THE NORTH WEST PROVINCIAL EDUCATION DEPARTMENT RESPONSE TO HIV&AIDS IN THE WORKPLACE

by

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LIST OF ABBREVIATIONS

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
EEA	Employment Equity Act
LRA	Labour Relations Act
OHSA	Occupational Health and Safety Act
PSA	Public Service Act
SADC	Southern African Development Community
DPSA	Department of Public Service Administration
TAG	Technical Assistance Guidelines
EAP	Employee Assistance Programme
UNAIDS	Joint United Nations Programme on HIV& AIDS
ILO	International Labour Organisation
HOD	Head of Department
IDC	Interdepartmental Committee on HIV & AIDS
M & E	Monitorng & Evaluation
PSCBC	Public Service Co-ordinating Bargaining Council
EWP	Employee Wellness Programme

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THE NORTH WEST PROVINCIAL EDUCATION DEPARTMENT RESPONSE TO HIV/AIDS IN THE WORKPLACE

1. INTRODUCTION

HIV & AIDS is a threat to the future of South Africa and the African continent. HIV & AIDS has ceased to be just a health issue; it is undoing many of the development gains made in recent decades. For the past twenty years HIV& AIDS was viewed by the communities as a medical and health problem, rather than as a broad socio-economic challenge. It is however, presently understood by the majority of South Africans as a socio-economic challenge. This is shown by the high rate of community involvement in the HIV & AIDS programmes. In the last five years, the damage that the HIV & AIDS pandemic has done to years of development gains and to the potential for future development has been recognized.

The impact of HIV & AIDS is being felt in the country as a whole, and the workplace is no exception. With infection rates still on the increase, government departments must be prepared to deal effectively with HIV & AIDS in order to maintain high productivity and service delivery levels whilst avoiding discrimination against those infected or affected. Partnerships between government and the private sector had to be forged in order to develop and implement policies and programmes that are aimed at combating the spread of the virus and mitigating the impact of the AIDS pandemic.

Public service has a crucial role to play in mitigating the impact of HIV & AIDS as part of its overall focus on the health and well-being of its employees. Large numbers of people are also direct dependants of public servants, and as a result the fate of society as a whole is closely intertwined with the health and well being of public servants.

1.1 BACKGROUND AND REASONS FOR THE STUDY

In South Africa, the Public Service is the largest employer. 70% of the employees are based at provincial departments, with 61% on social service and estimated 60 % working for the department of education (Public Service Review Report, 1999/2000).

The impact of HIV & AIDS within the workplace where many employees are infected and affected result in the following:

Morbidity and absenteeism: as infected employees become ill, they take additional sick leave. This disrupts the operation of the institution for which they work. Increase in death lead to absenteeism as employees attend funerals of their family members. Women employees, due to their social defined roles as care givers, have to care for sick children and partners, which may involve time off from work.

Mortality or retirement: death or retirement of infected employees is similar to morbidity, although the problems are permanent. The majority of workers who die of AIDS are the ones who are experienced and most productive. Loss of an employee requires an appropriate replacement to be appointed and trained. Loss of skills and knowledge make it difficult to replace staff, even where there is a pool of unemployment. Training and recruitment are costly and disrupt operations. Aids-related illnesses and deaths reduce productivity and increase labour costs.

Staff morale: HIV & AIDS create fear of infection and death, which may lead to increased suspicion of others as well as resistance to shouldering the additional responsibilities for colleagues who are off sick. The workload of non-infected workers rises, to the detriment of their morale. This has a negative impact on the morale of the employees.

Benefits: employers and employees feel the impact as the cost of employee benefits increases.

A survey of current HIV & AIDS responses by the national and provincial departments showed that policies have been developed, even though they lack strategies and implementation plans. Most Employee Assistance Programmes are available but not integrated. There is little or inadequate leadership commitment in HIV & AIDS programmes in the workplace. Budget for HIV & AIDS programmes do not exist and the Department of Health is supplying most of the awareness materials.

HIV & AIDS epidemic has a negative impact on skills development, service delivery and poverty alleviation. A coordinated and effective response is required to minimise the impact of HIV & AIDS on the Public Service. If this epidemic is not managed, it will make it difficult to achieve the transformation goals of government and usage of resources effectively, economically and effectively. A pro-active response by the Public Service will allow fairness, equity and compassion by the Public Service.

1.2 PROBLEM STATEMENT

The loss of an estimated 25% of skilled personnel to HIV & AIDS in the department of education is having serious effects on the ability of the department to deliver effectively and efficiently on productivity. The department of education is also one of the public sector departments, which has employed majority of workers in the province. The majority of workers are also women who are vulnerable, with low status in the workplace and with career-provision role in their families.

The workers of the education department need to be empowered in order to deal with HIV & AIDS. Majority of people who had disclosed their status are either illiterate, semi-illiterate, non-professionals or the poor. This supports the myth that professionals do not get infected by HIV & AIDS.

The department of education has majority of its staff members as professionals. They are challenged by the stigma and discrimination and thus causing pressure on workers. This results in non-disclose and high rate of silent deaths.

Educators are dealing with learners who are infected and affected by HIV & AIDS. Children are leaving school to take care of family members who are infected by HIV & AIDS. Learners are thus denied schooling opportunities.

The educators need to be empowered to be able to deal with all circumstances caused by the impact of HIV & AIDS at the schools. Even more worrying is the impact of the epidemic on the workplace of tomorrow. At tertiary institutions skills are in the process of depleting.

1.3 HYPOTHESIS FORMULATION

The impact of HIV & AIDS in any workplace, including the department of education are high morbidity and mortality rates, absenteeism, low staff morale, employee benefits, occupational health and safety, and low production.

The department of education should have an HIV & AIDS workplace programme to protect workers against HIV & AIDS. Employers and employees should put their networks and resources at disposal of broader HIV & AIDS awareness campaign. The need to committed action in the public sector remains immense.

The department of education requires a holistic response, which will effectively reduce and manage the impact of HIV & AIDS in the workplace. An HIV & AIDS policy outlining the programmes for prevention, care and support for employees who are infected and affected should be developed and implemented.

1.4 OBJECTIVES OF THE STUDY

The study aims at investigating the responses to HIV & AIDS by department of education in the North West Province. To discover the challenges experienced by employees in the workplace in relation to HIV & AIDS management.

A holistic response will be suggested on how the department can manage HIV & AIDS challenges in the workplace.

1.5 RESEARCH METHODOLOGY

The dissertation will be based on of reference such as literature review; Journals, magazines and other official publications; Laws, Acts and by-laws; and Personal interviews.

1.6 KEY WORDS AND CONCEPTS

The following are key words, which will be used in this dissertation document, HIV & AIDS; response; the department of education; Workplace; Discrimination; Policy; Programme; Termination of employment; Screening; Infected and affected persons; Employer and employees; Gender; Stigma; Voluntary Testing; Prevention; Care and support; Confidentiality.

1.7 STUDY PLAN

The research will be divided into four (4) rubrics detailed as follows:

* Rubric one: will form part of the foundation of the study and set the context of the study in the terms of relevance, scope and methodology. It will also clarify terminology used in the study.
* Rubric two: will introduce the reader to the current realities pertaining to the response to HIV& AIDS if any, of the department of education in the North West Province. The present method of HIV & AIDS management will be discussed in details,
* Rubric three: data will be collected from the three chief directorates in the province. Data will also be collected from the four regions. Personal interviews will be done with employees, employee organizations directors and chief directors. An interview with the Head of Department will also be done. Data collected will then be analysed and interpretation thereof done,

* Rubric four: all the findings will be outlined, recommendations based on the findings and the government legislative framework will be used for recommendations. At the end, the conclusion on the research will be done.

RUBRIC TWO

2. CONCEPTUALISATION OF THE MANAGEMENT OF HIV & AIDS IN THE WORKPLACE

This rubric focuses on the conceptualization of HIV & AIDS in the workplace that led to the policy framework on the 21st June 2002 under Section 41 of the Public Service Act, 1994, amending the Public Service Regulations of 2001. It includes defining the concepts used in the study, legal framework and principles to guide a workplace response to HIV & AIDS.

2.1 DEFINITIONS OF CONCEPTS

It is important to briefly discuss the definitions of the different terms which will be used regularly in the research for the reader to understand the meanings. The following are the definitions of the acronyms and terms

2.1.1. HIV & AIDS

The Medical Management of HIV & AIDS, 1999 defines HIV as Human Immunodeficiency Virus, which causes AIDS. AIDS is an Acquired Immune Deficiency Syndrome, which is a collection of diseases that results from infection with HIV. It can also be described as the most severe manifestation of HIV infection, where the body loses its ability to fight secondary infections. The body's defense system is deficient and various life-threatening infections occur. These life-threatening infections are called opportunistic infection diseases.

HIV is transmitted through body fluids, in particular blood, semen, vaginal secretions and breast milk. Transmission takes place in four ways : namely, unprotected sexual intercourse with an infected partner; blood and blood products through, for example, infected transfusions and organs or tissue transplants, or use of contaminated injection or other skin piercing equipment; transmission from infected mother to child in the womb or at birth; and breastfeeding. HIV is not transmitted by casual physical contact, coughing, sneezing and kissing, by sharing toilet and washing facilities, by using eating utensils or consuming food and beverages handled by someone who has HIV; it is not spread by mosquitoes or other insect bites (UNAIDS 2000:3).

HIV weakens the human body 's immune system, making it difficult to fight infection. A person may live for ten years or more after infection, much of this time without symptoms or sickness, although they can transmit the infection to others. Early symptoms of AIDS include: chronic fatigue, diarrhoea, fever, mental changes such as memory loss, weight loss, persistent cough, severe recurrent skin rashes, herpes and mouth infections, and swelling of the lymph nodes.

Opportunistic diseases such as cancers, meningitis, pneumonia and tuberculosis may also take advantage of the body's weakened immune system although periods of illness may be interspersed with periods of remission. It undermines the immune system and leads to AIDS. It weakens the immune system over a number of years; other germs or organisms invade the body, causing sickness. Once it has rendered the body incompetent, a person could develop variable illnesses because the body will be too weak to defend itself (NACA 2000:13-14).

2.1.2. Workplace HIV and AIDS programmes

Workplace HIV and AIDS programmes aim at preventing or reducing new HIV infections and provide treatment, care and support to employees and their families who are infected or affected by HIV and AIDS. It can also be referred to as an intervention to address a specific issue within the workplace, e.g. Voluntary Counseling and Testing programme.

Workplace in this study refers to a provincial department of education and regional offices and any other unit within the department.

2.1.3 Immune system

According to the Department of Health report of May 2000, immune system is a complex system of cells and cell substances that protects the body from infection and disease.

2.2 LEGAL FRAMEWORK ON THE RESPONSE TO HIV & AIDS IN THE WORKPLACE

South Africa has a legislative framework for responding to HIV and AIDS in the workplace. Some of the most important pieces of legislation are described below, including how the principles established within international law have been integrated into South African domestic law and policies. Therefore, the programmes need to be implemented in accordance with the prescribed legislation as discussed below.

2.2.1 The Constitution

The South African Constitution Act, (Act no. 108 of 1996) is the supreme law of the country and all other laws must comply with it. The Bill of Rights within the Constitution protects the rights of every person to, amongst others, the right to equality, dignity and privacy. Section 23 (1) states, "Everyone has the right to fair labour practices".

There are more general rights, which apply to the employment relationship, such as the right to equality and non-discrimination (Section 9), (Section 14).

HIV & AIDS is not listed in the equality clause of the Constitution, however, the Constitutional Court has in the case of Hoffman v South African Airways (2001), found that discrimination on the basis of HIV status was unfair discrimination in terms of the equality clause.

2.2.2 Labour legislation

There are a number of important labour statutes, though only one of them, the Employment Equity Act of 1998, specifically refers to HIV & AIDS. The other pieces of legislation also cover most HIV & AIDS related problems that may arise in the workplace. The relevant labour statutes are:

- *The Employment Equity Act, 1998 (Act no. 55 of 1998)*

The Employment Equity Act, 1998 (Act 55 of 1998) was the first piece of legislation to specifically prohibit unfair discrimination against an employee or job applicant on the basis of HIV status. This legislation aims at ensuring equality and non-discrimination in the workplace through anti-discrimination measures and affirmative action provisions.

There are two clauses, which expressly refer to HIV & AIDS; and these are:

- ✓ A prohibition on unfair discrimination based on HIV status.
- ✓ A prohibition on HIV testing without Labour Court authorization.

Section 7(A) of the Act states, " testing of an employee to determine the employee's HIV status is prohibited unless such testing is determined justifiable by the Labour Court in terms of section 50 (4)".

Section 50(4) provides the Court with the power to impose conditions on authorized HIV testing. It states that "if the Labour Court declares that the medical testing of an employee as contemplated in section 7 is justifiable, the Court may make any order that it considers appropriate in the circumstances, including imposing conditions relating to counseling, confidentiality and category of jobs or employees in respect of which the authorization for testing applies".

- *The Labour Relations Act (LRA (1995),Act no.66 of 1995*

The Labour Relations Act, 1995 (Act no.66 of 1995) aims at regulating the relationship between employee trade unions and the employer. Section 187 (1) of the Act, states that no employee may be dismissed on the basis of his or her HIV positive status.

In 1999, the parties to the Public Service Coordinating Bargaining Council (PSCBC) concluded several agreements and the codes set out detailed steps to be taken in the event of an employee's incapacity due to ill health. These codes do not refer specifically to HIV & AIDS, however, the provisions apply equally to employees with HIV & AIDS; and the provisions relating to an employee's incapacity due to ill-health are of particular relevance to employees who may become ill, as a result of HIV infection, that their capacity to work is affected.

Section 188 (1) of the LRA provides guidelines on when and how an employer may dismiss an employee for incapacity because of continuous ill health. The Code of Good Practice on Dismissal sets out substantive and procedural process that must be used when dismissing an employee.

- *Occupational Health and Safety Act, 1996, (Act no. 28 of 1996)*

The Occupational Health and Safety Act, 1996 (Act no. 28 of 1996) places a duty on all employers to ensure that, as far as is reasonably practicable, the working environment is safe and healthy for all employees. Employers are required to provide safety equipments such as latex gloves to prevent the transmission of HIV during an accident involving a blood spill in the workplace.

- *The Compensation for Occupational Injuries Act, 1993(Act no.130 of 1993)*

Section 22 (1) of the Compensation for Occupational Injuries Act, 1993, (Act no.130 of 1993) provides that every employee can get compensation if injured in the course and scope of employment. This would include compensation for HIV infection if it can be proven that the employee was infected in the course and scope of their employment.

- *Public Service Act, 1994 (Act no. 103 of 1994)*

The Public Service Act, 1994, (Act no. 103 of 1994) governs the employment of public servants. The Act itself makes no specific references to HIV & AIDS. The general terms and conditions set out in the Act are nevertheless important, and apply equally to employees infected and affected by HIV & AIDS as well as to other employees. For an example: Section 17 of the Public Service Act provides that, "the power to discharge an employee shall be exercised with due observance of the applicable provisions of the Labour Relations Act no. 66 of 1995).

Public Service Act Integrated Human Resource Planning Guidelines in the Public Service defines the Human Resource planning as a process of systemically reviewing human resource needs to ensure that the required number of employees, with the required competencies, is available as required. It is a Strategic responsibility to be undertaken by the Head of department or Executive Manager with the Human Resource directors and deputy directors.

An overall Strategic Plan should precede the process for the Department human resource planning to ensure that the Strategic Plan has sufficient human resources to implement. This includes staff that will ensure the implementation of HIV & AIDS programmes.

- *The Public Service Regulations, 2001*

The Public Service Regulations, 2001 (Chapter 1 part III B & D) have recently been amended to incorporate new Minimum Standards on HIV & AIDS. These Minimum Standards contain mandatory guidelines to heads of departments on the minimum requirements for managing HIV & AIDS within government departments.

Part VI, chapter 1 of The Public Service Regulations, 2001 deals with the working environment which emphasizes effective and efficient service delivery while, as far as reasonably possible, taking employees' personal circumstances, including disability, HIV & AIDS and other health conditions into account.

Minimum Standards on HIV & AIDS was developed and endorsed by the National Public Service HIV & AIDS Indaba in October 2001, and a variety of stakeholders, through a process of broad consultation. It was gazetted by the Minister for the Public Service and Administration and incorporated into Part VI Chapter 1 of Public Service Regulations, 2001.

- *The Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act no.4 of 2000)*

The Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act no.4 of 2000) sets out measures for dealing with various forms of unfair discrimination and inequality. It also sets out the steps that must be taken to promote equality. This Act is broad enough to cover unfair discrimination based on HIV status. It applies to all the public service departments. It provides protection against discrimination against employees living with HIV & AIDS.

- *The Medical Schemes Act, 1998 (Act no. 131 of 1998)*

Section 24 (e) of the Medical Schemes Act, 1998, (Act no. 131 of 1998 provides that a medical aid scheme may not unfairly discriminate, directly or indirectly, against any person on the basis of their HIV status. The Act also allows the Minister of Health to gazette a minimum standard of benefits to be provided to members of the medical scheme.

- *Basic Conditions of Employment Act, 1997 (Act no. 75 of 1997)*

The Basic Conditions of Employment Act, 1997 (Act no. 75 of 1977), section 22 (22)) obliges every employer to ensure that all employees receive certain basic standards of employment, including a minimum number of sick leave days and this includes also employees who are HIV positive.

2.2.3. Other policies and guidelines defining good practice

There are a number of other policies and guidelines that define good practice related to aspects that have HIV & AIDS implications. These include:

- *Department of Health policy guidelines on HIV & AIDS, January 2000*

The department of Health has issued HIV & AIDS policy guidelines on various issues including, testing, management of exposure to HIV, prevention and treatment of opportunistic diseases like TB. The guidelines do not specifically deal with workplace HIV & AIDS issues; the guidelines do act as national guidelines on the abovementioned aspects of HIV & AIDS management and care.

The guidelines are therefore important reference materials to be taken into account in the development and implementation of HIV & AIDS policies and programmes in the Public Service.

- *The Public Service Co-ordinating Bargaining Council (PSCBC), Resolution no.8 of 2001*

PSCBC Resolution no.8 of 2001 defines an HIV & AIDS policy and training framework, which binds the employer, Public Service employees who are members of the trade union parties to the Agreement, and Public Service employees who fall within the registered scope of the Council. The Resolution commits the PSCBC to support and mobilize social partners to implement HIV & AIDS workplace policies and programmes.

- *Managing HIV & AIDS in the workplace- a guide for government department of July 2002*

The guide was developed as a practical and user-friendly resource to assist government departments to plan, implement and monitor appropriate and effective responses to HIV & AIDS within the Public Service working environment. It focuses on internal workplace issues and contains guidelines on how to manage the impact of HIV & AIDS on the Public Service from an employment perspective.

It contains some references to external functions of government, but primarily in relations to the ability of the Public Service to maintain high level of service delivery.

- *Resolution no. 8 of 2001: Policy on HIV & AIDS training Framework in terms of resolution no. 7 of 2000*

The parties (employer and employee unions) agreed to adopt the policy on HIV & AIDS Training Framework, which was developed in terms of Resolution 7 of 2000, as policy documents for the Public Service.

- *The International Labour Organisation (ILO) Code of Practice on HIV & AIDS and the World of Work*

The objective of the code is to provide a set of guidelines to address the HIV & AIDS epidemic in the world of work and within the framework of the promotion of decent work.

The guidelines cover the following key areas of action:

- ✓ Prevention of HIV & AIDS.
- ✓ Management and mitigation of the impact of HIV & AIDS on the world of work.
- ✓ Care and support of employees infected and affected by HIV & AIDS.
- ✓ Elimination of stigma and discrimination on the basis of real or perceived HIV status.

- *The Southern African Development Community (SADC)'s Code of Good Practice on HIV & AIDS in the workplace*

The SADC Code of Good Practice on HIV & AIDS and Employment was adopted and reprinted in 1997 by SADC Council. It is an official policy of the region and it is recommended that SADC's14 member states find ways to incorporate the Code's provisions into legislation. The purpose of the guide is to ensure that there are most effective and humane ways to respond to issues of HIV & AIDS in the workplace.

- *The Department of Labour Code of Good Practice on key aspects of HIV & AIDS and Employment*

Code of Good Practice on key aspects of HIV & AIDS and Employment addresses the key aspects of HIV & AIDS and Employment. It provides framework on how the employer and the employee could establish mutual agreements, based on principles of employment to justify efficient operation of business.

While employees should be protected from arbitrary action, employers are entitled to satisfactory conduct of work performance from their employees.

- *Department of Labour Technical Assistance Guidelines on HIV & AIDS*

Guidelines on HIV & AIDS are linked to the Employment Equity Act, 1998 (Act 55 of 1998) and Labour Relations Act, 1995 (Act 66 of 1995). The two Acts set out a standard of the content and scope of an appropriate response to HIV & AIDS in the workplace. The Acts further aim at setting out implementation guidelines for employers, employees and trade unions to ensure that individuals affected by HIV & AIDS are not unfairly discriminated against in the workplace and in the management of HIV & AIDS in the workplace.

- *Department of Education Workplace Policy for HIV & AIDS (Part IV of the departmental Human Resource Policy)*

According to Part IV of the Human Resource Policy of the Department of Education Workplace Policy for HIV & AIDS (2005), it is aiming at providing guidelines for all employees on how to manage HIV & AIDS within the workplace. Its main objectives are to create a supportive work environment for employees living with and affected by HIV & AIDS, to eliminate discrimination against persons with HIV & AIDS, inform employees about their rights, and protect persons potentially exposed to HIV while at work. All of these are enforceable via the national Constitution.

The policy seeks to achieve its objectives by raising the awareness levels and understanding of the HIV & AIDS pandemic in the workplace. It also strives to create an open supportive environment for all employees who are affected by or infected with HIV & AIDS while at the same time not undermining the productivity requirements, obligations and public responsibility of the department.

The content of the policy addresses the practical needs of employees and includes issues regarding employee benefits, HIV & AIDS workplace programmes, ill-health retirement and early retirement and universal precautions, and introduces advocacy and awareness-type components.

2.3 Principles guiding a workplace response to hiv & aids

The International Labour Organisation (ILO) code of practice on HIV & AIDS and the world of work (2003) provide the core principles, which have been developed internationally, which should underline a workplace response to HIV & AIDS. The principles guide responses to new and changing situations. The principles further provide a framework or a baseline of rights and responsibilities which can be used when trying to resolve disputes or new challenges that may face a workplace and which are not covered by existing laws or policies.

The Dakar Declaration (1994:5) of the meeting at Senegal produced the following key principles to guide an ethical response to HIV & AIDS:

2.3.1. Non-discrimination

The employer shall ensure that no employee or prospective employee living with HIV & AIDS is unfairly discriminated against on the basis of HIV status in any employment policy or practice. The employer must therefore:

- ✓ Commit himself or herself to fair, sound and non-discriminatory employment practices.
- ✓ Not prejudice, victimize or discriminate employees on account of their HIV status.
- ✓ Negotiate with the affected employee for reasonable job allocation.
- ✓ Not use HIV status as reason for termination of employment, demotion, transfer or discrimination in any form.

- ✓ Actively promote non-discrimination on the basis of HIV & AIDS.

2.3.2. Confidentiality and privacy

Employees and prospective employees have the right to confidentiality with regard to their HIV status, confidentiality includes:

- ✓ An employee who contracts the HIV is under no obligation to inform his or her employer or other employees of his or her HIV status at any stage of the employment period.
- ✓ When an employee disclose his or her status to his or her employer, this information shall remain confidential and shall not be disclosed to any other employee without his or her written concern.
- ✓ No identification used on an employee's file, chair or table to indicate their HIV status.
- ✓ A breach of confidentiality with regard to HIV issues, must be subjected to disciplinary measures as stated in the disciplinary code of conduct.

2.3.3. Equity

The promotion of equality and non-discrimination between individuals with HIV & AIDS and those without, and between HIV & AIDS and other comparable health, is highlighted in Section 3 of the Employment Equity Act, 1998 (Act no. 55 of 1998). Therefore each and every employee has the right to fair, equal and reasonable opportunities for employment and to conditions that are reasonable concerning his or her health and safety.

2.3.4. Objectivity and sensitivity

All employees must have access to education and information on HIV & AIDS, and on the realities, misconceptions and circumstances of working with affected employees. The language used in the workplace should uphold human dignity, reflect inclusion, be gender-sensitive, accurate and understandable.

2.3.5. Prohibition of mandatory HIV testing

HIV testing without informed consent should be prohibited. HIV testing should also not be a prerequisite for access to work, travel or other services.

2.3.6. Principle of adaptation

Every employee and employer should change and adapt social and cultural conditions to the new challenges of the HIV & AIDS epidemic in order to respond effectively. The successful implementation of an HIV & AIDS programme requires cooperation and trust between employers and employees with active involvement of those affected and infected by HIV & AIDS.

2.3.7. Principle of ethics in research

The interests of research subjects or communities should be paramount. HIV & AIDS research should be based on free and informed consent, be non-obstructive and non-coercive, and the results should be made available to the community for timely and appropriate action.

2.4 FRAMEWORK FOR MANAGING HIV & AIDS IN THE WORKPLACE

The effective management of HIV & AIDS in the workplace requires an integrated strategy that includes, amongst others, an understanding and assessment of the impact of HIV & AIDS on the workplace; and long and short term measures to deal and reduce this impact. The organizational responses should focus on both the external and internal. The internal response refers to what the organization can do in response to HIV & AIDS in the workplace. The external response refers to recognizing and exploiting the advantages of an organization to "make a difference" to the nature and course of the epidemic within the community in operates (TAG: 2000).

2.4.1 The EEA, 1998 (Act no. 55 of 1998) Code of Good Practice on key aspects of HIV & AIDS and Employment (2000)

The Code of Good Practice on key aspects of HIV & AIDS and Employment contains guidelines for employers, employees and trade unions on the management of HIV & AIDS in the workplace. According to item 1.3 of the Code:

" The effective management of HIV & AIDS in the workplace requires an integrated strategy that includes, amongst others, the following elements:

- ✓ An understanding and assessment of the impact of HIV & AIDS on the workplace.
- ✓ Long and short term measures to deal with and reduce this impact, including:
  - An HIV & AIDS policy for the workplace.
  - A prevention programme.
  - A wellness programme.
  - Management strategies to deal with the direct and indirect costs of HIV & AIDS.

Organizational HIV & AIDS responses should have two main focuses, one internal and other external. The internal response refers to what organizations can do in response to HIV & AIDS in the workplace; the external response refers to recognizing and exploiting the comparative advantages of an organization to "make a difference" to the nature and course of the epidemic within the sector in which it operates (ILO 2003).

2.4.2 Minimum Standards on HIV & AIDS incorporated in the Public Service Regulations, as amended in 2001

According to the Minimum Standards on HIV & AIDS incorporated in the Public Service Regulations, as amended in 2001, a Head of Department (HOD) shall:

- ✓ Introduce appropriate education, awareness and prevention programmes on HIV & AIDS in the department.
- ✓ Create mechanisms within the workplace to encourage openness, acceptance, care and support for HIV-positive employees.
- ✓ Designate a member of SMS with adequate skills, seniority and support to implement the provisions contained in the Public Service Regulations Part VI.
- ✓ Allocate human and financial resources to implement the provisions of the regulations.
- ✓ Establish a HIV & AIDS committee for the department with adequate representation and support from all stakeholders.
- ✓ Ensure that the health promotion programme includes an effective communication strategy.

According to the HIV & AIDS Technical Assistance Guidelines (TAG) of the Department of Labour, (2000), the workplace response should have four main elements:

- ✓ A prevention strategy.
- ✓ A wellness strategy.

- ✓ A set of management strategies to deal with direct and indirect costs of HIV & AIDS.
- ✓ A partnership strategy.

It is important to note that these elements are interlinked in particular, prevention activities and wellness management are not independent of one another- rather they form part of a continuum of prevention and care. The workplace should also be underpinned by:

- ✓ An impact assessment to determine the nature and extent of the problem.
- ✓ A policy framework.
- ✓ A monitoring and evaluation plan.

TAG (2000) further emphasizes mainstreaming HIV &AIDS as a fundamental requirement for workplace responses to be appropriate and sustainable. Programme must be gender sensitive, as it appears that there is tolerance for male promiscuity and women are put under pressure to exert little or no control over their sexual relationships. Both partners are at risk but women are at a greater risk.

Mainstreaming HIV & AIDS is increasingly acknowledged as the optimal means to develop and implement a comprehensive response to HIV & AIDS. A mainstreamed response to HIV & AIDS is one in which there is an HIV & AIDS policy which is: (TAG: 2000):

- ✓ Linked to other organizational policies.
- ✓ Conceptualises the organisation's response in the light of existing policies, practices and programmes which:
    - o Integrates HIV & AIDS activities into other programmes.
    - o Integrates HIV & AIDS activities into the core functions of the organisation.

2.4.3. Managing HIV & AIDS in the workplace

Item 15.2.2 (xi) of The Code of Good Practice on key aspects of HIV & AIDS and Employment recommends that the workplace develop strategies to address direct and indirect costs associated with HIV & AIDS in the workplace. This requires proactive management of the epidemic by seeking to understand it, monitoring it and mitigating its impact as part of every organisation's response to the HIV & AIDS epidemic.

The Code of Good Practice on key aspects of HIV & AIDS and employment identified the following as the key strategies to manage the epidemic in the workplace:

- ✓ To establish a structure responsible for all aspects of the workplace response.
- ✓ To collect and analyse data to inform integrated planning processes.
- ✓ To integrate HIV & AIDS into all steps of skills development planning.
- ✓ To regularly check for compliance with labour and other legislation.
- ✓ To demonstrate leadership and management commitment for the workplace HIV & AIDS response.

3. RESEARCH METHODOLOGY

Rubric two (2) reviewed the legislative framework of the Management of HIV & AIDS that led to a response to HIV & AIDS in the workplace. Rubric three (3) provides an overview of the methodology that was used to conduct the survey on the Management of HIV & AIDS in the workplace. It clarifies the rationale for the study with regard to the definition of the research design, population, sample size, data collection methods and the statistical analysis. It clarifies the rationale behind the methodology applied, how the research is conducted and what measures are taken to ensure the validity and reliability of the study.

Rubric 3 examines the data collection method employed in the study, how the tool is administered, and follow-ups made after the collection of the questionnaires from respondents. It also explains population and sampling as well as the distribution of the research tool and the response rate. In the end the statistical techniques is indicated followed by the conclusion.

3.1 DATA COLLECTION METHOD

Questionnaires are one of the most common methods of conducting scholarly research as questionnaires provide a convenient way of collecting data from a target population as indicated by Baker, (1998:195). Hence, a questionnaire was preferred as a data collection instrument in this study.

The purpose of questionnaires was:

- To draw accurate information from respondents.
- To provide structures to interviews.
- To provide a standard form on which facts, comments and attitudes can be written down.
- To facilitate data processing (Hague and Jackson,1999:114).

3.2 QUESTIONNAIRE AS A RESEARCH TOOL

Data can be collected through a variety of methods, applying a sample of individuals presumed to have certain experiences, and interviewing them about their experiences. In survey research, methods used are personal interviews, mailed questionnaires and telephonic interviews (Campbell, Angus & Katona, 1953:15).

Best and Kahn (1989) in (Teu, 2002:203) support the above view by stating that in survey research, the researcher chooses a sample of respondents from a population and administers a standardized questionnaire to them.

A structured questionnaire was preferred because:

- It was necessary, convenient, and relevant.
- It was thoroughly scrutinized to ensure that it measured what was supposed to measure.
- It was pre-tested after construction.
- All respondents were given the same questions with variables times to respond to questions.
- The researcher administered the collection and tabulation of data personally.
- The researcher did manage to make sure that the above basic procedures were adhered to that the constructed data collection instrument is reliable, consistent, stable and valid.

A questionnaire was designed as a survey tool to collect data from five (5) regional offices and one (1) provincial office. The sampled offices have a population of more than 600 but only 100 were selected as respondents. The respondents sampled are at different offices, different areas of the province and covers officials at all levels. The questionnaire was chosen, as it was relatively inexpensive and suitable to use in all areas (Leedy & Ormrod, 2001:197).

3.2.1 Advantages of a questionnaire

The researcher preferred to apply the questionnaire for the purpose of collecting data because of the location and convenient accessibility of the sampled offices as well as the following important advantages:

Responses could be quantified and summarized. Questionnaires are familiar to most people. Surveys are useful in describing the characteristics of a large population. Easy to use with large samples. Questionnaires are easy to analyze, and most statistical analysis software can easily process them. Anonymity of respondents are guaranteed. Written questionnaires reduce interviewer bias because there is uniform presentation of questions. Information from many respondents could be gathered in a short space of time. A large amount of data can be obtained. Self-administered questionnaires are inexpensive (L Du Plooy, 2003:108).

The questionnaire can present the above advantages in its construction if efforts are made in its planning and are explained well to the respondents before it is administered. It should be noted that if the questionnaire is not planned with more efforts it has its own disadvantages.

3.2.2 Disadvantages of a questionnaire

Despite its many advantages, the mailed questionnaire needs to be administered carefully. It is therefore required from the researcher to ensure that the questionnaire is well planned and explained to respondents. Failure to adhere to careful administration of the questionnaire might result in the following disadvantages:

Low response rates. Non- emphatic of the respondents. It may frustrate some of the respondents. As opposed to direct observation, survey research (excluding some interview approaches) can seldom deal with content. Data may be over interpreted. Respondents may raise negative attitudes to the questionnaire.
Responses can be biased. Availability of addresses of the sampled population poses some problems. In all types of questionnaires, the danger of misinterpretation of questions exists, as it is very difficult to formulate questions, which convey the same meaning to all readers (Mouton, 2001:153).

It is advisable to plan ahead to overcome these disadvantages that may impede on the quality of the questionnaire. According to Borg and Gall (1989:431) researchers have identified a number of factors and several aspects of design and layout in securing a good response rate to a mailed questionnaire. These factors are as follows:

The physical appearance of a written survey may largely determine if the respondent will return it. Well designed questionnaires with clear and concise instructions are vital. Items on a questionnaire should be grouped into logically coherent sections to increase cooperation. Questionnaires should apply simple, direct, non-threatening language. Contents of the questionnaire should be arranged in a manner that would enhance cooperation.

The researcher has taken steps in the planning process of the questionnaire about the above-indicated factors that should be considered when constructing and administering a questionnaire so that more favourable responses could be obtained.

3.3 QUESTIONNAIRE CONSTRUCTION

The construction of a questionnaire requires considerable time and thoroughness (Teu, 2002:205). The researcher needs to be careful when developing a questionnaire as the measuring instrument has the greatest influence on the reliability of the data collected (Rubin, 1983:275-276; Teu, 2002:205). Even Schnetler (1989:44) shares the same sentiments by stating that a well-designed questionnaire raises the reliability and validity of the data to acceptable level of tolerance.

Researchers need to avail their time and energy to design questionnaires that achieve the objectives of their research. To a large extent the success of the data collection is dependent on how well the questionnaire is designed.

Even if the questionnaire is the most popular tool employed to collect data there are still certain criticism against its application. Wiersma (1995:146) and Mouton (2001:153) point out the following criticisms against the utilization of questionnaires:

- Excessive non response rate.
- Poorly constructed items.
- Questionnaires dealing with trivial information.
- Data from different questions are difficult to synthesize.

It is worth noting that all the criticisms raised above can be avoided or minimized if care and time is expended on the development of the questionnaire. The development of a questionnaire should not be hurried; every item should be thoroughly scrutinized to avoid ambiguity.

To minimize or lesson errors from questionnaires there are certain principles or rules that need to be observed throughout the process of questionnaire design according to de Vos **et al.** (2002:176) and Leedy and Ormrod (2001:202-204). The following are basic principles to be considered when designing a questionnaire:

Brief and clear sentences. The question and response alternatives must be apparent and not communicate the bias of the researcher. Items should mean the same to all respondents. Every question must enclose only one thought. Every question must be relevant to the purpose of the questionnaire or research topic. The sequence in which the questions are written must be aimed at general, non-threatening questions first. More sensitive, personal questions should come towards the end of the questionnaire. This helps the respondents to cooperate and fill the questionnaire without feeling threatened.

3.4 PRE-TESTING THE QUESTIONNAIRE

De Vos **et al.** (2002:177) and Leedy (1989) in Teu, (2002:209) argue that in all cases it is pertinent that newly designed and constructed questionnaires, in their semi-final form should be intensively pilot-tested before being applied in the main investigation. To determine shortcomings from the questionnaire 5 educators were requested to complete the questionnaire. The process ensured that all errors and pit-falls within the questionnaire are identified and rectified before the data collection process starts.

Legotlo (1996:26) and Monette **et al.** (1998:9) continue by pointing out that the main purpose of the pilot study is to verify whether there are items the respondents may have difficulty in comprehending or understanding. It is therefore, critical to determine ambiguities, vagueness and leading questions through pre-testing the questionnaire prior to the field study.

In order to overcome ambiguities or flaws Borg and Gall (1989:435) as well as Bailey (1994:144) indicate that when pre-testing the questionnaire sampled respondents must note ambiguous, vague or confusing items from the instrument. Thereafter the questionnaire should be improved based on the inputs made by sampled respondents.

It is also the view of Babbie (1998:120) that comments made by respondents should be considered and patterns of reactions should not be ignored. However, the researcher must at all times distinguish between meaningful and meaningless comments as it is also impossible to include all recommendations made by respondents during the pre-testing stage (Babbie, 2001:131). After the pilot study certain recommendations made by the respondents are considered and minor changes effected.

3.5 THE IMPORTANCE OF THE COVER LETTER

The cover letter is one significant part of the survey that introduces the questionnaire to the respondents persuading them to complete the questionnaire (Cohen & Manion 1994:97). It also guides the respondents regarding the completion of the questionnaire, direction about where the questionnaires should be returned and guarantees the anonymity of the participants (Legotlo, 1996:168) and (Dane, 1990:124).

It is essential that the cover letter should be simple, clear and straightforward. Its intention is to provide guidance, to clear misunderstanding and to decrease confusion. The letter should also address the issue of confidentiality about the entire process.

3.6 ADMINISTRATION PROCEDURES TO ACCESS RESPONDENTS

The permission for access to offices was requested from the Head of the Department of Education (HOD) in the North West Province. After granting the permission the HOD communicated the decision to the Regional Executive Managers who introduced the researcher to the staff at their offices.

The Regional Executive Manager (REM) assisted in identifying the staff members to be sampled to the researcher. The identified staff was informed in time of the visit to explain the purpose of the survey. Questionnaires were distributed during the second visit to all identified staff members. After filling the questionnaires the staff members submitted them to the office of the REM. The researcher was then expected to collect the questionnaires from the REM after two (2) weeks.

3.7 THE NECESSITY TO MAKE FOLLOW-UPS

In instances where the response was low or respondents decided not to participate follow-ups became essential. Cohen and Manion (1989:160) contend that although the degree of response to the questionnaire may compare with the group being surveyed, particular measures should be taken to ascertain maximum response rate like a carefully planned questionnaire as well as self-explanatory cover letter.

Follow-ups are also essential in the data collection process as they maximize the response rate stressed by Legotlo (1996:27). Cohen and Manion (1994:98) further argue that an indication of disappointment at non-response rate and some amazement at non-cooperation can be expected, however one should not forget to emphasise the importance of the study and the value of respondents' participation. Also to form part of the letter should be a copy of the questionnaire.

The Executive Managers were reminded telephonically before the date of the collection of questionnaires to check whether the questionnaires have been completed. Even after collection, follow-ups were made to ensure that all questionnaires were returned. A letter conveying a message of heartfelt thanks was written to all who helped and facilitated the process of data collection.

3.8 POPULATION SAMPLING

Wisniewski (2000:100) states that a sample population relates to the entire set of data that is of interest to a researcher. A sample is a representative or part of a population. Sampling means that the research sample should be selected in a manner that ensures that each and every member of the defined population has an equal chance of being included in the sample. The aim of sampling is to get reliable data by observing a few rather than every possible observation from the whole population.

The purpose of sampling is to select a few units from the population, measure the desired property (numbers, quantity, opinions, weight, length) and use this to estimate the value of the property for the entire population (Waters, 1998: 324-325). In the research conducted in the North West Province a probability sampling approach was used for the purpose of the study. Simple random sampling was chosen because every individual had the same chance of selection, and the selection of a particular individual did not affect the chances of others to be chosen.

McMillan and Schumacher (2001:159); de Vos **et al.** (2002:199) as well as Cohen and Manion (1994:86-87) agree that a sample is a subset of a population, that is, individuals selected from a large group of people. Researchers should always sample from the population, as they cannot, in most cases, study the entire population but a group within that population. The findings arrived at, from the sample represents the population (Cohen & Manion 2001:87). Furthermore, population is a group of interest to the investigator, the group of which he or she would like the results of the project to be generalised. According to Leedy and Ormrod (2001:211) there are two (2) methods of sampling, namely: probability and non-probability sampling.

3.8.1 Probability sampling

McMillian and Schumacher (2001:160) refer to probability sampling as random sampling. It is a sample in which each person or other sampling unit in the population has the same probability of being chosen. The four different approaches from the probability sampling are discussed hereunder:

- **Simple Random Sampling**: With this approach each member of the population has an equal chance of being selected. For example, using small papers with names of the members of the population, putting them in a basket and then select the number needed.

- **Systematic Sampling**: Selecting respondents from a population in a systematic rather than a random way. For example, from a list of two hundred (200) names you only need one hundred (100) names. Therefore you could choose every second name to obtain the one hundred (100).

- **Stratified Sampling**: In this approach the researcher samples equally from each one of the layers in the overall population. The population is divided into subgroups on the bases of a variable chosen by the researcher such as gender. An example in this case could be that group A is for females whilst group B is for males. From there you apply random sampling from each group.

- **Cluster Sampling**: It is applied in a large and widely dispersed population. In this case the researcher identifies convenient, naturally occurring group units, like schools, areas, and districts, and then randomly selects some of these units for the study. After selecting the units, individuals are then considered for selection from each unit (McMillan & Schumacher, 2001:161-163) and (Leedy & Ormrod, 2001: 211-216).

3.8.2 Non-probability sampling

Four various approaches to sampling within the non-probability method are discussed below:

- **Quota Sampling**: It is used to draw a sample that is as close to the duplicate of the population as possible, and that represents the population as such. It tries to get representatives of the different elements of the total population in the proportions in which they occur there. For example, if a researcher is interested in race relations he/she could set a quota for ethnic groups that is proportionate to its representation in the total population in the place under survey.
- **Purposive Sampling**: It is entirely based on the judgment of the researcher, in that a sample is constituted of elements that consist the most characteristic, representative or typical attributes of the population.

- **Dimensional Sampling**: It involves identifying different factors of interest in a population selecting at least one respondent of every combination of those factors (de Vos **et al.**, 2001: 206-207).
- **Snowball Sampling**: Cohen and Manion (1994:89) explains snowball sampling as where the "researcher identify a small number of individuals who have the characteristics that they require. These people are then used as informants to identify others who qualify for inclusion and these, in turn, identify yet others – hence the term snowball sampling".

For purpose of this study a probability, random sampling was utilized for Chief Directors. Directors, Chief Education Specialists, Deputy Directors, Deputy Chief Education Specialists, Assistant Directors, Subject advisors and Administrators of the six offices. The survey was cut across all mentioned levels per office.

3.8.3 Distribution and response rate

Questionnaires have been distributed to one (1) provincial and five (5) regional offices in the North West Education department. In all the offices, Chief Directors. Directors, Chief Education Specialists, Deputy Directors, Deputy Chief Education Specialists, Assistant Directors, Subject advisors and Administrators will be selected randomly as respondents. A sample of only 100 respondents has been selected to gather information for the study.

3.8.4 Statistical techniques

Statistics is a summary measure that is computed to describe characteristics from only a sample of the population. Statistics encompasses the collection, presentation, and characterisation of information to assist in both data analysis and the decision making process (Bles and Kathrina,2001:vii).

A computer aided statistical analysis had been applied to compute the results of the study. Both the descriptive and qualitative data of each respondent in the study has been computed for purposes of the analysis. These included the use of frequencies and percentages. The two-item open-ended questions were grouped together to identify common trends of responses from the respondents.

4. DATA ANALYSIS AND INTERPRETATION

Rubric 4 presents the outcomes of the empirical data gathered through questionnaires to find out the status of the response to HIV & AIDS in the Department of Education. The data also captures what is viewed as stumbling blocks in the implementation of HIV & AIDS policy and programmes in the department as well suggestions from employees on how best the department should respond to HIV & AIDS in the workplace.

4.1 REVIEW OF THE SUBJECTS

The total number of 120 questionnaires was distributed at the provincial office and five regional offices. 99 (75%) were returned completed and were usable 21 were blank. Follow-ups have been made to check the non-response, and the response was that employees had the questionnaires with them during their special leave for examinations, some were reluctant and returned them without responding.

4.2 BIOGRAPHICAL AND DEMOGRAPHICAL DATA

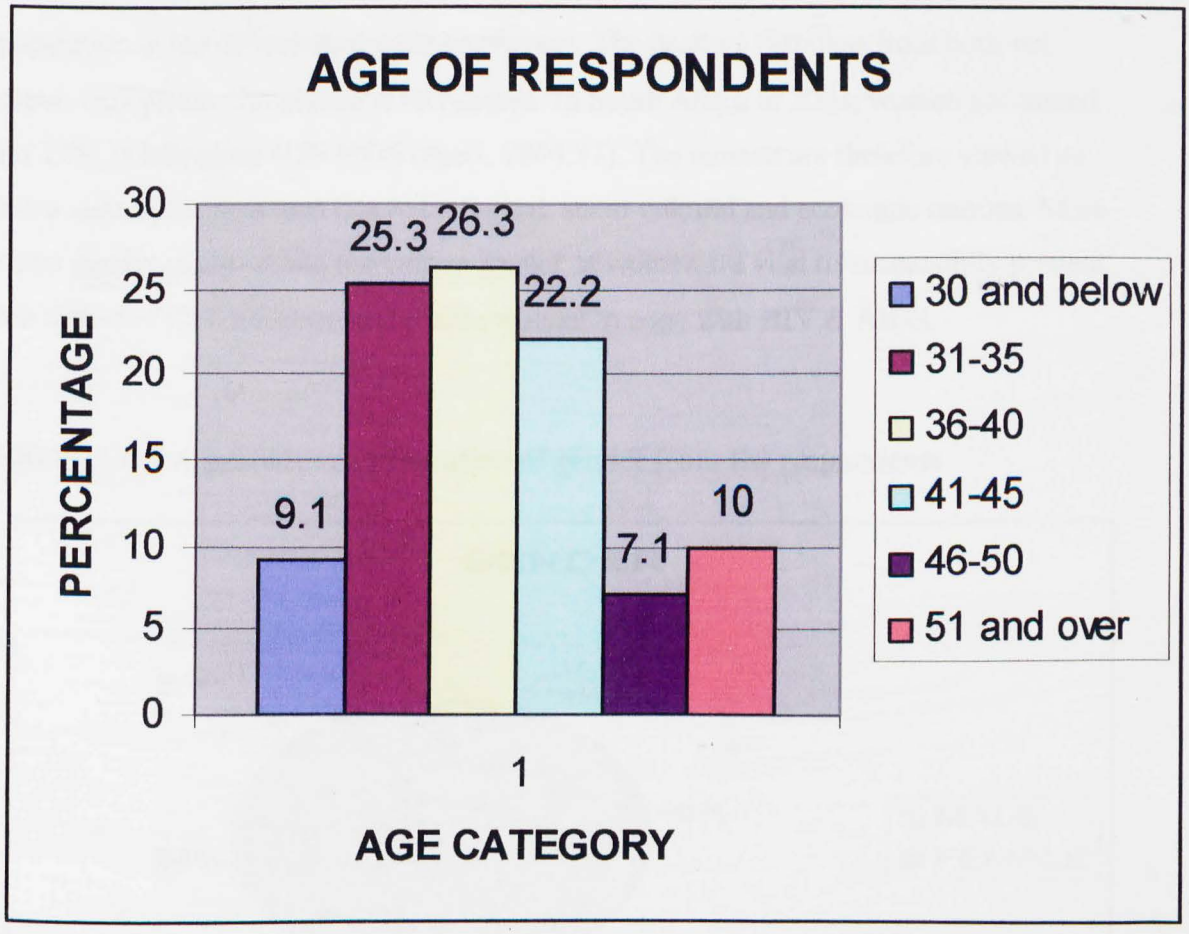
The Figure 4.1- 4.7 reflect both the biographical and demographical data of the respondents. This data provides an insight into who the respondents are and their locality. It further categorizes the positions of employees at the different offices. It differentiates employees in terms of Chief Director level until the lowest level at the offices.

4.2.1 Age category

Majority of the respondents are aged between 36 and 40 years old. As reflected in Figure 4.1 very few respondents are either below the age of 30 or older than 46 years old.

In terms of UNAIDS (2004:31), in sub-Saharan Africa adult prevalence has remained stable in recent years. Most of these employees can still be trained and empowered to deal with HIV & AIDS in the workplace.

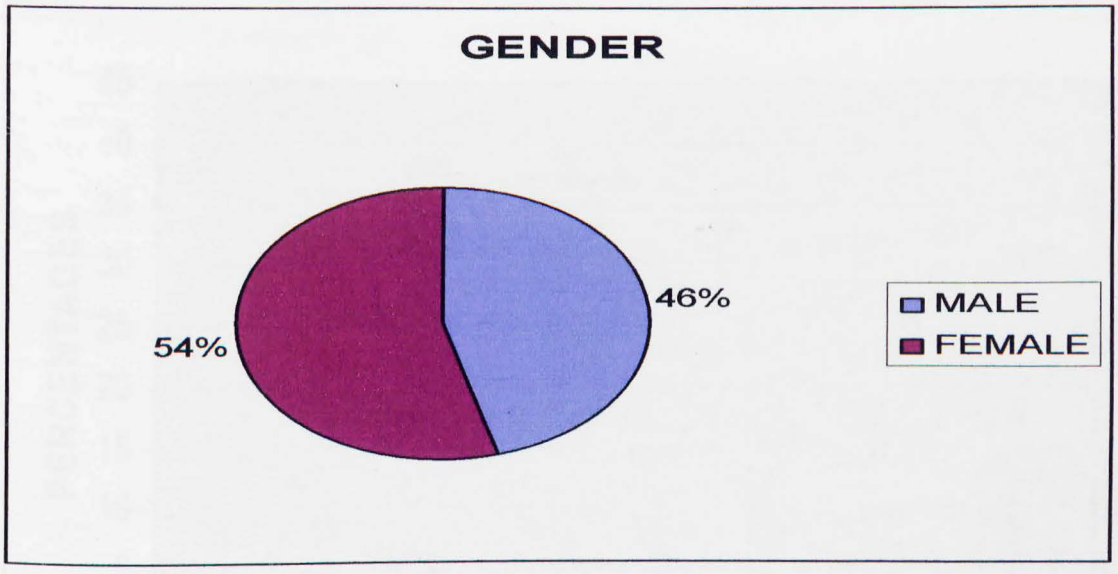
FIGURE 4.1 A graphic representation of the age category of the respondents.



4.2.2 Gender

According to figure 4.2, the majority of the respondents (54,5%) are females and 45,5% are males. This implies that there are more female employees from the sampled population at the offices than male employees. The positive response from both sex shows that gender dimension is recognised. In South Africa in 2003, women accounted for 17% of infections (UNAIDS report, 2004:31). The women are therefore viewed as more vulnerable than men due to biological, socio-cultural and economic reasons. More equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV & AIDS.

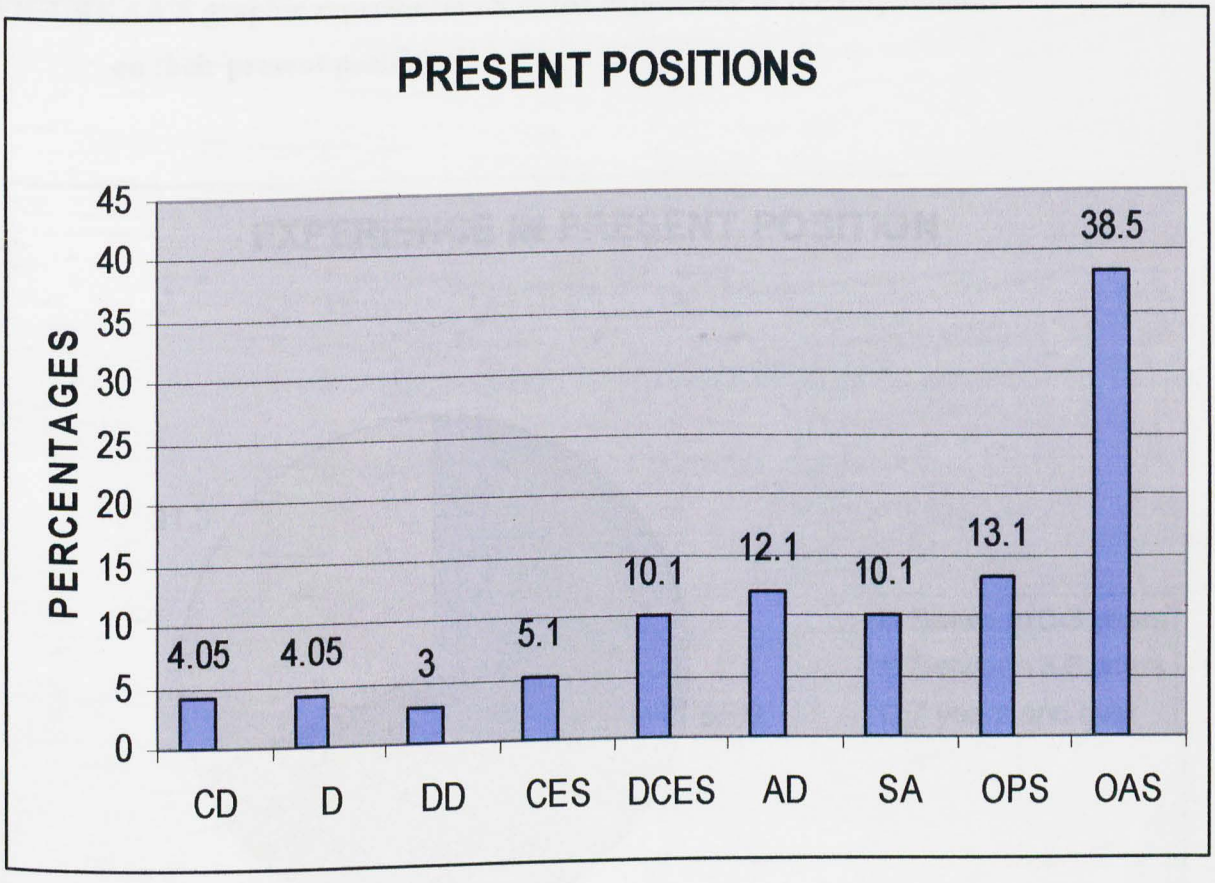
FIGURE 4.2 A graphic representation of gender from the respondents



4.2.3 Present position

Figure 4.3 reflects that of all the respondents, 4,05% are Chief Directors (CD), 4,05% are Directors (D), 3% are Deputy Directors (DD), 5,1% are Chief Education Specialists (CES), 10,1% are Deputy Chief Education Specialists (DCES), 12,1% are Assistant Directors (AD), 10,1% are Subject Advisors (SA), 13,1% are other professional staff (OPS) and 38,5% are other administration staff (OAS)employees.

FIGURE 4. 3 A graphic representation of the present position occupied by the respondents



All five regions have a Chief Director and a Director, at provincial office there are five Chief Directors, 10 Directors and at all offices a number of employees at management level. However, the majority of respondents are at lower post levels of the department.

4.2.4 Experience in the present position

Graph 4.4 indicates of 31,3% of employees have work experience of 7 years and above. 13,1% of the employees have work experience of between 4 and 6 years. The majority of respondents at a rate of 55,6% have work experience of 0-3 years.

FIGURE 4.4 A graphic representation of the experience of the respondents on their present positions

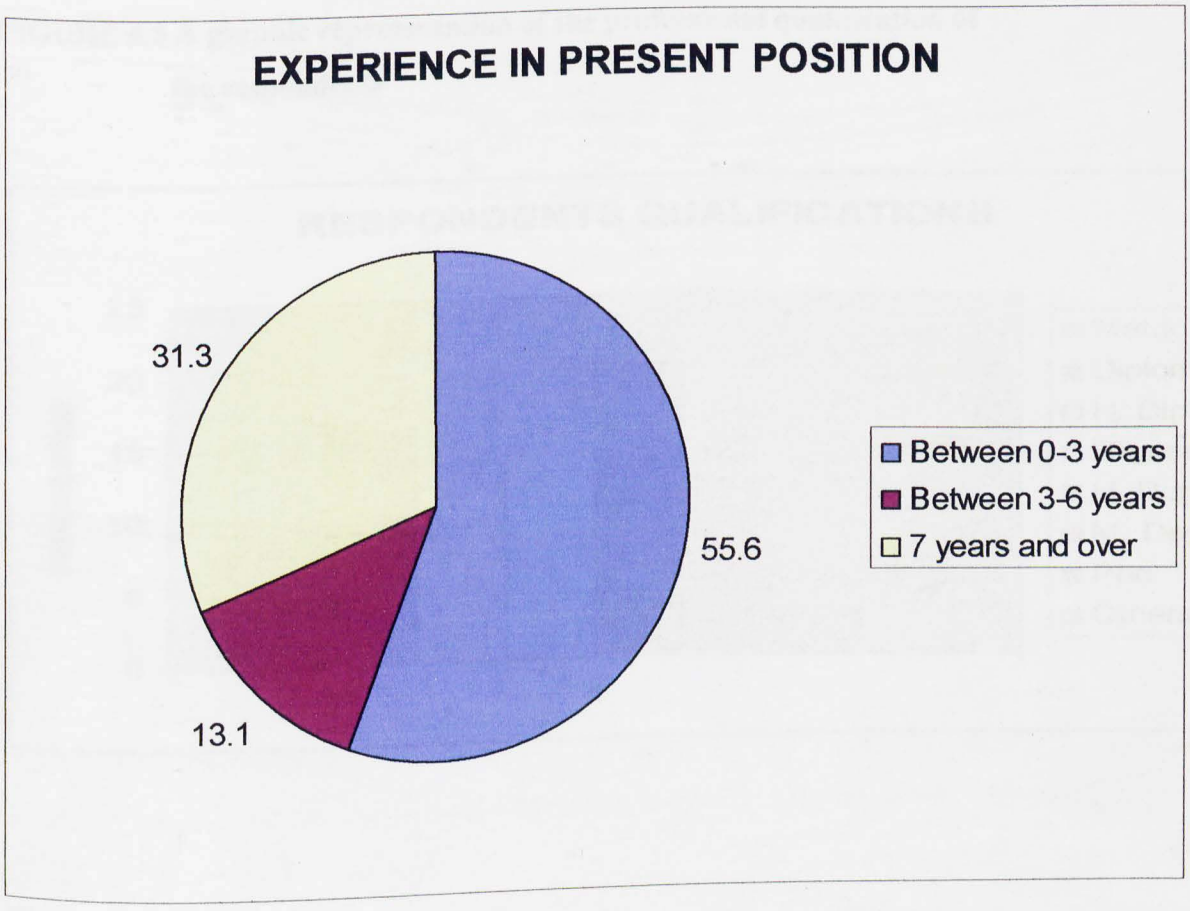
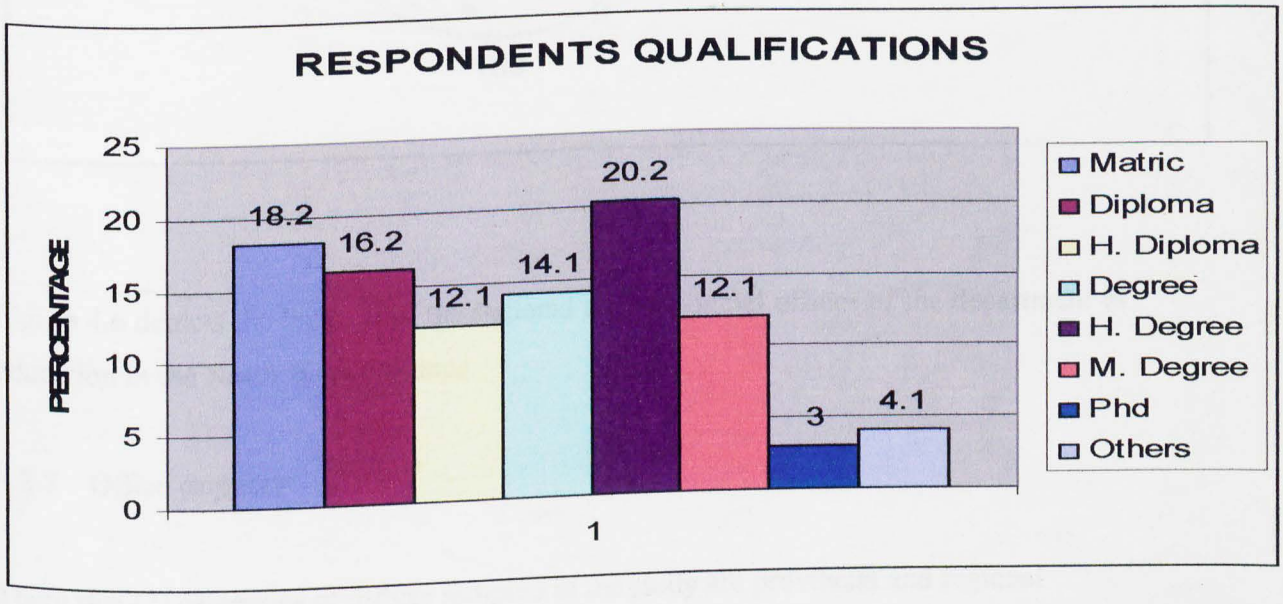


Figure 4.4 indicates that a high percentage of responses are from less experienced employees and this suggests that newly employees have more interest in the HIV & AIDS issues. The employees will however need to be assisted in the implementation of policies, including HIV & AIDS policies.

4.2.5 Professional qualifications

Figure 4.5 depicts the highest qualification of the respondents. The majority of the respondents have an Honours degree as their highest qualification. 20,2% are in possession of an Honours degree, 18,2% have Matric only. 16,2% of the respondents have a Diploma and only 12,1% are in possession of Higher Diploma. 12,1% have a Master's degree, 3% have a Doctorate and 4% have other unspecified qualifications.

FIGURE 4.5 A graphic representation of the professional qualification of the respondents



4.2.6 Settlement type of offices

In this item respondents were expected to indicate the location of their offices. The categories are deep rural, rural and urban. However, all the offices (100%) are located in urban areas.

FIGURE 4.6 A graphic representation of the settlement type of offices

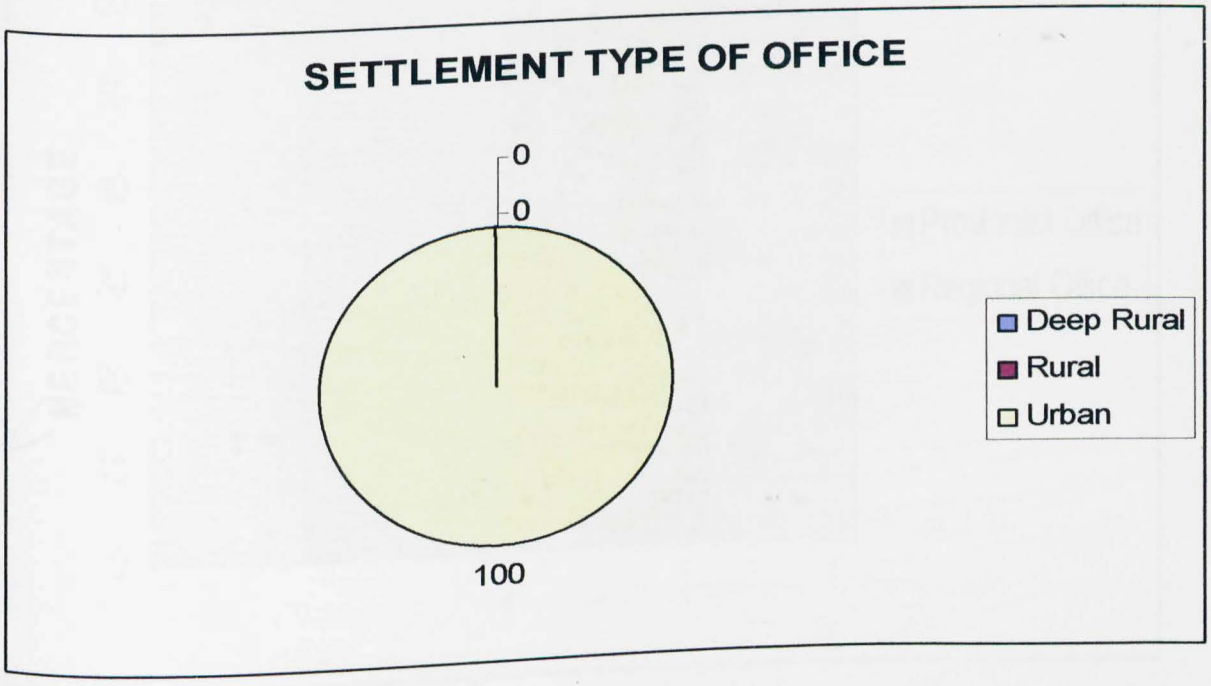
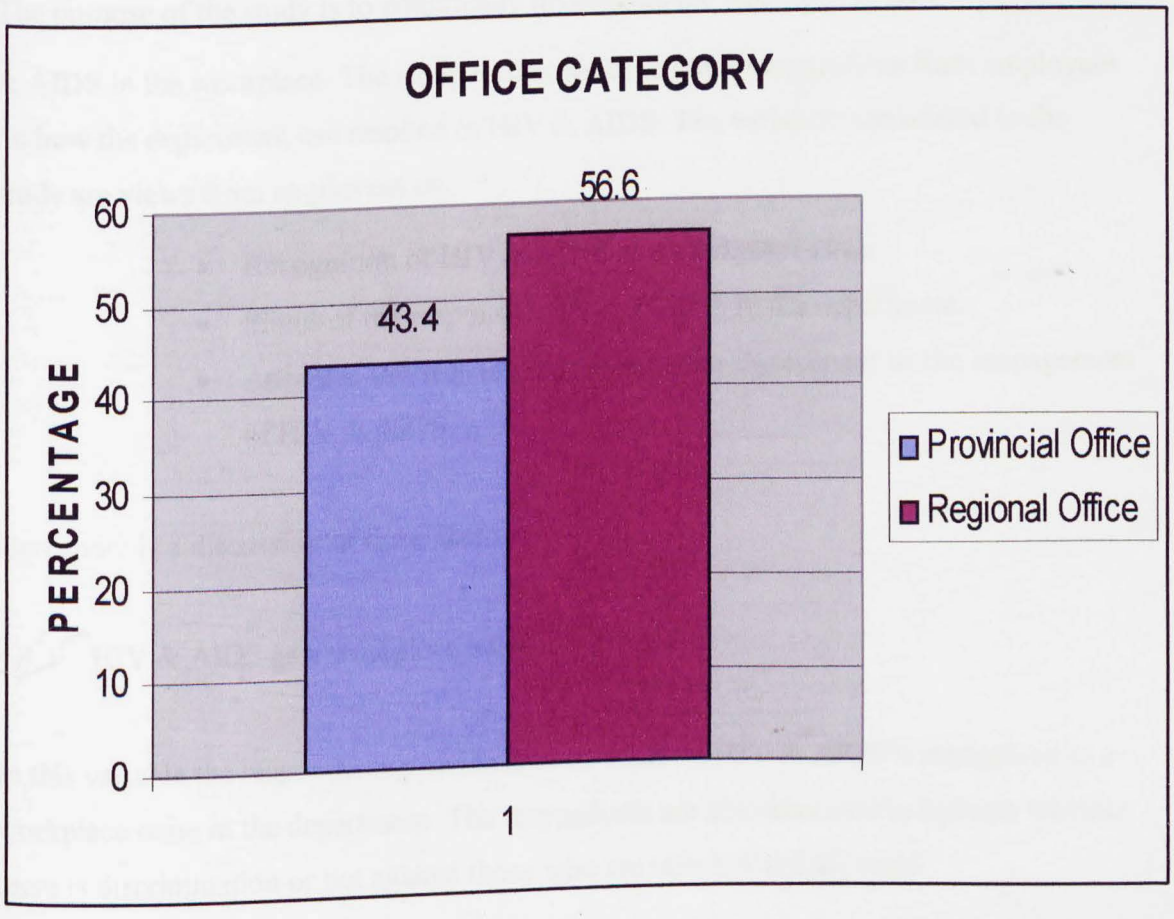


Figure 4.6 depicts the location of the regional and provincial offices of the department of education in the North West Province.

4.2.7 Office category

There two (2) categories of offices sampled in the study are provincial and regional offices. Figure 4.7 reflects that the majority of respondents are from regional offices as compared to provincial office.

FIGURE 4.7 A graphic representation of the office category



4.3 VIEWS OF EMPLOYEES IN TERMS OF HIV & AIDS POLICY IMPLEMENTATION IN THE WORKPLACE

The purpose of the study is to empirically investigate the responses to HIV & AIDS in the workplace. The study further seeks to obtain suggestions from employees on how the department can respond to HIV & AIDS. The variables considered in the study are views from employees on:

- Recognition of HIV & AIDS as a workplace issue.
- Status of the response to HIV & AIDS in the department.
- Attitudes towards the response of the department in the management of HIV & AIDS.

Hereunder is a discussion of these factors.

4.3.1 HIV & AIDS as a workplace issue

In this variable the respondents provide data on whether HIV & AIDS is recognised as a workplace issue in the department. The respondents are also expected to indicate whether there is discrimination or not against those who are infected and affected.

By ticking the appropriate column which had comments ranged from strongly agree to strongly disagree per statements. Table 4.1 provides a brief summary of the findings. The "F" indicates the frequency of the response to each column and per statement.

TABLE 4.1 HIV & AIDS AS A WORKPLACE ISSUE

	Neutral		Strongly disagree		Disagree		Agree		Strongly agree	
	F	%	*F*	%	*F*	%	*F*	%	*F*	%
8.1 HIV & AIDS is a workplace issue.	13	13.1	5	5.1	4	4	29	29.3	48	48.5
8.2 There should be no discrimination against workers on the basis of perceived HIV status	5	5.1	2	2	2	2	20	20.2	70	70.7
8.3 There should be no discrimination against workers on the basis of real HIV status.	8	8.1	2	2	1	1	22	22.2	66	66.7
8.4 The gender dimensions of HIV & AIDS should be recognized.	19	19.2	2	2	2	2	35	35.4	41	41.4
8.5 HIV & AIDS screening should not be required of job applicants in employment.	14	14.1	2	2	7	7.1	21	21.2	55	55.6
8.6 HIV infection is not a cause for termination of employment.	11	11.1	2	2	4	4.1	38	38.4	44	44.4
8.5 The impact of HIV & AIDS will affect service delivery in terms of attracting adequate levels of skilled staff.	18	18.2	4	4.1	13	13.1	31	31.3	33	33.3
8.6 The impact of HIV & AIDS will affect service delivery in terms of retaining adequate levels of skilled staff.	18	18.2	3	3	12	12.1	28	28.3	38	38.4

8.9 HIV & AIDS will increase the need for training of replacement staff.	18	18.2	1	1	9	9.1	39	39.4	32	32.3
8.10 HIV & AIDS will compromise the potential for mentoring and skills transfer.	31	31.3	3	3	12	12.1	35	35.4	18	18.2
8.11 Sick leave could be increased dramatically by the impact of HIV & AIDS.	19	19.2	3	3	3	3	34	34.3	40	40.4
8.12 Family responsibility leave could be increased dramatically by the impact of HIV & AIDS.	19	19.2	3	3	4	4.1	34	34.3	39	39.4

ITEM 8.1 HIV & AIDS is a workplace issue

Table 4.1 shows that the majority of respondents 48.5% and 29, 3% respectively agree and strongly agree that HIV & AIDS is a workplace issue. Only 13.1% and 5.1% respectively disagree and strongly disagree with the statement. This implies that respondents recognise HIV & AIDS as a workplace issue.

ITEM 8.2 There should be no discrimination against workers on the basis of perceived HIV status

As reflected on Table 4.1, 70, 7% and 20, 2% respectively of respondents agree and strongly agree with the statement. Only 2% and 2% respectively disagree and strongly disagree with the statement. This implies that the majority of employees agree with the statement that their colleagues perceived to be infected should not be discriminated.

ITEM 8.3 There should be no discrimination against workers on the basis of real HIV status

In terms of Table 4.1, 66, 7% and 22, 2% respectively of the respondents agree and strongly agree that there should be no discrimination against workers on the basis of real HIV status. 1% and 2% respectively of the respondents disagree and strongly disagree with the statement, and 8.1% did not provide any response. The implication is that the majority of employees agree with the statement that their infected colleagues should not be discriminated against.

ITEM 8.4 The gender dimensions of HIV & AIDS should be recognized

Table 4.1 shows that 41, 4% and 35, 4% respectively of the respondents agree and strongly agree that the gender dimensions of HIV & AIDS should be recognized. 2% and 2% respectively of the respondents agree and strongly disagree with the statement. This implies that the majority of respondent recognise the need for gender dimensions. However, 19% of the respondents responded neutrally.

ITEM 8.5 HIV & AIDS screening should not be a requirement of job applicants in employment

According to Table 4.1, 55, 6% and 21.2% respectively of the respondents agree and strongly agree that HIV & AIDS screening should not be a requirement of job applicants in employment. Only 7, 1% of the respondents disagreed with the statement and 14, 1% of the respondents provided a neutral responses. The implication and assumption from findings is that the majority of employees are aware of human rights and also basic condition of employment.

ITEM 8.6 HIV infection is not a cause for termination of employment

Table 4.2 reveals that 44, 4% and 38, 4% respectively of the respondents agree and strongly agree that HIV infection is not a cause for termination of employment. Only 4, 1% of the respondents disagree with the statement. This suggests that the majority of employees agree that employees infected should not be dismissed because of their HIV positive status.

ITEM 8.7 The impact of HIV & AIDS will affect service delivery

Table 4.1 shows that 33, 3% and 31, 3% respectively of the respondents agree and strongly agree that the impact of HIV & AIDS will affect service delivery. 3,1% and 4,1% respectively of the respondents agree and strongly disagree with the statement. This implies that the majority of respondent agree that the impact of HIV & AIDS will affect service delivery.

ITEM 8.8 The impact of HIV & AIDS will affect service delivery in terms of retaining adequate levels of skilled staff

Table 4.1 shows that 38,4% and 28,3% respectively of the respondents agree and strongly agree that the impact of HIV & AIDS will affect service delivery in terms of retaining adequate levels of skilled staff. 12, 1% and 3% respectively of the respondents disagree and strongly disagree with the statement. This implies that the majority of respondent acknowledge that HIV & AIDS will impact on service delivery in terms of retaining adequate levels of skilled staff.

ITEM 8.9 HIV & AIDS will increase the need for training of replacement staff

Table 4.1 shows that 32, 3% and 39, 4% respectively of the respondents agree and strongly agree that HIV & AIDS will impact on skilled employees. 1% and 9,1% respectively of the respondents disagree and strongly disagree with the statement. This implies that the majority of respondent recognise the impact of HIV & AIDS on employees and therefore mortality and early retirement will increase the need for training of replacement staff.

ITEM 8.10 HIV & AIDS will compromise the potential for mentoring and skills transfer

Table 4.1 shows that 18, 2% and 35, 4% respectively of the respondents agree and strongly agree that HIV & AIDS will compromise the potential for mentoring and skills transfer. 12, 1% and 3% of the respondents disagree and strongly disagree with the statement. 31, 3% gave a neutral response.

This implies that the majority of respondents that HIV & AIDS will compromise the potential for mentoring and skills transfer as employees retire and lose their lives. The neutral response suggests that some employees do not realise that HIV & AIDS can compromise the potential for mentoring and skills transfer or it may suggest that there is no mentoring and skills transfer in the department.

ITEM 8.11 Sick leave could be increased dramatically by the impact of HIV & AIDS

Table 4.1 shows that 40,4% and 34,3% respectively of the respondents agree and strongly agree that Sick leave could be increased dramatically by the impact of HIV & AIDS. 3% and 3% respectively of the respondents disagree and strongly disagree with the statement. 19,2 responded neutrally This implies that the majority of respondent recognise that sick leave could be increased dramatically by the impact of HIV & AIDS.

ITEM 8.12 Family responsibility leave could be increased dramatically by the impact of HIV & AIDS

Table 4.1 shows that 39, 4% and 34, 3% respectively of the respondents agree and strongly agree that family responsibility leave could be increased dramatically by the impact of HIV & AIDS. 4, 1% and 3% respectively of the respondents disagree and strongly disagree with the statement.

19, 2% responses suggest that respondents do not understand that employees are affected by their infected families. Affected employees may take leave to bury their family members or take leave to take care of their sick infected family members. However majority of respondent recognise that family responsibility leave could be increased dramatically by the impact of HIV & AIDS.

4.3.2 Responses to HIV & AIDS policies and programmes in the department

The respondents are expected to provide the status of the HIV & AIDS in the department in responding to HIV & AIDS in the workplace. The brief summary of the findings as reflected on table 4.2 discussed hereunder.

TABLE 4.2 RESPONSES TO HIV & AIDS POLICIES AND PROGRAMMES IN THE DEPARTMENT

	Neutral		Strongly disagree		Disagree		Agree		Strongly agree	
	F	%	F	%	F	%	F	%	F	%
9.1The department has developed a policy on managing HIV & AIDS in the workplace.	30	30.3	6	6	8	8.1	38	38.4	17	17.2
9.2 The staff participated in the development of the policy.	48	48.5	8	8.1	21	21.2	14	14.1	8	8.1
9.3 The department has implementation plans in place.	42	42.4	7	7.1	22	22.2	22	22.2	6	6.1

9.4 There are prevention programmes in place such as awareness campaigns.	18	18.2	6	6.1	4	4	48	48.5	23	23.2
9.5 There are prevention programmes in place such as active condom contribution campaigns.	8	8.1	4	4	4	4	57	57.6	26	26.3
9.6 There are employees who voluntarily disclosed their HIV status.	46	46.5	14	14.1	16	16.2	16	16.2	7	7
9.7 The Employee Assistance Programme in the department has been integrated with HIV & AIDS response.	41	41.4	5	5	6	6.1	37	37.4	10	10.1
9.8 There are continuous counselling sessions for infected staff members.	55	55.6	7	7.1	16	16.1	17	17.2	4	4
9.9 There are continuous counselling sessions for affected staff members.	58	58.6	8	8.1	17	17.2	14	14.1	2	2
9.10 There is a HIV & AIDS training plan for all employees.	30	30.3	13	13.1	29	29.3	20	20.2	7	7.1

9.11 The senior management of the department is committed to addressing HIV & AIDS.	36	36.3	15	15.2	15	15.2	30	30.3	3	3
9.12 The middle management of the department is committed to addressing HIV & AIDS.	32	32.3	22	22.2	16	16.2	26	26.3	3	3
9.13 Protective equipments for universal infection control (e.g. gloves) are available.	38	38.4	16	16.2	19	19.2	20	20.2	6	6
9.14 There is a budget dedicated for HIV & AIDS programmes.	41	41.4	10	10.1	15	15.2	11	11.1	22	22.2
9.15 There is regular monitoring of HIV & AIDS programmes.	47	47.4	16	16.2	17	17.2	16	16.2	3	3
9.16 There is regular evaluation of HIV & AIDS programmes.	51	51.5	15	15.2	12	12.1	10	10.1	11	11.1

ITEM 9.1 The department has developed a policy on managing HIV & AIDS in the workplace

Table 4.2 reflects that 38, 4% of the respondents agree that the department has developed a policy on managing HIV & AIDS in the workplace. A 30, 3 % of respondents gave neutral responses. 8, 1% of the respondents disagree and 6% strongly disagree with the statement.

30, 3% of the respondents are not sure whether the department has a policy, 8, 1% disagree and 6% strongly disagree. A total percentage of 44, 4% responses to the item suggest that employees are not sure whether there is a workplace policy in the department.

ITEM 9.2 The staff participated in the development of the policy

Table 4.2 reveals that 48, 5% responded neutrally to the statement. In contrast 21, 2% disagree and 8, 1% of the respondents strongly disagree and only 14, 1% agree with the statement. 8, 1% of the respondents strongly agree that the staff participated in the development of the policy.

The majority of respondents could not comment on whether staff members were involved during the development of the policy. The highly neutral responses suggest that employees were not involved during the development of the departmental policy on HIV & AIDS.

ITEM 9.3 The department has implementation plans on HIV & AIDS in place

Table 4.2 reveals that 42, 4% responded neutrally to the statement. In contrast 22, 2% of the respondents agree and only 22, 2% disagree with the statement. 6, 1% of the respondents strongly agree.

The majority of respondents could not comment on whether there are implementation plans on HIV & AIDS in the workplace. The neutral responses suggest that employees are not sure whether the department has implementation plans on HIV & AIDS in place.

ITEM 9.4 There are prevention programmes in place such as awareness campaigns

Table 4.2 reflects that 48, 5% of the respondents agree that the department has prevention programmes such as awareness campaigns in place. 18, 2% of respondents gave a neutral response. 4% of the respondents disagree and 6, 1 strongly disagrees with the statement.

The implication is that most respondents agree that the department has prevention programmes such as awareness campaigns in place.

ITEM 9.5 There are prevention programmes in place such as active condom contribution campaigns

Table 4.2 reflects that 57, 6% and 26, 3% respectively of the respondents agree and strongly agree that the department has prevention programmes in place such as active condom contribution campaigns. A 4% and 4% of respondents disagree and strongly disagree with the statement. 8, 1% of the respondents gave a neutral response.

The implication is that a significant number of respondents agree that the department has prevention programmes in place such as active condom contribution campaigns.

ITEM 9.6 There are employees who voluntarily disclosed their HIV status

Table 4.2 reflects that 16, 2% and 7% of the respondents agree and strongly agree that the department has developed a policy on managing HIV & AIDS in the workplace. A 14, 1 % and a majority of 16, 2% respectively disagree and strongly disagree that there are employees who voluntarily disclosed their HIV status.

41, 4% of respondents gave neutral responses. The implication of the response of the majority of respondents suggests that there are either few or unknown cases of infected employees who had disclosed their HIV status in the department.

ITEM 9.7 The Employee Assistance Programme in the department has been integrated with HIV & AIDS response

Table 4.2 reveals that 6, 1% and 5% respectively of the respondents disagree and strongly disagree that the Employee Assistance Programme in the department has been integrated with HIV & AIDS. In contrast 37, 4% of the respondents strongly agree and only 10, 1% agrees with the statement. 41, 4% of the respondents responded neutrally.

Most of the respondents responded neutrally to the statement that the Employee Assistance Programme in the department has been integrated with HIV & AIDS response. This suggests that there is doubt whether the department has integrated HIV & AIDS into the Employee Assistance Programme.

ITEM 9.8 There are continuous counseling sessions for infected staff members.

Table 4.2 reveals that 16, 2% and 7% respectively of the respondents disagree and strongly disagree with the statement. 55, 6% of the respondents gave neutral responses. The implication is that there is minimal or no counselling sessions for infected staff or it is not known whether there is counselling because of failure to disclose and lack of confidentiality.

In contrast 17, 2% and 4% of the respondents agree and strongly agree with the statement.

ITEM 9.9 There are continuous counselling sessions for affected staff members

Table 4.2 reveals that 17, 2% and 8, 1% respectively of the respondents disagree and strongly disagree with the statement. In contrast 14, 1% and 2% respectively of the respondents disagree and strongly disagree with the statement. 58, 6% of the respondents gave a neutral response.

The 58, 6% neutral responses suggest that there is minimal or no counselling sessions for affected staff or it is not known whether there is counselling because of confidentiality.

ITEM 9.10 There is a HIV & AIDS training plan for all employees

Table 4.2 reveals that 13, 1% and 29, 3% respectively disagree and strongly disagree with the statement. In contrast 20, 2% and 7, 1% respectively of the respondents agree and strongly agree with the statement. 30, 3% of the respondents gave neutral responses.

Most of the respondents could not comment on whether there is a HIV & AIDS training plan for all employees. The neutral responses suggest that employees are not certain whether the department has an HIV & AIDS training plan for all employees.

ITEM 9.11 The senior management of the department is committed to addressing HIV & AIDS

Table 4.2 reveals that 36,3 % responded neutrally to the statement. In contrast 30, 3% and 3% respectively of the respondents agree and strongly agree with the statement. Only 15,2% and 15,2% respectively disagree and strongly disagree with the statement.

The majority of respondents cannot comment on whether the senior management of the department is committed to addressing HIV & AIDS. The neutral responses suggest that majority of the employees are uncertain whether the senior management of the department is committed to addressing HIV & AIDS.

ITEM 9.12 The middle management of the department is committed to addressing HIV & AIDS

Table 4.2 reveals that 32, 3% responded neutrally to the statement. In contrast 26,3% and 3% respectively of the respondents agree and strongly agree.22,2% and 16,2 respectively disagree and strongly disagree with the statement.

Most of the respondents could not comment on whether the middle management of the department is committed to addressing to HIV & AIDS. The neutral responses suggest that employees are uncertain whether the middle management of the department is committed to the response to HIV & AIDS.

ITEM 9.13 Protective equipments for universal infection control (e.g. gloves) are available

Table 4.2 reveals that 38,4% responded neutrally to the statement. In contrast 20,2% and 6% respectively of the respondents agree and strongly agree.19,2% and 16,2% respectively disagree and strongly disagree with the statement.

Most of the respondents could not comment on whether protective equipments for universal infection control (e.g. gloves) are available. The neutral responses suggest that employees are uncertain whether the protective equipments for universal infection control (e.g. gloves) are available.

ITEM 9.14 There is a budget dedicated for HIV & AIDS programmes

Table 4.2 reveals that 41, 4% responded neutrally to the statement. In contrast 22, 2% and 11, 1% respectively of the respondents agree and strongly agree with the statement. 15, 2% and 10, 1 respectively of the respondents disagree and strongly disagree.

Most of the respondents could not comment on whether there is a budget dedicated for HIV & AIDS. The neutral responses suggest that employees are not aware of a budget within the department which is dedicated to HIV & AIDS.

ITEM 9.15 There is regular monitoring of HIV & AIDS programmes

Table 4.2 reveals that 47, 4% responded neutrally to the statement. In contrast 16, 2% and 17, 2% respectively of the respondents disagree and strongly disagree with the statement. 16, 2% and 2% respectively of the respondents agree and strongly agree with the statement.

Most of the respondents could not comment on whether there is regular monitoring of HIV & AIDS programmes. The neutral responses suggest that employees are uncertain whether there is regular monitoring of HIV & AIDS programmes.

ITEM 9.16 There is regular evaluation of HIV & AIDS programmes

Table 4.2 reveals that 51, 5% responded neutrally to the statement. In contrast 15, 2% and 12, 1% respectively of the respondents disagree and strongly disagree with the statement. 10.1% and 11, 1% respectively of the respondents agree and strongly agree with the statement.

Most of the respondents could not comment on whether there is regular evaluation of HIV & AIDS programmes. The neutral responses suggest that employees are uncertain whether there is regular evaluation of HIV & AIDS programmes in the department.

4.3.3 ATTITUDES TOWARDS THE RESPONSE OF THE DEPARTMENT IN THE MANAGEMENT OF HIV & AIDS

In this variable the respondents provided data on their attitude towards the response of the department in the management of HIV & AIDS. The respondents were also expected to indicate whether the department is willing to respond to the management of HIV & AIDS. Guidance received from the Human Resource Management and HIV & AIDS Committee is also assessed. Table 4.3 provides a brief summary of the findings.

TABLE 4.3 ATTITUDES TOWARDS THE RESPONSE OF THE DEPARTMENT IN THE MANAGEMENT OF HIV & AIDS

	Neutral		Strongly disagree		Disagree		Agree		Strongly agree	
	F	%	F	%	F	%	F	%	F	%
10.1 Willingness of employer towards the management of HIV & AIDS in the workplace.	37	37.4	5	5	14	14.1	36	36.4	7	7.1
10.2 Willingness of employees towards the management of HIV & AIDS in the workplace.	47	47.5	5	5	10	10.1	29	29.3	8	8.1
10.3 Leadership from the middle management in the implementation of HIV & AIDS programmes.	41	41.4	5	5	20	20.2	25	25.3	8	8.1

10.4 Leadership from the senior management in the implementation of HIV & AIDS programmes.	41	41.4	6	6.1	21	21.2	25	25.2	6	6.1
10.5 Guidance received from the Human Resource Management Chief Directorate	33	33.3	11	11.1	22	22.2	24	24.2	9	9.2
10.6 Guidance received from the HIV & AIDS Committee.	38	38.4	12	12.1	15	15.2	26	26.3	8	8
10.7 Support from colleagues towards those infected	51	51.5	7	7	10	10.1	15	15.2	16	16.2
10.8 Support from colleagues towards those affected	49	49.5	8	8.1	13	13.1	18	18.2	11	11.1
10.9 Support received from the Department with the implementation of the HIV & AIDS programmes.	37	37.3	9	9.1	17	17.2	27	27.3	9	9.1

ITEM 10.1 Willingness of employer towards the management of HIV & AIDS in the workplace

Table 4.3 reveals that 37, 4% responded neutrally to the statement. In contrast 36, 4% and 7, 1% respectively of the respondents agree and strongly agree with the statement. 14, 1% disagree with the statement. 5% of the respondents strongly disagree with the statement.

Most of the respondents agree that there is willingness on the side of the employer towards the management of HIV & AIDS in the workplace. The neutral responses suggest that some employees are uncertain of the willingness of employer towards the management of HIV & AIDS in the workplace.

ITEM 10.2 Willingness of employees towards the management of HIV & AIDS in the workplace

Table 4.3 reveals that 47, 5% responded neutrally to the statement. In contrast 29, 3% and 8, 1% respectively of the respondents agree and strongly agree. 10, 1% disagree with the statement. 5% of the respondents strongly disagree with the statement.

Most of the respondents could not comment on whether employees are willing to contribute towards the management of HIV & AIDS in the workplace. The neutral responses suggest that some employees are uncertain of the employees' willingness to contribute towards the management of HIV & AIDS in the workplace.

ITEM 10.3 Leadership from the middle management in the implementation of HIV & AIDS programmes

Table 4.3 reveals that 41, 4% responded neutrally to the statement. In contrast 25, 3% and 8, 1% respectively of the respondents agree and strongly agree. 20, 2% disagree with the statement. 5% of the respondents strongly disagree with the statement.

Most of the respondents could not comment on whether there is leadership from the middle management in the implementation of HIV & AIDS programmes. The neutral responses suggest that employees are uncertain whether there is leadership from the middle management in the implementation of HIV & AIDS programmes.

ITEM 10.4 Leadership from the senior management in the implementation of HIV & AIDS programmes

Table 4.3 reveals that 41, 4% responded neutrally to the statement. In contrast 25, 2% and 6, 1% respectively of the respondents agree and strongly agree. 21, 2% disagree with the statement. 6, 1% of the respondents strongly disagree with the statement.

Most of the respondents could not comment on whether there is leadership from the senior management in the implementation of HIV & AIDS programmes. The neutral responses might suggest that employees are not sure whether there is leadership from the senior management in the implementation of HIV & AIDS programmes.

ITEM 10.5 Guidance received from the Human Resource Management Chief Directorate

Table 4.3 reflects that 24, 2% and 9, 2% respectively of the respondents agree and strongly agree that there is guidance received from the Human Resource Management Chief Directorate. A 33, 3% of respondents gave a neutral response. 22, 2% and 11, 1% respectively of the respondents disagree and strongly disagree with the statement.

The implication is that most of the respondents could not confirm that there is Guidance received from the Human Resource Management Chief Directorate.

ITEM 10.6 Guidance received from the HIV & AIDS Committee.

Table 4.3 reveals that 38, 4% responded neutrally to the statement. In contrast 26.3% of the respondents agree and 15, 2% disagree with the statement. 8% of the respondents strongly agree and 12, 1% of the respondents strongly disagree with the statement.

Most of the respondents could not comment on whether there is Guidance received from the HIV & AIDS Committee. The neutral responses suggest that employees are uncertain whether there is guidance received from the HIV & AIDS Committee.

ITEM 10.7 Support from colleagues towards those infected

Table 4.3 reveals that 51, 5% responded neutrally to the statement. In contrast 16, 2% and 15, 2% respectively of the respondents agree and strongly agree. 7% strongly disagree with the statement. 10.1% of the respondents disagree with the statement.

Most of the respondents could not comment on whether there is support from colleagues towards those infected in the department. The neutral responses suggest that employees are not certain whether there is support from colleagues towards those infected with HIV & AIDS in the department.

ITEM 10.8 Support from colleagues towards those affected

Table 4.3 reveals that 49, 5% responded neutrally to the statement. In contrast 11, 1% and 18, 2% respectively of the respondents agree and strongly agree. 8, 1% strongly disagree with the statement. 13, 1% of the respondents disagree with the statement.

Most of the respondents could not comment on whether there is support from colleagues towards those affected. The neutral responses suggest that employees are not certain whether there is support from colleagues towards those affected.

ITEM 10.9 Support received from the Department with the implementation of the HIV & AIDS programmes

Table 4.3 reveals that 37, 5% responded neutrally to the statement. In contrast 27. 3% of the respondents agree and 9, 1% strongly agree with the statement. 10.9% of the respondents strongly disagree and 9, 1% agree with the statement.

Most of the respondents could not comment on whether there is support received from the Department with the implementation of the HIV & AIDS programmes. The neutral responses suggest that employees are not certain whether the department supports the implementation of the HIV & AIDS programmes.

4.3.4 RESPONDENTS' VIEWS ON THE STUMBLING BLOCKS IN THE IMPLEMENTATION OF HIV & AIDS POLICY AND PROGRAMMES IN THE DEPARTMENT

In this variable the respondents provided data on what they view as stumbling blocks in implementation of HIV & AIDS programmes in the department.

Out of the 99 completed questionnaires, only 57 (57%) respondents gave a response on the section. The following were identified stumbling blocks in the implementation of HIV & AIDS programmes in the department:

- ✓ Common understanding in implementation of HIV & AIDS policy by all employees and specifically, senior management.
- ✓ No time is put aside to deal with HIV & AIDS issues.
- ✓ Lack of comprehensive and continuous prevention and awareness campaigns.
- ✓ Failure to integrate HIV & AIDS programmes into Employee Wellness Programmes (EWP).
- ✓ Inadequate budget for implementation of HIV & AIDS programmes.
- ✓ Lack of leadership, commitment from senior management in the implementation of programmes.

- ✓ Inadequate training on management of HIV & AIDS for senior management.
- ✓ Lack of communication about HIV & AIDS policies, programmes, established structures.
- ✓ Inadequate staff for the EWP.
- ✓ Lack of coordination of provincial and regional offices HIV & AIDS programmes.
- ✓ Stigma and confidentiality.
- ✓ Lack of monitoring and evaluation of programmes.

4.3.5 SUGGESTIONS ON HOW BEST THE DEPARTMENT CAN EFFECTIVELY RESPOND TO HIV & AIDS

In this variable the respondents provide suggestions on how best the department can effectively respond to HIV & AIDS.

Out of the 99 completed questionnaires, only 49 (49%) respondents gave a response on the section. The following are suggestions from the respondents:

- ✓ Integration of HIV & AIDS programmes into EWP.
- ✓ Commitment, leadership and support from senior management of the department.
- ✓ Communication strategy to be developed and implemented.
- ✓ Adequate staffing for EWP.
- ✓ Capacity building in the management of HIV & AIDS in the workplace.
- ✓ HIV & AIDS in the workplace should be a standing agenda item for all meetings.
- ✓ HIV & AIDS to be recognised and treated like a workplace issue.
- ✓ Awareness campaigns to be intensified.
- ✓ Establishment of functional structures, committees which include senior and middle managers.
- ✓ Partnering with other departments with relevant expertise.

- ✓ Regular monitoring and evaluation of programmes.

5. SUMMARY, FINDINGS AND RECOMMENDATIONS

This rubric gives a brief summary on the study and presents the major findings of the empirical study. It further reflects on the recommendations that could assist in the management of HIV & AIDS in the workplace in the department of education in the North West province.

5.1 SUMMARY

Rubric 1 outlines the background and reasons for the study, the problem statement including the objectives of the study. The impact of HIV & AIDS within the workplace where employees are infected and affected and retard service delivery. (cf. 1.1; 1.2).

The loss of skilled and experienced personnel to HIV related illnesses is having a serious effect on the ability of the public sector, including the department of education to deliver effectively and efficiently with productivity on its mandates.

Rubric 2 conceptualises the Management of HIV & AIDS in the workplace. The definition of concepts informs the readers about the meaning of concepts discussed. The legislative framework for the Management of HIV & AIDS in the workplace has been outlined to indicate that there is a need for legislative compliance when responding to HIV & AIDS (cf. 2.1; 2.2).

The literature study also provides the principles guiding a workplace response. ILO and Dakar declaration provide core principles which should underline a workplace response to HIV & AIDS. (cf. 2.3). These principles further provide a framework and responsibilities and challenges that may face a workplace which are not covered by existing laws and policies.

Rubric 3 deals with the research method utilized in the study. The questionnaire as a data collection method is convenient to collect data from a target population, in this case provincial and regional offices. The questionnaire is also familiar to most people including target population for this study (cf. 3.1.1; 3.1.1.1).

Rubric 3 further explains the significance of the covering letter, the necessity to make follow-up and sampling (cf. 3.1.1.5; 3.1.1.7; 3.1.1.8). To establish and maintain contact with the respondents is important to ensure that the respondents clearly understand the questionnaire and complete it properly.

In Rubric 4 an empirical study was conducted to assess the response to HIV & AIDS in the department of education. The empirical investigation revealed that employees of the department recognise HIV & AIDS as a workplace issue. The employees also acknowledged that HIV & AIDS will have an impact on service delivery in the department if not properly managed (cf. 4.3.1;Table 4.1).

In addition the study revealed that employees are not certain whether the policy in place involved staff during its development. The study however revealed that there are preventative programmes like awareness and condom distribution in place. The study further indicated that there is inadequate management support and leadership in the management of HIV & AIDS. (cf. 4.3.2; Table 4.2).

The study has highlighted a number of important findings in relation to the response to HIV & AIDS in the workplace. These findings are discussed in the following section.

5.2 RESEARCH FINDINGS

With regard to the literature study on the Management of HIV & AIDS in the workplace the following are the findings:

- There is broad acceptance that HIV & AIDS is having and increasingly will have a significant negative impact on the workplace.
- HIV & AIDS should be managed in the same manner as other long-term threats to a department. This implies that a department should have a management plan to support their workplace HIV & AIDS programmes.

The empirical investigation revealed the following major findings:

- The study reveals that employees recognise HIV & AIDS as a workplace issue (cf. 4.3.1; Table 4.1). Employees understand that the basic conditions of employment encourage discrimination of all forms including those infected. The understanding includes HIV & AIDS screening, termination of service because of infection.
- The employees also acknowledge that HIV & AIDS will and can affect service delivery in terms of retaining adequate levels of skilled staff.
- It is evident in the study that there is acknowledgement that there will be a continuous need for training of replacement of staff and therefore potential mentoring and skills transfer will be compromised (cf. 4.3.1; Table 4.1).
- It is captured in the study that a significant number of employees will take sick or family responsibility leave because of HIV & AIDS (cf. 4.3.1; Table 4.1).
- It is evident from the study that the department has developed a policy on HIV & AIDS but it is evident that the process of consultation with staff was not involved in its development (cf. 4.3.2; Table 4.2). Most of the respondents could not confirm whether there are implementation plans for the policy.

- The study also reveals that there are prevention programmes in place. These programmes include awareness and condoms distribution campaigns (cf. 4.3.2; Table 4.2).
- It is also captured in the study that most of the employee do not know whether HIV & AIDS has been integrated into the Employee Assistance Programme in the department
  (cf. 4.3.2; Table 4.2).
- The study reveals that there is doubt in terms of whether there are counselling sessions for those affected and infected, whether employees have been trained in HIV & AIDS, whether senior and middle management of the department are committed to the response to HIV & AIDS (cf. 4.3.2: Table 4.).
- The study also reveals that most of the employees do not know whether there is a dedicated budget for HIV & AIDS in the department
  (cf. 4.3.2: Table 4.).
- It is evident from the study that there is no regular monitoring and evaluation of HIV & AIDS programmes in the department cf. 4.3.2: Table 4.).
- The study reveals that there is doubt in the willingness of the employer and employees in responding to HIV & AIDS in the workplace. There is evidence of minimal leadership from middle and senior management in the implementation of HIV & AIDS programmes.
- The study also reveals that Human Resource Management and Chief Directorate and AIDS Committee do not give adequate guidance in the HIV & AIDS response.
- It is evident from the study that there is lack of support for the infected and affected from colleagues. The department as the employer does not support the implementation of HIV & AIDS programmes.

5.3 RECOMMENDATIONS

This section provides recommendations to the department in order to proper manage HIV & AIDS in the workplace:

Recommendation 1: Development of an HIV & AIDS policy

It is recommended that every workplace develop an HIV & AIDS policy in order to ensure that employees affected by HIV & AIDS are not unfairly discriminated against in employment policies and practices.

The present departmental HIV & AIDS policy should be reviewed. The policy should be developed consultatively; reflect the nature and needs of the department; and should be monitored and reviewed regularly. The policy should cover the following:

- ✓ The department's position on HIV & AIDS.
- ✓ An outline on the HIV & AIDS programme.
- ✓ Details on employment policies.
- ✓ Express standards of behaviour expected of all employers, employees and trade unions.
- ✓ Grievance procedures in case where infected workers' rights are violated.
- ✓ Communication strategies.
- ✓ Employee assistance programmes.
- ✓ Roles and responsibilities of participating role players; and
- ✓ Monitoring and evaluation mechanisms.

A policy sets in place a framework for a departmental workplace HIV & AIDS response. It must have clearly stated goals and principles that define rights and responsibilities. Time and effort invested in ensuring that the workplace HIV & AIDS policy is developed in a consultative manner; is jointly owned; supported by operational guidelines and regularly monitored is worth it.

The following are significant benefits to developing and adopting an HIV & AIDS policy which:

- ✓ Defines a department's position on HIV & AIDS.
- ✓ Sends a strong message that HIV & AIDS is a serious issue in the department.
- ✓ Indicates commitment to dealing with HIV & AIDS.
- ✓ Sets a foundation for the HIV & AIDS programme.
- ✓ Provides a framework for consistency of practice.
- ✓ Expresses standards of behaviour expected of employees, supervisors and management.
- ✓ Sets standards for communication about HIV & AIDS.
- ✓ Let employees know what assistance is available.

A workplace HIV & AIDS policy could take many different forms including a comprehensive HIV & AIDS policy; a brief statement of intent referenced to other departmental policies; and an integrated policy (e.g. HIV & AIDS integrated within a terminal illness policy or within a disability policy). In addition, the policy goals should be clearly stated, for example: *"to minimize the impact of HIV & AIDS in the workplace"*, or *"to manage the impact of the epidemic on infected employees and the department operations"*. A workplace policy should include key principles such as confidentiality, non-discrimination and rights and responsibilities.

The policy must reflect the following:

- ✓ Preamble.
- ✓ Principles.
- ✓ A detailed HIV & AIDS programme.
- ✓ Interaction with civil society.
- ✓ Interaction with government, e.g. Provincial Interdepartmental Committee.

Recommendation 2: Integration of the management of HIV & AIDS with the Employee Wellness Programme

Management of HIV & AIDS strategy includes integrating HIV & AIDS into existing and well-established management practices. The following guidelines attempt to assist in this process:

- ✓ Creation of an HIV & AIDS Committee.
- ✓ Development of a database of information to enhance planning.
- ✓ Development of an HIV & AIDS policy.
- ✓ Succession planning strategies and skills development plans.
- ✓ Management of employee benefits.
- ✓ Compliance with legal obligations.
- ✓ Demonstration of management commitment.
- ✓ Workplace HIV & AIDS prevention and wellness programmes.
- ✓ Monitoring and evaluation.

The above strategies can be implemented to deal with the impact of HIV & AIDS in the workplace in the following way:

- o *Creation of an HIV & AIDS Committee*

A committee should be appointed consisting of a committed group of nominated officials of employees with a clear mandate to develop, oversee, implement, monitor and report on the workplace HIV & AIDS response. The Committee should include representation from women, people with disabilities, all levels, people living with HIV & AIDS, trade union officials and people with relevant skills.

- *Development of a database of information to enhance planning*

The department should collect a range of data and information about employees and operations such as the number of deaths in service, number of ill-health retirements, rates of absenteeism, and other important information. Much of this data can be used to generate a picture of the epidemic in the organization, and will form part of its impact assessment.

The aim of the department's HIV & AIDS response must be to integrate the topic of HIV & AIDS into all aspects of the departmental planning process. The following step-by-step planning process can lay the foundation for sustained integrated planning. At each step, it is critical to ensure full participation of key role players. This will in turn, lead to shared ownership of the plan.

- ✓ Analyse factors that contribute to risk of HIV infection.
- ✓ Analyse your response to HIV & AIDS.
- ✓ Analyse current and potential partners.
- ✓ Planning.
- ✓ Monitoring and evaluation system.

- *Succession planning and skills development*

Succession and skills development should be an integral part of the department and should be no different for people with HIV & AIDS. The department should develop a succession planning capability and implementing a skills succession plan.

Succession planning must include competency identification, integrating the succession plan with employee development processes and creating a talent pool from which the department can draw the needed competencies.

- *Employee benefit*

Management needs to further consider ways to manage the impact of HIV& AIDS on employee benefits schemes. This requires an integrated strategy aimed at measures to manage the costs of HIV & AIDS strategy based on prevention and wellness of employees is implemented.

- *Compliance with legal obligations*

An important management function is to regularly review all workplace policies, employment practices and employment conditions to check for compliance with the legislation. In the context of HIV & AIDS, this could involve the following:

- ✓ Review the situations in which HIV testing is being done and confidentiality of medical medication.
- ✓ Review all workplace policies, procedures and protocols and include appropriate reference to HIV & AIDS.
- ✓ Nomination of an official to monitor compliance with the legislation from time to time and particularly following the promulgation of any new legislation with employment implications.

- *Development of management commitment*

A lack of visible leadership is frequently blamed for sub-optimal responses to HIV & AIDS. Demonstrating management commitment can take many forms, amongst others, are:

- ✓ Championing the course for corporate citizenship on HIV & AIDS.
- ✓ Promoting cross-sector HIV & AIDS partnership
- ✓ Acting as a catalyst to bring different organisations together to work on joint HIV & AIDS projects.
- ✓ Facilitating the transfer of innovative solutions.
- ✓ Demonstrating support for infected and affected employees and their families.
- ✓ Using platforms to educate customers and suppliers.

- ✓ Taking a principled stance on human rights issues.
- ✓ Serving as a role model to employees and to peers in other organisations.

- o *Workplace HIV & AIDS prevention and wellness programme*

Every workplace should develop a workplace HIV & AIDS programme aimed at preventing new infections, providing care and support for employees who are infected and affected, and managing the impact of HIV in the organization.

Minimum components of a prevention programme, whilst recognizing however that the nature and extent of a workplace programme will be guided by the needs and capacity of each individual workplace. The recommended components are:

- ✓ Holding regular awareness activities.
- ✓ Encouraging voluntary counseling and testing.
- ✓ Peer education activities.
- ✓ Training of key personnel.
- ✓ Promotion of condom distribution and use.
- ✓ Enforce the use of universal infection control measures.
- ✓ Wellness programme.
- ✓ Building HIV & AIDS partnerships.

- o *Monitoring and evaluation*

Monitoring and evaluation of HIV & AIDS programme should be a regular activity at each workplace. Monitoring must involve an ongoing assessment or measurement of a programme that aims to provide early indications of progress; all lack progress in the achievement of the programme's objectives.

Evaluation is a selective assessment of progress towards and the achievement of an objective, and is generally carried at a specific point, or point in time. Monitoring and evaluation is conducted by using indicators, to measure change. Once programmes have been monitored and evaluated, they can be reviewed based on the findings.

The department should develop monitoring and evaluation strategies; assess monitoring and evaluation needs based on the planned programme outcomes; develop appropriate monitoring indicators, tools and mechanisms; monitor both the effectiveness and ongoing impact of an HIV & AIDS workplace programme; use the information to continually review the HIV & AIDS policy and programme to minimize the impact of HIV & AIDS in the workplace in planning; and make special consideration when monitoring employee benefits.

Monitoring and evaluation has a significant role to play in any HIV & AIDS workplace intervention as they assist in determining whether a programme is appropriate, cost effective, useful and meet the set objectives.

A strategy should be developed to determine a baseline of data; to determine indicators that are appropriate for the department and programme; to monitor and evaluate both the effectiveness and impact of an HIV & AIDS programme on the workplace; and use the information to continually review the HIV & AIDS policy and programme.

Recommendation 3: Leadership and commitment from senior management

According to the Minimum Standards on HIV & AIDS, HOD's must designate a member of the Senior Management Service (SMS) with adequate skills, seniority and support to implement a workplace HIV & AIDS policy and programme. The manager will be responsible for ensuring that the department's HIV & AIDS response is developed, implemented and monitored in a manner that is consistent with the Minimum Standards.

Management should view its participation as the opportunity to act in the best interests of their employees. The managers should also lead in the fight against HIV & AIDS as a sense of responsibility to their employees and the wider community to do something about HIV & AIDS.

Commitment of management allows them to better understand the disease and how employees may be at risk due to their behaviour.
It is therefore recommended that the senior management of the department take a lead in the respond to the epidemic to ensure proper development, implementation and regular monitoring and evaluation of HIV & AIDS policy and programme.

5.4 CONCLUSION

The success in combating HIV & AIDS will depend on workers and employers working together. The employers must take a lead role to ensure that there is a framework of understanding that will utilize the principles of collaboration and commitment to the implementation of joint initiatives aimed at fighting the HIV & AIDS pandemic. Programmes of action must be developed to fit within the framework of activities at all levels: local, regional and provincial levels.

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