

University of Applied Sciences Hamburg
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BA Health Sciences

Evidence-based extension of the HIV Work-Place-
Programme of GIZ Mozambique
- Bachelor Thesis -

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III Abbreviations and Glossary

AIDS	Acquired Immunodeficiency Virus
ART	Antiretroviral Therapy
AWISA	AIDS Prevention and Health Promotion at the Workplace in Southern Africa
BMI	Body-Mass-Index
BMZ	Bundesministerium für wirtschaftliche Entwicklung und Zusammenarbeit
DGE	Deutsche Gesellschaft für Ernährung e.V.
FP	Focal Person
GIZ	Deutsche Gesellschaft für internationale Zusammenarbeit GmbH
HAW	Hochschule für Angewandte Wissenschaften
HIV	Human Immunodeficiency Virus
NCD	Non-communicable disease
SafAIDS	Southern Africa HIV and AIDS Information Dissemination Service
STI	Sexually Transmitted Infection
TBC	Tuberculosis
Unicef	United Nations Children's Fund
WHO	World Health Organization
WPP	Work-Place-Programme

IV Foreword

I was introduced to the work of the German agency for international cooperation GmbH (GIZ) in Mozambique in course of a seminar on Evaluation in the 5th semester of my Bachelor studies at the University of Applied Sciences in Hamburg (HAW). In that context, foregone work processes and the progress of the cooperation project of GIZ Mozambique and the HAW were presented.

The students got the opportunity to learn about gender- and culture sensitive evaluation methods by working on and contributing to project related documents. Through the course I developed great interest for the project and decided that it would be nice to gain further experiences in the field of international development work.

In September 2011 I started an internship in the current project on “Culture- and Gender- sensitive HIV/AIDS Prevention and Health Promotion at the Workplace”. During the six months of my internship I was supported by the project coordinator Prof. Dr. Christine Färber and technical assistant Dipl. Ges.-wirt. Joana Roos-Bugiel. I got insight into processes and structures of international cooperation work and was able to gain first personal experiences in preparation of official documents. Through my internship my interest in international cooperation has increased even further and I could picture myself working in that field after completing my Master studies.

I want to thank Mrs. Prof. Dr. Christine Färber for her trust in me and my work, as well as for her support during my internship and my Bachelor Thesis. Furthermore I would like to thank Joana Roos-Bugiel for her assistance during my work for the project in Mozambique and also my Bachelor Thesis. I'm honoured that I am given the chance to visit the GIZ offices in South Africa and Tanzania for exchange of experiences and networking for future projects. Thank you very much for making that trip possible as it will be an important experience for myself and will encourage my personal growth.

1. Introduction

The German agency for international cooperation GmbH (GIZ) contributes worldwide to sustainable social, economic, political and environmental development and to prevention of an expansion of the HIV epidemic (GIZ/c). As well as in many other African countries, GIZ is active in Mozambique. Mozambique is one of the countries most affected by the HIV epidemic. The highest prevalence, 11,5%, is found among 15-49 years olds, who represent the most productive age group. These circumstances do not only pose great challenges in community life but also highly affect the economy of the country (INSIDA 2009, GIZ/b).

Currently GIZ has almost 250 national and international staff members working in Mozambique. The activities of GIZ Mozambique mainly concentrate on the provinces Inhambane, Sofala, Manica and the capital Maputo (GIZ/b). To support its employees' health and protect them from getting infected with HIV, GIZ developed a policy on HIV Work-Place-Programmes (WPP) in 2003 for its staff. The policy indicates that every country GIZ is active in, should establish a WPP adapted to local conditions.

To expand work place health promotion in Mozambique, GIZ cooperated with the University of Applied Sciences (HAW Hamburg, Germany) to develop an extended Work-Place-Programme, dealing with various important health issues other than HIV. In 2011 a study on Knowledge, Attitude and Practices (KAP-study) was designed by the HAW to identify main health issues.

The KAP-study was implemented in Mozambique in summer 2011. In course of an internship in the cooperation-project, Isabel Wolters at HAW carried out the analysis. On basis of the study's results topics for the extension of the WPP of GIZ were identified in cooperation with the project coordinator Prof. Dr. Christine Färber, technical assistant Dipl. Ges.-wirt. Joana Roos-Bugiel and project apprentice and author of this paper Isabel Wolters at HAW Hamburg and the programme manager Dr. Guenter Dietz and component manager Elisabeth Naegele in Mozambique. The conceptualisation of the extended WPP was realised by the health professionals at HAW in agreement with the project

management in Mozambique. Isabel Wolters again carried out the following design of health modules in course of her internship in assistance with the other health professionals at HAW.

This Bachelor Thesis is structured as follows. First the GIZ policy on HIV Work-Place-Programmes is introduced and health issues in Mozambique as well as the former HIV WPP of GIZ Mozambique are discussed. Afterwards background information on the design and implementation of the KAP-study is given and the study's most important findings and implications are presented. At the end an overview of all identified health challenges is given. The process of data collection, identification of main health issues as well as the following conceptualisation of structure and content of the extended Work-Place-Programme is displayed in further course of this paper. Finally, the projects' achievements and limitations are discussed and recommendations given.

2. Background

The German agency for international cooperation (GIZ) contributes worldwide to fight the HIV/AIDS epidemic. To protect national and international staff from getting infected, a policy on HIV/AIDS at the workplace was established for GIZ employees.

2.1 GIZ HIV/AIDS Workplace Policy

An international development in the use of Work-Place-Programmes (WPP) for HIV prevention has been visible during the past few years. GIZ advises companies how to deal with HIV at the workplace but also has to face the various health problems among its own employees. As GIZ staff and their families are affected by the HIV epidemic, the GIZ Work-Place-Programme is a fundamental element of the organisation's internal HIV-mainstreaming (GIZ 2012: 1-2).

Especially the productive age group (15-49 years) is affected by the HIV epidemic. An infection with HIV does not only mean personal and social consequences but it also negatively influences the development of sustainable economic growth.

The key targets of GIZ policy are:

- To inform all staff members about HIV.
- To create a working environment free of prejudices and discrimination.
- To support national staff members and their families with health care.

GIZ provides information and education on HIV on a regular basis to increase the sensitivity on that topic. The staff members shall be informed about risks for HIV, suitable preventive actions, as well as the consequences of the HIV/AIDS epidemic. Each HIV Work-Place-Programme needs to be adapted to regional circumstances as well as the target group itself (GIZ 2012: 1-2).

Another major objective of GIZ is to allow no discrimination at the workplace because of HIV, the working environment shall be tolerant and without prejudices against HIV positive people. The staff members are not to be asked about their HIV status at any point of their occupation. Even if a staff member decides to take a test, the blood sample is to be examined by an independent institution and the employee informed about his/her result confidentially.

Furthermore GIZ supports national staff members and their families. The health coverage includes the national staffs' wife/husband or long-term partner as well as children until the age of 18 years. Because of the very diverse environmental and socioeconomic circumstances in the countries where GIZ is active, the universal policy needs to be adapted to local requirements (GIZ 2012: 3-4). As the GIZ policy is limited to HIV prevention and should be adapted to regional demands, the requirement for interventions and health promotion of the staff of GIZ Mozambique was assessed through a KAP-study.

2.2 Mozambique

Mozambique is a high prevalence country in sub Sahara Africa, where 11,5% of the 15 to 49 year olds are infected with HIV (INSIDA 2009). Because of the epidemic and a long history as a Portuguese colony and civil war after independence in 1975 the Mozambican economy is still heavily affected by its past (Auswärtiges Amt 2012).

In 1985 the German-Mozambican development cooperation was established to support a sustainable development of Mozambique. GIZ implemented a cooperation-project for multi-sectoral HIV/AIDS prevention in 2001 (GIZ/b).

2.2.1 Health issues in Mozambique

Within Mozambique, the spreading of HIV shows great variation.

Especially in the younger age group (15-29 years), the HIV prevalence is considerably higher among women than men. There are great differences between rural (9,2%) and urban (15,9%) areas. Furthermore the south (17,8%) and centre (12,5%) of Mozambique are much worse affected by the HIV epidemic than the north (5,6%). Although there are different ways of transmission, most infections are caused by sexual intercourse (INSIDA 2009: 7).

While HIV remains a major health problem in Mozambique, the number of non-communicable diseases (NCDs) continues to rise in the whole African continent and gains more and more importance. Furthermore malaria, TBC and infant mortality pose serious health challenges in Mozambique (WHO 2011).

When looking at the health of GIZ staff members in Mozambique it has to be kept in mind, that they are not representative of the overall population, as the questioned employees live in urban areas, have a comparably good financial status, working conditions and health coverage, unlike the majority of Mozambicans. Additionally it has to be kept in mind that the international staff members are imbedded in the operating structure of the GIZ headquarters in Germany.

2.2.2 The Work-Place-Programme of GIZ

As Mozambique is a high prevalence country with a HIV infection rate of 11,5% among the 15 to 49 year olds (INSIDA 2009), it is substantially affected by the epidemic. The GIZ presently occupies nearly 250 national and international staff members in the provinces Inhambane, Sofala, Manica and the capital Maputo. To protect the employees from getting infected with HIV some interventions on HIV and AIDS had been provided (GIZ/b).

GIZ has implemented several interventions on HIV and AIDS for its employees. To encourage positive health behaviour and increase the participants' acceptance for interventions and check-ups, a holistic health approach should be followed and not only sexual health discussed. Additionally demands for health topics other than HIV could be identified through a KAP questioning among GIZ employees, which should be dealt with in course of an extension of the WPP.

Field-observations have shown that the willingness to take a HIV test increases when it is included in a check-up package with other medical tests. In 2010 a deal was closed with a local health insurance about the provision of a check-up package including HIV, blood pressure (hypertension), blood cholesterol, blood sugar (diabetes), BMI, eye-sight and dental examination.*

However HIV is not losing importance, as it is mainstreamed and dealt with in course of the other sensitising sessions. Dealing with HIV in context of other health issues might help to gain a higher acceptance on that topic among the

* This information was gathered through correspondence with other project assistants.

participants. To intensify the health care for its employees, GIZ cooperated with the University of Applied Sciences (HAW Hamburg, Germany) to develop an extended Work-Place-Programme on HIV prevention and health promotion at the workplace for the GIZ staff.

The inclusion of health issues other than HIV and AIDS shall help to overcome the employees' resentment towards information on those topics. A holistic health approach will be followed and HIV mainstreamed throughout the programme. Furthermore, through an extension of the WPP, the appearance of non-communicable diseases and other health issues should be identified. All health topics identified in course of the KAP-study (Knowledge, Attitude and Practice) were taken into account.

As mentioned above a KAP-Study was implemented for identification of main health issues of the GIZ staff. As various health topics shall be included in the extended WPP, components of approved HIV Work-Place-Programmes as well as elements of Workplace Health Promotion will be used. The programme is based on behaviour oriented as well as structural prevention. Furthermore it will include the physical and psychosocial working environment and personal health resources, community and family life will also be considered. On basis of the survey's findings and a field work-situation-analysis, carried out by Joana Roos-Bugiel in cooperation with the Focal Points in Mozambique, the project planned to adapt the WPP to the GIZ employees' needs (Roos-Bugiel 2011). Also field observations and scientific analysis of local circumstances and the target group have been carried out to include all health topics relevant for the employees of GIZ Mozambique.

3. The Survey

3.1 Objective and Method

The KAP-study was conducted in July 2011. The main objectives were:

- Situation analysis on knowledge, attitude, practise and disease prevalence concerning health in general, at work and in family and community life.
- Identification of special target-groups and the most problematic health issues.
- Prioritisation of interventions - basis for conceptualisation.
- Evaluation of initial situation as a component of the WPP's Monitoring and Evaluation system (ex-ante and ex-post survey).

The questionnaire was designed by professionals of the University of Applied Sciences Hamburg (HAW Hamburg, Germany) and tested by national and international employees in Mozambique. The survey was reviewed on its comprehensibility, structure, culture sensitivity and suitability for its target group (Roos-Bugiel 2011).

The questionnaire contains 102 questions dealing with the participants' knowledge, attitude and practices (KAP) on different health related topics. Most of the questions are closed ended with given answer categories and only very few open questions included. To increase the respondents' willingness to cooperate and answer the questions honestly, the survey starts with a few introductory questions on demographic data and general health topics and only deals with complex and personal matters in further course of the questionnaire.

To guarantee that all respondents understand the questions regardless of their level of education and to ensure the best possible return-rate of questionnaires, the national participants were questioned in form of face-to-face interviews in the offices of the GIZ Mozambique. It was taken into account that social acceptability could produce a bias; to minimise this factor all interviewers were Mozambicans. To encourage a confident interview atmosphere, women were questioned by women and men questioned by men. A set of very delicate and personal questions dealing with HIV, reproductive health and violence was included in a separate

questionnaire, which was filled out by the participants themselves, while the interviewer only read out the questions. Through this measure the respondents' anonymity is additionally protected.

The international respondents filled out the whole questionnaire (general and separate) by themselves (Roos-Bugiel 2011: 4-7; KAP-study GIZ Mozambique 2011).

The analysis of the KAP-study's results was carried out afterwards at the University of Applied Sciences in September/October 2011 by this papers' author, in course of a six months internship in the cooperation project of GIZ and HAW.

By means of the survey's findings main health issues were identified in cooperation with the project coordinator and technical assistant from HAW Hamburg, the project manager from GIZ Dr. Guenter Dietz and component manager Elisabeth Naegele from GFA Germany based in Mozambique. The project apprentice Isabel Wolters contributed by presenting the KAP results in a final report and taking part in the discussion of major findings. The survey's main results are displayed in the following chapter 3.3 "Results". The different topical sections of the questionnaire are dealt with separately. At the beginning of each section the findings are presented, followed by resulting implications. Furthermore recommendations for implementation of occupational health measures and the extended WPP are given.

At a later stage, the extended Work-Place-Programme is introduced.

The conceptualisation of the extended WPP's structure was again carried out by the HAW Hamburg. I was involved in the foregone research and visualisation of the concept. It is based on the WHO guidelines on healthy workplaces (WHO 2010) and elements of health promotion at the workplace and adapted to the employees' needs identified by the KAP survey.

On the basis of the concept, I began the development of modules for the extended WPP, which will be dealt with in chapter 4.2 "The Manual".

The development of the concept and modules for the extended WPP took place in agreement with the project coordinator Lisa Naegele and manager Guenther Dietz in Mozambique.

3.2 The Questionnaire

The questionnaire is split up into five parts. The first section **I. General Information** deals with background information of the participants and is followed by various health related topics. **II. General Health** covers knowledge about health in general, nutrition, physical activity and diseases, **III. Health at the workplace** deals with attitudes and practices concerning the workplace, including health at the workplace, social security, work-related resources and stress as well as the HIV Work-Place-Programme, section **IV. Family and Community Health** includes questions on family health, work-life balance as well as communication and interaction. At the end of the survey a separate questionnaire about **V. Reproductive Health** is attached, which is to be filled out by the participants themselves as it contains highly personal questions concerning sexuality, reproductive health, sexually transmitted infection (STI) and violence. Through providing a separate questionnaire the anonymity is again guaranteed and therefore the participants more likely to respond honestly.

The KAP-study was conducted to identify health issues, relevant for an extended workplace programme. Although a pre-test had been carried out in Mozambique after the questionnaire's development by professionals of the HAW in Germany, it needs to be revised for further use of the KAP-study and the evaluation of the extended WPP. The data analysis of the KAP-questionnaire revealed that several questions were phrased sub optimally and need to be reconsidered in cooperation with the professional at HAW and project coordinators in Mozambique.

The descriptive statistics of the questionnaire's results are displayed in a final report. The purpose of the survey's very broad questioning is the identification of GIZ employees' main health issues and of suitable ways to provide information and interventions in the extended WPP.

3.3 Results

In the KAPB survey the data of 160 respondents was used (n=160). As the number of respondents varies considerably from question to question, the valid percentage is used for evaluation of the survey.

3.3.1 General Information

The first section deals with the participants' demographic data and educational background.

Results:

All of the survey's participants are employees of GIZ. The majority of the respondents (84%) were Mozambicans (n=135), of whom 64% were male and 36% female. Then again, only 48% of the international respondents (n=25) were male and 52% female.

The employees' age ranges from 22 to 62 years, 83% of the respondents are younger than 50 (representing the most productive age group) and 17% between 50 and 62 years old. The average age among the respondents is 40 years.

The occupational distribution of national and international employees at GIZ Mozambique is very unequal. While 96% of the international employees work in the management or as technicians, half of the national employees (46%) work as support personnel. Furthermore the dispersion of national and international respondents among the offices of GIZ is very diverse. The vast majority of the international respondents (80%) work in Maputo while the national staff members are allocated more evenly to the different office sites. All this has to be taken into account when looking at the respondents' attitude towards work and their working environment.

The participants and especially the nationals have very differing educational levels, varying from no formal education at all, elementary and middle school to a completed university degree. Up to this point only a statement about the national participants' level of education can be made. Half of the national respondents (52%) have a university degree and another 33% have completed the 11th or 12th

grade in school. 1,3% of the national respondents have no education at all and 5% attended school for less than five years.

Basic Health measures:

Looking at the participants' physical constitution, an alarming result occurs, as it appears that the majority of the participants are overweight.

59% of the female and 56% of the male respondents are either overweight or even obese. While the percentage of overweight is much higher in national than international women, the national men show a lower percentage of overweight than their international colleagues.

On the contrary, only 4% of the respondents have a BMI below the normal weight range. The increasing problem of overweight and obesity is evident here and should be considered in the extension of the WPP (see figures below):

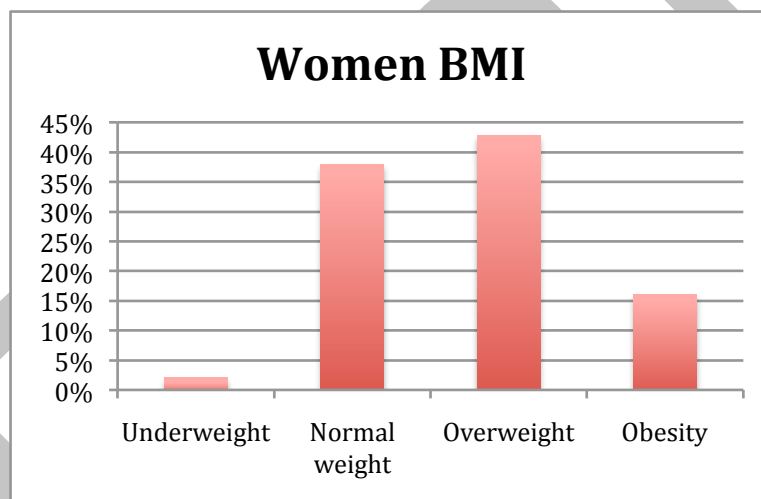


Figure 1 Women BMI

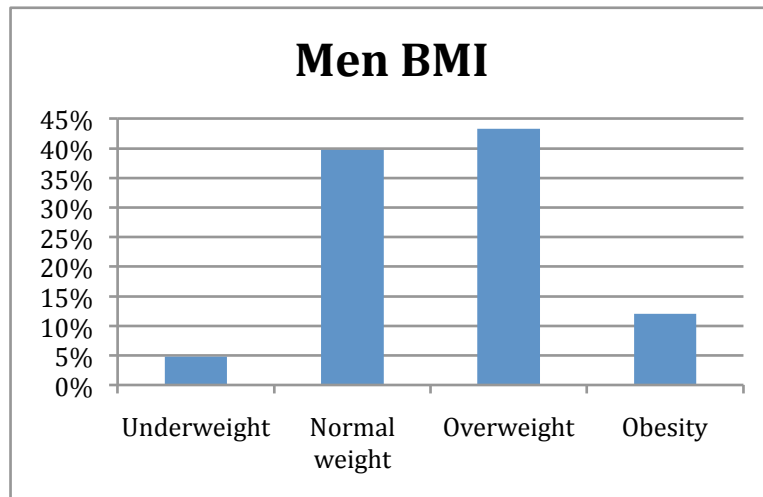


Figure 2 Men BMI

In addition to weight and height, the national respondents were also asked to measure their waist circumference. The waist circumference is measured by placing a measuring tape above the highest points of the hipbone, just below the ribcage. It is an indicator for an increased risk of developing a cardiovascular heart disease or diabetes (Australian Better Health Initiative 2010).

76% of the national women have an increased risk of metabolic and cardiovascular diseases (waist circumference >80cm) and 46% an extremely increased risk (> 88cm); also 38% of the national men show a waist circumference above 94cm and even 15% above 102cm, which indicates a considerable increase in the risk for several non-communicable diseases (DGE 2007).

Implications

The findings about the participants' demographic data brings out again how heterogeneous the target group is, including men and women from different nationalities and having a wide range in age and level of education among the participants. This has to be considered when designing the extended WPP. Furthermore information on healthy diet and physical activity needs to be included in the extended Work-Place-Programme as a lot of the participants are overweight and an intervention necessary. This should include information on healthy eating and ways to be active but it should also discuss the risks of being overweight and possible consequences. The use of one's waist circumference and BMI for

checking the risk for diabetes, heart disease and other non-communicable diseases should be explained in course of an information session.

3.3.2 General Health

The section general health deals with the participants' personal feelings towards their health and their health related behaviour. The purpose is to identify deficits in the respondents' knowledge on different health topics and main reasons for unhealthy behaviour patterns.

Results

Overall, the majority of the GIZ employees (83%) rate their present state of health as either good or very good. The international respondents feel slightly better about their health than their national colleagues.

Nevertheless, 23% of the respondents feel their health has become worse during the preceding 12 months. Also 5% felt depressed and unmotivated, with low self-esteem and sad during the past four weeks.

The respondents' health related behaviour is very diverse.

Though some basic knowledge on healthy nutrition is evident, there are still some crucial misbeliefs concerning a healthy diet. Half of the participants don't know the importance of vegetables (45%) and fruit (49%) as components of a healthy diet. There are great differences in fat and sugar consumption of men and women. Twice as many men (16%) than women (8%) eat food that is high in fat every day. Even more respondents (42%) eat or drink food that is high in sugar every day.

Although most participants show low alcohol consumption still 16% of the internationals state that they drink alcohol every day. Smoking on the other hand seems to be a minor problem among the participants. 89% of the respondents don't smoke at all, while the smokers show moderate cigarette consumption.

The majority of the respondents are physically active at least once a week (84%) and 48% even three times a week or more. However, the rate of participants who

are not active at all (16%) still poses a great challenge, which needs to be met within the future WPP.

To improve their health, most of the national as well as international respondents would like to eat more fruit (54%) or be more active (58%). Also a tendency to improve other aspects of their diet is visible.

The international respondents seem to feel that their work considerably influences their health, as 28% would like to reorganise their work and 12% to change their working environment. Especially the international female employees feel a need to change something about their work organization (39%) to improve their health. A quarter of the national respondents would like to take a medical check-up to improve their health.

The respondents named four main reasons for not changing their health-related behaviour, as displayed in the figure below:

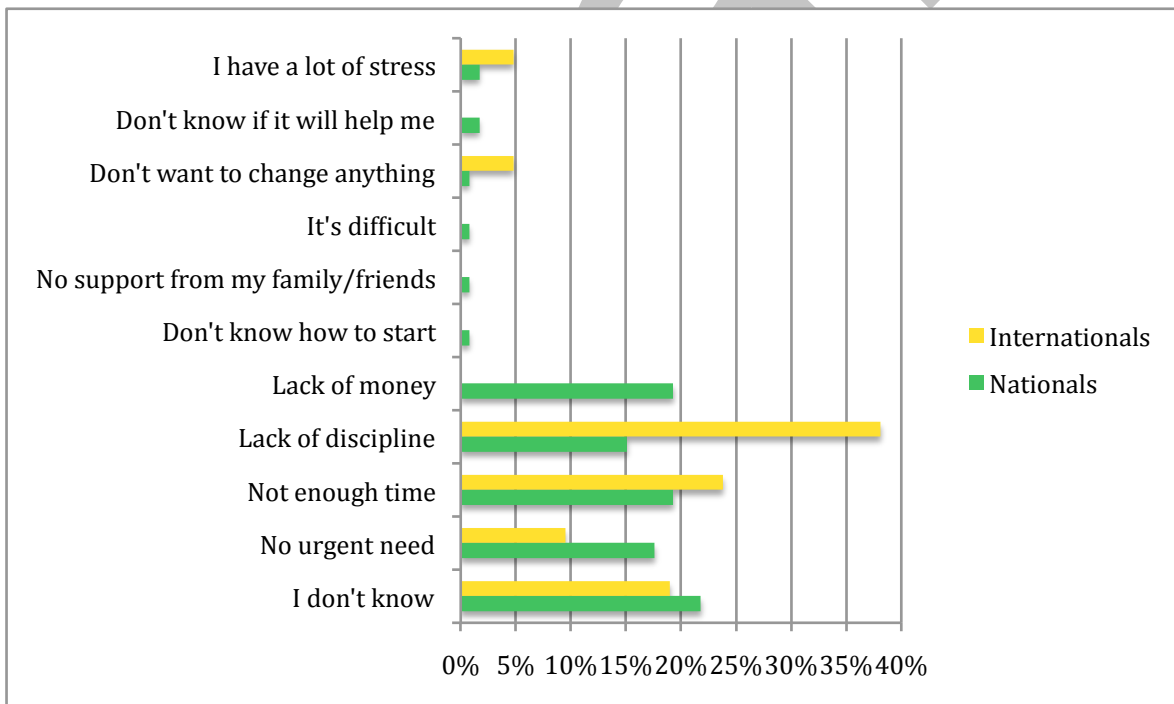


Figure 3 Reasons for not changing health related behaviour - National and international respondents

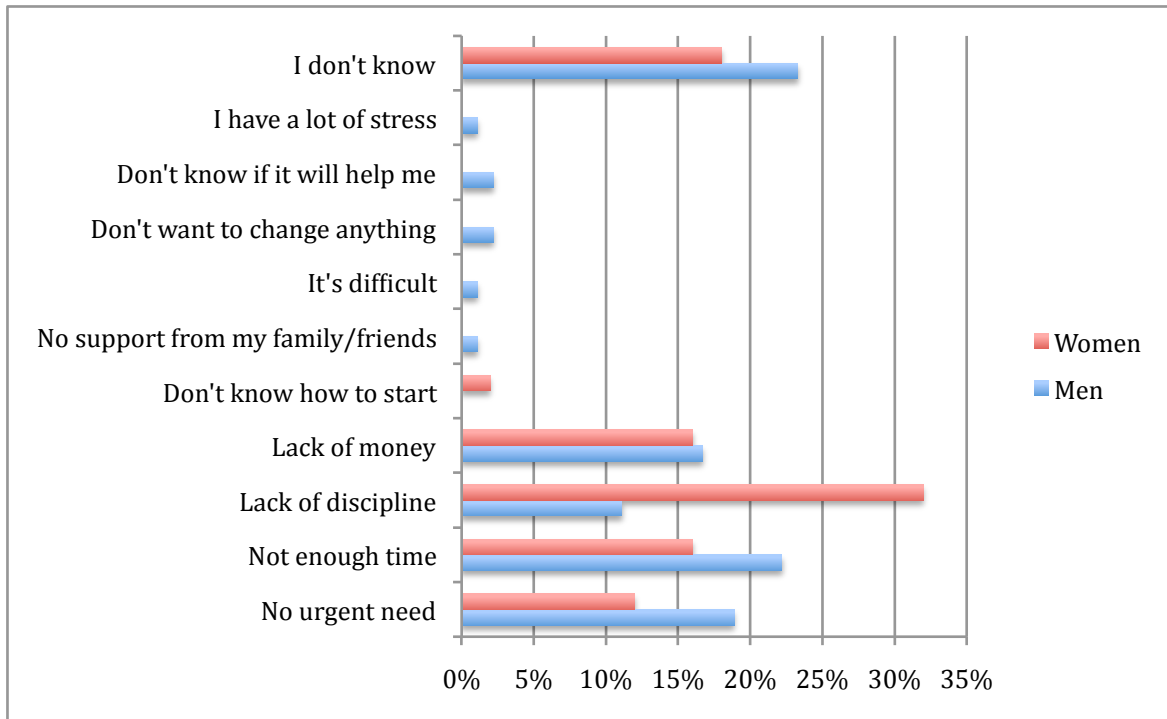


Figure 4 Reasons for not changing health related behaviour - Male and female respondents

Most of the respondents do not change their health-related behaviour, because they do not see an urgent need for change (16%), lack of time (20%) or lack of discipline (19%). Another reason concerning only the national respondents is the lack of money (19%). Especially the female respondents seem to have a problem with lacking discipline (32%), whereas the men seem to see less need for change.

A regular check-up on several basic health measures and infections (STI including HIV) is recommended to all GIZ staff. Overall, the international respondents report a higher frequency of checks in general, while there is no difference between men and women. However the range of diseases checked varies a lot among the participants, as shown in the figures below.

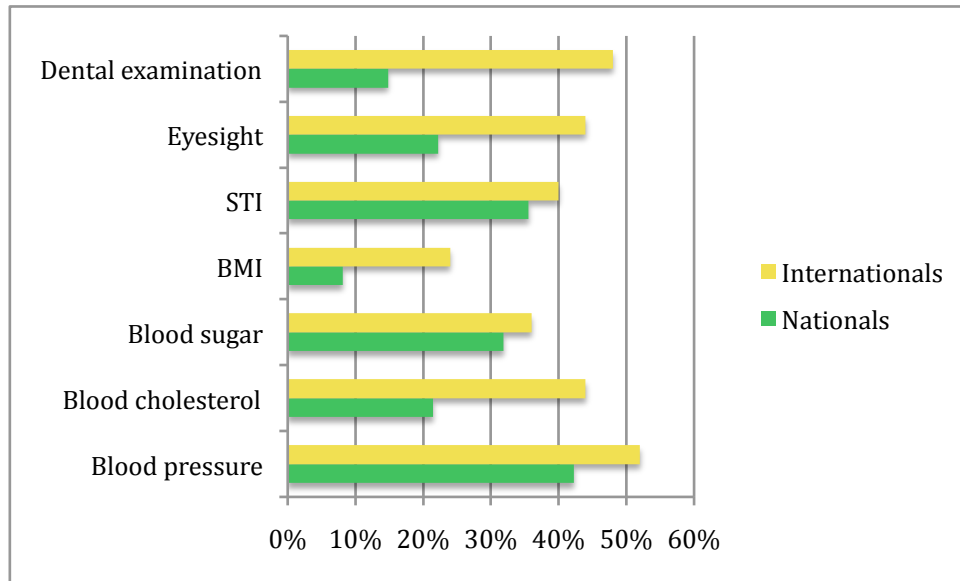


Figure 5 Check-ups during the preceding 12 months - National and international respondents

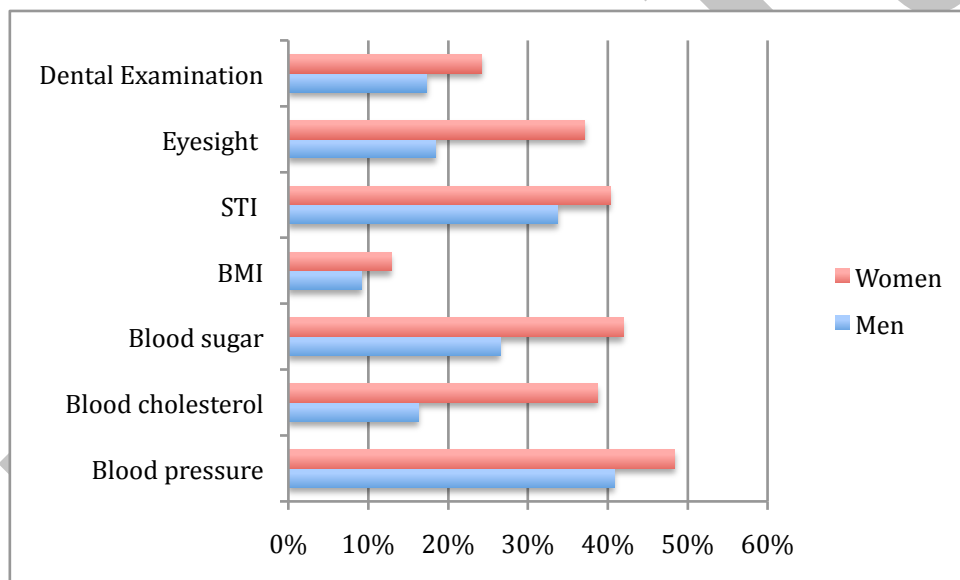


Figure 6 Check-ups during the preceding 12 months - Male and female respondents

The majority of the respondents (74%) had a medical test during the preceding 12 months. The international employees show a considerably higher rate (88%) and broader range of check-ups than the nationals (72%), furthermore it is attracts attention that the female respondents show a higher test rate in all of the questioned diseases than the men. Additionally 8% of the women reported to have had a gynaecologic examination during the preceding year.

More international (40%) than national (36%) respondents had sexually transmitted infections (including HIV) checked during the preceding 12 months.

A particularly great difference in frequency of eyesight and dental examinations as well as a check of blood cholesterol is evident among national and international as well as male and female respondents.

The participants were also asked if they had been diagnosed with the following diseases in course of the preceding year. The reported diagnoses vary a lot among national and international respondents:

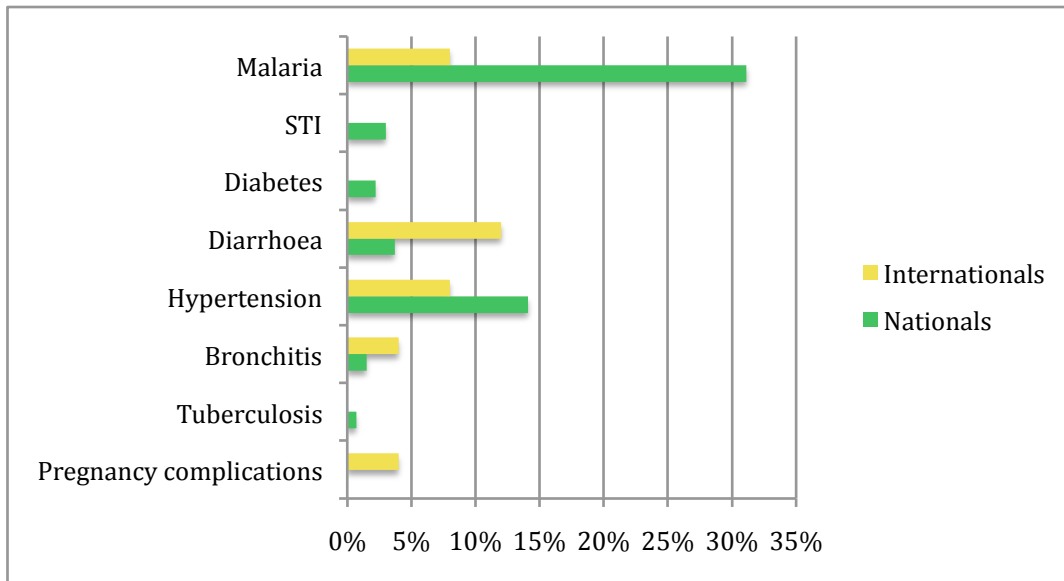


Figure 7 Diagnoses during the preceding 12 months - National and international respondents

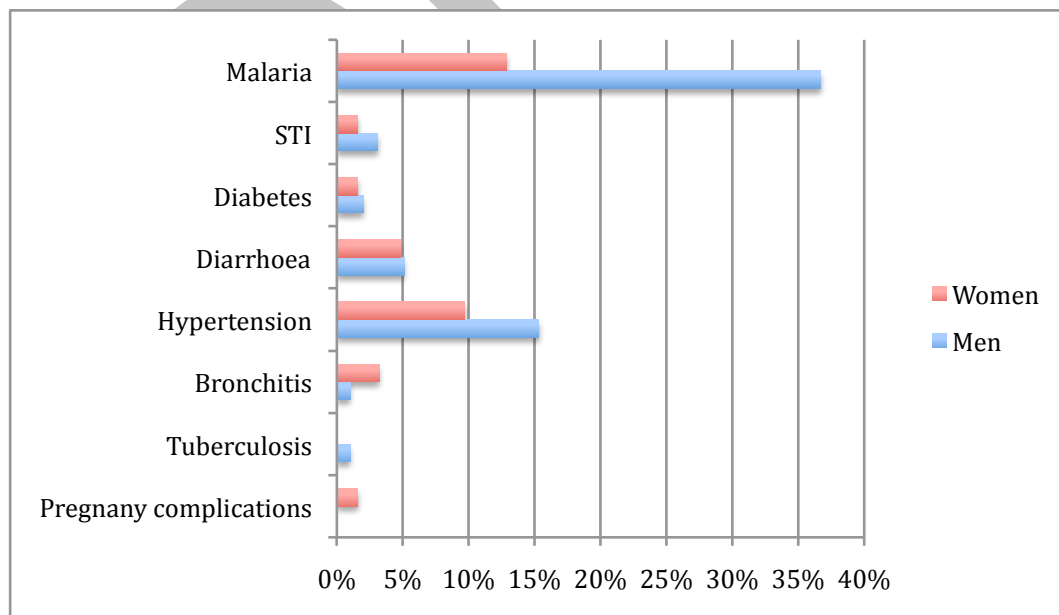


Figure 8 Diagnosis during the preceding 12 months - Male and female respondents

The national respondents have a higher infection rate in all questioned diseases except for diarrhoea. The knowledge about risks and prevention methods for various diseases is very diverse. Overall, the national women and international men show the broadest knowledge on health topics.

The rate of malaria infection is very high; especially alarming is the fact that over 40% of the national male employees were diagnosed with malaria during the preceding 12 months. The national respondents show a higher infection rate as well as frequency of malaria. The difference in malaria infections among national and international employees is probably at least partly due to their different domestic circumstances. The distribution of malaria infections among the office sites in the three provinces and Maputo is very unequal. While half of all respondents in Manica as well as Inhambane and 44% in Sofala were infected with malaria during the preceding year, in Maputo only 8% were affected. It has to be taken into account that the different work areas affect the occurrence of malaria infections as well. While 8% of the management staff got infected with malaria during the preceding 12 months, 10% of the technicians, 15% of the account staff and 19% of the support personnel were affected.

Although the knowledge on risk factors for malaria is quite good a lot of the respondents are unaware of appropriate prevention methods. Over 30% of the national as well as international respondents do not provide a mosquito net for all the people in their household, although it is a basic way of malaria protection at night.

Hypertension also seems to be an important health issue among the respondents, as 15% of the national and 20% of the international respondents report to suffer from high blood pressure. Especially the international women show an alarmingly high rate of increased blood pressure (31%). This might be due to the high frequency of overweight and lack of physical activity, but also stress.

The knowledge about risk factors for hypertension is very diverse. Over 30% of the national participants don't know overweight as a risk factor and not even half of all respondents (44%) are aware of the relevance of heredity for hypertension.

Diarrhoea mainly occurred among the international respondents. 12% of the internationals, compared to only 4% of the nationals had diarrhoea during the preceding 12 months. Especially the international women suffered from diarrhoea (15%).

Overall more than 4% of the respondents know they have diabetes, there is no difference in the occurrence of high blood sugar between nationals and internationals. However there is a great difference in knowledge about the risk factors for diabetes. 33% of the national respondents don't know about the connection of diabetes and a healthy diet and 32% of all respondents are unsure about the relevance of heredity.

Also 3% of the national respondents were diagnosed with sexually transmitted infections (including HIV) during the preceding year. As HIV is an immunodeficiency disease it considerably increases the risk of getting tuberculosis, which was diagnosed in 3% of the respondents.

Only 86% of the respondents know that being HIV positive adds to the risk of getting tuberculosis, while the national women and international men show better knowledge than the other respondents. Overall there are major insecurities about the transmission and treatment of TBC. As not everyone infected with tuberculosis develops an active disease with apparent symptoms it is especially important to point this out to the participants (RKI 2009).

In case of an HIV or tuberculosis infection, 95% of the national respondents would feel comfortable about consulting a medical facility, in comparison only 60% of the internationals feel they could rely on the health care provided.

Implications

Looking at the participants' general health some conclusions about their health related behaviour and knowledge on different health topics could be drawn. Main health issues that were identified are malaria, overweight, hypertension, diabetes and diarrhoea. As only 1,4% of the employees do not want to change their health

related behaviour, information about easy, practical and low-cost possibilities for healthy changes in everyday life might be appreciated.

The majority of the respondents feel positive about their health, nevertheless some participants reported that their physical or mental health has become worse during the preceding 12 months. Reasons and solutions for these circumstances need to be identified in cooperation with the head of office and the employees should be supported in creating a healthy working environment. Furthermore not only physical health issues but also the psychological well-being needs to be considered in the extension of the GIZ WPP.

Though the respondents show quite good knowledge about the risks for malaria, the prevalence is alarmingly high, especially in the provinces. A module on risks and prevention methods for malaria needs to be included in the WPP.

Furthermore the majority of the respondents are overweight and show diverse eating behaviour, which indicates the need for information on healthy diet as well as physical activity.

As a healthy diet is fundamental for the overall health, some information on healthy foods needs to be integrated in the Work-Place-Programme. Gender differences need to be considered in the context of nutrition.

Food hygiene is another aspect of great importance that should be dealt with in this context, as diarrhoea occurs quite a lot among the respondents, especially the internationals, although most respondents know about the risk factors for diarrhoea as well as prevention methods.

Although most participants are active in some way, the rate of overweight participants is very high and some recommendations on the frequency of healthy activity and suggestions on how to integrate activity into every-day routines should be given. It needs to be kept in mind that recommendations on behaviour change need to include low-cost possibilities that can be realised by the participants regardless of their financial background.

In the context of healthy diet as well as physical activity, non-communicable diseases such as hypertension and diabetes should be discussed as the diet and activity level considerably influences them.

As diabetes can entail severe complications and needs to be treated, information about the disease and its consequences need to be part of the interventions. It would be recommendable to integrate an information session on diabetes, as the respondents' knowledge on the disease is limited and more information desired (see chapter 3.3.3.2 "HIV Work-Place-Programme").

As regular check-ups play a fundamental role in the prevention of diseases, the aim is to increase the number of medical checks taken by the participants. In this regard it is advisable to provide regularly updated information material about possibilities for medical check-ups, including facilities, insurance coverage and patient confidentiality to all staff members. Especially when considering the high prevalence of HIV and other sexually transmitted infections the test rate of STIs is much too low. Check-ups on a regular basis should be recommended.

Overall the interventions should address check-ups on blood pressure and cholesterol combined with information on heart diseases, check-up on blood sugar combined with diabetes and overweight, dental examination with dental health and eyesight combined with safe driving. As dental health influences the overall health it is important to include it in the interventions and to provide guidelines on dental health care for the participants. Furthermore, alcohol and smoking should be dealt with in the context of non-communicable diseases as they have a great effect on their appearance.

Information on various diseases and about the services of the health insurance scheme should be provided in every office of GIZ and especially the international respondents should be advised and reassured about local medical services. Additional information about the diagnosis and therapy of TBC needs to be provided, as it is a very serious disease, not easily recognizable by its symptoms and adequate treatment crucial.

3.3.3 Work and Health

The following section deals with the respondents' feelings towards their work. It is about how work affects the employees' health and how work is affected by their state of health. Furthermore it covers the former Work-Place-Programme of the GIZ to gain information about the acceptance and attendance and to learn about the participants' topics of interest concerning health.

3.3.3.1 Health at the workplace

Results

Most of the employees at GIZ Mozambique are employed full-time.

88% of the respondents cover at least 50% of their household's expenses. 83% of the national and 96% of the international respondents either have the highest income or are the only person with a stable income in their household. It stands out how essential the respondents' employment is for the upkeep of their families. Although some serious infections occurred among the participants during the preceding year, only 4% of the respondents were absent due to illness more than a week, 45% of the nationals and 56% of the internationals weren't absent at all.

Overall, the GIZ employees feel positively about their work and work-related matters. Only 3% of the respondents don't think that their boss has a serious interest in the well-being of his/her employees. The majority is satisfied with the influence they have on their work (87%) and feel treated fairly and with respect (96%). Nevertheless still 18% of the international compared to 4% of the national respondents feel stressed when they think about work.

The major stress factors named by the respondents are shown in the figure below:

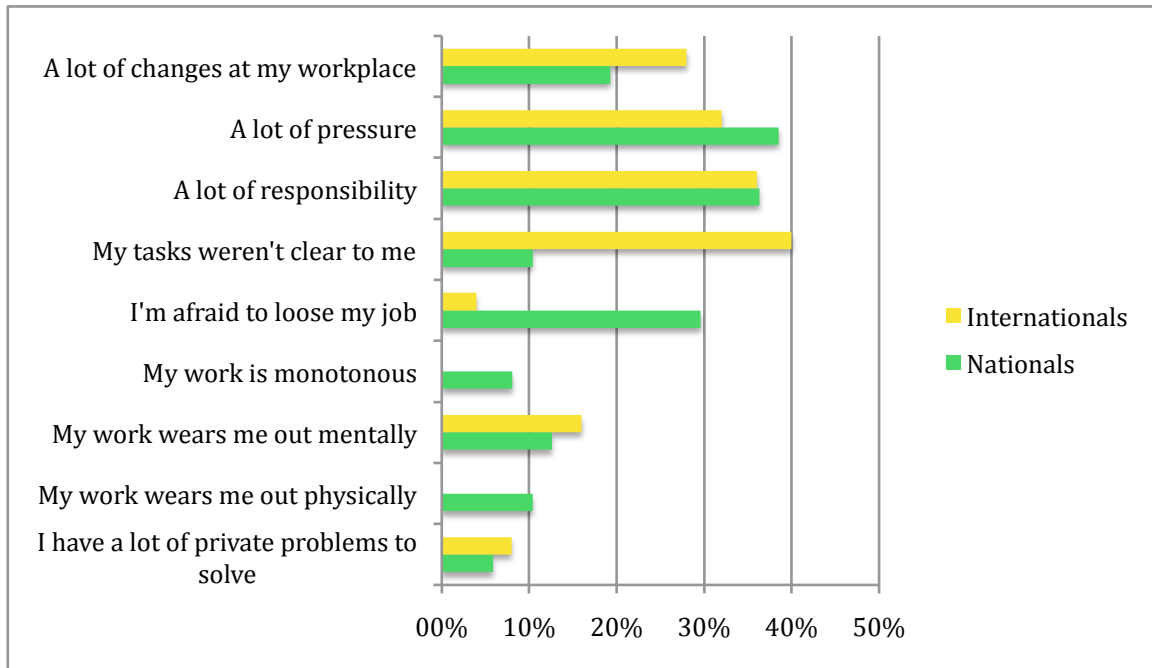


Figure 9 Major reasons for fear, confusion or stress at work - National and international respondents

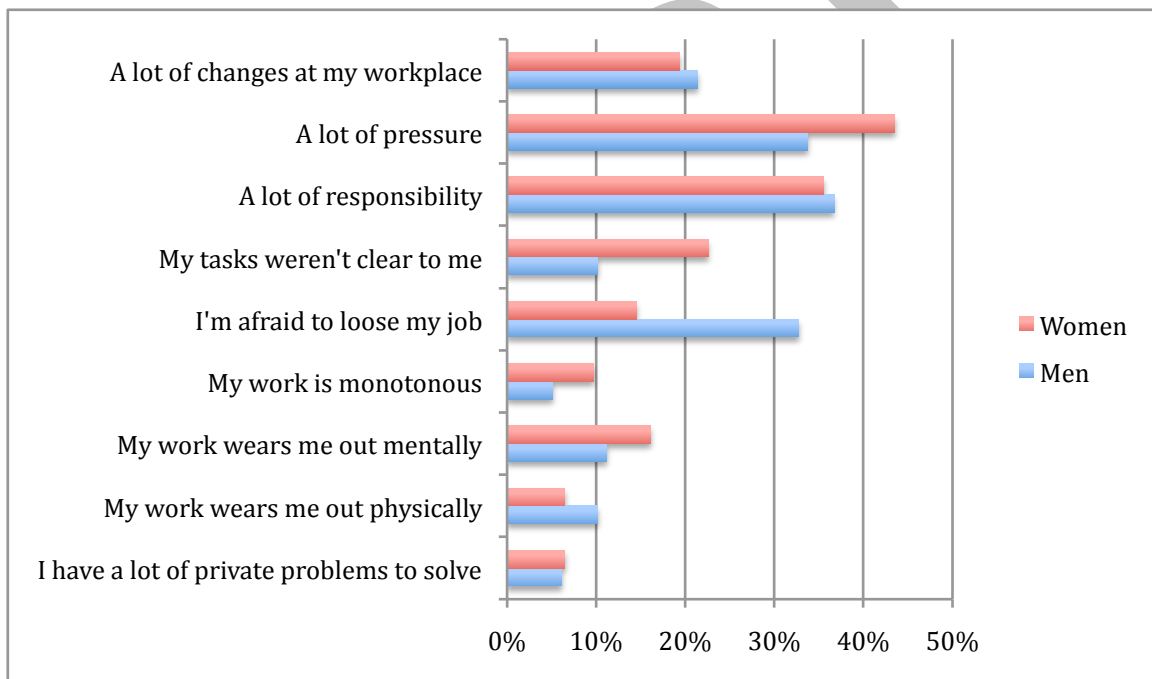


Figure 10 Major reasons for fear, confusion and stress at work - Male and female respondents

The respondents' major stress factors vary among the different GIZ office sites in the capital city Maputo and the provinces Sofala, Manica and Inhambane. A lot of changes at the workplace was named by 21% of all respondents but seems to be especially important in Maputo as it was named as a major stress factor by 34% of the employees based there.

A lot of pressure (38%) and a lot of responsibility (36%) pose other factors that negatively affect the employees. Again, the respondents in Maputo (50%) are troubled the most by their assigned responsibility. Nevertheless also 32% in Sofala and 20% in Manica felt that way.

Another problem named by 40% of the international and 10% of the national respondents is that working tasks weren't clear to them. This is especially crucial in Maputo where one quarter of the employees found their work tasks unclear. It has to be kept in mind that the international staff members have more complex work tasks than most of the national employees. The insecurity about work tasks is not only a stress factor that could be easily avoided but also an important criterion for an efficient working environment.

A total of 30% of the national, compared to 4% of the international respondents fear to lose their job. This problem is especially distinct in Sofala, where 40% of the respondents are afraid of losing their job. The fear of unemployment could present a bias when talking about the respondents' satisfaction with working conditions.

None of the international but 10% of the national respondents feel physically worn-out by their work. In addition 13% of the national and 16% of the international employees feel mentally worn-out, while the female respondents are affected worse than the men. An increased percentage of respondents from Maputo (19%) and Inhambane (14%) indicate this problem.

The amount of holidays among national and international as well as male and female respondents is very diverse:

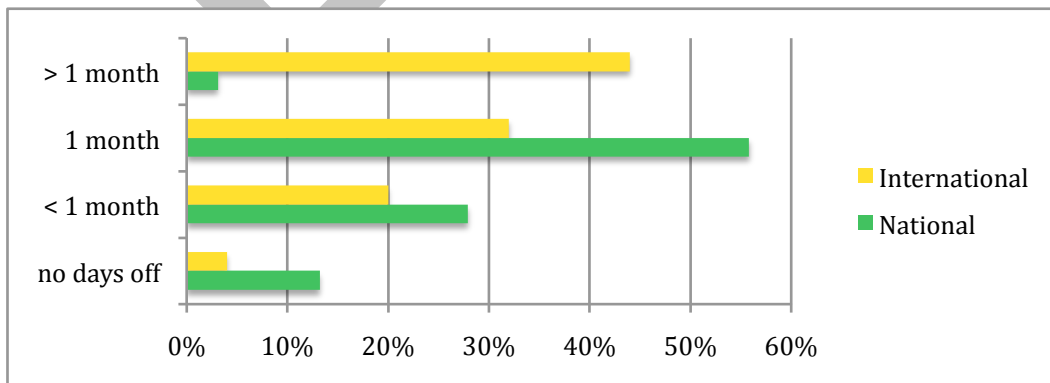


Figure 11 Amount of holidays during the preceding 12 months - National and international respondents

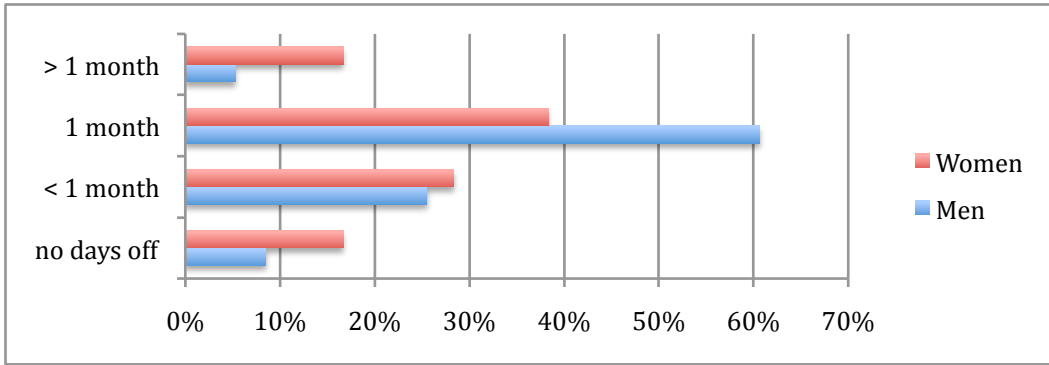


Figure 12 Amount of holidays during the preceding 12 months - Male and female respondents

58% of the respondents had less than a month of holiday during the preceding year. A serious problem occurs here, as 12% of the participants didn't have any holiday at all, while the national respondents are affected much worse.

Also the compensation of overtime is very different among the participants, as shown in the figure below:

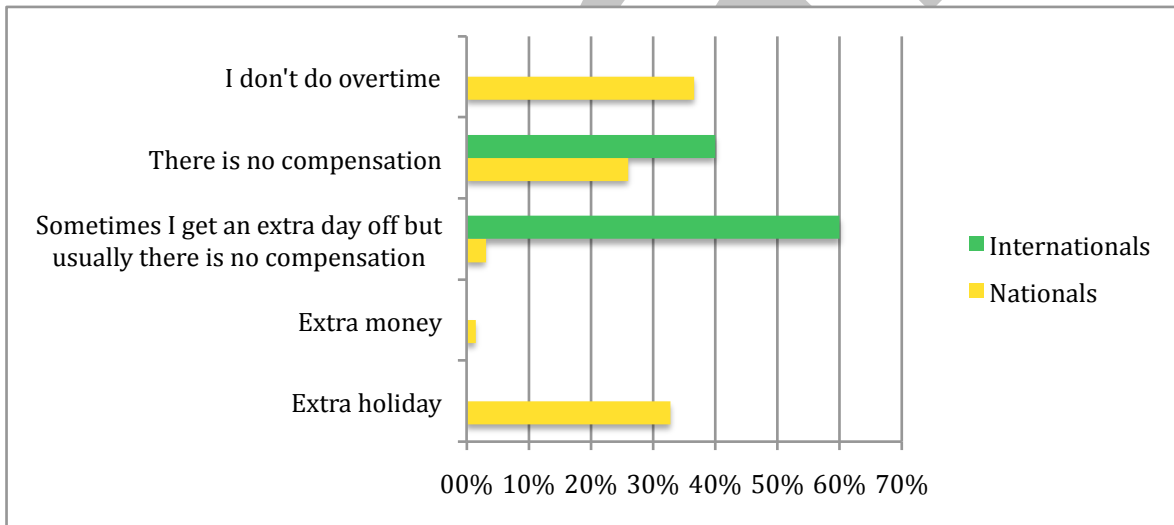


Figure 13 Compensation of overtime - National and international respondents

In addition to the undefined holidays, 16% of the national and 68% of the international respondents state to work over-time most of the time. Then again 34% of the national respondents never work more hours than stipulated. There are no considerable differences in compensation of overtime between men and women. It has to be kept in mind that on the one hand the international respondents work a lot of overtime but on the other hand get a lot more holidays

than the national respondents. The international employees additionally get an extra day off every month to compensate their peculiar working hours.*

Nevertheless, for the employees it seems as if there were no regulated compensation of overtime. Only 33% of the national respondents and none of the internationals, say they get extra holiday for working more hours than defined in their work contract.

Implications

In the context of work related health, some important facts have come up in course of the respondents' questioning. Work can influence the employees' health in various different ways and the perception of strain and demands at work is very individual. The working tasks, duration and progress of work as well as the physical working environment (e.g. lighting, climate, noise, chemicals) can have an impact on the employees' health. Furthermore the organisation of work processes, the atmosphere among staff members as well as social determinants such as economic and financial circumstances (e.g. fear of unemployment) can negatively influence the health (Zimolong, Stapp 2001, p. 142-143).

First of all, it is notable how important the employees' salary is for the support of their families. This is another factor that could produce a bias when talking about the respondents' satisfaction with work and work related matters. It is conspicuous that only few staff members were off sick during the preceding year, although some serious diseases occurred among the respondents. Absenteeism due to illness should be discussed with the participants. The fear of unemployment was especially evident among national respondents (30%), which poses a great stress factor and should therefore be discussed honestly by the employer and the staff members.

The majority of the participants are satisfied with the overall conditions at work, nevertheless some serious problems have been identified. A considerable percentage of employees feel stressed by their work because of a lot of pressure

* This information was gathered through correspondence with other project assistants.

and responsibility. Another 10% of the nationals and 40% of the internationals named insecurity about their work-tasks as a major stress factor. This is not only a health issue but highly relevant for an efficient working environment and should be dealt with by the heads of offices in Maputo and the three provinces. These matters need serious consideration as mental distress has a great impact on the overall well-being and might also manifest in physical diseases such as an increased heart rate, hypertension, increased blood cholesterol level or even cardiovascular diseases or musculoskeletal disorders. (WHO 2007, p.15; Zimolong, Stapp 2001, p. 145)

Another problematic finding concerning work is the unequal amount of holidays among the staff members and the fact that 12% did not have any days off during the preceding year at all. It shows that, especially the international respondents feel they work a lot more than defined in their work contract without any compensation. These circumstances need to be dealt with by the employer and solved as soon as possible; a standard regulation should to be established.

To solve some of the work related problems, the heads of the GIZ offices should deliberate on occupational health issues. Legal agreements about the working conditions need to be transparent to all staff members. Furthermore there should be a contact person in every office to help the employees with personal concerns at work. A first approach would be to widen the HIV Focal Points' field of responsibility to health issues in general as planned in course of the extended WPP.

3.3.3.2 HIV Work-Place-Programme

Results

The majority of the respondents, 69% of the nationals and 50% of the internationals know that there had been at least one information session on HIV and AIDS in the preceding year. The employees in Maputo had the least knowledge about information on HIV given at the workplace. A considerably higher rate of national (66%) than international (50%) respondents have attended an information session about HIV and AIDS, while the men (81%) show a much

higher participation than the women (60%). Again the attendance in the office in Maputo was much lower than in the three provinces.

All GIZ employees should have participated in at least one sensitising session, at the plenary meeting of all GIZ staff members in Maputo in September 2010.*

The majority of the employees know the HIV Focal Person in their programme, while the international respondents (88%) show a better knowledge than the nationals (79%). Over 90% of the respondents in Maputo, Sofala and Inhambane know their HIV Focal Person, in Manica only 66% know who their assigned FP is. None of the internationals have approached the Focal Person regarding HIV before, in contrast to that 33% of the national employees have asked the FP for help in that matter.

Out of 70 national employees that have approached the FP before, 76% found the FP competent to answer their questions and needs, of the nine international respondents that have sought help from the Focal Person before, 67% were satisfied.

The employees' knowledge on the availability of condoms, information material on HIV and AIDS and other health issues is very diverse. While 88% of the nationals know there are condoms available at the workplace only 72% of the internationals do so. There is also a considerable difference in knowledge among the four GIZ office sites. 26% of the respondents in Maputo do not know if there are condoms available, in contrast to all employees in Sofala, 97% in Manica and still 92% in Inhambane. A higher rate of internationals (84%) than nationals (76%) know about information material on HIV and AIDS at the workplace.

34% of the employees state that there has been information offered on topics other than HIV at their workplace before. In Sofala even 54% of the respondents did so. Nevertheless, up until now the focus of the Work-Place-Programme has mainly been HIV and AIDS, information sessions about other health issues are planned in the extended WPP.

* This information was gathered through correspondence with other project assistants.

For the extension of the WPP some health related topics of interest were identified:

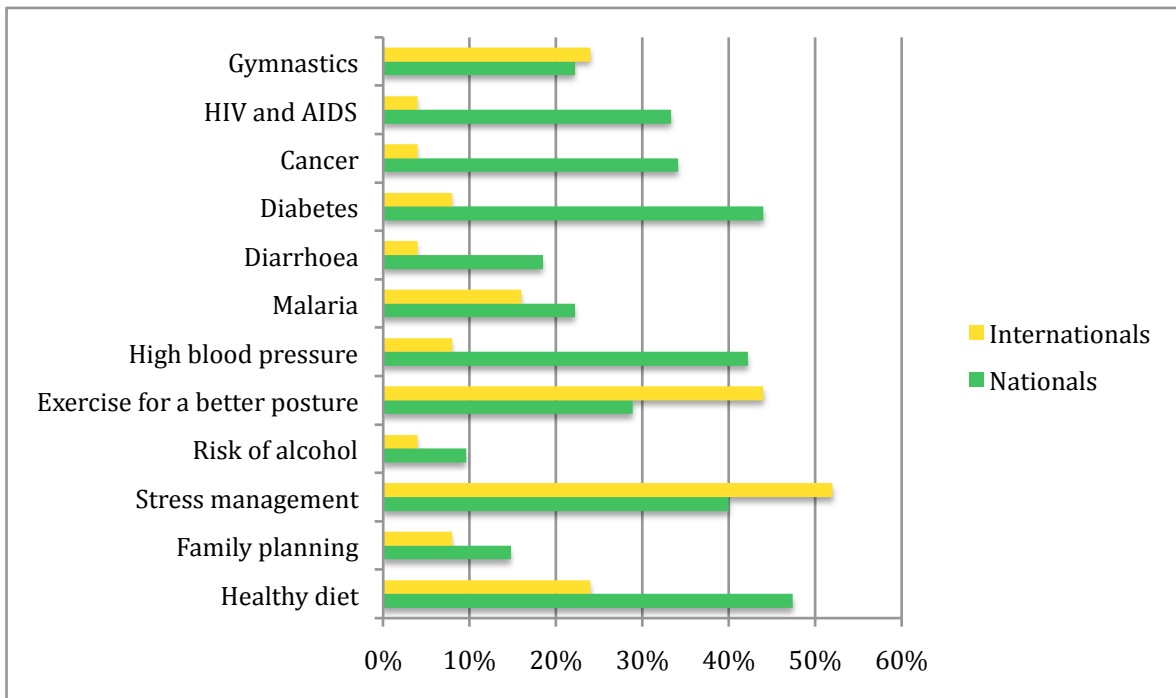


Figure 14 Topics of for the future WPP - National and international respondents

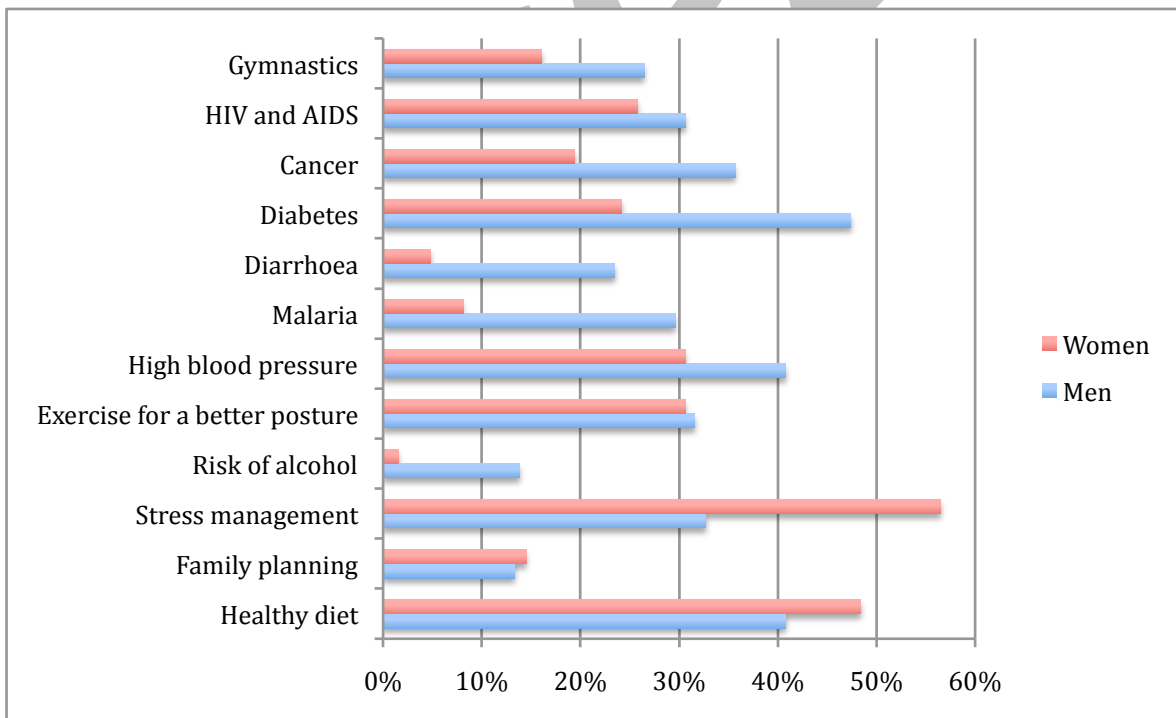


Figure 15 Topics for the future WPP - Male and female respondents

The respondents seem to be very interested in information on health topics other than HIV. Nevertheless national and international as well as male and female respondents show very different interests. Most frequently requested topics are

healthy diet, stress management, diabetes, high blood pressure and information on physical exercise (gymnastics 23% and exercise for a better posture 31%).

Another aspect of interest concerning the extended WPP is the employees' opinion on who should participate in a sensitising session on HIV:

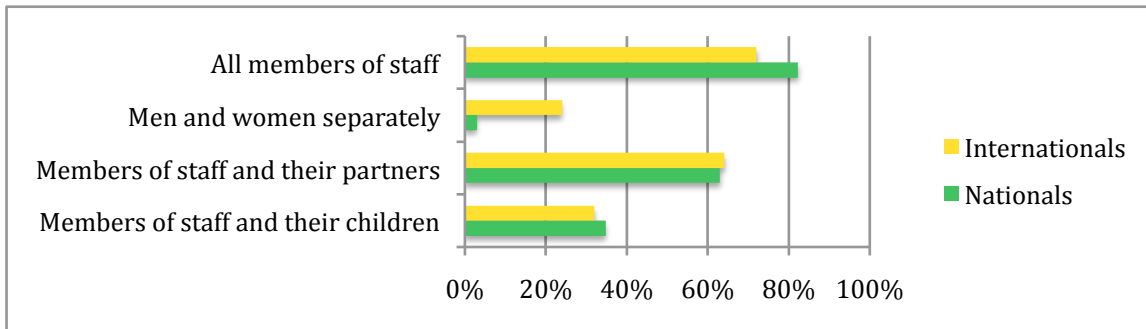


Figure 16 Participants for sensitising sessions on HIV - National and international respondents

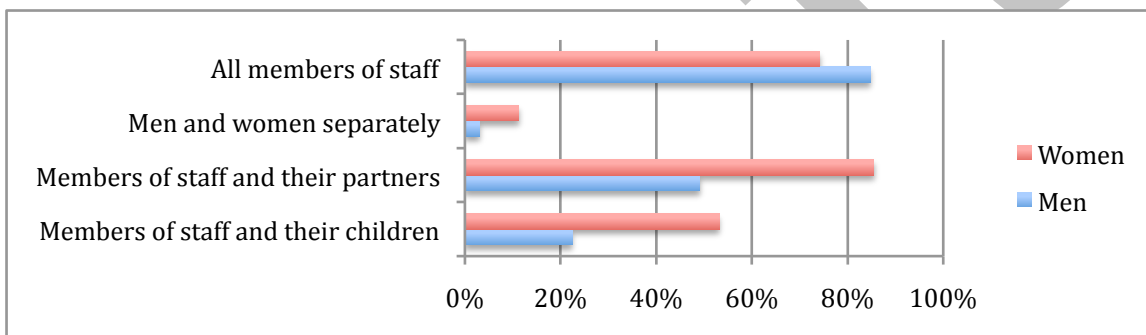


Figure 17 Participants for sensitising sessions on HIV - Male and female respondents

The majority of the respondents (81%) would prefer all members of staff to participate together. Only 3% of the nationals but 24% of the internationals would prefer men and women to have separate sensitising sessions, this wish was also named more frequently by female than male respondents. 63% of all participants would like to bring their partner and even 33% their children to sessions on HIV at the workplace, while twice as many women would like to than men.

Implications

The section dealing with the GIZ Work-Place-Programme gives some important information for improvement of the former structures of the WPP and indications for implementation of the extended WPP. To reach as many employees as possible the promotion of information sessions needs to be increased, as still a lot of staff members do not seem to notice if there are intervention provided at the workplace. Especially in Maputo the employees' attendance should be enhanced

more. A notice on the office's info board should be put up in advance and interventions enlarged and promoted more. Furthermore it is important to enable all staff members to participate in the interventions, regardless of their field of activity (e.g. drivers or other support personnel not constantly working in one of the office sites). The employer should additionally encourage the staffs' participation in information sessions. Furthermore the availability of condoms and additional information material on HIV and other health topics needs to be promoted better in the future, to ensure that all staff members are informed. The condoms and information material need to be easily accessible to all employees and should be checked on a regular basis.

The majority of the staff members would appreciate women and men to participate in sensitising sessions together or even to involve their partners and children in the interventions. Most of the information sessions on general health topics will be for male and female staff members together, nevertheless delicate topics should be discussed in separate sensitising sessions. The opportunity to include the partner or children in the interventions will be given in the course of "Family Days". Here separate information on different health topics for various age groups should be provided.

The majority of the employees know the Focal Points and also one third of the national participants have approached him/her before. The Focal Persons seem well respected by the employees that have approached them. To further encourage the staff's confidence in their Focal Person, and to assure that all staff members know him/her, he/she should be introduced to all employees and his/her role explained to the participants again. This is especially important, as the Focal Person will also be the contact person for general health issues as well as conflicts at work in course of the extended WPP. It might also help the employees to overcome their inhibitions to approach the FP if the focus is not only set on HIV but also other health matters.

In course of this chapter, the participants were asked about some topics for the future WPP of GIZ Mozambique. Most frequently requested were information on healthy diet, stress management, diabetes, hypertension and physical activity. The mentioned topics are going to be integrated into the concept of the extended WPP,

either in form of information sessions or as information material available to the GIZ employees.

Cancer, which would interest 29% of the respondents will not be dealt with in course of the WPP, as adequate testing and treatment for most forms of cancer cannot be provided by the medical facilities. Furthermore the prevalence as well the mortality rate of cancer in Mozambique is hard to measure. Because of the health conditions in Mozambique, cancer is not a prior intervention issue. The international respondents have access to information on various health topics on the intranet of GIZ Germany. They additionally are imbedded in the German health system and therefore have additional opportunities to get medical advice or treatment in their home country. *

3.3.4 Family and Community Health

This section deals with the participants' family and community health. Furthermore some information on the participants' knowledge, attitude and practises concerning reproductive health and HIV is included.

Results

Overall, the national employees live in much bigger households than the internationals. 71% of the nationals compared to only 17% of the internationals live in a household with four or more people. In comparison, only 1,5% of the national but 33% of the international participants, state to live alone.

* This information was gathered through correspondence with other project assistants.

A lot of the respondents reported that they take care of health issues at home:

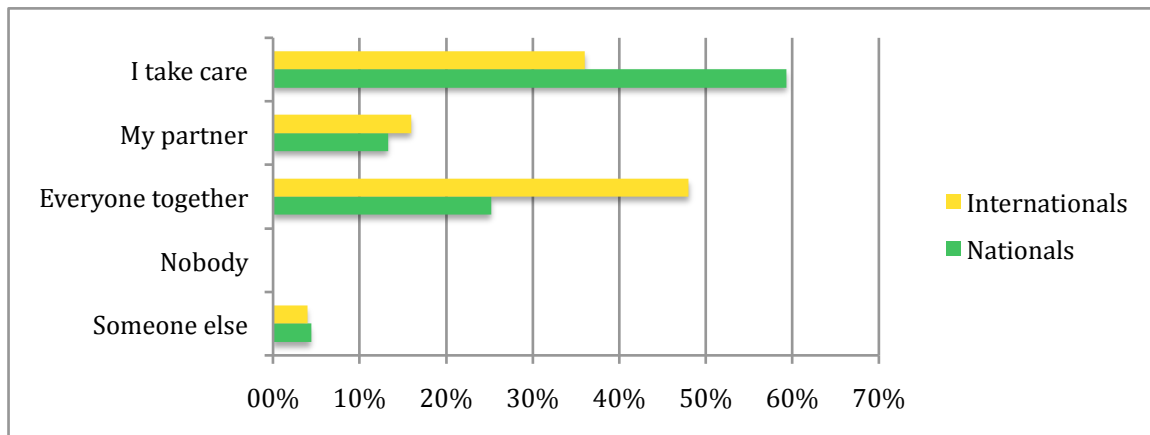


Figure 18 Who takes care of health issues in the family - National and international respondents

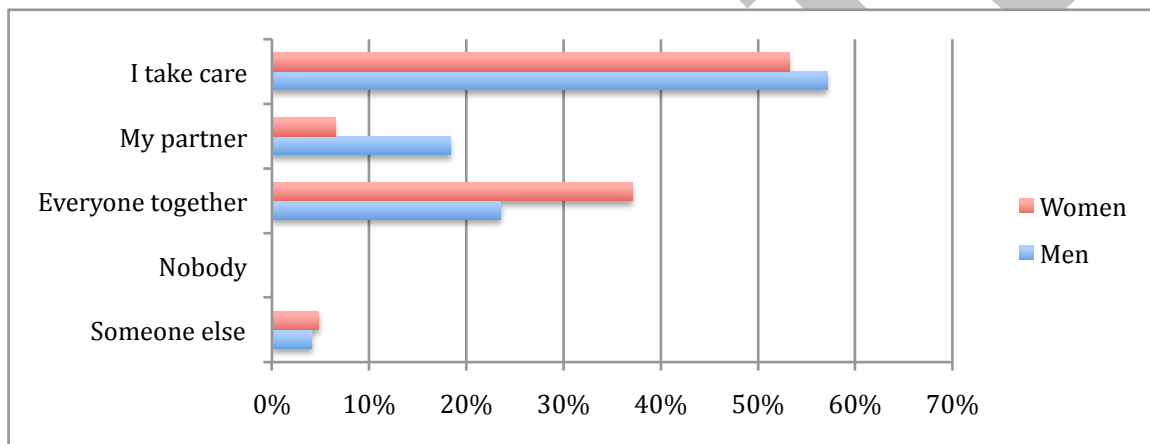


Figure 19 Who takes care of health issues in the family - Male and female respondents

59% of the national and 36% of the international respondents take care of their family's health issues. Especially the national respondents seem to have a great influence on their family's health. It shows that even more male respondents than females take care of their family's health issues on their own. Then again more women reported that everyone in their family takes care of health issues together.

The participants' knowledge on HIV is very unequal. The awareness about suitable protection methods against a HIV infection is diverse among national and international respondents, as displayed in the table below.

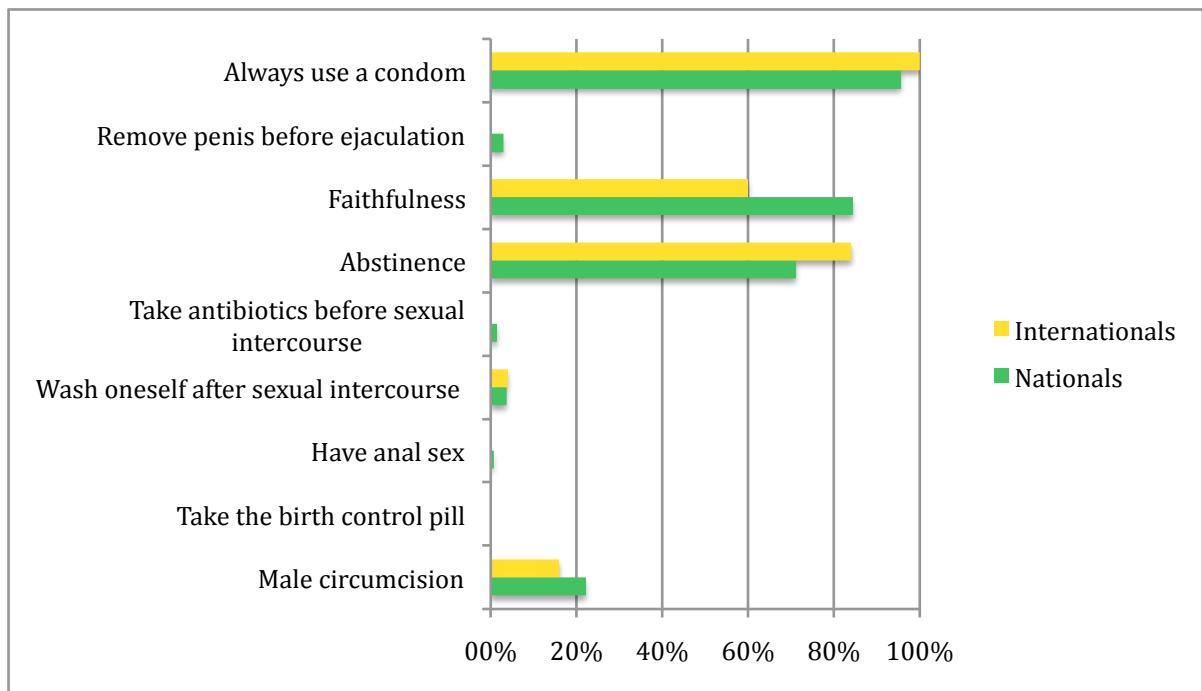


Figure 20 Prevention of HIV infection

Although none of the respondents named the birth control pill as a protection method the vast majority of the female national respondents and all of the internationals know that using a condom can prevent a HIV infection, some crucial misbeliefs occur. 6,1% of the national male respondents did not name the use of condoms as a protection method for HIV.

72% of the nationals and 84% of the internationals named abstinence as a method of prevention and 81% of all respondents, faithfulness.

Furthermore some misbeliefs concerning removing the penis before ejaculation (4%), taking antibiotics before sexual intercourse (2%) and washing after sexual intercourse (4%) are evident. Although washing oneself after sexual intercourse does not prevent HIV, it can be an important emergency action.

Also being HIV positive does not mean the person has been unfaithful, as 11% of the national and 42% of the international respondents believe.

Male circumcision was named as a prevention method against HIV by 22% of the national and 16% of the international respondents. Also 16% of the international respondents and 32% of the nationals, of whom 37,1% are women and 24,5% men, believe taking a HIV test on a regular basis could prevent HIV. It is recommended to have a HIV test on a regular basis but it surely doesn't prevent an infection, as HIV cannot be cured.

The national and international respondents show great differences in knowledge about the risk of transmission between men and women. Although 16% of the national and 48% of the international respondents know that HIV is transmitted more easily from men to women, still 6% of all respondents believe it is the other way round. The majority of the national respondents (64%) and 40% of the internationals think there is no difference in the frequency of transmission between men and women.

The national respondents (88%) show better knowledge on mother-to-child transmission of HIV than the internationals (68%).

Overall, the respondents' attitude towards a member of their social environment having HIV is mainly tolerant and positive. Nevertheless the respondents seem to feel differently about a family member being infected. 40% of the national respondents and 36% of the internationals would want it to remain a secret if a member of their family was HIV positive. Then again half of the nationals and 32% of the internationals wouldn't want to keep it a secret.

The majority of the participants, 70% of the national and 56% of the international respondents have experienced the death of a friend or colleague because of AIDS. Of those, 70% of the nationals and 86% of the internationals state that their relationship with the person infected with HIV didn't change. 18% visited him/her regularly and 20% of the nationals even took care of their friend or family member. Male and female respondents do not show any considerable differences in the acceptance and interaction with the people in their social environment infected with HIV.

Only 3% of the national and none of the international respondents avoided contact after their friend or colleague got diagnosed with HIV.

The respondents also show different attitudes towards HIV at the workplace and the question if HIV positive colleagues should have to tell the other staff members about the infection:

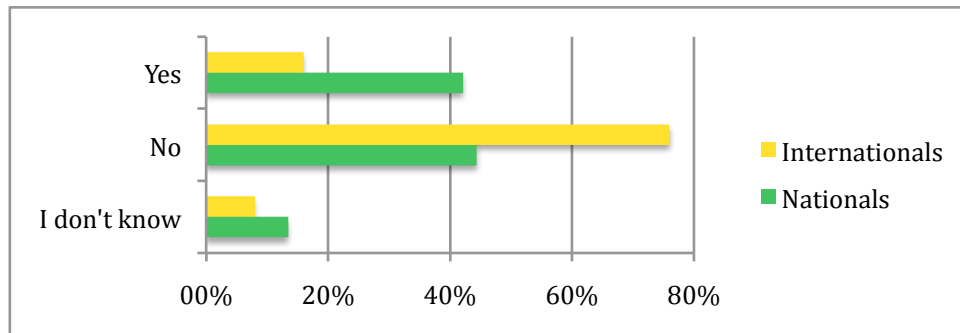


Figure 21 Should a HIV positive colleague have to tell the others about it - National and international respondents

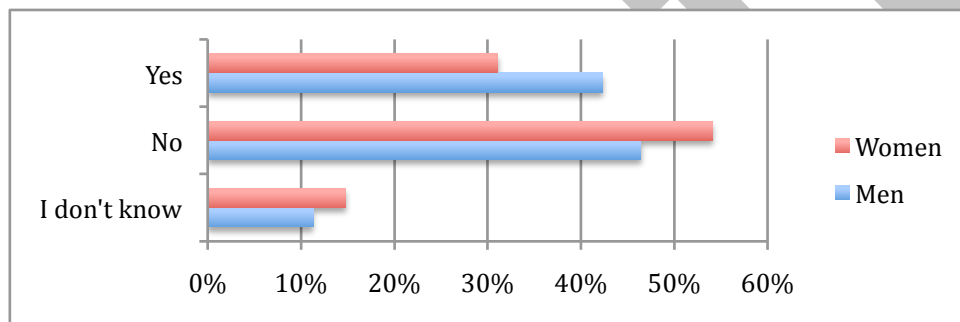


Figure 22 Should a HIV positive colleague have to tell the others about it - Male and female respondents

42% of the national compared to only 16% of the international respondents feel that an infected colleague should tell the others so they can protect themselves, while the women show a higher tolerance than the men. 44% of the nationals and 76% of the internationals do not think so. Only 4% of the nationals, but none of the internationals fear problems at work or unemployment in case of an HIV infection. There are some prejudices evident against women who carry condoms with them. 13% of the national and 5% of the international respondents believe that it is an indication of having sex with a lot of different men. The men (16%) show a much higher frequency than the women (5%).

Sexuality is a delicate topic as on the one hand it plays a big role in everyday life but on the other hand is a taboo and not spoken about openly. It is a very personal matter, which needs to be dealt with sensitively. The participants show very diverse ways of dealing with this topic.

National and international respondents show differences in their methods of contraception. Of the national respondents (n=127) 35% state to use a condom for contraception, 11% use an injection and 25% do not use any contraception at all. Compared to that only 12% of the internationals (n=17) do not use any contraception and 47% state to use a condom. The birth control pill is used by 24% of all respondents.

In total 64% of the respondents do not use a condom when they have sexual intercourse.

Sexuality is not spoken about openly. The respondents report about different persons they feel confident talking to about sexuality:

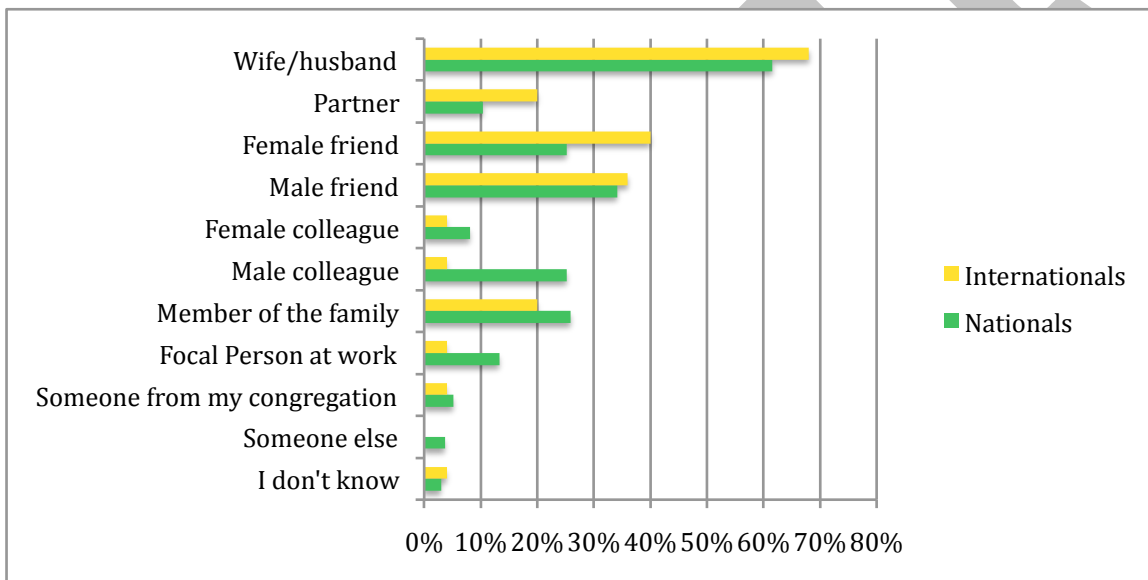


Figure 23 Whom the respondents would speak to about sexuality - National and international respondents

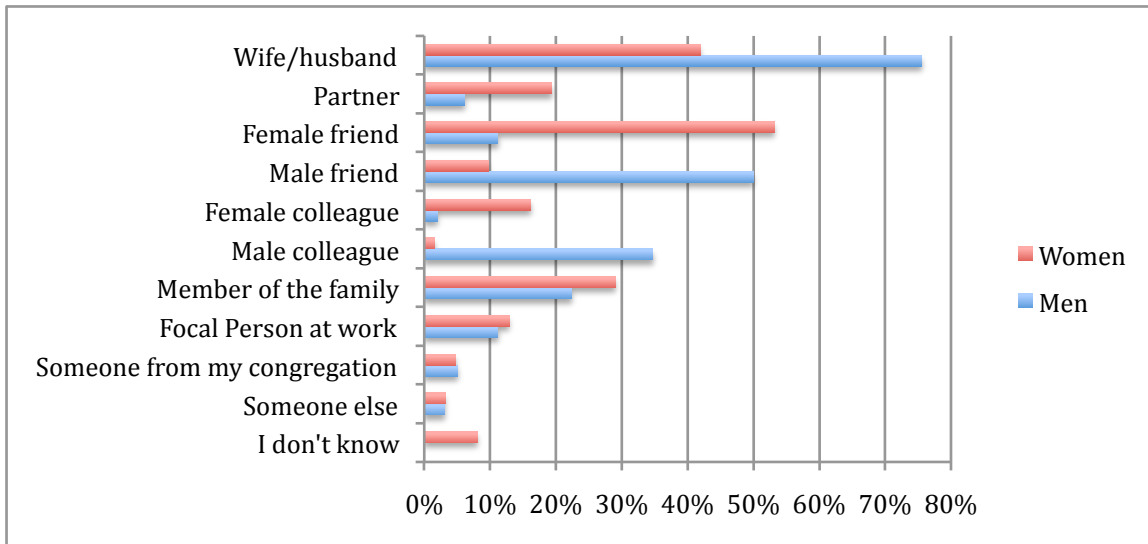


Figure 24 Whom the respondents would speak to about sexuality - Male and female respondents

Most of the respondents, 72% of the nationals and 88% of the internationals, would either speak to their wife/husband or partner about sexuality, here the men show a higher frequency than the women. 59% of the nationals and 76% of the internationals would speak to a friend and 24% of all respondents to a member of their family, while more women than men would talk to family members about sexuality. Also 33% of the nationals stated they would talk to a colleague, compared to only 8% of the internationals.

13% of the national respondents would approach the Focal Person at work, only one of the internationals (4%) would. The differences in consultation of the Focal Person between national and international employees might be at least partly due to cultural differences.

A total of 19% of the respondents do not know the HIV status of their partner and 8% of the nationals are unsure about it.

In case of a HIV infection, the participants would approach different people first as shown in the figure below:

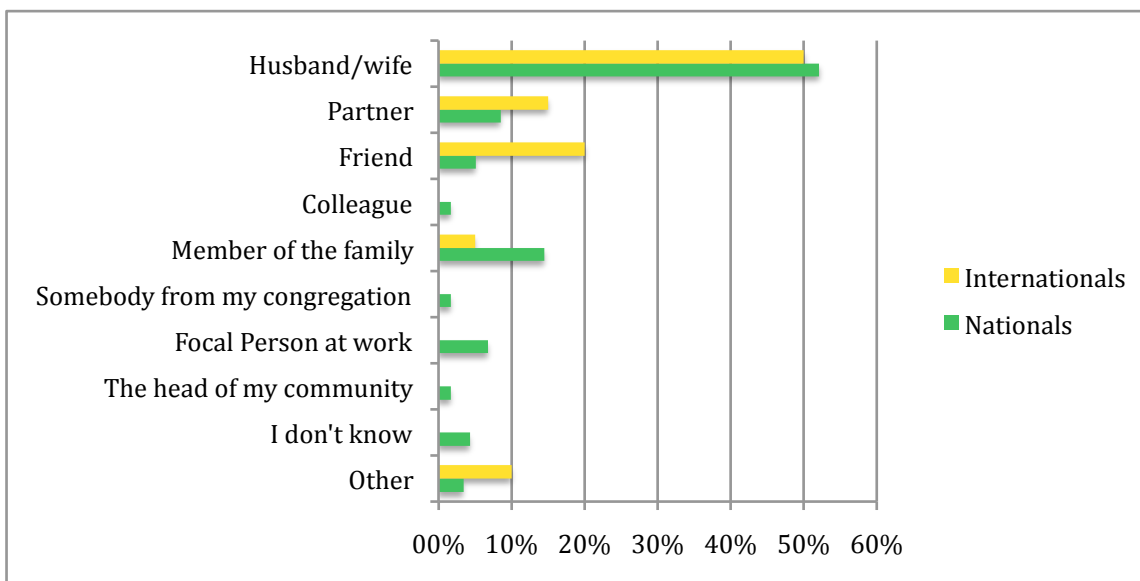


Figure 25 Contact person in case of a HIV infection - National and international respondents

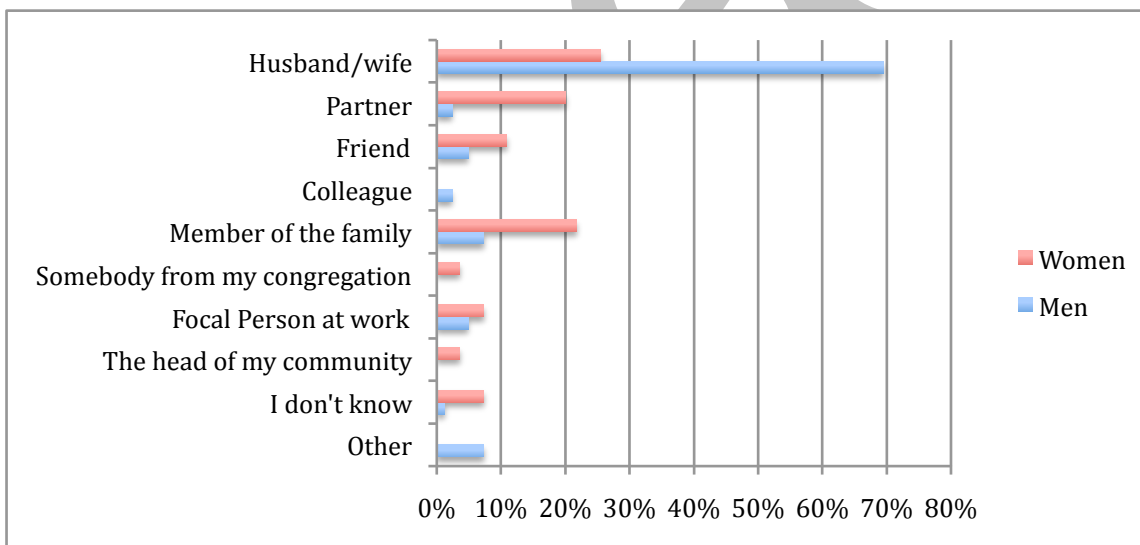


Figure 26 Contact person in case of a HIV infection - Male and female respondents

The majority of the respondents (63%) would contact their husband/wife or partner first, whereas again the male respondents (72%) show a considerably higher frequency than the women (46%). Then again another 20% of the internationals would speak to a friend first if diagnosed with HIV, while the national respondents would prefer to talk to another family member. 7% of the national respondents would prefer to talk to another family member. 7% of the national respondents would talk to the Focal Person at work, where the women show a higher frequency than the men.

The respondents' behaviour in case of a discharge, itching of the genitals or pain when going to the toilet, which could be a sign for a sexually transmitted infection, is very different among the respondents. Of those respondents who reported problems during the preceding 12 months, 25% of the nationals did not tell their partner about it. All international respondents told their partner about their ailment and sought medical help. Of the nationals 27% did not go to a health facility. To prevent their partner from getting infected as well, 60% of the concerned respondents used a condom, 40% of the internationals and 20% of the nationals chose hygiene and another 20% of the nationals stated to take another action.

Implications

The section on family and community health reveals some additional results that are very important for the structuring of the future WPP. First of all it shows that the participants, especially the nationals, have quite a big influence on their families' health. In this case a Work-Place-Programme is a good way to transfer information to the employees' family and community life. Other family members should be considered when planning Family-/Health Days, as it would be advisable to include further topics with information on children's health, reproductive health and family planning.

Furthermore it stands out that although some information on HIV has been provided before, still some fundamental misbeliefs and knowledge gaps about the transmission of HIV are evident. The vast majority of the respondents named condoms, abstinence and faithfulness as protection methods against HIV. However, personal abstinence or faithfulness does not prevent an infection with HIV as every sexual partner has a potential sexual-network of varying partners and therefore the risk of an infection is increased, if there is no condom use. The concept of sexual-networks should be introduced to the participants in course of the WPP.

Nevertheless abstinence and faithfulness should be promoted positively in combination with condom use. As Mozambique is a high prevalence country, not only sexual intercourse has to be considered, but it has to be kept in mind that there are other ways of HIV transmission (e.g. first-aid). Therefore condom use should be promoted as a respectful gesture instead of distrust, also in permanent

relationships. Communication among sexual partners needs to be encouraged further. The former HIV WPP should be revised in that prospect.

Furthermore, one fifth of the respondents named male circumcision as a protection method against HIV. Though male circumcision doesn't prevent HIV it lowers the risk of an infection for men, not for women, considerably, and this difference needs to be pointed out to the participants (WHO 2012).

The misbeliefs concerning HIV, identified by the questionnaire, should be discussed with the participants. This could be an effective way to involve the participants in a topical discussion on HIV although it has been dealt with before and first information resistance has built up among the employees.

Another crucial action is to point out that taking a HIV test on a regular basis is highly recommended but does not prevent an infection, as HIV is an incurable disease.

Additionally, the matter of transmission between men and women should be considered in the sensitising sessions on HIV. When talking about mother-to-child transmission it has to be kept in mind that though there is a medication that can reduce mother-to-child transmission, it only lowers the risk.

Although a lot of the participants already show tolerant or even supportive behaviour towards people infected in their social environment, they still seem to fear discrimination. Tolerance towards people infected with HIV needs to be encouraged further in work and community life and the fear of being discriminated reduced. Then again still a lot of national (42%) and international (16%) respondents would want a HIV positive colleague to tell the other staff members about it. The GIZ Policy on HIV Work-Place-Programmes includes a non-discriminative working environment, in which no staff member has to reveal any information about his/her HIV status at any point of the occupation. As this is a matter of protection for the affected employee, the policy should be explained to the GIZ staff.

To overcome prejudices against women who carry condoms, it needs to be pointed out to the participants that this is no sign for excessive or promiscuous sexual activity, but a way to protect one-self from getting infected with HIV.

Another aspect important for improvement of the WPP is the lacking communication on sexuality among staff members and their partners. One fifth of the respondents do not know the HIV status of their partner, 20% of the national respondents did not tell their partner about a discharge or itching of the genitals they experienced during the preceding year, which indicates the need to encourage communication on sexuality between men and women. As Mozambique is a high prevalence country of HIV, private and delicate topics such as sexuality need to be included in the WPP.

To encourage staff members to talk to their partner about sensitive topics such as sexuality and reproductive health it might help to let them participate together in a sensitising session in course of a family day. Also recommendations on how to address sexuality needs to be discussed with the respondents in context of the WPP.

3.3.5 Reproductive Health

The questionnaire's section on reproductive health deals with the participants' HIV status, personal sexual activities and sexual harassment at the workplace. As very personal questions were asked, they were attached in a separate questionnaire, which was filled out by the participants themselves and therefore absolute anonymity guaranteed.

Results

All of the international respondents have had a HIV test before. In comparison an alarmingly high rate of the national respondents (11%) have never taken an HIV test and 1,6% don't know. Of those who have taken a test before (n=107), 3% are HIV positive.

It has to be kept in mind that the international staff members get an overall check-up and are recommended to take a HIV test before their assignment abroad.*

There is a great difference among national and international respondents in the frequency of sexual intercourse with someone other than their partner. 30% of the

* This information was gathered through correspondence with other project assistants.

nationals had sex with another person than their partner during the preceding 12 year, compared to only 4% of the internationals.

92% of the national respondents say they would use a condom when having sex with someone other than their partner, still 5% don't and 3% are unsure. It has to be kept in mind that social desirability might have influenced the participants' response behaviour concerning sexual activity and condom use.

There are different reasons among the participants for not using a condom every time they have sex:

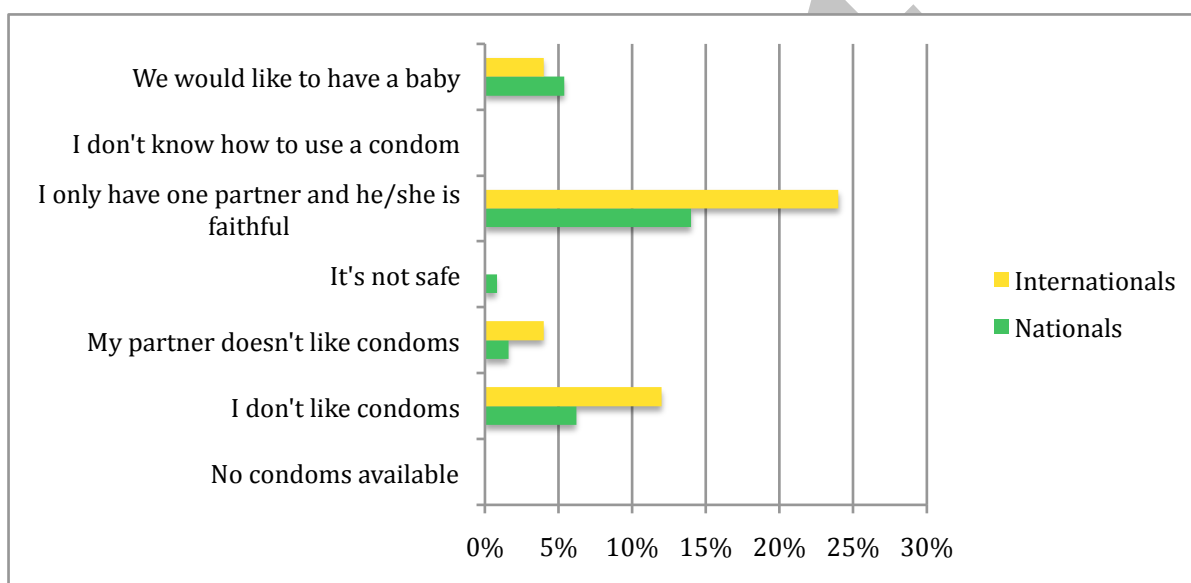


Figure 27 Reasons for not using a condom - National and international respondents

Condoms are available to all of the respondents and everyone knows how to use them. Still one of the national respondents believes that condoms are unsafe.

8% of the national and 16% of the international respondents state that either they don't like condoms or their partner doesn't, as the reason for not using one every time they have sex. Then again 14% of the national and even 24% of the international respondents named a faithful partner as their reason for not using a condom. 5% of all respondents would like to have a baby and therefore do not use any contraception. No considerable difference in reasons for not using a condom between men and women is evident.

National and international respondents have different attitudes on sexuality in marriage. Although the majority of the respondents think that women have the

right to refuse sex with their husband, 26% of the nationals and 4% of the internationals believe that a woman is not allowed to and 7% don't know.

During the preceding 12 months, 3% of the national respondents (n=128) were physically attacked by their partner or another member of the family. Also 4% stated that they attacked their partner; none of the international respondents was affected.

An alarmingly high rate of the respondents has been sexually harassed at their workplace before, as shown in the table below:

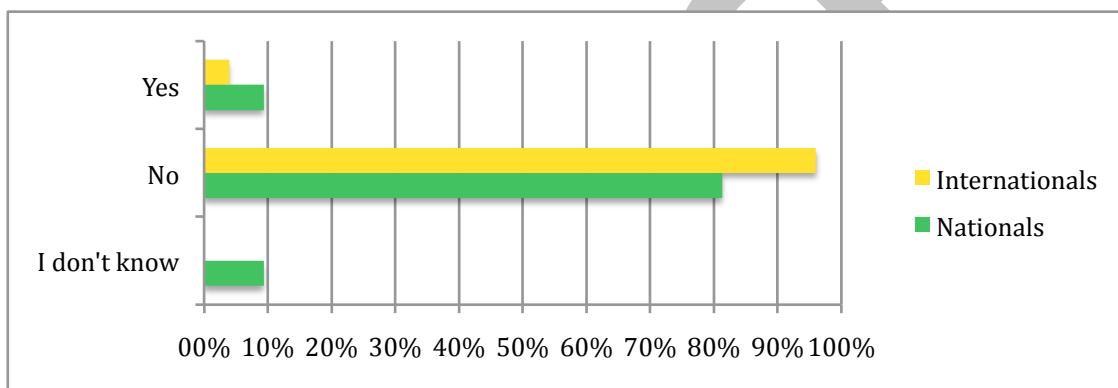


Figure 28 Sexual harassment at work - National and international respondents

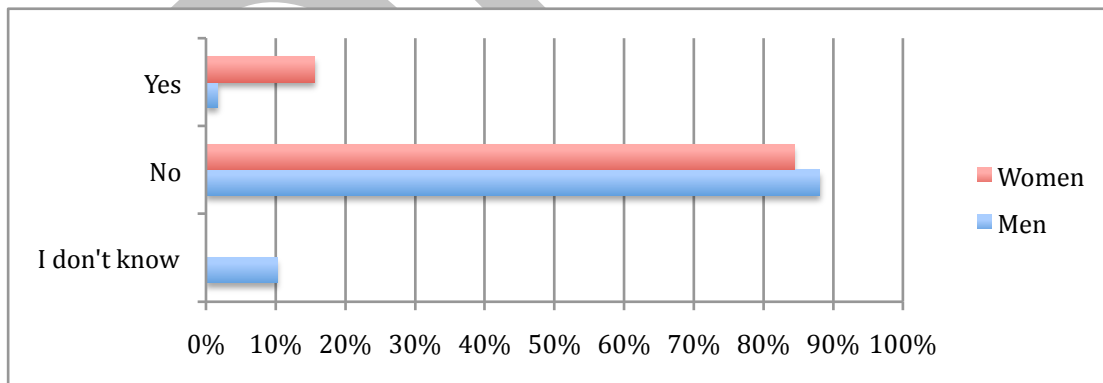


Figure 29 Sexual harassment at work - Male and female respondents

8,5% of all respondents have been sexually harassed at the workplace before. It has happened to twice as many national (9%) than international (4%) respondents. A much higher frequency of women reported to be affected (16%). Another 10% of the male national respondents are unsure if they have been sexually harassed before.

Only 37% of the national respondents know who to talk to in case they got sexually harassed at work, 63% are unsure about it. In comparison 60% of the internationals know whom to concern in case of sexual harassment at work. It has to be kept in mind that the international respondents have additional opportunities through their access to the German GIZ intern network of counsellors.*

Implications

The major findings concerning reproductive health include great gender inequality in everyday life and marriage. Gender inequality and women's and men's rights are important topics that need to be integrated into the different sessions of the extended Work-Place-Programme.

Furthermore 11% of the participants have never taken a HIV test before. As Mozambique is a high prevalence country, HIV tests should be taken on a regular basis. This needs to be emphasised in course of the sensitising sessions on HIV and the participants informed about possibilities to take a test.

Another problem is sexual harassment at work, which has happened to 8% of all employees before. Additionally a number of unreported cases have to be assumed. As verbal and physical sexual harassment at the workplace is a serious and very important matter, it needs to be discussed among the heads of GIZ offices and a policy on sexual harassment at work developed in cooperation with the Focal Points and staff association. Additionally it is important to make sure the employees feel confident to report cases of sexual harassment at work. A responsible, trustworthy person should be assigned for that purpose.

* This information was gathered through correspondence with other project assistants.

3.3.6 Summary Challenges

In this chapter an overview of the main challenges for extension of the WPP is given. All health issues identified in course of the KAP-survey are listed in the tables below and recommendations for action given. A distinction is made between behaviour oriented prevention and structural prevention. Aim is the creation of a healthy (working) environment as well as to encourage and enable healthy behaviour.

General Health

Challenge	Recommendations
Overweight.	<p>Behaviour oriented prevention: Information about the risks of overweight needs to be provided. The importance of physical activity and healthy diet for maintaining a healthy body weight needs to be explained and some practical suggestions on weight control should be given. Additionally the interrelation of overweight and non-communicable diseases should be pointed out.</p> <p>Structural prevention: Exercises and healthy snacks/lunch at the workplace should be provided in form of “Healthy Breaks” every fortnight. Furthermore it should be guaranteed that the employees can take their daily lunch break with enough time to eat. It would be helpful if there were a possibility for the employees to store and prepare the foods they bring themselves.</p>
Malaria.	<p>Behaviour oriented prevention: Information about the risks for and protection methods against malaria needs to be provided. Especially the national male employees need to be addressed in course of the intervention as they show a highly increased infection rate. Additional information on the symptoms and actions in case of a malaria infection should be given.</p>
Hypertension.	<p>Behaviour oriented prevention: Information on hypertension needs to be provided for the employees, to increase the participants’ knowledge on the risks for and consequences of hypertension. Additionally the interrelation of hypertension, healthy diet and physical activity should be pointed out. A regular check-up should be recommended.</p> <p>Structural prevention: Check-up paid for by health insurance.</p>
Diabetes.	<p>Behaviour oriented prevention: Information on diabetes needs to be provided for the employees, to increase the participants’ knowledge on the risks for and consequences of diabetes. Additionally the interrelation of diabetes, healthy diet and physical activity should be pointed out. A regular check-up should be recommended.</p> <p>Structural prevention: Check-up paid for by health insurance.</p>
Diarrhoea.	<p>Behaviour oriented prevention: Information on the risks for and prevention ways to prevent diarrhoea need to be provided for the employees. Especially the international staff members need to be informed about adequate food hygiene in course of the information session on healthy diet.</p>

Eyesight.	<p>Behaviour oriented prevention: Information on the availability of eyesight examinations needs to be provided.</p> <p>Structural prevention: Check-up paid for by health insurance. Additionally regular eyesight check must be obligatory for all drivers at GIZ.</p>
Dental health.	<p>Behaviour oriented prevention: Information on the importance of dental health for the overall health as well as guidelines on dental hygiene needs to be provided. A regular check-up should be recommended.</p> <p>Structural prevention: Check-up paid for by health insurance.</p>
Check-up rate.	<p>Behaviour oriented prevention: The importance of check-ups should be dealt with in course of the information session on various health topics.</p> <p>Structural prevention: Furthermore check-ups should be provided at Family- and Health Days.</p>
Knowledge about service of health insurance scheme.	<p>Structural prevention: Regularly updated information on the insurance coverage, health facilities and patient confidentiality needs to be provided in all GIZ office sites.</p>

Table 1 General Health - Challenges and Recommendations

In the context of “General Health”, the promotion of check-ups and their importance is a major issue. Generally it is important that the employees have the opportunity to inform themselves about different health issues, therefore the provision of information material is fundamental. Furthermore the service of the insurance scheme needs to be transparent to all staff members so they can get the best healthcare possible. It needs to be pointed out that for maintaining a good health not only health promoting environmental circumstances are of great importance but also that individual behaviour and life-style patterns significantly influence the personal health.

Work and Health

Challenge	Recommendations
Little holidays.	Structural prevention: The heads of GIZ offices need to deliberate about holiday arrangement.
No regulated compensation of overtime.	Structural prevention: The heads of GIZ offices need to deliberate about compensation of overtime. A legal agreement should be transparent to all staff members.
Fear of unemployment.	Structural prevention: The heads of GIZ offices should discuss this matter with the staff members to lower the employees' insecurity of their occupation.
A lot of pressure/ responsibility.	Behaviour oriented prevention: Information about stress prevention and suggestions on successful stress management needs to be provided. Especially the international employees report a lot of stress at work information on the availability of additional information material, accessible on the intranet of GIZ Germany should be given. Structural prevention: The heads of offices should talk to their staff about this matter and ask what kind of help they would need to feel more comfortable with their work assignments. Maybe the coordination and communication structure of the project work needs to be reconsidered.
Unclear work tasks.	Structural prevention: The heads of GIZ offices need to discuss this problem with the employees. A secure working environment needs to be created where staff members feel confident to seek advice on their work.
Sexual harassment at the workplace.	Behaviour oriented prevention: Information on rights and the GIZ policy on sexual harassment need to be given. Additionally complaints should be encouraged. Structural prevention: A policy against sexual harassment at the workplace needs to be developed in cooperation with the heads of offices and Focal Points and representatives of the staff association. Additionally one trustworthy male and one female contact person should be assigned, whom the employees can approach in case of sexual harassment.

Table 2 Work and Health - Challenges and Recommendations

To encourage a healthy working environment the main objective should be to increase communication among staff and management. The employees seem to feel very stressed by their work although a lot of the insecurities concerning work could be easily avoided. Additionally some suggestions on successful stress management are advisable. Furthermore regulations, e.g. for holidays or compensation overtime, need to be transparent to the employees and a contact person for them to approach with work related questions should be assigned.

HIV Work-Place-Programme

Challenge	Recommendations
Little notice and lack of offers of interventions provided at the workplace.	<p>Behaviour oriented prevention: The progress of the interventions should be documented by the Focal Points and monitored by the project coordinators.</p> <p>Structural prevention: A plan with upcoming interventions (Healthy Break, Information sessions, Family- and Health Days) should be put up on the notice board in every office site. Especially in Maputo the WPPs' activities need to be guaranteed and promoted better.</p>
Condoms and information material on HIV at the workplace.	<p>Structural prevention: The availability of condoms and information material on HIV at the workplace needs to be promoted better. The condoms and information materials should be easily accessible to all staff members and needs to be checked on a regular basis. A responsible person should be assigned in every office site.</p>
First-Aid-Kit.	<p>Behaviour oriented prevention: Information and instructions on how to act in case of an emergency need to be provided for the employees. Especially the use of disposable gloves should be pointed out as protecting against HIV and other infections.</p> <p>Structural prevention: The availability of a First-Aid-Kit at the workplace needs to be promoted better among all staff members. Additionally the First-Aid-Kits in the drivers' cars need to be checked on a regular basis. Furthermore soap/sanitizer needs to be provided in every office site.</p>
Acceptance of Focal Person.	<p>Structural prevention: The responsible Focal Person of each office site should be introduced to the local staff members, to ensure they know him/her when they need advice concerning HIV. Furthermore the extension of the FPs field of responsibility to health issues in general and work related matters instead of just HIV, would lower the barrier for an approach. Male and female FPs.</p>

Table 3 HIV Work-Place-Programme - Challenges and Recommendations

The main challenges concerning the HIV Work-Place-Programme are the promotion of interventions and the employees' willingness to participate. The WPP needs to be integrated further in the office sites of GIZ. It should be emphasised that all staff members know about the programme, its activities and benefits and that everyone is enabled to take part in interventions, regardless of their occupation. Furthermore communication about the WPP among the employees should be encouraged to increase the staffs' acceptance of the programme.

Family and Community Health

Challenge	Recommendations
Misbeliefs concerning the transmission of HIV.	Behaviour oriented prevention: Misbeliefs identified by the staffs' questioning, need to be discussed in course of a sensitising session on HIV. Especially faithfulness as a prevention method, the likelihood of transmission between men and women as well as mother-to-child transmission should be dealt with in this context. A regular check-up should be recommended. Additionally it needs to be pointed out that a check is important but does not prevent an infection with HIV.
Tolerance towards HIV positive people.	Behaviour oriented prevention: Information on stigmatisation and non-discriminative behaviour towards HIV positive people needs to be provided. Tolerance should be discussed with the participants in course of an information session. The participants should be encouraged to share personal experiences with discrimination.
	Structural prevention: At work: The heads of offices should discuss the GIZ policy on HIV WPPs including measures for a non-discriminative working environment and its purpose.
Prejudices against women.	Behaviour oriented prevention: Stigmatisation and gender inequalities need to be addressed in course of a sensitising session on HIV.
Lacking communication between men and women.	Behaviour oriented prevention: How to address sexuality in a relationship should be discussed with the participants in course of an information session. Structural prevention: To encourage communication between men and women, joint information sessions and interventions should be provided at Family- and Health Days.

Table 4 Family and Community Health - Challenges and Recommendations

Most important in the context of “Family and Community Health” is the communication among partners as well as men and women in general to encourage trust and tolerant behaviour towards each other. The GIZ needs to create non-discriminative working structures that involve men and women equally, with regard to gender characteristics. On “Family Days”, information on sexual health and HIV should be provided for employees and their partners. They should have the opportunity to inform themselves together.

Reproductive Health

Challenge	Recommendations
Gender inequalities.	<p>Behaviour oriented prevention: Information on gender inequalities and men’s and women’s rights need to be discussed with the participants in course of an information session.</p> <p>Structural prevention: Additionally gender characteristics and inequalities should be considered throughout all activities of the WPP.</p>
No HIV test.	<p>Behaviour oriented prevention: Information on the importance of a HIV test, its availability and insurance coverage as well as patient confidentiality needs to be provided to the employees. Additionally it should be pointed out that taking a test is the only way to be sure about your HIV status.</p> <p>Structural prevention: HIV test is covered by the insurance on a regular basis. The test needs to be part of the check-up package as a broader range of checks increases the willingness to take a HIV test as well. Additionally a free ART-therapy is provided in case of a HIV infection.</p>

Table 5 Reproductive Health - Challenges and Recommendations

The questioning revealed that there are still some inequalities as well as prejudices visible among men and women. Again communication needs to be encouraged, men’s and women’s rights pointed out to the employees and gender characteristics discussed. Another challenge concerning “Reproductive Health” is the high percentage of respondents who have ever had a HIV test before, despite all foregone efforts to convey the importance and seriousness of taking a test. Through combination with other health check-ups, the employees willingness to get a HIV test could be emphasised and additional information about insurance coverage and especially patient confidentiality could help to meet this problem.

4. Extended Work-Place-Programme

In this chapter the holistic approach of the extended WPP will be explained and a concept for implementation of the interventions presented. The health related challenges, displayed in the tables above were included in the conceptualisation of the extended WPP.

Through an extension of the GIZ Work-Place-Programme, current health topics will be added to the present interventions. The range of information and activities will be extended and the inclusion of health promotion in addition to HIV and stigmatisation follows a holistic approach. Also important for effective interventions is the consideration of gender and cultural differences.

4.1 Concept

The concept of the extended Work-Place-Programme for the staff members of GIZ Mozambique is based on the WHO-strategy on healthy workplaces (WHO 2010) as well as scientific principles of health promotion at the workplace. Furthermore it is based upon the structure of the former HIV-WPP in Mozambique. The extended WPP is structured in a way that can easily be adapted to other institutions in the public sector or private companies in Mozambique (Roos-Bugiel, Wolters, Feindt, Färber 2011).

The four key aspects identified for health promotion at the workplace by the WHO are the physical and psychosocial working environment, personal health resources and the company's engagement in the community. To accomplish best possible results, some elements of behaviour-oriented prevention (individual health behaviour and resources) as well as structural prevention (working and community environment and the supply of health care services) will be used in the extended WPP. Furthermore the employees' families will be included in some of the prevention activities in form of family "Health Days" (WHO 2010).

An important criterion for successful health promotion is a gender- and culture sensitive approach, acknowledging the existing characteristics and inequalities between men and women concerning health issues, to deal with personal matters

like family and reproductive health in an appropriate way and to consider the variable needs of national and international employees (Roos-Bugiel 2011).

The concept of the extended WPP intervenes on multiple levels:

- Management/Monitoring structure
- Structural prevention
- Behaviour oriented prevention
-

Recommendations on implementation of the different activity areas are listed below.

1. Management / Monitoring structure

To ensure effective and sustainable interventions at the workplace a participatory approach is recommended. Furthermore involving the employees in the management and monitoring of the Work-Place-Programmes activities, in form of representatives of the staff association and the Focal Points from the different offices, would help maintain gender- and culture-sensitive health promotion. (Roos-Bugiel, Wolters, Feindt, Färber 2011: 14-15).

The implementation of a regular health circle including the management, staff association and Health/HIV Focal Points would be advisable. The health circle should take place every six months, additionally to the half-yearly Focal Point meetings (*Figure 30, below*).

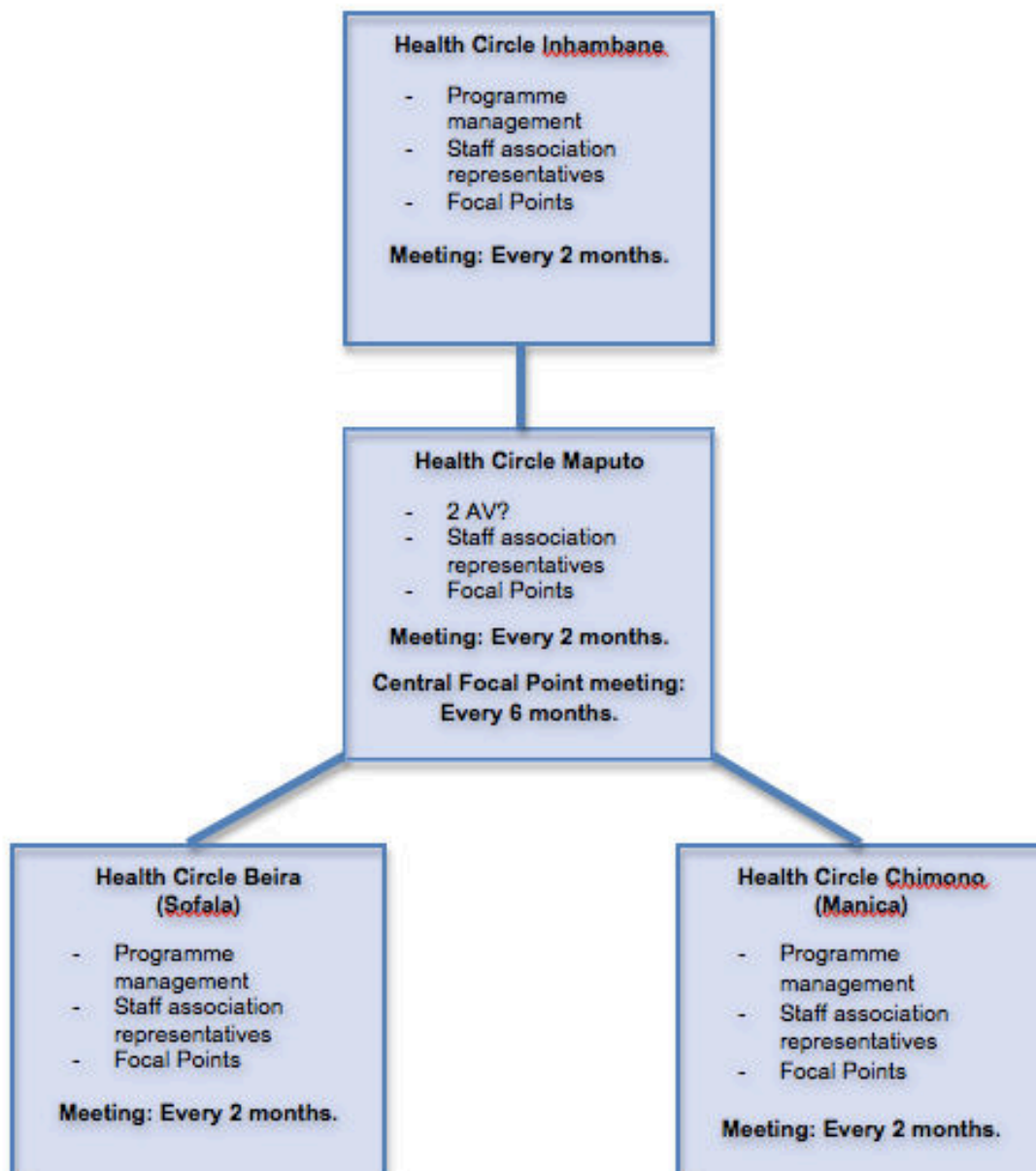


Figure 30 Management structure extended WPP

Source: Roos-Bugiel, Wolters, Feindt, Färber 2011, p. 14, Translation: Isabel Wolters

2. Structural prevention

The need for structural prevention and possible interventions should be discussed in course of the health circle, to ensure the best possible adaptation of current problems or health issues.

Structural prevention	Recommendations
Interventions	<ul style="list-style-type: none"> • The WPP is integrated into work structures and interventions take place on a regular basis. • Notice about “Healthy Break”, “Health/Family Days” and information sessions is put up on an info board in advance.
Focal Person	<ul style="list-style-type: none"> • The Focal Person is introduced and his/her responsibility and purpose understood by all staff members. • The Focal Persons responsibility is broadened to health topics in general and not only limited to HIV related matters.
Check-up	<ul style="list-style-type: none"> • Increase of check-up rate among GIZ staff members. • Provide check-up package including Hypertension, Diabetes, Blood Cholesterol, Dental examination, Eyesight and STIs (including HIV) on “Family/Health Days”. • Increase of range of covered health services, e.g. gynaecological examinations - in agreement with the local health insurance.
Physical activity at the workplace	<ul style="list-style-type: none"> • Every fortnight: “Healthy break” including physical exercise. • Workshops on creating an ergonomic workplace. • Integration of physical activity in family days in form of sports competition, a physical activity course, collective singing and dancing.
Healthy diet at the Workplace	<ul style="list-style-type: none"> • Regular lunch breaks with enough time to eat. • Facilities to store, prepare and eat foods brought in by the employees themselves. • Drinks and healthy snacks (tea and fruit) should be provided at the offices if possible.
Prevention of infections	<ul style="list-style-type: none"> • Promote and guarantee the availability of condoms and information material on HIV/AIDS in every office site of GIZ. A person responsible should be assigned in every office site. • HIV is part of the check-up package covered by health insurance. • ART-therapy is provided by the health insurance in case of a HIV infection. • Give out mosquito nets to the staff members on special occasion, e.g. in course of the sensitising sessions on malaria.

<p>Psychosocial Well-being/ Work-Life-Balance</p>	<ul style="list-style-type: none"> • Provide information on stress management for the employees. • For the internationals: Point out the documents available on the intranet of GIZ Germany. • Provide a community area where staff members can meet, communicate and organise work outings - <i>teambuilding</i>. • Deal with the issue of compatibility of family and work life and discuss how problems could be overcome or improved with the employees. • Establish transparent regulations on holidays and compensation of overtime for national and international employees. • Create a supportive working environment with an opportunity to seek advice if necessary.
<p>Sexual harassment at the workplace</p>	<ul style="list-style-type: none"> • The GIZ must introduce a policy on sexual harassment at the workplace, which needs to be transparent to all staff members. • Each office site should have a trained contact person (better: one woman/one man) for consultation in case of sexual harassment.
<p>Discrimination</p>	<ul style="list-style-type: none"> • Establish a non-discriminative working environment as defined in the universal GIZ Policy on HIV Work-Place-Programmes. • Encourage communication among men and women through joint information sessions and interventions for staff members and their partners on “Family Days”.
<p>First-aid at the workplace</p>	<ul style="list-style-type: none"> • Regular check of first-aid kits in offices and vehicles. • Instructions/workshops on how to practise first-aid. • Regular check for drivers’ safety, e.g. eyesight, hypertension, diabetes. • Provide soap/hand sanitizer in every office site.

Table 6 Structural prevention - Recommendations

To improve the employees’ health, some structural changes have to be made to create a health-promoting environment. Interventions need to be integrated into work structures and take place on a regular basis to encourage the staffs’ participation. Physical exercise and healthy snacks should be included in the interventions if possible. Additionally regular check-ups need to be provided in combination with health education.

All staff members need to know the Focal Points, as they are an important intermediation between the employees and project management. The employees should feel confident to approach the FP with questions regarding HIV and other health related topics. To accomplish a high acceptance of Focal Persons, they need to be introduced to all employees in every office-site. Furthermore the FPs should promote the availability of condoms, information material and First-Aid-Kits

in the office sites and cars as well as pay attention if there is discriminative behaviour among the employees. A universal policy on non-discriminative working environments and how to deal with intolerance at the workplace already exists. A policy on sexual harassment at work still needs to be established.

To encourage psychosocial well-being among the GIZ staff a supportive working environment is necessary, as a lot of the stress at work reported by the employees is due to lacking work organisation as well as communication with the management. Furthermore regulations on holidays and compensation of overtime need to be transparent to all staff members and have to be regarded.

Additionally stress management must be dealt with in form of information sessions as it considerably influences the overall health and well-being. Not only work can be a strain and source of stress, but also the employees' family and community life can represent a major stress factor. Work-Life-Balance should be discussed with the employees in this context to enable the employees to successfully combine their private life and work.

3. Behaviour oriented prevention

Behavioural conditioned preventive actions should also be discussed and evaluated in the health circle. Again the suggestions given below are based on the results of the KAP-study and modules on various help topics are being developed. The structure of the information sessions will be presented in the following chapter.

Behaviour oriented prevention	Recommendations
Information material	<ul style="list-style-type: none"> Information material on HIV/AIDS and other health as well as information on sexual harassment at work and instructions on how to practise first aid for the employees is provided in every office site. Encourage discussions about health issues as well as communication among men and women in course of information sessions and "Family Days".
Regular information sessions at the workplace	<ul style="list-style-type: none"> "Healthy Break" every fortnight during work hours (=paid) including physical exercise, a healthy snack and information on various health topics: Employee Wellness, Physical Activity, Healthy Diet, Hypertension, Diabetes, Stress Management, Dental Health, Malaria, HIV and Stigmatisation/Discrimination. Opportunity for communication among the employees and could be combined with a joint healthy lunch.
Health days	<ul style="list-style-type: none"> Easily accessible medical check-up on-site. HIV is part of check-up package to increase the acceptance of taking a test. Communication among men and women and their partners, through joint interventions. Information material on various health related topics (gender-specific health issues: separate for men and women).
Checklist/Monitoring	<ul style="list-style-type: none"> Focal Points: Checklist on progress of preventive measures (staffs' access to condoms, information material, condition of first-aid kit). Project-coordinators: Checklist on progress of the extended WPP, compliance with workers protection standards (maternity leave, vacation days, compensation of overtime).

Table 7 Behaviour oriented prevention - Recommendations

The behaviour oriented preventive measures indented for the extended Work-Place-Programme is mainly based on capacity building. Through health education in form sensitising sessions and information material on health issues, check-ups and insurance coverage, the employees shall be enabled to improve their health related behaviour. Due to a holistic approach and a variety of interventions for all

target groups (*gender and culture sensitivity*) including the staff's families participation is encouraged further. To monitor the implementation of the extended WPP it is recommendable that the programmes progress is documented by the Focal Points in form of checklists.

Draft

4.2 Manual

The manual is designed to provide all information needed by the Focal Point/Facilitator to implement the information sessions. The modules included in the manual deal with relevant health topics identified by the KAP-study's results. The selected health topics and the modules content will be explained in the further course of this chapter.

The implementation of the information sessions is planned in form of a "Healthy Break" every fortnight during the lunch break:

Time frame "Healthy Break" - 1 hour:

- Welcome and introduction to the topic of the day.
- Physical/ergonomic exercise (10 min).
- Information on health topic (20-30 min).
- Clarification of questions (5 min).
- Healthy snack/drinks and communication among staff members (20 min).

The manual is based on an interactive approach and includes material for the Focal Person as well as information material for the participants to take home. At the beginning of the manual an introduction and instructions on how to use the manual are included for the Focal Person/Facilitator.

The manual is structured as follows:

- Introduction to the manual.
- The principle of Work-Place-Programmes.
- Modules on various health topics, including:
 - Information for Focal Point/Facilitator.
 - Handout for the participants.
 - Materials: Worksheets, posters, interactive exercises.
 - Take Home Message - Main Message.
- 15 variable activity cards for physical/ergonomic exercise at beginning of "Healthy Break".
- Feedback questionnaires for participants and Focal Point.

The sessions are all based on the same structure. At the beginning of each session some input is given by the Focal Person, which is summarised in form of a handout for the participants to take home, including the *Take Home Message*.

Afterwards the participants are asked to take part in an interactive exercise where the group has to solve questions about the discussed health topic. The group is asked to work together so they can profit from each other's knowledge and to encourage communication among the participants. At the end of each session some time is given so remaining questions can be dealt with.

For evaluation of the extended WPP's sessions it is recommended to give out feedback questionnaires to the participants. Furthermore it would be helpful to ask the Focal Points' opinion on the information material included in the manual, the session's structure, the employees' attendance and participation. It should be recommended that the Focal Points take notes after each information session, which can be presented at the meeting with the project management, staff association representatives and Focal Points from the other office sites.

In cooperation, the professionals at HAW Hamburg and the project manager from GIZ and component manager from GFA in Mozambique decided to include the following modules into the extended Work-Place-Programme:

Modules Extended WPP	Context / Implementation
General Health 3 sessions	<ul style="list-style-type: none"> • Introduction of a holistic perception of health - Well Woman/Well Man (<i>gender</i>). • Dimensions of health (<i>culture</i>). • Basic hygiene - Washing hands. • Interrelation: Infections, communicable diseases, washing hands and diarrhoea.
Hypertension 2 sessions	<ul style="list-style-type: none"> • High prevalence - Check-up. • Risks, symptoms, prevention. • Interrelation: Healthy diet, physical activity, stress management.
Malaria 2 sessions	<ul style="list-style-type: none"> • High prevalence - Men: High-risk group (<i>gender and culture</i>). • Risks, symptoms, prevention.
Diabetes 2 sessions	<ul style="list-style-type: none"> • Increasing importance of "life-style" diseases - Check-up. • Overview diabetes, risks, symptoms, prevention. • Interrelation: Healthy diet, physical activity, dental health.
Stress management 2 sessions	<ul style="list-style-type: none"> • Positive and negative stress. • Stress as a health risk. • Coping strategies (<i>culture</i>). • Interrelation: Physical activity, hypertension.
Physical activity 2 sessions	<ul style="list-style-type: none"> • Forms of physical activity. • Recommendations on amount of physical activity (WHO) (<i>gender</i>). • Personal activity level. • How to be more active - suggestions. • Personal action plan. • Interrelation: Non-communicable diseases.
Dental health 2 sessions	<ul style="list-style-type: none"> • Importance of dental health for overall health. • Caries/Tooth decay - symptoms, prevention. • Periodontitis - symptoms, prevention. • Dental hygiene. • Interrelation: Heart disease, stroke, diabetes, premature birth.
Healthy Diet 3 sessions <i>(in progress)</i>	<ul style="list-style-type: none"> • High prevalence of overweight (<i>gender and culture</i>). • Risks, consequences, prevention. • Health measures: BMI and waist circumference. • Importance of healthy diet for overall health. • Healthy foods - healthy eating (<i>gender</i>). • Food hygiene (<i>culture</i>). • Interrelation: Non-communicable diseases.

Table 8 Modules for the extended WPP of GIZ Mozambique

5. Discussion

The extended GIZ Work-Place-Programme is based on a holistic approach that regards the individual as a whole in relation to the physical as well as psychosocial environment. The extended WPP is not only focused on HIV, but also deals with other current health topics, identified by the KAP-study's results (see chapter 3.3.6 "Summary Challenges"). Sessions on HIV and stigmatisation will still be part of the intervention; additionally HIV and gender are mainstreamed throughout the concept of the WPP. Furthermore the extension of the WPP is a reaction to the occurrence of non-communicable diseases among the employees of GIZ, identified through the KAP-study, such as diabetes and hypertension.

Due to the detailed questioning of the employees about their knowledge, attitude and practices concerning health in general, at work, in the family and community as well as reproductive health, the contents and structure of the extended WPP could be designed to meet the employees' needs. Anyhow, as the KAP-study in 2011 was the first survey carried out among the employees of GIZ Mozambique effects of the former WPP on HIV could not be measured. Nevertheless, the questions on the former WPP included in the survey helped to evaluate and improve the existing structures.

In course of the KAP-study's data analysis it was discovered that some of the questions should be revised for further use of the questionnaire. Especially important is the reconsideration of the question about the respondents' level of education. To evaluate the influence of the participants' educational level on knowledge, attitude and practices concerning HIV and other health topics it would be recommendable to revise the question's answer categories as they are ambiguous, especially considering the differences between national and international education. Insight into the respondents' educational background would help to further adapt the information materials' and sessions' content to ensure most effective interventions.

All activities and sessions included in the WPP are adapted to Mozambican circumstances, as topical health issues were identified and integrated. Furthermore gender and culture specific health topics could be identified through the questioning and are considered in the extended Work-Place-Programme. The

data analysis included differentiated observation of male and female as well as national and international respondents.

Additionally to using the study's findings as a basis for the extended WPP, it might be helpful to introduce the KAP-study's results in form of a discussion in course of information sessions. The confrontation with topical findings from the study might emphasise the participants' interest and participation in the interventions. Nevertheless, before the respondents' data is presented to all employees it should be discussed and agreed with representatives of the staff association and the Focal Points.

During the first implementation of the WPP's interventions, the manual should be reviewed by the Focal Points and participants and improved for further use if necessary. After the extended WPP has been approved, the manual on culture- and gender-sensitive health promotion and HIV prevention at the workplace of GIZ Mozambique could find use in institutions of the public and private sector. Nevertheless, it would again have to be adapted to the particular circumstances.

The manual of the extended WPP includes information on various health topics relevant for the employees of GIZ Mozambique. Furthermore recommendations are given in WPPs concept for implementation of the programme in practise. The final adaptation to the target group and environmental circumstances in the individual GIZ offices in Mozambique needs to take place on-site in cooperation of the component manager and Focal Points. The realisation and built up of management structures is the responsibility of the component's personnel. However, up to this point has been no agreement about the implementation of the extended WPP. Furthermore an ex-post questioning on the employees' knowledge, attitude and practices has not been confirmed although it would be important measuring the WPPs effect. Nevertheless did the KAP-study help to identify target groups and their specific health issues (gender and culture).

The concept of the extended Work-Place-Programme is based on the promotion of regular check-ups among the GIZ staff. Not only information is given on various important health issues but also a check-up recommended if appropriate. As the general GIZ policy describes, health coverage and availability of check-ups for

staff members should be provided if appropriate and practicable in the particular country. The project coordinators and other people responsible should conduct negotiations with local health insurance to guarantee the best health care possible. The idea of prevention should be emphasised, not only in course of the Work-Place-Programme but when cooperating with local health insurances or medical facilities.

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6. Conclusion

Although the fight against the HIV epidemic in Mozambique has been going on for years, there are still many problems to overcome. Culture specific beliefs and behaviour pose a great challenge in the prevention of HIV. It has shown before that the combination of sexual and reproductive health with other health topics helps to increase the acceptance of interventions. Additionally there has been an increase in life-style diseases, which now presents another challenge for the health sector in Mozambique and needs to be met (CNCS 2012). The appearance of non-communicable diseases among the GIZ staff indicates the same problem. To achieve sustained success in international development work, a holistic approach needs to be followed and long-term structures have to be built up to ensure an independent continuing and improvement of established interventions.

The use of Work-Place-Programmes in the fight against the HIV epidemic and general health promotion is an effective way to reach many people, including different age groups, educational levels and their immediate social environment (family, community). The extended Work-Place-Programme of GIZ is based on holistic structures. Through creating a healthy working environment and mobilising personal health resources, the programme approaches health challenges on different levels. To ensure effective and sustainable HIV prevention and health promotion at the workplace a constant monitoring and evaluation is necessary. Through frequent communication of project managers, representatives of the staff association and Focal Points on regional and national level, the progress of the WPP will be monitored on three different levels. A follow-up study (*ex-post*) is recommendable for evaluation of the extended Work-Place-Programme.

The relevance of health in context of work and Mozambique's economic development is gaining importance and is being considered by the use of WPPs. Long-term objective should be the expansion of health promoting WPPs to the public and private sector. Experiences in that field have already been made in other African countries (e.g. Ghana, Kenya) (Roos-Bugiel, Wolters, Feindt, Färber 2011). To profit from former experiences and learn about that particular field, communication among the different development organisations should be encouraged at a national level. Some communication platforms have already been

established (e.g. AWISA). Furthermore negotiations and cooperation with local health insurance companies should be increased on large-scale.

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