the analysis for you. However, once you have coded the data, you can use a programme to print out all coded text by topic area and do searches by several codes.
- The computer will count everything. If one person makes similar statements several times, the remarks may be inaccurately attributed to several group members, concluding more consensus than is warranted.
- Programme support staff may require the appropriate training to use the computer programs.
- Programme managers may decide that computer analysis is more suitable for analysing qualitative data gathered for a large research project (where use of tapes followed by transcription is part of the process) than for analysing a small series of focus group discussions to identify relevant messages for designing pictorial materials.

Comparing data across interviews or groups

After conducting all the in-depth interviews and group discussions, compare responses from the various interviews and groups. Gather the responses for a specific question from all of the interviews and groups, and, using either of the systems described above, write a summary of the major findings for each question, including participant quotes. Identify any patterns that may be useful.

If you do not have a software package to help you analyse the results, you will have to do it manually.

Do not quantify results

Remember that this is qualitative research, which has the objective of describing a situation or target population. Quantitative research, by contrast, is meant to report numbers and quantify findings. While you are looking for trends in qualitative research, it is not appropriate to quantify the results by counting or creating percentages for the number of participants in the interviews or groups who give similar responses. Participants represent only a small proportion of the population; thus, the findings from group discussions and in-depth interviews cannot be generalized to the entire population.

Step 6: Report on the formative assessment

The information collected will contribute to the development of an HIV/AIDS BCC strategy for the workplace and can also help justify broader programming at the workplace and in the surrounding community for HIV/AIDS prevention, care and support. You should also disseminate the results of the formative assessment to the target groups at the workplace. Interacting with target groups could provide the assessment team with more in-depth data for the final analysis, conclusions and intervention recommendations.

Purpose of a formative assessment report

Once data analysis is complete, a formative assessment report should be produced. The report should include opportunities, resources and potential barriers for BCC interventions and broader HIV prevention at the workplace. It should also summarize information on the target population's knowledge, attitudes, behaviours, fears, goals, motivations and interests with regard to HIV/AIDS prevention, care and support. Your programme can disseminate information to target groups during BCC sessions, summarize the information in a newsletter, or post it on a bulletin board, depending on information channels at the workplace.

Suggestions for report-writing

While the information is fresh, the programme manager should designate someone to summarize the research findings in a report. This need not be a lengthy, official document; the objective of this qualitative research is to gain useful information about the workplace and the target groups at that workplace so that meaningful HIV/AIDS programmes can be developed and implemented.

Be sure to include the following elements in the report:

- Number of in-depth interviews and focus group discussions conducted for each category of participant
- Location of each in-depth interview and focus group discussion (city, clinic, home, etc.)
- Length of time spent in each interview and discussion
- Major findings, including:
- Existing HIV/AIDS prevention, care and support activities at the workplace and/or community
- Organization of the workplace and staff
- What the target population knows about HIV/AIDS and the existing activities and services at the workplace
- What members of the target population think they know about HIV/AIDS
- What the target population would like to know about HIV/AIDS
- How members of the target population feel about important issues such as HIV/AIDS stigma and discrimination at the workplace
- What they do and why they do it
- Ways they believe they can be motivated to change certain behaviours
- Barriers to change
- Patterns (trends) in the data
- Suggestions for communication strategies, messages, and improved and relevant new materials.

Step 7: Segment target populations

It is important to differentiate between the various groups in particular target populations. The formative assessment will shed more light on these groups and will provide information on gatekeepers, and primary and secondary populations. Although target populations may be segmented during the formative assessment, additional groups may also be identified.

You can further segment the target population following analysis of the formative assessment data. The results will supply programme staff with a basis from which to further segment the primary target population. A number of factors will help determine subdivision of the population, including the following:

- High-risk behaviours
- Gender
- Age
- Location
- Position at the workplace
- Ethnicity
- Language

See Table 4 below for an example of how to organize the information collected about the different segments of the target population.

Table 4: Characteristics of primary and secondary populations

Primary populations	Characteristics	Secondary populations	Characteristics
Unmarried secretaries	<ul style="list-style-type: none"> ♦ Low wages ♦ Feel vulnerable ♦ Lack of control ♦ Do not want to loss their position ♦ Feel pride in job 	Their bosses	<ul style="list-style-type: none"> ♦ Most respect secretaries ♦ Some take advantage of their position ♦ Some feel like secretaries "owe" them
Married secretaries	<ul style="list-style-type: none"> ♦ Have more children than unmarried ♦ Do not feel as vulnerable as unmarried ♦ Often feel lack of control over working environment 	Husbands/boyfriends	<ul style="list-style-type: none"> ♦ Happy that wives and/or girlfriends can work ♦ Worry about men flirting with them

Workplace stakeholders may reach a consensus about whether or not further segmentation is necessary. Further assessments should be undertaken if there are gaps in the initial results and stakeholders express the need for a more conclusive analysis.

Gathering Data for the Development of a Behaviour Change Communication Programme for the Workplace

2

Appendix

Contents

This appendix includes guides for the data-collection methods outlined in Booklet 2, namely:

A: Site inventory

B: KAP survey for workers

C: Key informant interview

D: Focus group discussion

E: In-depth interviews

F: Observation

Here are a few ideas to keep in mind when reading and adapting the guides:

- Many of the guides include sample questionnaires to apply to prospective respondents. Each questionnaire contains a wide array of potential questions. When developing a questionnaire that is appropriate for the workplaces or sectors involved, choose those questions that are most important and relevant for the target populations.

- As a rule, try to limit the number of interview questions to 12–15. Respondents probably have limited time and may suffer from ‘interview fatigue’ if asked too many questions.

- You will find many of the same questions in the guides to site inventories, key informant interviews, focus group discussions, and in-depth interviews. The same questions may yield different information in the context of each method.

Appendix A: Site inventory guide

Why conduct a site inventory?

Site inventories can help:

- identify existing workplace services into which BCC activities can be integrated;
- put information needs in perspective, allowing you to understand what information you really need;
- obtain useful background information; and
- avoid the duplication of research when adequate information already exists.

As a research method, conducting site inventories can also help determine:

- the approximate size and categories of staff within an organization;
- staff hierarchies;
- organizational structures;
- major target groups—for example, in a flower farm, these might include field workers, packers, drivers, support staff and health staff;
- major target areas, such as headquarters, departments, satellite offices;
- major stable and mobile target groups and the relative size of each;
- existing health and education services at the workplace;
- health, education, social and non-governmental organization services in an area;
- the social and sexual culture of the workplace;
- potential interventions;
- a general idea of resources required for interventions;
- the broader environment, including:
 - data on the HIV epidemic
 - roles of national, regional or local government in addressing HIV/AIDS programme development at the workplace (e.g., BCC programmes, materials and messages)
 - information and services available from community-based or AIDS-service organizations
- existing workplace initiatives that will support your BCC programme, including:
- existing programmes, policies and practices at the workplace for HIV/AIDS prevention and care
 - HIV/AIDS education programmes
 - condom distribution
 - diagnosis and treatment of sexually transmitted infections
 - access to voluntary HIV testing and counselling
 - available HIV/AIDS and tuberculosis treatment services, including antiretroviral therapy
 - access to other health-care services
 - monitoring of quality and assessment of impact and effectiveness
 - workplace policy

- worker organizations: what kind of support do workers receive from their union?
- employee knowledge, attitudes, values and beliefs, including:
 - current knowledge, attitudes and behaviour regarding HIV/AIDS
 - level of interest in developing HIV/AIDS programmes
 - specific interests and concerns related to HIV/AIDS (e.g., housekeeping staff in a hospital in Kenya were afraid to clean the rooms of AIDS patients)
 - whether there are people at the workplace or in the community who are HIV-positive and open about their status to their employers and co-workers
 - how employees living with HIV/AIDS feel about the treatment they receive at work
- communication mechanisms, including:
 - how people get information at the workplace (e.g., newsletter, bulletin board, via staff meetings, training sessions, new employee orientations, through word-of-mouth)
 - who the trusted sources of information are
 - what people's favourite media are and how often they access them

Steps for conducting an inventory

- Review documents carefully, noting major departments and offices.
- Consult with people who are familiar with each department, asking them to provide further detail.
- Visit the workplace and familiarize yourself with the site. During this visit, develop a plan to conduct a more detailed inventory of the site, by subdividing it into smaller, more manageable units and identifying focal points for further inventory.
- Develop a detailed key and organizational chart stating staff and structures for each of the features.
- During the inventory, also note the following:
 - The latest estimate of the workplace population
 - Geographical distribution of the target population (for example, if you are working with Bank X, note how many branches it has).
 - The general infrastructure, and which health and educational facilities are available at the worksite.
- On the basis of this information, assess whether it is feasible to initiate interventions in the entire site or whether to limit interventions to subsites. In making this assessment, consider these factors:
 - If the workplace population is too large, it may be advisable to limit activities to subgroups, at least initially.
 - In widely dispersed workplaces, it may be better to choose particular sites for initial activities.

Sample questionnaire for site inventory on the national perspective on HIV/AIDS at the workplace

To map out a broader picture of HIV/AIDS at the workplace, you may want to interview staff from key ministries operating HIV/AIDS-related activities at the workplace, such as the Ministry of Health and/or the Ministry of Labour. You might also want to interview representatives from business organizations and labour leaders. Remember to choose a maximum of 12–15 questions, based on your needs and objectives.

Epidemiology

- Are there existing studies that provide insights into workplace target populations?
- What are the incidence and prevalence of HIV?
- What are the incidence and prevalence of sexually transmitted infections?

Role of government

- What role has the national, regional and/or local government been playing in addressing HIV/AIDS programme and policy development at the workplace?
- Are there existing laws, guidelines or other regulations that address HIV/AIDS as it relates to workplaces? What are they? Are any under development? (Get copies of these documents, if possible.)
- Do any of these laws or guidelines address discrimination against HIV-positive employees?
- Which government ministries or other bodies have been most active in issues relating to HIV/AIDS and the workplace?
- What role is the Ministry of Labour playing in this regard?
- How could the Ministry's capacity to promote and support the development of workplace programmes and policies be enhanced?

Role of community

- Do you know of other assistance programmes (whether run by government, labour unions, non-governmental organizations or private firms) that have been helping businesses with workplace-based HIV/AIDS programmes and policy development? If so, please name and describe them.
- Would you say they have been successful? Why or why not?
- What do you think could be done differently to help make these workplace HIV/AIDS policies and programmes (even) more successful?
- Are there particular areas of need in workplace HIV/AIDS programme planning that have not been addressed and that you think should be?

Role of business sector and labour unions

- What are businesses and/or labour unions doing to respond to HIV/AIDS?
- Are there enterprises that provide workplace-based HIV/AIDS education and prevention services? How typical is that?
- Are there employer organizations, or an existing business coalition on HIV/AIDS, that do or could focus on HIV/AIDS and the workplace?
- Are labour unions active in HIV/AIDS prevention, care and support?

Sample questionnaire for site inventory on HIV/AIDS at the workplace

People you might interview to map out a picture of HIV/AIDS at the workplace include human resource managers, health and safety representatives, medical officers, trade union leaders, and other enterprise spokespersons.

Remember to choose a maximum of 12–15 questions, based on your needs and objectives.

Workplace profile, unions and socio-cultural influences

Workplace profile

- How many people are currently employed within each category of employee? (Break down by gender, age and locale such as headquarters, province, district, factory, etc.)
- What are the levels of education of the different categories of personnel (technical, managerial, office support, etc.)?
- What level of training and experience is required for each category?
- What is the strategic importance of each category for the effective functioning of the workplace?
- Does the targeted workplace provide education/prevention programmes?
- What services are being provided at the workplace (e.g., education sessions, management of sexually transmitted infections, tuberculosis diagnosis and treatment, condom distribution)?
- What efforts exist to provide workers with access to voluntary HIV testing and counselling?
- What services exist for the care, treatment and support of HIV-positive employees and their partners (e.g., treating opportunistic infections, providing antiretroviral therapy)?
- Describe any 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
- If a worker is known to have HIV/AIDS, do the benefits continue, remain the same, or end?

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Workplace unions

- Are one or more unions represented at the workplace?
- If so, which unions are represented and how many staff at the workplace belong to each union?

Union name _____ Number of employees _____

Union name _____ Number of employees _____

Union name _____ Number of employees _____

- How interested are unions in HIV-related issues?

Socio-cultural influence

- What laws, government policies, agencies and pressure groups influence and limit various organizations and activities?
- What are the prevalent religious practices?
- What religious obstacles might there be to HIV programming?
- What is the situation concerning stigma and discrimination (e.g., fear of revealing status, reluctance to undergo HIV counselling and testing, lack of faith in confidentiality of services, fear of stigmatization by fellow workers and community, etc.)?
- What factors affect people's purchasing power and spending patterns (e.g., alcohol consumption, sex work, affordability of condoms and health care)?
- Is there peer pressure to drink alcohol and have sex with sex workers?

Vulnerable groups at the workplace

a. Understanding vulnerability

- What features make it more or less likely that the workers at a specific workplace will contract HIV infection?
- Do certain male employees spend long periods away from home and family?
- Do young, unmarried female workers seek to supplement their incomes through sex for money?
- Is there sexual coercion within the workplace—for example, do older men in power pressure younger women working for them to exchange sex for better working conditions?

b. Identifying susceptible groups

- Which categories of employees (if any) are most likely to be susceptible to HIV infection?
- Are certain groups among employees particularly exposed to infection? (Examples include health workers exposed to blood products, and employees who are away from home for extended periods of time.)
- Why are they exposed?
- What are the gender and age characteristics of the most susceptible groups?

HIV/AIDS programming at the workplace

a. Management support for HIV interventions

- What is management's perception of its role in HIV/AIDS prevention, care and support?
- Is HIV/AIDS programming perceived as a benefit to the workplace?
- What is management's perception of the enterprise's potential for loss of skilled workers and the cost of replacement?
- Given the known and predicted rates of HIV prevalence, how many people does management expect to become ill or die each year over the next ten to 15 years in each category of employment?

b. Workplace HIV/AIDS interventions

- Do employees have access to health services at the workplace related to prevention or care of HIV/AIDS? If so, please specify. Are any of the following offered?
 - HIV/AIDS focal point
 - Special HIV/AIDS budget
 - Full-time nurse
 - Information dissemination, including:
 - Open poster display
 - Peer education
 - HIV/AIDS discussion committees
 - Guest speakers
 - Condom distribution
 - Testing and diagnosis of sexually transmitted infections
 - Voluntary and confidential HIV testing
 - Counselling services
 - Tuberculosis treatment
 - Antiretroviral therapy
 - Antiretroviral treatment for women during pregnancy
 - Referral systems (to HIV/AIDS services in the community)
- Do HIV/AIDS services reach all employees?
- Do employees use the services?
- Do employees trust the confidentiality of the services?
- Which HIV/AIDS prevention, care and support services do employees most use and accept?
- Which of these services do they least use and accept?
- What are some of the reasons employees give for accepting or not accepting HIV/AIDS services and activities?

c. Prevention strategies

- What prevention strategies has your organization set up?
- Do these strategies target specific populations?
- What is the cost of these activities?
- Are the efforts punctual (e.g., an isolated education session) or regular (an on-going programme)?

d. Entry points for HIV/AIDS behaviour change communication at the workplace

- What health-related activities does the organization offer (e.g., health and safety training, first aid, counselling services, free medications, etc.)?
- What work-related training does the organization offer?
- How are announcements made (e.g., noticeboards, employee newsletters, pay package notes, flyers, posters, etc.)?
- Does the organization make use of washrooms to convey messages (hygiene messages, advertisements, etc.)?
- What social and recreation activities exist?

HIV/AIDS policy at the workplace

a. Workplace policies

- Does the organization have a written policy statement dealing with HIV/AIDS at the workplace? If so, what does it contain?
 - Statement on HIV/AIDS as a workplace and labour issue
 - How HIV/AIDS affects company growth
 - Prevention of discrimination on the basis of HIV status
 - Requirement to explain policy to employees
 - Assurance that the working environment is healthy
 - Protection of confidentiality
 - Prohibition of screening or testing for employment and other decisions such as training and promotions
 - Assurance that HIV/AIDS is not a cause for termination of employment
 - Entitlement of all employees to company benefits
 - Assurance of equal treatment of employees, including gender equality
 - Provision of care and support for people living with HIV/AIDS in the home
 - Company HIV/AIDS budget

Conclusion

The site inventory is a framework for all ensuing work. After completing the site inventory exercise, subsequent assessments and interventions can be planned around it. During interventions, mapping can be repeated at regular intervals (usually annually), to ensure that information is up to date.

Once the inventory has been carried out, the information can be summarized on the following chart, indicating those characteristics of the workplace that support the behaviour change communication objectives (assets) and those that may present barriers to the initiative (gaps) and should be modified or changed.

Workplace assets	Workplace gaps

Appendix B: KAP survey guide

Sample questionnaire for workers

ILO WORKPLACE EDUCATION PROJECT¹

WORKER SURVEY

DATE: ____/ ____/ ____

DAY MTH YEAR

Questionnaire number: ____ Interviewer: _____

Workplace: _____

Interviewer Instructions (READ OUT LOUD): "My name is ... I am assisting the ILO HIV/AIDS Workplace Education Project in interviewing people at your workplace to see what they understand about HIV and AIDS. The information from this interview will help the ILO to develop and monitor a programme designed to assist you in protecting yourself against HIV, with help from your employer and the people who work here. You have been selected randomly from a list of all the workers at this [ministry, enterprise, informal sector association]. There are XX other workers who were also selected randomly from this [ministry, enterprise, informal sector association].

Confidentiality and consent: "I'm going to ask you some personal questions about what you think about HIV and AIDS and about your sexual behaviour. Your answers are completely confidential. We will not ask your name and will not record it anywhere. We will not tell anyone else your answers to the questions. You do not have to answer any questions that you do not want to answer. However, your honest answers to these questions will help us to better develop a programme for this workplace. We would greatly appreciate your taking part in this interview. The interview will take about 30 minutes. Would you be willing to participate?"

(Signature of interviewer certifying that informed consent has been given verbally by respondent)

¹ This workers' survey was developed by Management System International (MSI) as part of the project performance monitoring tools for the ILO/USDOL International HIV/AIDS Workplace Education Programme. For National Project Coordinators: The questions in yellow have been added to the generic workers' survey developed in accordance with the project performance monitoring plan to specifically address BCC issues.

Section 1: Socio-demographic Information
- NOT LINKED TO INDICATORS

Number	Questions and filters	Coding categories	Skip to
Q101	Sex of respondent	Male 1 Female 2	
Q102	How old were you on your last birthday?	Age in completed years [_ _] Don't know 88 No response 99	
Q103	Have you ever attended school?	Yes 1 No 2	
Q104	What is the highest level of school you completed?	Primary 1 Secondary 2 Higher 3 No response 99	
Q105	What is your position at work?	Worker 1 Management 2 Other (specify: _____) Don't know 88 No response 99	
Q106	How long have you been working here?	0 to 6 months 1 6 to 12 months 2 1 to 2 years 3 More than 2 years 4 No response 99	
Q107	What is your current marital status?	Married Single Divorced Separated No response 99	
Q 108	Who do you currently live with?	Spouse Relatives or friends Alone Other _____ No response 99	

Section 2 HIV/AIDS-related knowledge and attitudes

Number	Questions and filters	Coding categories	Skip to
Q201	<p>Have you ever heard of HIV or the disease called AIDS?</p> <p>NOTE: QUESTIONS 201-207 ARE NOT LINKED TO INDICATORS; THEY ARE FOR GENERAL INFORMATION</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 88</p> <p>No response 99</p>	<p>→202</p> <p>END</p>
The next set of questions asks you about how you heard about HIV/AIDS.			
Q202	<p>From what sources have you heard about HIV/AIDS?</p> <p>Interviewer: check appropriate boxes</p>	<p>Mass media</p> <p>Health provider outside workplace</p> <p>Workplace clinic</p> <p>Labour union representative</p> <p>NGO</p> <p>Family or friends</p> <p>Co-worker</p> <p>Other source _____</p>	
Q203	<p>Which was the best source of information for you about HIV/AIDS?</p> <p>Interviewer: check one box</p>	<p>Mass media</p> <p>Health provider outside workplace</p> <p>Workplace clinic</p> <p>Labour union representative</p> <p>NGO</p> <p>Family or friends</p> <p>Co-worker</p> <p>Other source _____</p>	
Q204	<p>What sources of information on sexual health do you find most credible?</p> <p>Interviewer: check appropriate boxes</p>	<p>Mass media</p> <p>Health provider outside workplace</p> <p>Workplace clinic</p> <p>Labour union representative</p> <p>NGO</p> <p>Family or friends</p> <p>Co-worker</p> <p>Other source _____</p>	

Q205	What sources of information on sexual health do you find most credible at the workplace? Interviewer: check appropriate boxes	<input type="checkbox"/> Printed materials <input type="checkbox"/> Health provider at workplace <input type="checkbox"/> Workplace clinic <input type="checkbox"/> Labour union representative <input type="checkbox"/> Co-worker <input type="checkbox"/> Other source _____
Q206	How are announcements made at the workplace? Interviewer: check appropriate boxes	<input type="checkbox"/> Noticeboards <input type="checkbox"/> Emails <input type="checkbox"/> Employee newsletters <input type="checkbox"/> Pay package notes <input type="checkbox"/> Flyers <input type="checkbox"/> Posters <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other _____
Q207	What occasion(s) bring(s) most of the employees together?	<input type="checkbox"/> Meetings <input type="checkbox"/> Lunch <input type="checkbox"/> Breaks <input type="checkbox"/> After-work events <input type="checkbox"/> Encounters in hallways <input type="checkbox"/> Other _____

The next questions ask you about how you can become infected with HIV, the virus that causes AIDS. The first question uses the term "sex". By this we mean vaginal, oral or anal sex. When we use the word "sex" in other questions, it will always mean vaginal, oral or anal sex.

Q208	Can you become infected by having unprotected sex with a person who is infected with HIV?	Yes 1 No 2 Don't know 88 No response 99
Q209	Can you become infected from a transfusion of blood or blood products?	Yes 1 No 2 Don't know 88 No response 99
Q210	Can you become infected by sharing needles with a person infected with HIV?	Yes 1 No 2 Don't know 88 No response 99

Q211	Can a HIV+ mother infect her unborn child?	Yes 1 No 2 Don't know 88 No response 99
<p>The next questions ask you about how you can keep from becoming infected with HIV, the virus that causes AIDS.</p>		
Q212	Can you keep yourself from becoming infected by having faithful sexual partners who are not infected with HIV?	Yes 1 No 2 Don't know 88 No response 99
Q213	Can you reduce the chance of becoming infected by using condoms during sex?	Yes 1 No 2 Don't know 88 No response 99
Q 214	Can you keep yourself from becoming infected by having no sex?	Yes 1 No 2 Don't know 88 No response 99
Q215	Can you become infected by having unprotected sex with a person who looks healthy?	Yes 1 No 2 Don't know 88 No response 99
Q216	Is excessive use of alcohol or drugs a contributing risk factor to becoming infected with HIV?	Yes 1 No 2 Don't know 88 No response 99
Q217	Is there a difference between HIV and AIDS?	Yes 1 No 2 Don't know 88 No response 99
Q218	Can you always tell if someone has HIV by looking at them?	Yes 1 No 2 Don't know 88 No response 99
<p>The next questions ask you how you feel about using condoms if you have sex with a person other than your spouse(s)</p>		
Q219	Do you believe a condom should be used if you have sex with a person other than your spouse(s)?	Yes 1 No 2 Don't know 88 No response 99

Q220	Do you believe you know how to use a condom correctly?	Yes 1 No 2 Don't know 88 No response 99	
Q221	Do you believe that it is acceptable for married men to use condoms at home?	Yes 1 No 2 Don't know 88 No response 99	
Q222	Do you believe that it is acceptable for single men to use condoms?	Yes 1 No 2 Don't know 88 No response 99	
Q223	Do you believe that it is acceptable for married women to use condoms at home?	Yes 1 No 2 Don't know 88 No response 99	
Q224	Do you believe that it is acceptable for single women to use condoms?	Yes 1 No 2 Don't know 88 No response 99	
The next set of questions asks you how you feel about people who have HIV or AIDS.			
Q225	Would you be willing to work alongside a co-worker who is HIV-positive?	Yes 1 No 2 Don't know 88 No response 99	
Q226	Would you be willing to use the same toilet as a co-worker who is HIV-positive?	Yes 1 No 2 Don't know 88 No response 99	
Q227	Would you be willing to eat food at a company canteen prepared by a co-worker who is HIV-positive?	Yes 1 No 2 Don't know 88 No response 99	
Q228	Would you be willing to share utensils with a co-worker who is HIV-positive?	Yes 1 No 2 Don't know 88 No response 99	

Q229	Would you be willing to buy food prepared by a vendor who is HIV-positive?	Yes 1 No 2 Don't know 88 No response 99
Q230	Would you be willing to hold hands with someone who is HIV-positive?	Yes 1 No 2 Don't know 88 No response 99
Q231	Would you be willing to share a room with someone living with HIV/AIDS?	Yes 1 No 2 Don't know 88 No response 99
Q232	Would you be willing to receive medical treatment from a health-care worker who is HIV-positive?	Yes 1 No 2 Don't know 88 No response 99
Q233	Would you be willing to utilize the services of a barber or a hairdresser who is HIV-positive?	Yes 1 No 2 Don't know 88 No response 99
Q234	Do you feel that a teacher who is HIV-positive should be allowed to continue teaching?	Yes 1 No 2 Don't know 88 No response 99
Q235	Do you feel that HIV-positive children should be allowed to stay in school with uninfected children?	Yes 1 No 2 Don't know 88 No response 99
Q236	In the last 3 months, have you known of someone at your workplace gossiping about a co-worker suspected of being HIV-positive?	Yes 1 No 2 Don't know 88 No response 99
Q237	In the last 3 months, have you known of someone at your workplace refusing to work with a co-worker suspected of being HIV-positive?	Yes 1 No 2 Don't know 88 No response 99

Q238	In the last 3 months, have you known of someone at your workplace refusing to eat with a co-worker suspected of being HIV-positive?	Yes 1 No 2 Don't know 88 No response 99	
Q239	In the last 3 months, have you been aware of a situation in which employees received negative treatment because they were known or perceived to have HIV or AIDS?	Yes 1 No 2 Don't know 88 No response 99	→240 →241
Q240	If so, who treated the employee known or perceived to have HIV or AIDS negatively? Interviewer: check appropriate boxes	Co-workers Supervisors Managers Labour representatives Other _____	
Q241	In the last 3 months, have you been aware of a situation in which employees received positive treatment because they were known or perceived to have HIV or AIDS?	Yes 1 No 2 Don't Know 88 No response 99	→242 →243
Q242	If so, who treated the employee known or perceived to have HIV or AIDS positively? Interviewer: check appropriate boxes	Co-workers Supervisors Managers Labour representatives Other _____	
The next set of questions asks how your employer treats people who might have HIV/AIDS.			
Q243	Do you believe a physically fit worker at your workplace would be fired if he or she was known to be or was suspected of being HIV-positive?	Yes 1 No 2 Don't know 88 No response 99	
Q244	Do you believe a physically fit worker at your workplace would be denied promotion, salary increases, training or other career development opportunities if he or she was known to be or was suspected of being HIV-positive?	Yes 1 No 2 Don't know 88 No response 99	

Section 3 HIV/AIDS-related services

Number	Questions and filters	Coding categories	Skip to
The next questions asks you about HIV/AIDS services that you may have received at the workplace			
Q301	Are you aware of any HIV/AIDS services available at your workplace?	Yes 1 No 2 Don't know 88 No response 99	→302-316 →401
Q302	If so, which HIV/AIDS-related services at your workplace are you aware of? Interviewer: please check boxes	Education Condom availability STI treatment/information VCT/information Care and support/information Other _____	→303-306
Q303	What kinds of HIV-prevention materials exist at your workplace? Interviewer: check appropriate boxes	Brochures Posters Books Information sheets Other _____	
Q304	What kinds of HIV-prevention materials do you prefer? Interviewer: check appropriate boxes	Brochures Posters Books Information sheets Other _____	
Q305	What kind of HIV-prevention education exists at your workplace? Interviewer: check appropriate boxes	Presentations Facilitated discussions Informal discussions Peer education Support programmes for those living with HIV/AIDS Other _____	
Q306	What kind of HIV-prevention education do you prefer? Interviewer: check appropriate boxes	Presentations Facilitated discussions Informal discussions Peer education Support programmes for those living with HIV/AIDS Other _____	

Q307	In the past 6 months, have you received any HIV/AIDS education, such as a training course, that was led by an expert or peer counsellor at your worksite?	Yes 1 No 2 Don't know 88 No response 99	
Q308	In the past 6 months, have you requested and received condoms at the workplace?	Yes 1 No 2 Don't know 88 No response 99	
Q309	If so, were the condoms consistently available WHEN REQUESTED?	Yes 1 No 2 Don't know 88 No response 99	
Q310	In the past 6 months, have you requested and received information at the workplace on resources in the community that provide treatment of sexually transmitted infections?	Yes 1 No 2 Don't know 88 No response 99	
Q311	In the past 6 months, have you requested and received information at the workplace on resources in the community that provide voluntary HIV counselling and testing?	Yes 1 No 2 Don't know 88 No response 99	
Q312	In the past 6 months, have you requested and received information at the workplace on resources in the community that provide care and support services and AIDS treatment?	Yes 1 No 2 Don't know 88 No response 99	
Q313	Does your workplace's HIV/AIDS education reach all of the employees?	Yes 1 No 2 Don't know 88 No response 99	
Q314	Do employees use the HIV/AIDS-related services available to them at the workplace?	Yes 1 No 2 Don't know 88 No response 99	→Q315 →Q316
Q315	If so, which services do they use?	Education Condoms STI treatment VCT Antiretroviral therapy Other _____	
Q316	Do employees trust the confidentiality of the HIV/AIDS services at the workplace?	Yes 1 No 2 Don't know 88 No response 99	

Section 4 HIV/AIDS policy

Number	Questions and filters	Coding categories	Skip to
The next set of questions asks you about your knowledge of HIV/AIDS policy or guidelines at your workplace.			
Q401	Does your employer have an HIV/AIDS policy (or HIV/AIDS guidelines) that protects employees who have HIV/AIDS?	Yes 1 No 2 Don't know 88 No response 99	→Q402 →Q501 →Q501 →Q501
Q402	What are the components of that workplace HIV/AIDS policy (or guidelines)? Interviewer: please check boxes of components mentioned by respondent	Dialogue between management/workers Non-discrimination No mandatory HIV test No denial of employment Healthy work environment Medical confidentiality No job termination if fit to work Same opportunities as others Gender equality HIV-prevention education Other ()	
Q403	According to workplace policy (or guidelines), do management and workers engage in regular dialogue to ensure the successful implementation of HIV/AIDS policy and programmes? Note: Questions 403-408 are not directly linked to an indicator – they evaluate level of knowledge for IO4. THESE QUESTIONS MAY BE DISREGARDED FOR INFORMAL SECTOR	Yes 1 No 2 Don't know 88 No response 99	
Q404	According to workplace policy, do all employees have the right to the same treatment regardless of their HIV status?	Yes 1 No 2 Don't know 88 No response 99	
Q405	According to workplace policy, are job applicants or workers protected from mandatory HIV testing for employment or promotion?	Yes 1 No 2 Don't know 88 No response 99	
Q406	According to workplace policy, are employees' medical records confidential?	Yes 1 No 2 Don't know 88 No response 99	

Q407	According to workplace policy, are employees informed of first aid procedures that would protect them against HIV infection?	Yes 1 No 2 Don't know 88 No response 99	
Q408	According to workplace policy, is basic first aid equipment available to employees to protect them against HIV infection (gloves, for example)?	Yes 1 No 2 Don't know 88 No response 99	
Q409	According to workplace policy, do workers have the right to education at the workplace on HIV prevention, transmission and treatment?	Yes 1 No 2 Don't know 88 No response 99	

Section 5 HIV/AIDS-related practices

Number	Questions and filters	Coding categories	Skip to
<p>The next set of questions asks about your sexual behaviour. We recognize that this part is sensitive and we appreciate your honest answers to the questions. This will help us better design an HIV/AIDS programme for your workplace.</p>			
Q 501	<p>Are you sexually active?</p> <p>Note: Question not related to an indicator</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 88</p> <p>No response 99</p>	<p>→Q501</p> <p>→end of questions</p>
Q 502	<p>If so, do you have a sexual partner other than your spouse(s)?</p> <p>Note: Question not related to an indicator</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 88</p> <p>No response 99</p>	<p>→Q503</p> <p>→end of questions</p>
Q503	<p>In the past 3 months, have you had sex with a person other than your spouse(s)?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 88</p> <p>No response 99</p>	<p>→Q504</p> <p>→Q505</p>
Q504	<p>If so, did you use a condom the last two times you had sex with person(s) other than your spouse(s)?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 88</p> <p>No response 99</p>	
Q505	<p>If you have had multiple sexual partners in the past, have you intentionally reduced the number of those partners in the past 6 months in order to reduce the risk of HIV?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 88</p> <p>No response 99</p>	
Q506	<p>Do you feel you are at risk of becoming infected with HIV or another sexually transmitted infection?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 88</p> <p>No response 99</p>	
Q507	<p>Are certain employees at the workplace more vulnerable to HIV infection than others?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 88</p> <p>No response 99</p>	<p>→508-512</p> <p>→510</p>
Q508	<p>If so, who?</p>	<p>Females</p> <p>Males</p> <p>Those who travel</p> <p>Other _____</p>	

Q509	If so, why?	Multiple sexual partners	
		Not using condoms	
		Sharing needles	
		Not being faithful to spouse	
		Partner is not being faithful	
		Other _____	
Q510	Do you think you can change your behaviours to reduce your risk of becoming infected with HIV?	Yes	1
		No	2
		Don't know	88
		No response	99
Q511	Do you think men at your workplace can change their behaviours to reduce their risk of becoming infected with HIV?	Yes	1
		No	2
		Don't know	88
		No response	99
Q512	Do you think women at your workplace can change their behaviours to reduce their risk of becoming infected with HIV?	Yes	1
		No	2
		Don't know	88
		No response	99

THANK YOU VERY MUCH FOR TAKING PART IN THIS INTERVIEW.

Appendix C: Key informant interview guide

Sample introduction to key informant

Good morning/afternoon/evening! Thank you for taking the time to speak with me today. My name is _____. I work for _____ and come from _____. (Note-taker/observer introduces her/himself.)

I would like to discuss some health issues that affect your workplace, including HIV/AIDS. I'm interested in all your ideas, insights, comments and suggestions. I'd like you to know that there are no right or wrong answers to any of the questions I will ask you. Your point of view is of the greatest importance during this interview. All comments—both positive and negative—are welcome.

To avoid missing any points that you make during our conversation, I would like to use a tape recorder. I want you to know that all your comments are confidential and will be used for research purposes only. To protect your confidentiality, your full name will not be recorded. I will be happy to answer any questions that you may have at the end of our conversation.

Sample questionnaire for key informants

People to interview in order to get a better picture of the target population and their specific vulnerabilities to HIV might include those who have been at the workplace for a long time, those who are perceptive about their workplace environment and colleagues, and those who are willing to share their insights with you.

The objective of key informant interviews focused on the target population differs from that of key informant interviews for site inventory. The goal of the site inventories is to gain a better understanding of the national and local HIV/AIDS environment related to the workplace. The goal of key informant interviews of the target population is to gain a better understanding of the population, which, in turn, will contribute to the design of effective behaviour change communication programmes. Therefore, these key informant interviews should focus on the 'Behaviour change communication questions', which begin on page C-7 of this guide. You should choose only a few of the questions listed under other headings below (if any), to complete key informant interviews.

Remember to choose a maximum of 12–15 questions, based on your needs and objectives.

Socio-demographic information, workplace profile, unions, and socio-cultural influences**Key informant profile**

Name of organization:	Location:
Job title/grade:	Salary:
Age:	Sex:
Education level:	Religious affiliation:
Marital status:	Number of children:
Ethnic group:	

Workplace profile

- Briefly describe the structure of the enterprise.
- What are the different categories of personnel (technical, managerial, office support, etc.)?
- What is the total number of personnel at your workplace?
- How many people are currently employed within each category of employee? (Break down by gender, age and locale such as headquarters, ministries, district, or other locations.)
- Are you familiar with any other programmes (whether run by government, labour unions, non-governmental organizations or private firms) that have been helping businesses with workplace-based HIV/AIDS programmes and policy development? If so, please describe.
 - Would you say they have been successful? Why or why not?
 - What, if anything, do you think could be done differently to make workplace HIV/AIDS policies and programmes (even) more successful?
 - Are there particular areas of need in workplace HIV/AIDS programme planning that you think should be addressed and have not been thus far?

Socio-cultural influence

- What laws, government policies, workplace policies, agencies, churches or pressure groups influence this organization's ability to implement HIV/AIDS-related activities? (Ask each question individually—first about laws, then about government policies, then about workplace policies, etc.)
- What religious practices are prevalent at this workplace? Do they help or hinder HIV/AIDS-related activities?
- Are there any religious obstacles to HIV/AIDS programming (e.g., church's view on HIV prevention)?
- What is the situation concerning stigma and discrimination in relation to HIV/AIDS (e.g., fear of revealing HIV-positive status, lack of faith in confidentiality of services, fear of stigmatization by fellow workers and community, etc.)?
- Do you think your workforce would be willing to undergo voluntary counselling and testing for HIV? What about you? What do you think the benefits of HIV counselling and testing might be?
- Is there peer pressure at the workplace to do things such as drink alcohol, dress a certain way and/or have sex with other workers? Please explain.

Knowledge, attitudes and beliefs about HIV/AIDS

Understanding vulnerability

- Are certain employees at the workplace more vulnerable to HIV infection than others? (Probe on females vs. males, those who travel vs. those who do not, etc.) Please explain.
- Is there sexual coercion within the workplace (e.g., do older men pressure younger women who work for them to exchange sex for better working conditions)?
- Do you think you are at risk of contracting HIV?

Knowledge, awareness and perceptions of HIV/AIDS

- What can you tell me about how [insert name of the target population here, e.g., the employees of X Company] think HIV and other sexually transmitted infections are transmitted and prevented?
- Do [name of target population] know the difference between HIV and AIDS?
- Do they know about the length of time an HIV-positive person can live with no symptoms before developing opportunistic infections (i.e., AIDS) and, finally, dying?
- Are they aware of the possibility of mother-to-child transmission of HIV? Please explain.
- Do they think it is possible to get HIV by having casual contact with HIV-positive people? Please explain.
- Where are they in the process of behaviour change (e.g., unaware, informed/aware, concerned, knowledgeable and skilled, motivated to change, ready to change, have tried or tested the new behaviour, or have adopted and maintained safer behaviour)?
- What is their estimation of their personal risk of becoming infected with HIV and other sexually transmitted infections?
- If they do not feel that they are at risk, what is their reason for this?
- Which peer groups and significant others are most important to them?

HIV/AIDS programming at the workplace**Management support for HIV/AIDS-related activities**

- Is the HIV epidemic taken seriously at your workplace?
- What is management's perception of its role in HIV prevention, care and support when an employee is living with HIV/AIDS, and in the elimination of HIV/AIDS-related stigma and discrimination?
- Is HIV programming perceived as a benefit to employees?
- What is management's perception of the potential for loss of skilled workers and of the cost of replacement?
- Given the known and predicted rates of HIV prevalence, how many people does management expect to become ill or die each year over the next ten to 15 years in each category of employment?

Union support for HIV/AIDS

- If unions exist, how interested are they in HIV-related issues?

HIV/AIDS at the workplace

- What are businesses and/or labour unions in the country doing to respond to HIV/AIDS?
- What do you believe your employer and/or union should do to assist workers in preventing HIV?
- What do you think your employer and/or union would do if they knew an employee had AIDS?
- Do employees have access to health services at the workplace related to HIV prevention or care? If so, please list those services. Could include:
 - HIV/AIDS focal point
 - Special HIV/AIDS budget
 - Full-time nurse
 - Information dissemination, such as:
 - Open poster display
 - Peer education
 - HIV/AIDS discussion committees
 - Guest speakers
 - Condom distribution
 - Testing and diagnosis of sexually transmitted infections
 - Voluntary and confidential HIV testing
 - Counselling services
 - Tuberculosis treatment
 - Antiretroviral therapy
 - Antiretroviral treatment for women during pregnancy
 - Referral systems (to HIV/AIDS services in the community)
- If a preventive education programme on HIV/AIDS at the workplace exists, how would you describe it?
 - Basic facts in brochures, posters, etc.
 - A short presentation (30–60 minutes) of factual information about HIV/AIDS
 - A longer programme or discussion about HIV/AIDS such as attitudes towards AIDS, experiences with HIV, or support and care issues
 - A formal peer education programme for HIV/AIDS (if one exists, please describe the programme and how it began)
 - Education or support programmes for workers living with HIV/AIDS
 - Education or programmes for workers on sensitivity to HIV-positive co-workers
- Do HIV/AIDS services reach all employees?
- Do employees use the services?
- Do employees trust the confidentiality of the services?
- Which HIV prevention and care services do employees most use and accept?
- Which of these services do they least use and accept?
- What are some of the reasons employees give for accepting or not accepting HIV/AIDS services and activities?

- What do you think this organization should do in terms of HIV/AIDS programming that it is not currently doing?
- What was the cost of HIV/AIDS-related activities at the workplace last year? What is the cost of such activities this year? Who or what organization/ agency is funding these activities?
- Are these activities temporary (isolated events) or regular (ongoing programmes)?
- Are any collaborative groups involved in these activities?

Entry points for workplace behaviour change communication

- What health-related activities does the organization offer (e.g., health and safety training, first aid, counselling services, free medications, etc.)?
- What work-related training does the organization offer?
- How are announcements made (e.g., noticeboards, employee newsletters, pay package notes, flyers, posters, etc.)?
- What occasion(s) bring most of the employees together? How often do these gatherings occur and how long do they last?
- Does the organization make use of washrooms to convey messages (hygiene messages, advertisements, etc.)?
- What social and recreational activities exist?

HIV/AIDS policy at the workplace

- Is there a workplace HIV/AIDS policy in this organization? If so, could you please explain it to me and could I have a copy of it?
- What is the policy of management regarding employees who are HIV-positive and those living with AIDS?

HIV/AIDS-related practices

- Based on your observation and personal contacts, what do you think are the behaviours that put employees most at risk of contracting HIV and other sexually transmitted infections?
- How do they currently understand and practise preventive behaviours?
- What do they see as the benefits of changing their high-risk behaviours?
- What do they see as the disadvantages of changing their high-risk behaviours?
- What pressures make it difficult for them to change their high-risk behaviours?
- What power do they believe they have to change their behaviours? If it is limited, please explain why and by whom or what.
- What would it take for them to change to a safer behaviour or to continue practising a safer behaviour?

Behaviour change communication questions

Media preferences and habits

- Which radio and television programmes do [insert name of target population here] prefer?
- What is the language of the broadcast?
- When do they listen to or watch these programmes?
- What print media do they prefer (e.g., newspapers, magazines, pamphlets, booklets, comic books, picture books, etc.)?
- What kind of music do they listen to?
- What kind of traditional theatre do they attend?

Sources of information

- When and where do [insert name of target population here] usually get information about topics related to sexual health?
- How do they communicate with their friends (email, telephone, in person, etc.)? Where do they meet? When? Who is in their immediate social network?
- What are the sources of information on sexual health that they find most credible?
- Who is their trusted source of information at the workplace?
- If they had a question about HIV/AIDS, whom would they consult in the community? At the workplace?
- When and where would it be best to talk to them about HIV prevention, to distribute condoms and to offer treatment services for sexually transmitted infections, and who could do this most effectively?
- Which teaching aids would help you learn the most in group information sessions (e.g., videos, slide shows, overhead projectors, flipcharts, picture codes, demonstrations, role plays, etc.)?

Fears and hopes

- How do [insert name of target population here] see themselves in ten years' time?
- What are their hopes and dreams for the future?
- What would be the best thing that could happen to them in the future?
- What do they need to help them realize their hopes and dreams?
- What can they do specifically to realize their hopes and dreams?
- What is the biggest obstacle to them achieving their long-term goals?
- What fears do they have about the future?
- What is the biggest threat that they face today that could affect their future?

Stigma and discrimination

- What is being done to ensure that employees are not discriminated against and that they receive prevention and education services at the workplace regarding HIV/AIDS?
- Are you familiar with any support organization for people who are HIV-positive?
- Are there employees who are HIV-positive who are open about their status to their employers and co-workers?
- Are you aware of a situation in which employees/workers received different treatment because they were known or perceived to have HIV/AIDS? If so, please describe.
- Who treated the employee known or perceived to have HIV/AIDS differently?
 - Co-workers
 - Supervisors
 - Managers
 - Labour representatives
 - Others (specify)

Conclusion

- Do you have any other ideas or recommendations about what kind of HIV-prevention-and-education programmes should be implemented for the benefit of workers?
 - At the workplace?
 - In the community?
- Is there anything else you would like to tell me?

D: Focus group discussion guide

Sample introduction for focus group discussions

Good morning/afternoon/evening! Welcome to our group discussion. My name is _____. I work for _____ and come from _____. (Note-taker/observer introduces her/himself).

We're here today to talk about certain health issues that affect your workplace, including HIV/AIDS. We are interested in all your ideas, insights, comments and suggestions. There are no right or wrong answers. All comments—both positive and negative—are welcome.

Please feel free to disagree with one another. We welcome all points of view. We want this to be a group discussion, so you need not wait for me to call on you to speak.

To avoid missing any points that you make during our discussion, I would like to use a tape recorder. I want you to know that all your comments are confidential and will be used for research purposes only. To protect your confidentiality, your names will not be recorded. We will be happy to answer any questions you may have at the end of the discussion.

You can leave at any time during the discussion and you do not have to talk about anything that makes you uncomfortable. Do I have your permission to start the group discussion?

Socio-demographic information and discussion

Introduction

- What are the main problems you face?
- How do you solve them?
- What do you do when on leave and at weekends?

Knowledge, attitudes and perceptions about HIV/AIDS

Levels of knowledge about HIV/AIDS

- What do HIV and AIDS stand for?
- What is a sexually transmitted infection?
- Name three common sexually transmitted infections.
- How are HIV and other sexually transmitted infections transmitted?
- Do you know colleagues/friends who have ever had a sexually transmitted infection?
- How did they treat it?
- How can HIV be prevented?
- What are the signs and symptoms of AIDS?
- What are opportunistic infections?
- What is the length of time between infection with HIV and the progression to AIDS?
- How can HIV infection pass from a mother to her child?
- What forms of social/sexual contact and activity do not involve a risk of HIV transmission?
- What is voluntary HIV counselling and testing?

Perception of HIV

- What are your thoughts about HIV?
- What are your thoughts about other sexually transmitted infections?
- What do your co-workers and friends think about HIV and other sexually transmitted infections?
- Do you think you are at risk of becoming infected with HIV or other sexually transmitted infections? Please explain.
- Which behaviours do you think put you at risk of contracting HIV and other sexually transmitted infections?
- Which behaviours do you think put your friends at risk of contracting HIV and other sexually transmitted infections?
- Do you think your partner is faithful to you?
- How do men react when their female partners ask them to use a condom?
- How would you react if your casual partner refused to use condom?
- Why do some colleagues and friends agree to sex without a condom?
- How do you feel about undergoing HIV counselling and testing?
- What do you think are the benefits of HIV counselling and testing?
- [For women] Would you consider undergoing HIV counselling and testing before getting married and before becoming pregnant in the future?
- What would you do if you found out that your co-worker was HIV-positive?
- What would you do if you found out that you were HIV-positive?
- Is there peer pressure to drink alcohol, dress fashionably and/or have sex with sex workers?

Understanding vulnerability

- What features of your workplace make it more or less likely for workers to contract HIV infection?
- Which categories of employees (if any) are likely to be exposed to HIV infection?
- Do some employees spend long periods away from home and family?
- Do you know of colleagues who have been approached on the job for sexual favours in exchange for better working conditions and other benefits?
- If they don't agree, what happens?
- If they agree, what happens?

HIV/AIDS programming at the workplace

- What HIV/AIDS prevention, care, support and treatment services are available to you at your workplace?
- What is your opinion about your employer's/union's response to HIV/AIDS?
- What kinds of HIV/AIDS programmes/services would you like to see at the workplace?

HIV/AIDS policy at the workplace

- Does your organization have a policy about HIV/AIDS at the workplace? If so, could you please explain it to me?
- What is the policy of management regarding employees who are HIV-positive and those living with AIDS?

HIV/AIDS-related practices

- What behaviours put you most at risk of becoming infected with HIV and other sexually transmitted infections?
- How do protect yourself from HIV infection?
- Do you want to change any of your behaviours that may put you at risk of contracting HIV? Please explain.
- What do you see as the benefits of changing your high-risk behaviour?
- What do you see as the disadvantages of changing your high-risk behaviour?
- What pressures make it difficult for you to change your behaviour?
- What power do you believe you have to change your behaviour? If it is limited, why is that, and by whom or what?
- What would it take for you to change to a safer behaviour or to continue practising a safer behaviour?

Behaviour change communication questions

Media habits

- Which are your favorite radio and TV programmes and when do you watch or listen to them?
- What is the language of the broadcast?
- Which newspapers do you read? Magazines? Pamphlets? Booklets? Comic books? Picture books?
- What kind of music do you like?
- Which kind of traditional theatre do you attend (local drama, concert party, story-telling, etc.)?

Sources of information on HIV/AIDS

- When and where do you usually get information about topics related to sexual health?
- Who or what is your trusted source for health information at the workplace?
- How do you communicate with friends (in person, by email, on the telephone)? Where do you meet your friends? When? Who is in your immediate social network?
- What peer groups and significant others are most important to you?
- What are your preferred sources of information on health-related topics?
- What are the sources of information on sexual health that you find most credible?
- When and where would be the best times to talk to you about HIV prevention, to sell or distribute condoms and to provide treatment services for sexually transmitted infections? Who could do this most effectively?
- Which teaching aids would help you learn the most in group information sessions (e.g., videos, slide shows, overhead projectors, flipcharts, picture codes, demonstrations, role plays, etc.)?

Fears and hopes

- How do you see yourself in ten years' time?
- What would be the best thing that could happen to you in the future?
- What do you need to help you realize your hopes and dreams?
- What could prevent your hopes and dreams from being realized?
- What are the biggest obstacles to you not achieving your long-term goals?
- What fears do you have about the future?
- What are the major barriers/hindrances you currently face that could affect your future?

Stigma and discrimination

- What is the organization doing to ensure that employees are not discriminated against and that they receive prevention and education services at the workplace regarding HIV/AIDS?
- Are you familiar with any support organization for people who are HIV-positive?
- Are there employees who are HIV-positive who are open about their status to their employers and co-workers?
- Are you aware of a situation in which employees/workers received different treatment because they were known or perceived to have HIV? If so, please describe.
- Who treated the employee known or perceived to have HIV/AIDS differently?
 - Co-workers
 - Supervisors
 - Managers
 - Labour representatives
 - Others (specify)

Appendix E: In-depth interview guide

Sample introduction to in-depth interviewee

Good morning/afternoon/evening! Thank you for taking the time to speak with me today. My name is _____. I work for _____ and come from _____. (Note-taker/observer introduces her/himself.)

I would like to discuss some health issues that affect your workplace, including HIV/AIDS. I'm interested in all your ideas, insights, comments and suggestions. I'd like you to know that there are no right or wrong answers to any of the questions I will ask you. Your point of view is of the greatest importance during this interview. All comments—both positive and negative—are welcome.

To avoid missing any points that you make during our conversation, I would like to use a tape recorder. I want you to know that all your comments are confidential and will be used for research purposes only. To protect your confidentiality, your full name will not be recorded. I will be happy to answer any questions that you may have at the end of our conversation.

Socio-demographic information and introduction

Key informant profile

Name of organization:

Location:

Job title/grade:

Salary:

Age:

Sex:

Education level:

Religious affiliation:

Marital status:

Number of children:

Ethnic group:

Number of years at current position:

Area in which you live:

Hobbies:

Introductory questions

- What are the main problems you face?
- How do you solve them?
- What are your expenditures for the month?
- What are your sources of income?
- How much do you earn per month?
- What do you do when on leave and at weekends?

Knowledge, attitudes and perceptions about HIV/AIDS

Knowledge levels

- What do HIV and AIDS stand for?
- How are HIV and other sexually transmitted infections transmitted?
- Name three common sexually transmitted infections.
- Do you know a colleague or friend who has ever had a sexually transmitted infection?
- How can HIV be prevented?
- What are the signs and symptoms of AIDS?
- What are opportunistic infections?
- What is the length of time between infection with HIV and the development of AIDS?
- How can HIV infection pass from a mother to her child?
- What forms of social/sexual activity or contact do not involve a risk of HIV transmission?
- What is voluntary HIV counselling and testing?

Perception of HIV

- What are your thoughts about sexually transmitted infections? What are your thoughts about HIV and AIDS?
- Do you think you are at risk of getting a sexually transmitted infection? Do you think you are at risk of becoming infected with HIV? Please explain.
- What peer groups and significant others are most important to you? Do you think your partner is having sex only with you?
- How do men react if their female partners ask them to use condoms?
- How would your partner react if you asked him/her to use a condom?
- What would be your reaction if your partner refused to use a condom?
- Are your co-workers concerned about sexually transmitted infections? Are they concerned about HIV?
- What do you see as the benefits of adopting safer sexual behaviour (e.g., practising abstinence, being faithful to one partner, using condoms)?
- [If interviewing a female] Would you undergo HIV counselling and testing before becoming pregnant?
- [If interviewing a male] Have you ever undergone HIV counselling and testing? Would you like to? Why or why not?
- What would you do if you found out that one of your co-workers was HIV-positive?
- What would you do if you found out that you were HIV-positive?

HIV/AIDS programming at the workplace

- Which HIV/AIDS prevention, care, support and treatment services are available to you at your workplace?
- What is your opinion about your employer/union response to HIV/AIDS?
- What kinds of workplace programmes/services related to HIV/AIDS would you like to see?

HIV/AIDS policy at the workplace

- Does this organization have a policy on HIV/AIDS at the workplace? If so, could you please explain it to me?
- What is the management's policy regarding HIV-positive employees and those living with AIDS?

HIV/AIDS-related practices

- What behaviours put you most at risk of becoming infected with HIV and other sexually transmitted infections?
- How do protect yourself from HIV infection?
- Do you want to change any of your behaviours that may put you at risk of contracting HIV? Please explain.
- What do you see as the benefits of changing your high-risk behaviour?
- What do you see as the disadvantages of changing your high-risk behaviour?
- What pressures make it difficult for you to change your behaviour?
- What power do you believe you have to change your behaviour? If it is limited, please explain why, and by whom or what.
- What would it take for you to change to a safer behaviour or to continue practising a safer behaviour?
- Do you know of a colleague who has been approached on the job for sexual favours in exchange for certain benefits? Have you ever had an experience like this?

Behaviour change communication questions

Media habits

- What are your favorite TV and radio programmes? When do you watch or listen to them?
- What is the language of the broadcast?
- What print media do you prefer (e.g., newspapers, magazines, pamphlets, booklets, comic books, picture books, etc.)?
- What kind of music do you prefer?
- What kind of traditional theatre are you exposed to in your community (local drama, concert party, story-telling, etc.)?

Sources of information

- When and where do you usually get information about topics related to sexual health?
- Who or what is your trusted source for health information at the workplace?
- How do you communicate with your friends (telephone, email, in person)? Where do you meet your friends? When? Which friends do you see every few weeks?
- What are your preferred sources of information on health-related topics?
- What are the sources of information on sexual health that you find most credible?
- When and where would be the best times to talk to you about HIV prevention, distribution of condoms and treatment services for sexually transmitted infections, and who could do this most effectively?
- Which teaching aids would help you learn the most in group information sessions (e.g., videos, slide shows, overhead projectors, flipcharts, picture codes, demonstrations, role plays, etc.)?

Fears and hopes

- How do you see yourself in ten years' time?
- What would be the best thing that could happen to you in the future?
- What do they need to help you realize your hopes and dreams?
- What could prevent your hopes and dreams from being realized?
- What are the biggest obstacles to you achieving your long-term goals?
- What fears do you have about the future?
- What are the major barriers/hindrances that you currently face that could affect whether or not you achieve your goals?

Stigma and discrimination

- What is being done to ensure that employees are not discriminated against and that they receive prevention and education services at the workplace regarding HIV/AIDS?
- Are you familiar with any support organization for people who are HIV-positive?
- Are there employees who are HIV-positive who are open about their status to their employers and co-workers?
- Are you aware of a situation in which employees/workers received different treatment because they were known or perceived to have with HIV/AIDS? If so, please describe.
- Who treated the employee known or perceived to have HIV/AIDS differently?
 - Co-workers
 - Supervisors
 - Managers
 - Labour representatives
 - Others (specify)

Appendix F: Observation guide*

Observer(s): _____ Location: _____

Date: _____ Approximate number of target population: _____

Date/time observation began:	Date/time observation ended:	Date/time recording began:	Date/time recording ended:
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Describe the situation/context.

Describe the activities of the target population.

Describe who is present.

Describe social networks/membership.

Which language(s) are used?

What are the high-risk behaviours?

Which other behaviours are associated with these high-risk behaviours?

Which factors trigger high-risk behaviours?
Which factors maintain high-risk behaviours?
Who are the potential members of the target population that are not engaging in high-risk behaviours)? Explain.
Which other people interact with the target population? What influence do they have?
What other observations should be made?

*Some of the questions listed above were obtained from the following source:

Developing Workplace HIV/AIDS Policies and Programmes: Needs Assessment Guide.
AED/Smart Work, October 2002. <http://www.smartwork.org/resources/pdf/needs-assessment.pdf>