

HIV/AIDS IMPACT ASSESSMENT STUDY PROJECT

FIRST TRIMESTER REPORT

March – July 2006

**PREPARED FOR SAFETY AND SECURITY SECTOR
EDUCATION AND TRAINING AUTHORITY (SASSETA)**

by:

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1

First Trimester HSRC Report 29 August 2006

HSRC RESEARCH OUTPUTS

1710

Table of Contents

1. INTRODUCTION	5
2. BRIEF BACKGROUND AND OBJECTIVES OF THE PROJECT	5
3. SCOPE OF THE PROJECT	5
3.1 Study 1: (Project Outcome 1-2) HIV prevalence and incidence indication and KAP survey.....	6
3.2 Study 2: (Project Outcomes 3 & 4) Business impact and response indication	7
4. TIME FRAMES	8
5. PROJECT INITIALISATION	9
6. DEVELOPMENT OF DRAFT INSTRUMENTS	10
6.1 Phase 1: Formative and elicitation (Qualitative) research.....	10
6.2 Phase 2: Surveys	10
6.2.1 Study 1: Individual Questionnaire	10
6.2.2 Study 2: Employer questionnaires	11
7. PHASE 1: ELICITATION AND FORMATIVE RESEARCH	12
7.1 Progress report	12
7.2 'Snap-shot' analysis of key informant interviews and focus groups discussions ...	13
7.2.1. The legal sector	13
7.2.2 The security sector.....	14
8. PILOT SURVEYS	15
8.1 Access to Information	15
8.2 Fieldworker recruitment and training	16
8.3 Pre-fieldwork preparations	16
8.4 Fieldwork, data coding and data capture	17
8.5 Response Rates For Individual Questionnaire	18
8.5.1 Summary	18

2

First Trimester HSRC Report 29 August 2006

8.5.2 Characteristics of participating companies	19
8.5.3 Characteristics of individuals participating in the survey	21
8.6 Debriefing session on fieldwork	22
8.6.1 Employer questionnaire	23
8.6.2 Individual questionnaire	23
8.7 Outcomes and challenges for Study 2: Part 1 - Business Impact and Business Response	23
8.8 Implications and recommendations	24
9. SELECTION OF THE SAMPLE FOR THE MAIN SURVEYS	25
10. STUDY 2: PART 2 – POLICY REVIEW	26
11. PROJECT MANAGEMENT OVERVIEW	27
12. LESSONS LEARNT AND WAY FORWARD	28
13. SUMMARY OF MILESTONES	29
13. APPENDICES	30
Appendix A: Terms of Reference for Policy Experts	30
Appendix B: Financial Expenditure Report: March – July 2006	31

Table of Tables

Table 1: Old and proposed new time frames for the project	9
Table 2: Results of media launches in the targeted	16
Table 3: Company level response rates	18
Table 4: Profile of contacted companies by company size	20
Table 5: Racial and age representation in the study.....	21
Table 6: Occupational representation in the study.....	21
Table 7: Status of interviews and specimen collection for HIV testing	22
Table 8: List of suggested reviewers of SASSETA and SASSETA-related companies' HIV/AIDS policies.....	27
Table 9: Milestones achieved to date	29

1. INTRODUCTION

While monthly reports have been submitted each month as required by the contract between SASSETA and the HSRC, this is the first major progress report since the study began in March 2006. It provides information on progress made so far in all the main aspects of the project since it was commissioned especially during the pilot study. The structure of the report will match the tasks which were set for the first 3 months of the study as the project is currently 2 months behind schedule due to challenges experienced during the pilot study as well as in preparing for the main surveys as will be explained in the report. A discussion of the lessons learnt from the pilot study will be provided as will be recommendations on the way forward. Finally, the report also provides a financial report on the all expenditures incurred on the project to date.

2. BRIEF BACKGROUND AND OBJECTIVES OF THE PROJECT

In October 2005 SASSETA put out a tender to undertake a critical assessment of HIV/AIDS in the Private Security and Legal Services industries, in terms of the prevalence rate of HIV, business impact, and the responses of businesses to the epidemic thus far. Furthermore, the study seeks to establish both sufficient and reliable empirical data about the current status quo, which will then be the basis for forecasting the possible impact of HIV/AIDS on selected indicators within the sub-sectors. The tender was won by the HSRC and contract was signed on 7th March 2007. The duration of the project was earmarked for 12 months.

In order to gather such detailed information, the study will include an HIV sero-prevalence survey in the two sub-sectors, which will establish the nature and size of the impact, but also elucidate the risk or protective environment of the workforces in these sub-sectors. Such information will be fed into a demographic modelling tool, in order to establish the possible progress of the disease over time.

Finally, in order to establish baseline information on both the business impact of and business response to the disease, a stratified sample survey of employers and employees in the two sub-sectors will be conducted.

Such an objective evaluation will enable the SASSETA to make an informed decision, from a training perspective, on measures to facilitate effective HIV/AIDS intervention in the sub-sectors, via members and stakeholders.

3. SCOPE OF THE PROJECT

The scope of the assessment of the impact of HIV/AIDS will relate to the following two main areas, across the Private Security and Legal Services sub-sectors separately.

3.1 Study 1: (Project Outcome 1-2) HIV prevalence and incidence indication and KAP survey

HIV prevalence will be determined directly based on HIV-antibody testing of specimens collected from a representative sample taken for the population of employees in the two sub-sectors of SASSETA. Often this approach is accompanied by a behavioural risks survey in order to understand about the risk or protective factors in terms of HIV infection. It also enables one to determine the proportion of people who know about their status and how this impacts on their behaviour. This is the best practice approach recommended by both WHO and UNAIDS.

To accomplish the goal of improving HIV prevention programmes, it is critical to understand the context within which HIV-related risk behaviours occur. The context influences whether knowledge and information about HIV may lead to behaviour change. Where leaders or managers show commitment to HIV prevention and care, they allocate resources that make it possible for people to obtain, for example, condoms, treatment for sexually transmitted infections (STIs), and voluntary counselling and testing services. Knowledge, information and practical skills gained do not necessarily translate into behaviour change if these concrete prevention commodities and/or services are not within reach of those who intend to change their behaviour. Contexts do not always provide protective environments or resources. They may also be harmful. For example, some of the messages may lead to detrimental behaviour. One needs systematically to identify those contexts that are positive as well as those that are negative, with a view to informing programme development.

To identify appropriate measures and indicators a process will be followed that ensures that:

- international measures and indicators will be replicated in the survey
- additional measures and indicators are included for local conditions
- comparison can be made with international studies, as well as various subsequent phases of the survey.

Among the indicators that will be determined in the proposed study are:

- HIV prevalence according to various demographic characteristics and occupational category or skill level
- Knowledge about HIV/AIDS
- Tolerance and acceptance of PLWA at work and at home
- Use of condoms
- Number of sexual partners

- Practice of primary and/or secondary sexual abstinence
- Sexual networking
- Age mixing
- Sex with commercial sex workers
- Substance abuse (e.g., alcohol, drugs, etc.)
- Gender violence
- Avoidance and early treatment of STIs
- Use VCT services
- Number of people with AIDS requiring access to treatment of opportunistic infections, ARVs, nutritional supplementation and home-based care services
- Friendliness of PLWHA services

3.2 Study 2: (Project Outcomes 3 & 4) Business impact and response indication

The following indicators will be measured to provide an assessment of business perceptions regarding the effect of HIV/AIDS on their business operations:

- Demographic and skill profile of the workforce
- Organizational risk environment: identify the major risk factors that contribute to vulnerability to HIV/AIDS (e.g., mobility, hostel dwellers, demographics, etc.).
- Impact assessments: identify the extent to which companies have conducted upfront assessments of HIV/AIDS prevalence, impact on labour force costs, consumer markets and production costs.
- Impact on labour demand: the extent to which HIV/AIDS has had an impact on:
 - consumer markets and service demand;
- Labour costs: shifts in direct costs, such as medical, retirement and funeral benefits, replacement recruitment and re-training, HIV/AIDS prevention and wellness programmes; indirect costs, including AIDS-related absenteeism, productivity, etc.
- Impact on labour supply: the extent to which the impact is discernible in terms of shifts in the current supply of skills and experience and future replacement needs and skills succession planning.
- The Business Response Indication looks at a range of interventions to HIV/AIDS, in particular the following areas are identified.

- **Governance:** The existence of a workplace policy framework, legal obligations, institutional support structure and stakeholder processes, including a workplace champion, HIV/AIDS committee and occupational health facilities, and budget.
- **Prevention Programmes:** The nature and extent of the HIV/AIDS prevention programmes which may include the provision of education, information and awareness, condom provision, voluntary counseling and testing, STD programmes, peer educators and the extent to which the programme is internal or outsourced
- **Wellness programmes:** including the care and treatment of infected employees (which may extend to dependants), such as the provision of disease management programmes including nutritional support, treatment for opportunistic infections and anti-retroviral treatment.
- **Managing skills development risk:** the extent to which a strategy exists to replace anticipated AIDS-related skills and experience losses through retraining, multi-skilling and technology.
- **Support networks:** identify major sources of skills, information and resources to manage HIV/AIDS programmes effectively.

In relation to these documents the study should achieve the following aims:

- Indicators that these documents and interventions exist in companies that make up SASSETA.
- Evaluations of these documents and interventions by those who are directly affected and by experts in the field
- Development of a framework for industry standard policies and intervention approaches

A draft report, including recommendations (Project Outcome 5) in line with international and local best practice standards will be extensively discussed with the two relevant chambers and governance structures of the SASSETA, to consider, refine and further develop guidelines towards implementation. A final report will be developed and consolidated.

4. TIME FRAMES

The duration of the project agreed between SASSETA and the HSRC during the first steering committee meeting was thirteen months beginning in March 2006 and finishing at the end of March 2007. This plan appeared to be adequate at the beginning of the project, however during the negotiations for access with companies, it became apparent that there might be a need for additional 5 months during which lost time can be recovered (about 4 months) and in order to adequately negotiate and secure access through all possible means and using available avenues. It is

hoped that this time addition will lead to successful implementation of the project. Given this situation, the realistic finish period would be August 2007 (see Table 1).

Table 1: Old and proposed new time frames for the project

Task	Start date	Finish date	New start date	New finish date
Project initialization	07/03/06	30/04/06	07/03/06	30/04/06
Study 1	01/05/06	31/08/06	25/09/06	30/01/07
Study 2	01/05/06	31/08/06	25/09/06	30/01/07
Analysis and write up of reports	01/09/06	30/12/06	01/02/07	30/05/07
Expert Panel Review and Stakeholder Workshop	01/01/07	28/02/07	01/06/06	30/07/07
Press release of final reports		31/03/07		31/08/07

5. PROJECT INITIALISATION

This constitutes of a set of activities, which are key to successful delivery of the project. These include: the formation of the Steering Committee (SC) and the Technical Task Team (TTT), the formation of the project teams including recruitment of additional staff, selecting suitable service providers such as laboratories and data capturers, putting together an advocacy plan, applying for ethical approval from the HSRC Research Ethics Committee, planning workshops and meetings for progress reporting, developing a sampling design and sampling, preparation of data collection instruments for both qualitative and quantitative components, recruitment of professional nurses and field editors, and so forth.

The roll-out of the project was dependent on the completion of these services, skills and resources being secured and in essential systems being set up. All these were successfully executed as planned. More importantly, ethical approval was obtained from HSRC's REC (REC 2/19/04/06). It is important to highlight the fact that precautions will be taken to protect both the participants' confidentiality including having no names of individuals recorded neither on the questionnaire nor on the HIV samples provided and Instead barcodes with the same numbers will be pasted on the questionnaires and HIV specimen. Furthermore, data will be analysed provincially and by sector to protect the identity of selected companies.

Regarding the recruitment of additional project staff, two interns who have completed their Masters degrees were recruited to, among others, assist in the development of data collection tools and supervise fieldwork in provinces. Two more interns are intended to be involved once the main study begins. In addition, two assistants were recruited to assist with project administration.

Finally, the updating of literature review for both studies is proceeding well. In the case of Study 1 on KAPBs, HIV prevalence and incidence of HIV infection the review currently under way involves mainly incorporating recently available literature on HIV

prevalence of HIV in various large companies through South Africa undertaken by a research team led by Dr Mark Colvin of CADRE as well as updating statistical information based on the recent report by UNAIDS on the global HIV epidemic. In the case of Study 2 on the Business Impact, a draft literature review that provides a socio-economic profile of the legal and private security sub-sectors is in progress.

This information will be key in providing a background within which final recommendations for interventions will be made, once the survey results are available. The key purpose of the literature view is through desktop analysis to assess the socio-economic conditions prevalent in the sectors that would influence HIV susceptibility as well as the capacity to manage and mitigate the HIV/AIDS impact.

The recent strike within the private security sector emphasised the fact that most security guards enjoy limited benefits such as medical aid, which is a limiting factor in terms of enjoying sufficient care and treatment for those infected by HIV/AIDS. One of the key difficulties experienced thus far has been the limited range of information available, as well as the outdated nature thereof.

6. DEVELOPMENT OF DRAFT INSTRUMENTS

6.1 Phase 1: Formative and elicitation (Qualitative) research

Two sets of focus group and key informant interview guides were developed, separately for each of the two sectors. The draft instruments were shared with the TTT and through them relevant stakeholders before being finalised by the team for use.

6.2 Phase 2: Surveys

Two different types of questionnaires were developed, one for all employees including management (Individual Questionnaire), and the other for line managers responsible for HIV/AIDS and /or health-related issues in each company (Employer's Questionnaire). Each type is described briefly below.

6.2.1 Study 1: Individual Questionnaire

One questionnaire was developed for use in both sectors in the project. It included various international measures and indicators as well as additional local measures and indicators as was specified in the tender specifications. The various components of the questionnaire included the following:

- Demographic characteristics and occupational category or skill level
- Residence and mobility
- Socio-economic status

- The impact of HIV/AIDS
- HIV/AIDS among employees and the effect of that on the company
- HIV/AIDS among employee (s) and the effect of that on you as an employee
- HIV/AIDS among members of your family and the community and the effect of that on you as an employee
- The company's response to HIV/AIDS
- Absenteeism
- Morale and job satisfaction aggravated by HIV/AIDS
- Communication about HIV/AIDS
- Knowledge about HIV/AIDS
- Voluntary counselling and testing (VCT) for HIV
- Awareness of HIV/AIDS prevention and care services
- Tolerance and acceptance of people living with HIV/AIDS
- Sexual behaviour
- Male condom accessibility
- Male circumcision
- Behaviour change
- Risk perceptions
- Stigma
- Substance abuse (e.g. alcohol, drugs, etc.)
- Gender violence
- General health questions

Once developed the questionnaire was translated into both isiZulu and SeSotho and then back-translated into English to ensure conceptual equivalence. It was then pilot tested as described later.

6.2.2 Study 2: Employer questionnaires

A draft employer questionnaire for each of the two sub-sectors in the study was developed based on key research indicators for this study. Specific questions relevant to each sector were included. However, both questionnaires for each sector contain a core of similar questions which would allow for useful comparison during analysis.

The draft questionnaires were circulated to SASSETA and selected stakeholders for comment and feedback. Based on this feedback, revisions were made in order for the employer questionnaires to be tested during the pilot. Each questionnaire was used as the basis for training of fieldworkers and supervisors prior to the pilot survey. Part A, the "Business Impact of HIV/AIDS" of the questionnaire focused on the following indicators:

- Respondent profile;
- Company profile;
- Employee profile (demographics, size, migrancy)
- Perception of general HIV/AIDS impact on company;
- Impact on Employee profile and costs
- Impact on demand for labour and skills; and
- Impact on production costs and consumer demand.

Part B of the questionnaire focused on the Business response to HIV/AIDS and contained the following indicators:

- The existence of HIV/AIDS policy in the industry, trade union and company;
- Communication of policies to employees;
- HIV/AIDS interventions at the workplace;
- Gaps in HIV/AIDS policies and interventions

The questionnaires include a mix of closed and open-ended questions. During the pilot, the questionnaires were self-administered, that is employers or a representative of the employers were asked to complete the questionnaire on their own. This was done after fieldworkers did a thorough review of all the sections of the questionnaires before completion. Further, all questionnaires were checked after receipt, in the presence of the employer respondents.

7. PHASE 1: ELICITATION AND FORMATIVE RESEARCH

7.1 Progress report

The original contracts specified that 16 interviews, eight focus group interviews and eight individual key informant interviews, would take place. These would include eight in legal firms, two each in the provinces of Gauteng, Western Cape, KwaZulu Natal and Eastern Cape, and six in the private security industry, two each in the Gauteng, Western Cape, KwaZulu Natal and Mpumalanga.

Work done thus far has included a revision of the qualitative interview schedule prior to the interview beginning. Given that qualitative interviewing is an ongoing living

process where priorities can change in the course of a study, this was used adaptively by the interviewers throughout the study.

At the point of writing this report the following interviews have been conducted:

Western Cape:

Legal: 1 key-informant interview and 1 focus-group discussion

Security: 1 key-informant interview and 1 focus-group discussion

Gauteng:

Legal: 1 key-informant interview and 1 focus-group discussion

Security: 1 key-informant interview and 1 focus-group discussion

KZN:

Legal: 1 key-informant interview and 1 focus-group discussion

Security: 1 key-informant interview and 1 focus-group discussion

Eastern Cape:

Legal: 2 key-informant interview and 2 focus-group discussion

By the time of the meeting two interviews in Nelspruit in Mpumalanga would also have been done, with the private security sector. Two additional interviews were conducted in the Eastern Cape over what was necessary. This information will be added to the analysis.

Access to do the interviews proved to be a challenge especially in the legal sector. Access to the target population was mostly reached through the HR divisions or targeting the junior partners who have been allocated the task to look after staff and HR issues in the firm. The challenge in the security sector has been to secure field staff for the group work.

All except the Nelspruit interviews have been transcribed. The analysis of the interviews will be beginning in the week following our meeting and the final report will be completed on the 30 November 2006. In the interim briefer reports on the interviews have been used to inform the development of the survey questionnaire. A brief two page summary of key themes coming from the interviews is attached for your information.

7.2 'Snap-shot' analysis of key informant interviews and focus groups discussions

"How has HIV/AIDS affected the private security/legal industry, and especially your company?"

7.2.1. The legal sector

The general response to this question has been that the impact of HIV/AIDS has been minimal to none. There were some concerns raised about the debt-cancellation of some black clientele due to AIDS-related deaths. There were also some reports of

staff attrition due to AIDS but on the low skilled staff level only. Most of the concerns were directed to how it will affect the financial contribution of the firms to the medical schemas of the staff.

Perceived levels of higher risk were attributed to legal staff that were in contact with prison inmates and prisoners at the courts

In the legal firms, most managers felt that the senior partners are ill equipped to handle PLWHA because they are predominantly 'a group of traditional white male Afrikaners who has their own conservative ideas of their staff and company'.

7.2.2 The security sector

The general response to this question has been that the impact of HIV/AIDS has been minimal on the office staff but moderately higher among the field staff. There were some concerns raised about the debt-cancellation of some black clientele due to AIDS-related deaths. There were also some reports of staff attrition due to AIDS but on the low skilled staff level only. Most of the concerns were directed to how it will affect the financial contribution of the firms to the medical schemas of the staff.

Among field workers such as patrol men and guards the attrition rate is normally high. In many instances, they would just go back home to the Eastern Cape and they would simply not come back or they would just not turn up for work. In all these cases the staff members would be fired due to absenteeism but we can only suspect that it was due to AIDS. No-one has come forward to say that they have the disease. The policy around HIV/AIDS has been formulated by headquarters on a national scale and is available to the branches, however, no workshops have ever been run to make the staff aware of the policy. It states that no negative action will be taken with staff who are HIV positive. On the ground, however, it is a different story. There is no environment conducive for disclosure among the office staff. Among field staff, there was a reported case where colleagues refused to work with a female security guard who was HIV Positive. The reasons given were that she was not able to perform her duties a member of the field team (she could not do perimeter checking, patrol duties, etc. due to fatigue) and she was absent from work a lot which placed extra burden on the people that worked around her.

The first aid medical policy is well developed in the security sector with designated and trained staff who would deal with onsite medical emergencies. They are trained in using gloves with all cases and to take the necessary precautions. In the field, there are concrete steps to be taken when a staff member is injured. In the legal sector, first aid medical policy is less developed with only a few firms having designated first aid officers.

Most of the managers were very knowledgeable regarding HIV and AIDS.

Answers regarding prevailing stigma among staff depended on the size of the firm, and generally, the smaller the firm, the smaller the perceived level of stigma were reported.

The focus groups generally felt that there has been very little direct impact on firms in both sectors but that there has been an impact on a personal level. Some black staff commented that they have to take off long periods of time to attend funerals and the family depended heavily on them to cover the funerals financially.

In most focus groups, knowledge about HIV/AIDS was a little unclear around modes of transmission, especially saliva, sharing utensils, how long the virus survives outside the body and the like which brought out stigmatic issues. 'We would love them but would be careful around them.' was the general feeling.

Most of the focus groups did not know whether their firms had AIDS policies and no-one has ever read the HIV/AIDS policy

Most of the companies interviewed did not have condom distribution points on their premises.

They all felt that gender inequality and gender abuse have an impact on the epidemic and that drug abuse leads to risky behaviour.

8. PILOT SURVEYS

In all two concurrent pilot surveys were conducted to pre-test the questionnaires and other procedures especially entry into companies selected in the sample. A major step involved accessing the SASSETA database and selecting companies to take part in the pilot surveys. Details pertaining to each aspect of the pilot surveys are presented below.

8.1 Access to Information

To enhance the quality of the research and reduce the cost of accessing information, it was essential that the research team is provided with up to date information with respect to participating companies, service providers, key informants, publications, reports and any other data that may impact on quality and outcomes of the study.

The SASSETA survey involves contacting legal and security companies as described in the objectives of the study. It is thus crucial that HSRC obtains correct contact of these institutions. The SASSETA membership database was used as the basis to determine the sampling frame for this study. A preliminary analysis of different data sources to establish the approximate size of the sector in terms of both companies and employees suggested the need to verify the numbers and contact details carefully. A sample of companies was selected from the sampling frame to provide a list of companies that were to be contacted for the pilot survey.

The companies were contacted and the study introduced. A number of companies had closed down while others were either invalid or were simply not interested to

participate in the study (see section on response rate). Various approaches and sources of information were used to solicit contact details of the companies. For example, some companies were traced using Telkom 1023 number, attorneys.com web site, Constitutional Court Register, Law Society Register and Companies Register. Also, the snow-balling technique was used whereby once we reached a company, we then tried to find out if they knew a few companies among those we had on the list of unidentified companies. This marginally improved the number of companies that were contactable. This information indicates that the database provided is not the latest. That is, the database includes companies that have closed down and companies whose contact details are outdated. This is very critical as the closed companies or companies that are not contactable change the sampling frame and thus question the representativeness of the sampling frame.

8.2 Fieldworker recruitment and training

Five teams of three fieldworkers, one supervisor and one field editor each were recruited in Gauteng. Since the pilot was planned to take place in Gauteng, only these five teams were trained. The same teams are expected to do fieldwork not only in Gauteng but also in Mpumalanga during the main study. In the Western Cape, Eastern Cape and KwaZulu-Natal, four teams, two teams and three teams respectively were recruited in preparation for the main study.

Training of the Gauteng team took place from the 31st May to the 2nd June 2006 at the HSRC Pretoria building. Twelve trainers took part and they represented the HSRC, the laboratory, and couriers. The training content covered the following topics:

- Project background and objectives
- Ethical issues regarding research
- Sampling procedures and participant selection
- Interviewing skills
- Dry Blood Spot collection and Standard Operating Procedures
- Logistics and financial issues
- Employer and employee questionnaires and role-play

8.3 Pre-fieldwork preparations

Building up towards pilot fieldwork, numerous preparations were made. These included:

Project launches organized by SASSETA, which took place in Durban, Cape Town, East London, Nelspruit and Johannesburg from 22 May through to 31 May (see Table 2).

Table 2: Results of media launches in the targeted

Province	Date of media	No of representatives
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16

launch		Private security	Legal services	Total
Eastern Cape	22 May 2006	0	20	26
Western Cape	24 May 2006	2	21	29
Kwa-Zulu Natal	26 May 2006	2	23	31
Gauteng	29 May 2006	1	26	33
Mpumalanga	31 May 2006	0	0	0
				119

It is important to note that although the media launches took place in all of five targeted provinces for the main study, representatives from the legal sector were consistently under-represented and were sometimes missing (MP, EC, KZN). In general, the representatives from the *private security* sector were more receptive and interested in the study.

- Telephonic contacts and physical visits to companies
 - Distribution of flyers (a summary description of the project), SASSETA newsletters, posters, and where requested, presentations at the companies.
 - The HSRC Research Management System activity reports also features among other project, the SASSETA project.
 - Newspaper articles released by SASSETA.

8.4 Fieldwork, data coding and data capture

Pilot fieldwork began on the 26th of June and completed on the 3rd of July 2006. During this period, seven companies were surveyed. For actual figures and reasons for refusal, please see Section 8.1 on 'Access to information'.

Two trained coders were contracted to code open-ended questions. Coding began on the 26th June and completed on the 5th July. The following questions per questionnaire type were coded:

Questionnaire Type	Question numbers
Employer questionnaire (Legal)	20, 30, 39, 45, 47, 52 and 53
Employer questionnaire (Private Security)	7, 25, 35, 43, 49, 51, 56, 57
Employee questionnaire	5.18, 5.19, 5.22, 13.1

An external service provider did data capturing from questionnaires, namely, Maphume Research Services. Capturing and presentation of data was done on SPSS.

BDS testing, Global Virology Laboratory did data capturing and presentation. Types of tests done were: Elisa tests, confirmatory tests for positives, and incidence testing.

8.5 Response Rates For Individual Questionnaire

8.5.1 Summary

A sample of 31 companies was selected in Gauteng for the pilot surveys. The sample consisted of 12 legal services and 19 private security companies. Fundamental to going to the field though was ensuring that access to targeted employers and employees. After various avenues utilized (through telephone and letters) as attempts to contact sampled companies were not successful, a strategy to engage two people who would act as "foot soldiers" was devised. It was only when a physical visit was made to companies that access to 18 of 31 sampled companies could be confirmed as contactable and the rest were closed. This activity took place from 13th to 20th June. Of the 31 companies only 18 could be contacted. This gives a total of 58% contactable companies for the pilot survey. It appears that more than 50% of the companies have closed down since the last update of the SASSETA database used as a sampling frame. Among these, are the companies that have moved from the premises and their forwarding addresses not known. A rate of 67% of the companies refused to participate in the study when (telephonic) negotiation for access was done. This meant that the fieldworkers could visit only 33% of the companies contacted. Among the 33% of the companies visited, only 22% agreed to participate in the study.

In the legal sector, 56% of the contacted companies refused to participate in the study. The main theme of the reason for refusal was that "time is money". At least 8 of the 9 companies contacted indicated that they would have preferred:

- To be given a document detailing what the study is about.
- To be given time to hold meetings with governing bodies e.g. board or governing committee, etc.
- To invite people from SASSETA and HSRC to give presentations and provide answers.
- To get a more stronger response and reason to the question 'why the legal sector' was part of such a study.

The indication is that 44% of the legal companies were surveyed. This is slightly higher than the security companies.

Table 3: Company level response rates

Sector	Valid	Invalid	Total
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	Interviewed companies	Refused	Absent / missing	Not contactable /closed/not existing	
Legal	4	6	1	1	12
Private security	2	7	2	8	19
Total	6	12	3	9	31

Overall, 77 people were approached for the pilot. Only 75 (97.4%) completed the questionnaire and 63 (81.8%) gave the specimen for HIV testing. In the private security 85% gave specimen compared to 83% in the legal sector. The overall HIV testing response rate is (33% X 81.8%=27%). It is clear that the high refusal rate at the institution level severely reduces the overall response rate. This requires urgent attention that is aimed at improving the response rate at the institutional level.

The estimated sample size for the main survey was based on the assumption that 70% of the approached companies will agree to participate in the study and also 70% response rate at individual level. Clearly the assumption of 70% at institutional level does not hold since only 22% agreed to participate. This implies that from the 275 intended security companies for the main survey, only 60 are expected to participate if the response rate at institutional level does not change. Similarly, for the legal sector only 158 are expected to participate compared to intended 358 companies.

The number of contactable companies using the available database is reasonably high (above 70%). The critical factor is the refusal by the owners of the companies. The expansion of the scope of advocacy is highly recommended. There is a serious need of the participation of all stakeholders to encourage their constituencies to be part of the survey. This is determining factor for the success of the survey.

8.5.2 Characteristics of participating companies

8.5.2.1 Summary

The profiles of companies that participated in the pilot survey are represented in Table 4. The private security sector and legal sector were equally represented among the 22 companies that were contactable (eligible). A total of six companies agreed to participate in the survey. The sector-specific response rates were 36.4% (4/11) and 18.2% (2/11) for the legal sector and private security sector, respectively.

Among the legal sector companies that participated in the survey, two of the participating companies, two of the participating companies employed 1-5 employees while the other two companies employed 6-10 employees and 101 or more employees, respectively. A total of six other companies that employed refused to participate. The two private security sector companies that participated in the survey employed 1-5 employees and 11-50 employees, respectively.

Table 4: Profile of contacted companies by company size

Sector	Number of employees per company	Interviewed companies		Refused		Awaiting response*		Total n
		n	%	n	%	n	%	
Legal services (n=11)	Total	4	36.4	6	54.5	--	--	10*
	1-5	2	18.2	2	18.2	--	--	4
	6-10	1	9.1	1	9.1	--	--	2
	101+	1	9.1	3	27.3	--	--	4
Private security (n=11)	Total	2	18.2	8	72.7	1	9.1	11
	1-5	1	9.1	--	--	--	--	1
	6-10	--	--	1	9.1	--	--	1
	11-50	1	9.1	2	18.2	--	--	3
	51-100	--	--	3	27.3	1	9.1	4
	101+	--	--	2	18.2	--	--	2
Total (n=22)		6	27.3	13	59.1	1	4.5	21*

*Missing information for size of companies size

8.5.2.2 Reasons for refusal at company level

In the legal sector the main reasons for refusal were lack of time, unwillingness to participate in unpaid activities and lack of interest in the study. The responses given included the following:

- The small team is outside of the office most parts of the day. They cannot allow unpaid activities. Time is money
- SASSETA will not pay the firm for the research time.
- Does not have time to waste. Who will pay for the time?
- They are not interested. Why was the legal sector targeted?
- Not interested in participating with no particular reason
- He is the only lawyer and does he has to be out of the office. If his time was paid, he would probably avail himself after hours.

Companies in the private security sector refused to participate as they were busy, however some companies were willing to participate at a later stage. The responses given included the following:

- Not interested in participating with no particular reason
- She will come back to us when they are ready (it can be in two months time)
- They are currently busy and wont have time to fill in the questionnaire (we can try them at a later stage)

- No reason
- Come back to us when they are ready
- They are currently busy and won't have time to fill in the questionnaire

8.5.3 Characteristics of individuals participating in the survey

8.5.3.1 Summary

More Whites (46.9%) followed by Africans (34.7%) from the legal services agreed to participate in the survey. A higher proportion of African (73.1%) respondents were aged 25-49 years compared to White (65.2%). The opposite was observed for youth where 17.4% Whites and 11.8% Africans agreed to participate in the survey (Table Z).

Only African (73.1%) and White (26.9%) employees from the private security sectors agreed to participate in the study. An opposite race by age profile was observed in private security sector as compared to the legal services sector. More Whites were aged 25-49 years (85.7%) compared to Africans (68.4%); and a higher proportion of Africans were aged 15-24 years (21.1%) compared to White youth (14.3%) (Table 5).

Table 5: Racial and age representation in the study

Sector	Race	15-24		25-49 years		50 years +	
		n	%	n	%	n	%
Legal services (n=49)	African	17	11.8	13	76.5	2	11.8
	White	23	17.4	15	65.2	4	17.4
	Coloured	5	--	5	100	--	--
	Indian	3	--	2	66.7	1	33.3
	Other	1	--	1	--	--	--
	Total	49	12.2	36	73.5	7	14.3
Private security (n=26)	African	19	21.1	13	68.4	2	10.5
	White	7	14.3	6	85.7	--	--
	Coloured	--	--	--	--	--	--
	Indian	--	--	--	--	--	--
	Other	--	--	--	--	--	--
	Total	26	19.2	19	73.1	2	7.7

* Missing information on two respondents for each sector

Table 6: Occupational representation in the study

Occupational category	Legal Services Sector		Private Security Sector	
	n	%	n	%

Senior officials, professionals, managers & directors	14	30.4	7	25.0
Technicians and associate professionals & crafts	3	6.5	13	46.4
Service workers, clerks, protective service workers	22	47.8	1	3.6
Labourers, cleaners, porters, messengers etc	2	4.3	7	25.0
Learners or candidate attorneys	5	10.9	--	--
Total	46	100.0	28	100.0

Table 7: Status of interviews and specimen collection for HIV testing

Interview status	Total (n=77)		Legal Services Sector (n=49)		Private Security Sector (n=26)	
	n	%	n	%	n	%
Questionnaire completed	75*	97.4	47	95.9	26	100.0
Questionnaire partially complete	2	2.6	2	4.1	--	--
Interview and specimen status						
Questionnaire completed/ specimen collected	63*	81.8	40	81.6	22	84.6
Questionnaire completed/ no specimen collected	14*	18.2	7	14.3	4	15.4

* Missing information on two respondents for each sector

Of the 77 respondents who were interviewed, 14 did not provide a dried blood specimen for HIV testing. Of the 14, only 4 respondents from the legal services reported a reason for refusal to give a specimen for HIV testing. The reasons were:

- apprehensive of a dried blood spot being taken (n = 2), and
- feared breach of confidentiality (n = 2).

8.6 Debriefing session on fieldwork

Three supervisors and six fieldworkers attended the debriefing session at the HSRC on 24th August. The purpose of the debriefing was:

- Elicit views on experiences of nurses who went to the field for piloting the Employer and Employee Questionnaires, regarding questions that may need changing and the rationale behind their views.

The following is the input from fieldworkers and supervisors:

22

8.6.1 Employer questionnaire

Some of the suggestions on the employer questionnaire were as follows:

- Change identified some response codes to multiple response type since more than one response may apply.
- Those questions that require the employer to give answers about personal issues of employees, should be better phrased and provide 'don't know' as a variable (e.g., Question 27 which requires the employer to indicate the number of employees who are migrants.)
- A few loaded questions to be simplified.
- Questions, which did not get responses from any of the respondents, should be revisited.
- The questionnaire may need to be restructured by placing questions which an employer can respond to through an interview in the first part of the questionnaire, and place those questions which require the employer to source information from files in the last part of the questionnaire.

8.6.2 Individual questionnaire

- Re-arrange skip patterns where necessary.
- Researchers should find ways that will make it easy for interviewers to ask questions about race.
- The year 2006 should be for questions which refer to years since 2006 is well over half way through (e.g., Questions 6.1 and 6.2).
- Section 11: 'Male condom accessibility' should be replaced by 'Condom accessibility' since among the responses there is mention of female condoms.
- Question 16.2: responses should also include 'Traditional medicine' as one of the HIV/AIDS care services variables.
- An indication should be made that Section 19 should be answered by males only.

Other comments made by the fieldwork team were as follows:

- It was also established that the employee questionnaire takes between 20 and 30 minutes to administer.
- The strategy of sending people to physically make contacts with the companies remains key in the access negotiation process.
- Interviewers should carry condoms, which employees could access in private, if they wish.

8.7 Outcomes and challenges for Study 2: Part 1 - Business Impact and Business Response

Five employers completed the Employer questionnaire and one employer refused after a review of the questionnaire. The level of completion of the questionnaires is 23

very satisfactory and it appears that employers did not experience any difficulty with self-administration. In the legal services sector, all sections of the questionnaire were completed. In the private security sector, one questionnaire was completed, while the other was at 95% of completion.

The quality of information provided is generally of a reasonable nature. Given the small number of questionnaires it is not possible to make any conclusions regarding trends in the sectors. Most responses indicate that employers have not done much or perceived any discernible impact of HIV/AIDS on their companies.

Revisions of the legal services questionnaire will include more options including "partnership" for types of company registration. Further, more emphasis has to be placed on respondents accessing company records correctly in order to complete sections on employee numbers and demographic profile. Further, for the main survey more emphasis needs to be placed on the post-coding of open-ended questions. On the whole it appears that the questionnaires do not need to be revised extensively.

Finally, it appears that self-administration was successful during the pilot. However, this is mitigated by the small number of employers that participated.

The key concern for Part 1 of Study 2 is the low level of employer participation in the survey. Should this be continued into the main survey, it would undermine the ability of the SASSETA to understand the nature of the business impact and response to HIV/AIDS. Further, even if the SASSETA knew the size and nature of HIV prevalence in these sub-sectors, any attempt to develop and implement strategic recommendations would be undermined by the lack of willingness of employers to participate. Other business surveys (such as those done by the SA Business Coalition) show that despite increasing evidence of a real impact of HIV/AIDS on businesses, the responses of small and medium-sized business continue to lag behind that of large corporates.

8.8 Implications and recommendations

Several conclusions and implications can be drawn from the results of the pilot survey as whole. First, the high rate of non-existing or closed companies meant that the actual sampling frame was considerably smaller than had been estimated. This, in turn, suggests that there will be a need to ensure that the SASSETA database of qualifying companies is updated prior to the conduct of the large or main survey.

Second, even though more companies from the private security sector were targeted for the pilot survey, a higher proportion of companies from the legal sector participated in the survey. This occurred despite the generally higher attendance and more positive reception that were noted by research personnel among representatives of private security companies. Given the significant overlap that occurred between the occurrence of the private security strike and the planning and administration of the SASSETA surveys, it is likely that the low response rates in the private security sector were largely or partially a consequence of the lingering sector-wide effects. More specifically, a much larger number of companies might have been

affected by the strike than had previously been estimated. If this is the case, it can therefore be expected that response rates would be higher when the main/large survey is administered since the effects of the strike should have decreased over the ensuing months.

Third, a review of the reasons for refusal suggest that a significant number of the contacted companies were generally not aware of the survey despite the efforts of the research team and SASSETA (e.g., media launches). Based on the HSRC's experience from the highly successful Educators Survey, there might be a need to enlist other high-level personnel in the social marketing of the SASSETA survey. In addition some reasons for refusals, such as those that question why the sector was targeted suggest that more emphasis will have to be placed on the public health significance of the larger survey.

Fourthly, there was also a higher refusal rate for company-level for the larger companies in the both the legal sector (more than 101 employees) and the private security sector (51-100 employees). Given the predominance of small and medium-sized businesses in the two sub-sectors under investigation it is imperative that their co-operation in this survey be enhanced drastically. In order to ensure that the investment of resources (human, financial and temporal) in this survey be secured, and be allowed to add value to SASSETA skills development efforts, a more extensive communication and marketing campaign needs to be engaged in. Meetings with stakeholders, especially employer associations and trade unions need to be organised in order to lobby for employer participation.

9. Selection of the sample for the main surveys

Not surprisingly the same types of problems experienced during both the selection of the pilot samples and carrying out of the pilot surveys in the two sectors have been relived in connection with the selection of the main samples from the two sectors for the main study. By the end of July, of the 638 companies randomly selected for the two main study samples (i.e., 362 legal services and 276 private security firms) 73% were contactable by telephone that is their contacts were valid and up-to-date. However, the rest were not contactable or the contacts did not exist. Out of the 362 legal services and 276 private security firms 207 and 117 respectively specified the number of employees, representing a total of 51% of the companies in the two sectors. The number of employees was solicited for planning purposes, that is, to ensure that sufficient number of nurses is distributed proportional to the actual size of the company. However, companies especially security companies considered this information as confidential. To date, we have not yet asked the sampled company to participate in the study but were only verifying contact details. Thus, the actual response rate cannot be presented. Furthermore, greater participation from the TTT especially the employer is very critical to encourage their constituencies to participate in the study so to increase the response rate among employers. It is trivial that once the employer agrees to participate, we get more than 95% of the employees participating whilst if the employer refuses to participate none of the employees

participate. The success of the survey thus far depends on the response rate among the employers.

In view of the above as well as the experiences the HSRC had during the pilot surveys, the fact that we can neither approach all companies selected in the two samples for the main surveys nor determine how many employees they are in 49% of the companies in the samples presents us with a serious setback. We have no way of determining the denominator reliably. This is critical for determination of both the prevalence and incidence rates of HIV infection in the two sectors. The HSRC team will present scenarios and possible options available to undertake the study during the joint SC and TTT meeting set for 4th September 2006. This includes, inter alia, allowing for more time to ensure that the baseline is more reliable, extending the duration of the project to allow for more advocacy by all important stakeholders in each of the two sectors around the project to improve participation by the companies in the two sectors, and reducing the sample sizes further to accommodate unbudgeted costs incurred due to lack of enough preparedness by the various stakeholders to take part in the study.

10. Study 2: Part 2 – Policy Review

The focus of this portion of the study is to identify key HIV/AIDS policies that are within use or are being introduced within the private security and legal sectors, and to subject these to expert evaluation. The target was to identify between two and four policies per sector that represent both what is available to examination and the better applied and thought through policies. These policies would then be forwarded to experts in policy development and analysis, and in HIV/AIDS for review. Based on their analysis these experts would submit a ten page report on the policies that they had reviewed. These reports would be combined into a single report giving direction for the way forward in both industries.

The review of policy is going well. A selection of policies has been made that include two industry wide policies from the private security industry and three company policies, and three company policies from legal firms. As many of the company policies were under review and there was some concern about them being made public, the identities of the companies who sent in policies will held confidential. The following eight policies will be reviewed:

- SASSETA HIV/AIDS policy
- General draft of HIV/AIDS policy for security companies
- HIV/AIDS policy security company 1
- HIV/AIDS policy security company 2
- HIV/AIDS policy security company 3
- HIV/AIDS policy law firm 1
- HIV/AIDS policy law firm 2
- HIV/AIDS policy law firm 3

We have been unable to trace any industry wide policies for legal firms and neither of the two major trade unions representing workers in the private security companies have HIV/AIDS policies. Hopefully this review process can provide some direction towards filling those gaps. A panel of experts has been established and will be presented for ratification and agreement at the meeting on the 4 September. The reviewers are listed in Table 8.

Table 8: List of suggested reviewers of SASSETA and SASSETA-related companies' HIV/AIDS policies

Name	Institution
1. Dan Pretorius	AIDS law project
2. Annekke Meerkotter	Pshwarnang legal advocacy center
3. Organisational reviewer – Seamus Needham	Further Education and Training Institute of UWC
4. Modikana Abram Ngoepe	University of Limpopo
5. Lilly Arts	Gender, health and justice UCT
6. Representative from Black lawyer association	
7. Jean Baxen	UCT
8. Roseanne da Silva	Consulting Editor/AIDS Management Report
9. Representative from private security industry	

The terms of reference for the review, as attached, outlines the tasks for each of the expert reviewers (see Appendix A for the Terms of Reference for policy expert review). Once common agreement has been reached in the meeting around these details, the policy documents and terms of reference will be distributed. The time line for the completion of this portion of the study is that the reviews by experts should be returned by the 31 October 2006, and the final report integrating these components will be done by the 31 January 2007.

11. Project Management overview

Project management activities by the project management team consisting of the two Co-PIs and the project manager included the following:

- Putting together the project implementation plan,
- Setting up administrative structures structures,
- Recruitment of support and field staff
- Preparations for training,
- Overseeing advocacy matters,
- Cleaning of SASSETA-registered companies database,

- Engaging contractors (service providers),
- Co-ordinating activities and communicating decisions of SASSETA and the HSRC in relation to the project,
- Convening and chairing weekly project meetings,
- Training of fieldwork staff,
- Involvement in the development of data collection instruments,
- Quality control,
- Risk management,
- Overseeing coding,
- Writing up progress reports and weekly updates,
- Doing presentations where required, and
- Managing fieldworkers and supervisors of fieldwork

In addition to this, good financial management was undertaken with the help of the financial manager and project administrator. A copy of the financial expenditure report is provided in Appendix B.

12. Lessons learnt and way forward

There are several lessons learnt during the reporting period covered by this report. The first lesson is that there is some, albeit somewhat little, goodwill among some important stakeholders and companies to undertake the study as a number of companies have participated in both the qualitative research and the pilot surveys.

The second lesson is that there is a need for a reliable SASSETA database for establishing the denominator for use in the surveys especially for determining both HIV prevalence and incidence rates. Without a reliable database to sample a representative sample from, the findings are likely to be biased and therefore unreliable. Whilst SASSETA assisted the HSRC in accessing its database, it was not easy to get other stakeholders help to validate and update the information in spite of promises to help during earlier meetings.

The third lesson is that there is a need for a buy-in by all important stakeholders in the two sectors if the project is to be successful especially with the regards to the surveys. There is ample evidence from the pilot studies that many companies within the two sectors involved in the present project were neither aware of the project nor prioritised the issue of HIV/AIDS. Clearly for the project to be successful there is need for both advocacy around the issue of HIV/AIDS in general and this project specifically. Whilst employees in the few companies that agreed to participate in the pilot surveys responded very positively through their participation in relatively large numbers, it is a major concern that two thirds of the companies approached refused to participate in the pilot surveys. It is worth acknowledging attempts by both SASSETA and the HSRC in promoting participating in the project by organizing joint provincial project launches, SASSETA preparing beautiful posters about the project and publishing an article on the project in the July issue of SASSETA's *Montwedi-Thutong* newsletter.

Finally, most of the start-up costs for the project were unbudgeted for due to rushed cuts that were made to the original R10 million. This is especially true for the pilot study and additional visits to ascertain the existence of companies.

In order to successfully undertake the two main surveys, there will be a need to do three things. Firstly, we will need to make sure that the SASSETA database is reconciled with other more up-to-date databases from other important stakeholders. Therefore, it is essential that all important stakeholders who have other databases cooperate with SASSETA and in turn the HSRC to finalise this issue as soon as possible. Secondly, there is a need to undertake a more aggressive advocacy campaign involving SASSETA and all important stakeholder groups in the two sectors. Both activities will require some additional time to implement and hence the suggestion that the contract be extended for an additional 4 months. A final issue concerns the available budget for the project. Although the issue is sacrosanct, the HSRC would like SASSETA to consider a plea for additional funds if possible. This is to supplement costs incurred to date by HSRC trying to sort out the anomalies involved in the SASSETA database as well as the fact that HSRC staff had to visit all contactable companies first and those that required HSRC and SASSETA staff to visit them because of a lack of enough buy-in into the project leading the HSRC to spend some of the funds on expenses which were not budgeted for.

13. Summary of Milestones

Table 9: Milestones achieved to date

Milestone(s)	Status
Roll-out activities: securing services, skills, resources, and systems set up	Completed
Training for qualitative and quantitative data collection	Completed (for pilot only)
Piloting	Completed
Analysis and pilot reporting	Completed
Refinement and finalization of instruments	Process has begun
Main survey fieldwork	Not started
Data management (including coding, data capturing, data cleaning and analysis)	Not started for main study
Report writing	Not started
Consultations with stakeholders	Ongoing consultations occur (on pilot and some main study areas)
Dissemination	Not started

13. Appendices

Appendix A: Terms of Reference for Policy Experts

The task that we are asking you to participate in is to evaluate existing HIV/AIDS policies and their implementation, especially looking at the impact of the policy on the company and the industry. This is one of three components to the evaluation of policy affecting educators. In turn this evaluation of policy is part of a much larger study on the impact of HIV/AIDS on private security companies and legal firms in South Africa. The rest of the study consists mainly of a survey of private security companies and legal firms including HIV testing as well as qualitative interviews and statistical modeling using current data sets.

The study was commissioned by Safety and Security Sector Education and Training Authority (SASSETA) and has the full backing and cooperation of the SETA, the employers' bodies and the educator's unions. These bodies have provided the materials for the analysis and have agreed to look fully at the recommendations that arise out of the study. Due to the sensitivity of the area all the companies' policies have had identification marks removed and will be listed simply as a policy for a private security company or for a legal firm. The study itself is directed towards all the parts of the two industries being able to plan more adequately for the future. The tasks are below:

- To read and develop an understanding of the policy documents that have been delivered to you.
- To prepare a critical, but constructive review of the documents. This review should examine the policy's functioning particularly in relation to the impact of HIV, but should also look at the functioning of the policy in a more general sense as well.
- Comments should address the overall sense of the document as well as specifics within the text. Where comments are being made about areas of the policy the specific area needs to be identified.
- The emphasis needs to be identifying both the strengths and the weaknesses of the policies and look at their potential for implementation.
- The review needs to cover all the documents.
- Where problems are noted, constructive suggestions should be added where possible.
- A strong emphasis needs to be towards the development of new and better policies for both private security companies and legal firms. These ideas for new policy need to be based both on principles of what is needed and on what is practically possible.
- Ideas that would facilitate implementation are important.

Time frame: Report (no longer than eight pages) to be delivered 31 October 2006

Remuneration: R5000.00 on receipt of your report

Please contact Dr Donald Skinner on (021) 4667932 with any queries

Appendix B: Financial Expenditure Report: March – July 2006

Financial Report : SASSETA as at 31 July 2006

Donor: SASSETA
Project Number: PEATAA

Revenue	Actual ZAR
SASSETA (excl vat)	-877,192.98
Expenses	
Occasional and Ad-Hoc Labour	70,360.00
Transfer to research programme ESSD : Study Two	100,000.00
Travel & Subsistence (HSRC Staff)	57,928.73
Travel & Subsistence (Non-HSRC Staff)	14,001.24
Work Farmed Out	11,182.74
Timebilling	448,982.87
Telephone & Postage	2,830.04
Printing & Photocopying	2,421.06
Consumable Goods	2,472.92
Remaining Funds as at 31 July 2006	-167,013.38