The Implementation of HIV/AIDS Workplace Programme in the Ministry of Education in Zambia

by
Patrick Shula Chileshe

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Supervisor: Prof. Johan Augustyn

Africa Centre for HIV/AIDS Management
Faculty of Economic and Management Science

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DECLARATION

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ABSTRACT

The aim of this research is to establish the factors influencing the implementation of the Ministry of Education HIV/AIDS workplace programme in Zambia in order to provide guidelines to make it sustainable. This study is important to identify why the implementation of the workplace Programme has been difficult. This research was based on document analysis, direct observations and the use of semi structured interviews with key staff involved with the implementation of the workplace programme. The findings from this research provide evidence that the workplace HIV and AIDS programme is implementing a continuum of prevention, care and support programmes and most of these are contracted out. Impact mitigation programmes are not being implemented, the donors are funding most of the programmes, and there is lack of leadership and commitment from the leaders in the ministry. The main conclusions drawn from this study are that in the long term HIV and AIDS in the workplace will not be fully managed as only a few of the Ministry of Education staff are benefiting from the workplace programme; some care and support interventions have the potential of increasing the spread of HIV and the lack of leadership and commitment has led to the ministry receiving inadequate funding, becoming heavily dependent on donor funding and the HIV unit having no staff to coordinate HIV/AIDS programmes. This dissertation recommends that leadership and commitment of the leaders in the ministry for HIV and AIDS be built, HIV and AIDS impact mitigation strategies be implemented, the provision of the continuum of services to the Ministry of Education staff be scaled up through leveraging of private sector resources, linkages be developed with local NGOs and health service providers, and the medical scheme policy and nutritional support for staff living with HIV be reviewed so that it does not send wrong messages that would potentially increase new HIV infections. Finally, the implementation of HIV and AIDS services should continue being contracted.

OPSOMMING

Die doel van hierdie studie is die bepaling van die faktore wat die implementering van 'n MIV/Vigs-werkplekprogram in die Ministerie van Opvoeding in Zambia beinvloed het. Die studie poog verder om die implementering van die programme binne die Ministerie van Opvoedkunde te evalueer.

Die navorsing is uitgevoer deur middel van analises van dokumente, direkte waarneming en die gebruik van semi-gestruktureerde vraelyste wat gevoer is met sleutelpersoneel wat betrokke was by die implementering van die program.

Die hoofbevinding van hierdie studie is dat MIV/Vigs nie in die langtermyn doelstreffend bestuur sal kan word nie. Hierdie bevinding kan grootliks aan die gebrek aan leierskap en toewyding toegeskryf word.

Voorstelle ter verbetering van hierdie situasie word voorgestel.

ACKNOWLEDGEMENTS

LIST OF FIGURES

LIST OF TABLES

LIST OF ACRONYMS

AATAZ	Anti AIDS Teachers Association of Zambia
AB	Abstinence and Being Faithful
AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
ARVs	Antiretrovirals
CHAMP	Comprehensive HIV AIDS Management Programme
CT	Counselling and Testing
EQUIP2	Education Quality Improvement Programme 2
GFATM	Global Fund to Fight HIV and AIDS, Tuberculosis and Malaria
GRZ	Government of the Republic of Zambia
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HIV	Human Immunodeficiency Virus
HR	Human Resource
IEC	Information, Education and Communication
ILO	International Labour Organization
IOE	International Organisation of Employers
KAP	Knowledge Attitudes and Practices
MoE	Ministry of Education
NAC	National AIDS Council
NGO	Non Governmental Organisation
PEPFAR	President's Emergency Plan for AIDS Relief
STI	Sexually Transmitted Infection
TA	Technical Advisor
TB	Tuberculosis
UNIAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
ZDHS	Zambia Demographic Health Survey

TABLE OF CONTENTS

CHAPTER 1

INTRODUCTION

1.1   Background

The Human Immunodeficiency Virus (HIV) which causes AIDS was first identified in 1983. Since then, HIV has spread around the world, causing one of the most severe global epidemics of modern time. The initial response was led by the public and non-profit sectors, which have mobilised increasing human and financial resources to combat the disease, for which there is as yet no cure (Daly, 2000).

HIV/AIDS has become the most devastating epidemic ever faced by humankind. It has affected every country around the globe, and it exists across all sectors of society. In 2003, more than one third of the estimated 40 million people living with HIV/AIDS worldwide were young adults in the working prime of their lives, especially young women. In 2001, the International Labour Organization (ILO) estimated that 26 million working people were infected with HIV, the majority between the ages of 25 and 49 years (Academy for Educational Development, 2004).

Zambia has not been spared by the HIV/AIDS pandemic, HIV quickly spread very quickly throughout the Zambian population during the 1980s and early 1990s (National HIV/AIDS/STI/TB Council, 2004). It has introduced new challenges for the development of Zambia as it has compounded pre-existing problems; in the context of the public sector capacity, HIV has increased morbidity and mortality among the public sector staff (United Nations Development Programme, 2007) thereby devastating all sectors of the economy and the education system is no exception.

Over the past two decades, AIDS-related illnesses and deaths of teachers have resulted in increased absenteeism, labour turnover, discrimination and stigmatization, and contributed to the growing costs of recruitment, and training. In 1998, the Ministry of Education reported that 1,331 teachers died as a result of AIDS (Integrated Regional Information Networks, 2000). Furthermore, studies have reported an HIV prevalence rate of up to 40 percent among teachers. These trends motivated the Ministry of Education to implement HIV prevention programs and policies to reduce rates of HIV infection and support employees who are presently infected to remain productive educators. The Ministry's workforce is critically important in continuing education efforts, and includes over 76,000 employees in more than 8,000 schools across Zambia, some in remote, rural areas with fewer than five staff.

To mitigate the impact of HIV and AIDS on the Ministry of Education, it developed an HIV Workplace Policy in 2006 and full time HIV Workplace Technical Assistant was engaged to effectively implement the HIV workplace policy (United Nations Development Programme, 2007).

The Implementation of the Ministry of Education HIV/AIDS workplace Programme in Zambia has been difficult. This raises the following concerns:

- The programme will only assist some of the employees in the Ministry of education leaving the majority of them not benefiting from the programme hence the spread of HIV will continue

- Morbidity and mortality among teachers attributed to HIV/AIDS will be high and this will result in the shortages of teachers

- Stigma among the Ministry of Education staff will continue and it will prevent other staff from accessing the HIV/AIDS related services

- When donors stop assisting the Ministry in the implementation of the workplace programme, not sufficient work would have been done in addressing HIV/AIDS

- The capacity of the Ministry of Education to administer the HIV/AIDS workplace programme will not be enhanced hence making the whole programme unsustainable.

1.2 Research Problem

The implementation of the Ministry of Education is financed by funds from the Zambian government and funding from different donor organisations such as United States Agency for International Development (USAID), United Nations Children Fund (UNICEF) and the Global Fund to Fight HIV and AIDS, Tuberculosis and Malaria (GFATM). The responsibility of spearheading the fight against HIV/AIDS has been placed in the Human Resource Department in which an HIV unit has been created. This unit oversees all the implementation of the HIV/AIDS activities. The Workplace program activities focus on various aspects. These include increasing Ministry of Education employees' awareness of HIV transmission and prevention, and increasing access to and uptake of HIV counselling, testing, care, and support services.

It is not known why it is difficult to implement the Ministry of Education HIV/AIDS workplace programme in Zambia

1.3 Research Question

What factors influence the implementation of the Ministry of Education HIV/AIDS workplace programme in Zambia?

1.4   Significance of Study

This study will be beneficial to the Ministry of Education as it will review how the HIV/AIDS workplace programme is being implemented and from the findings; will be able to identify ways to improve on its implementation.

1.5   Aims and Objectives

1.5.1   Aims

To establish the factors influencing the implementation of the Ministry of Education HIV/AIDS workplace programme in Zambia in order to provide guidelines to make it sustainable.

1.5.2   Objectives

- To identify the activities that are supposed to be implemented under the HIV/AIDS workplace programme.
- To ascertain the activities that are being implemented in the workplace
- To identify what is working well in the implementation of the HIV/AIDS workplace programme
- To identify the challenges being faced in the implementation of the HIV/AIDS workplace programme activities
- To provide guidelines on how to implement a sustainable HIV/AIDS workplace programme

1.6   Disposition of the Study

The Report consists of six chapters; Chapter one gives the introduction and the background to the study which includes the research problem, significance aim and objectives. Chapter two discusses the HIV/AIDS epidemic in Zambia and the national response. Chapter three presents the literature review, which will present a review of literature on HIV/AIDS workplace programmes in the public sector, how they are implemented, the challenges that are faced in their implementation and the lessons learnt. Chapter four presents the methodology used to conduct the research; chapter five gives the results of the findings and the discussions. Finally, Chapter six discusses the conclusions and gives recommendations.

CHAPTER 2

HIV/AIDS IN ZAMBIA

2.1   Introduction

This chapter reviews the HIV/AIDS situation in Zambia, providing a highlight on the prevalence, what the impacts are, how Zambia has responded to the situation and who is funding the response. This is meant to give a general understanding of the Zambian situation.

2.2   Prevalence of HIV/AIDS

Zambia's first HIV infection case was reported in 1984 (Ministry of Health and National HIV/AIDS/STI/TB Council, 2010). Zambia has not been spared by the HIV/AIDS pandemic, HIV quickly spread throughout the Zambian population during the 1980s and early 1990s (National HIV/AIDS/STI/TB Council, 2004). The HIV and AIDS epidemic in Zambia is characterised as depicted in the Table 2.1.

Table 2.1 - HIV/AIDS in Zambia

Population 2008	12,800,000
People living with HIV/AIDS, 2008	900,000
Adult HIV prevalence (%), 2007	14%
Women (aged 15+) HIV prevalence (%), 2007	16%
Men (aged 15+) HIV prevalence (%), 2007	12%
Urban Area HIV prevalence (%), 2007	20%
Rural Area HIV prevalence (%), 2007	10%
AIDS deaths - 2007	56,000

Source: Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, Macro International Inc, 2009; MoH/NAC/CSO; Ministry of Health and National AIDS Council, (2010)

2.3   Impacts of HIV/AIDS in Zambia

According to the 2007 ZDHS, 14.3% of the adult Zambian population is HIV positive, with the prevalence as high as 21% in some urban areas. Sub-Saharan Africa has an overall prevalence rate of 5%, which makes Zambia one of the African countries with a particularly high prevalence of HIV. UNAIDS estimates show that 445,000 adult men and 560,000 women are living with HIV/AIDS; and about 95,000 children are also living with HIV/AIDS (UNAIDS, 2007). It has introduced new challenges for the development of Zambia as it has compounded pre-existing problems; in the context of the public sector capacity, HIV has increased morbidity and mortality

among the public sector staff (United Nations Development Programme, 2007) thereby devastating all sectors of the economy and the education system is no exception.

2.4   Drivers of the Epidemic in Zambia

Zambia's HIV/AIDS epidemic is mostly transmitted through heterosexual contact and from mother to child. According to the Ministry of Health and National HIV/AIDS/STI/TB Council, (2010) the main drivers of the epidemic in Zambia are:

- Multiple and concurrent sexual partners - Evidence shows that the bulk of the new infections are coming from causal and concurrent multiple sexual relationships.
- Low and inconsistent condom use - Condom use has not increased enough to impact significantly on HIV transmission.
- Low rates of male circumcision in some provinces - Male circumcision is not widely practiced in Zambia, except among some ethnic and religious groups.
- Vulnerability and marginalised groups - Vulnerability and marginalization of some sub-groups such as commercial sex workers, prisoners, men having sex with men and migrants increase their risk of HIV infection. .
- Vertical mother-to-child transmission - Infections of children under fourteen constitute about 10 per cent of all HIV infections in Zambia. Most of these are a result of mother-to-child transmission.

2.5   Response to HIV/AIDS in Zambia

In 1999, Zambia declared HIV and AIDS a national disaster and placed limiting the spread of HIV high on the national agenda. A cabinet committee on HIV and AIDS was formed to provide policy direction, political leadership and advocacy, creating an environment that is conducive for mitigating the impacts of HIV. The government appointed HIV Focal Point Persons in all ministries to spearhead HIV activities (United Nations Development Programme, 2007). The National HIV/AIDS/STI/TB Policy and the National HIV/AIDS Intervention Strategic Plan 2000-2005 were developed and they define the Zambian response to HIV and AIDS epidemic along a continuum of prevention, mitigation, and care and treatment though to date, prevention has been the cornerstone of the national response (National HIV/AIDS/STI/TB Council, 2004).

Zambia's response to the HIV/AIDS epidemics is multi-sectoral and has been designed in accordance with the UNAIDS "Three Ones" Principle, which requires;

a) One national AIDS strategic framework

Zambia has developed a national HIV/AIDS strategic framework in accordance the "Three Ones," and with international standards for Monitoring and Evaluation. The first national strategic framework was developed for the period 2001-2003 with a follow up intervention plan developed for the period 2002 – 2005. The current framework is for a five year period for 2006 – 2010. The framework for the period 2011 – 2015 is currently being prepared.

b) One national coordinating body with a broad based multisectoral mandate

The National AIDS Council (NAC) was established by an act of parliament in December 2002 to coordinate and support the development, monitoring, and evaluations of the multisectoral national response for the prevention and mitigation of HIV/AIDS, STI, and TB. NAC is composed of a council and a secretariat having members drawn from civil society, religious organisations, the public and the private sectors (Ministry of Health and National HIV/AIDS/STI/TB Council, 2008).

c) One agreed monitoring and evaluation system for the country.

NAC first developed the National HIV/AIDS, STIs and TB Monitoring and Evaluation Plan in 2004 for the period 2002 – 2005 and it was updated in 2006 for the next 5 year period, 2006 – 2010.

2.6   Funding the HIV/AIDS Response to HIV/AIDS in Zambia

According to Ministry of Health and National HIV/AIDS/STI/TB Council, (2010), funding for the response to HIV and AIDS in Zambia is mainly dominated by external funding sources supported by the cooperating partners. The three sources of external funding are the Global Fund to Fight HIV and AIDS, Tuberculosis and Malaria (GFATM), the World Bank Multi-country AIDS Programme, and the US government through the President's Emergency Plan for AIDS Relief (PEPFAR) (Ministry of Health and National HIV/AIDS/STI/TB Council, 2010).

CHAPTER 3

LITERATURE REVIEW

3.1   Introduction

This chapter provides a review of literature covering impact of HIV/AIDS in the workplace, HIV/AIDS in the public sector, responses of the workplaces to HIV/AIDS, the challenges in implementation of workplace programmes and the lessons learnt.

3.2   Impact of HIV/AIDS in the workplace

HIV/AIDS has multiple implications for the smooth functioning of public services. Besides causing prolonged absenteeism and the loss of key staff, the disease drains the public service of institutional memory, of tacit knowledge of the workings of institutions, and of new ideas and energy that younger staff members could bring to the work environment (Rau, 2003). HIV/AIDS affects the economically active age groups; therefore the implications for the world of work are unlike those associated with any other disease. In addition, the fact that the disease, in an infected employee, remains "invisible" for years and then follows an often unpredictable pattern from symptomatic HIV disease to death means that it is very difficult to plan for an organisation's human resource needs (Smart, 2004).

For the private sector, HIV/AIDS affects both productivity and profitability; the effects on productivity include increased absenteeism, staff turnover and lower morale. The impacts of HIV/AIDS on profitability include increased costs, declining investment and threat to consumer base (Maphosa, 2003). It is argued that these effects will negatively impact on tax revenues and domestic and foreign investment, levels of human capital and, ultimately, the macro-economy as a whole (Pharoah, 2005).

3.3   HIV/AIDS in the Public Sector

Much of what has been written about HIV/AIDS and the impact of HIV/AIDS on public institutions is still largely speculative in nature, but experience and research in the private sector suggests that HIV/AIDS may reduce the operational effectiveness of government institutions in much the same way as it does business enterprises (Pharoah, 2005). Figure 3.1 shows the implication of HIV/AIDS for government institutions. Although evidence that HIV/AIDS is having a serious effect on government ministries and departments is accumulating, it is fragmentary and incomplete. Many governments have been slow to fully address HIV/AIDS, both within the population as a whole and

within the public service, so evidence about how AIDS affects civil servants has not been collected. The exceptions are in the public sectors of Brazil, Senegal and Thailand, where state and national governments have moved quickly and effectively to control the epidemic (Rau, 2003).
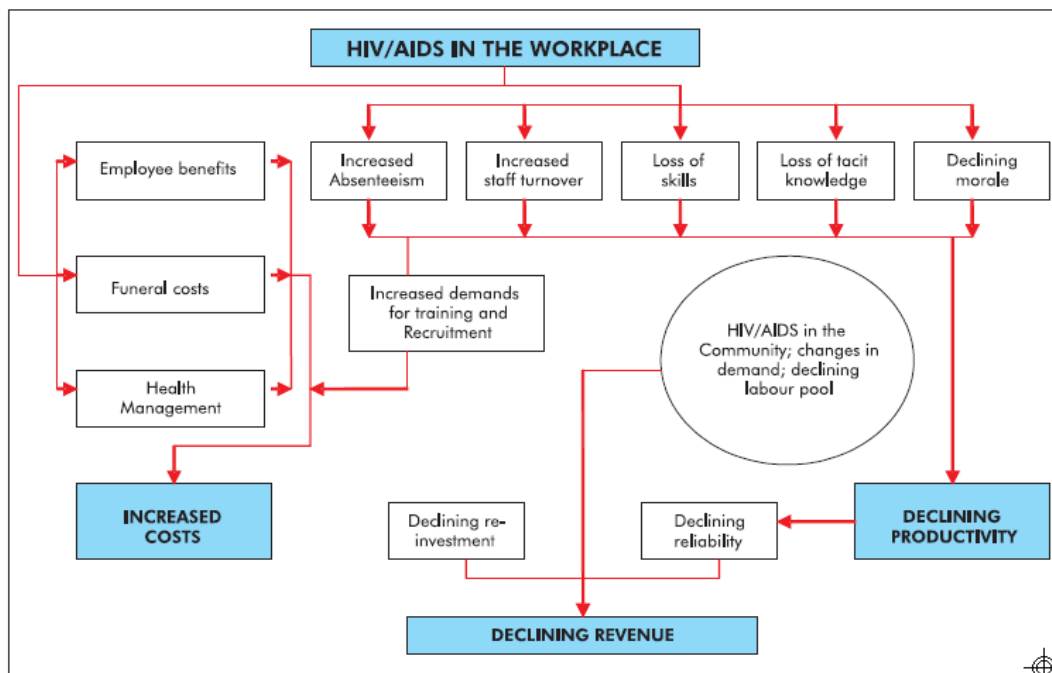
Figure 3.1 – The implications of HIV/AIDS for government institutions - *Source: Pharoah, 2005 p11*

The impact of HIV in the public sector is twofold; the epidemic has increased demand for services and the public sector faces challenges in responding to changing service needs due to high levels of mortality and morbidity among staff. In Zambia, HIV/AIDS has introduced new challenges for development as the epidemic has also compounded pre-existing problems and also putting pressure on sector resources that are diverted towards medical and other costs (United Nations Development Programme, 2007).

At the same time, the epidemic is likely to increase demand for some services, especially those concerned with health and welfare and to change the nature of demand for other services. This could result in government institutions falling increasingly out of step with the requirements of the public (Manning, 2003).

In the education sector according to the United Nations Department of Economic and Social Affairs / Population Division, (2004) teachers at all levels of the education system are at significant risk of HIV/AIDS infection. There are indications that the teachers may be at even greater than average risk as their high status and incomes create opportunities for high risk behaviour. The United

Nations Department of Economic and Social Affairs / Population Division, (2004), concluded that HIV/AIDS is degrading the supply and quality of education and the following was its major findings:

- The HIV/AIDS epidemic is eroding and even reversing progress made in achieving universal primary education.

- HIV/AIDS reduces the supply of educational services as a result of teacher attrition and absenteeism. According to Tarfica, A.C. in United Nations Department of Economic and Social Affairs / Population Division, (2004), an empirical research study found that each infected teacher will lose, on average, six months of professional time before developing full-blown AIDS and an additional twelve months after developing full blown-AIDS

- The AIDS epidemic imposes higher costs on the educational system for medical care and death benefits for afflicted teachers and for recruiting and training replacements for teachers lost to AIDS.

- HIV/AIDS erodes the quality of education. Infected teachers may be absent or too ill to provide a good education for their students, and substitute teachers may have neither the qualifications nor the experience to replace them. Quality of education may also suffer if investment in the education sector declines as funds are diverted to fight the HIV/AIDS epidemic.

Studies undertaken under the auspices of the United Nations Children's Fund have concluded that as a result of AIDS, many countries will be facing a shortage of teachers in the near future. The study also found that the number of teacher deaths in 1998 was equivalent to the loss of about two thirds of the annual output of newly trained teachers (United Nations Department of Economic and Social Affairs / Population Division, 2004)

According to Pharoah, (2005), it is therefore critical that effective responses are put in place to prevent the spread of HIV/AIDS and to mitigate its effects on public sector employees and institutions. A failure to respond is likely to result increasing material and human costs, while delays in responding will increase initial intervention and ongoing costs, so that the benefits of timeously investing in preventing and managing HIV/AIDS far exceed any initial financial outlay (Pharoah, 2005).

3.4 Response of the workplace to HIV/AIDS

According to the Joint United Nations Programme on HIV/AIDS and the International Organisation of Employers (2002), the majority of employers are concerned with how to protect their workforce from HIV infection and how to deal with those who are already infected. Actual initiatives taken by

an employer to respond to HIV/AIDS in his or her company, however, will depend on the following two key factors:

- the HIV prevalence rate within the company and the surrounding community; and
- the level of knowledge and awareness by the management of the real and potential impacts of the pandemic.

Understanding the potential impact on needs and capacity is key to mobilizing HIV/AIDS responses and enabling effective planning, action and efficient use of available resources. This should clearly identify key areas of susceptibility and vulnerability of employees and overall system function. Informed planning in many severely affected countries requires projection of the scale of various impacts (Lamptey & Gayle, 2001).

The Joint United Nations Programme on HIV/AIDS and the International Organisation of Employers (2002) further mention five main initiatives that an organisation can take to respond to HIV/AIDS in the workplace which are:

- developing a HIV/AIDS policy for the company;
- providing HIV prevention education in the workplace;
- providing care and support in the workplace;
- implementing fair employment practices; and
- community involvement

Many countries now have HIV/AIDS policies and, increasingly, countries are also adopting HIV/AIDS policies for the workplace; in some countries, specific ministries have designed AIDS policies for their workforces. The rationale for a ministry developing an AIDS workplace policy is to provide its employees with clear statements on expectations and responsibilities (Rau, 2003). These policies are based on the International Labour Organisation (ILO) Code of Practice on HIV/AIDS and the World of Work. The code of practice contains fundamental principles for policy development and practical guidelines from which concrete responses can be developed at the enterprise, community and national levels (International Labour Organization, 2001). The code is adaptable to a variety of situations and different levels of resources (Joint United Nations Programme on HIV/AIDS (UNAIDS) and the International Organisation of Employers (IOE), 2002).

A workplace policy provides a framework for action to reduce the spread of HIV/AIDS and manage its impact. It defines an institution's position on HIV/AIDS, and outlines activities for preventing

the transmission of the virus and providing care and treatment for staff. It also ensures that the response is balanced, activities complement each other, and resources are used most effectively (Pharoah, 2005). A good HIV and AIDS workplace policy always contains an outline or a description of how the particular organisation, institution or business is going to manage HIV and AIDS on a day-to-day basis. Establishing an HIV/AIDS programme and policy in the workplace is a cost-effective solution and will help reduce the future spread and impact of the disease (UNAIDS, 1998).

An HIV and AIDS workplace programme is an action-oriented plan that your organisation will implement in order to prevent new HIV infections, provide care and support for employees who are infected or affected by HIV or AIDS, and manage the impact of the epidemic on the organisation. It outlines how all the different principles within the policy will be translated into practice at the workplace (Stellenbosch University and the USAID Health Policy Initiative, 2008). Workplace HIV/AIDS programmes are most effective when they include a comprehensive and coordinated set of prevention, care, and support components. Whether they are provided directly by employer or by employer sponsored referrals to service providers in the community, such programs are more likely to be strong, cost-effective, and sustainable (Academy for Educational Development, 2004).

Stellenbosch University and the USAID Health Policy Initiative, (2008) have identified that the key elements of an HIV and AIDS workplace programme include:

- an impact assessment of HIV and AIDS on your organisation
- HIV and AIDS awareness programmes
- voluntary counselling and HIV-testing programmes
- HIV and AIDS education and training
- condom distribution
- encouraging health treatment for STIs and TB
- universal infection-control procedures
- creating an open and accepting environment
- wellness programmes for employees affected by HIV and AIDS
- the provision of antiretrovirals or referral to relevant service providers
- education and awareness about antiretrovirals and treatment literacy programmes
- counselling and other forms of social support for HIV-positive employees
- reasonable accommodation for HIV-positive employees
- strategies to address direct and indirect costs and other practical implications of HIV and AIDS

- monitoring, evaluation and review of the programme

From Public Service Management Division, (No Date), the effective management of HIV in the workplace requires an integrated approach that includes amongst others, the following elements:

- establish a structure responsible for the workplace response
- collect and analyse data to inform integrated planning processes
- adopt an HIV and AIDS policy for the workplace
- introduce workplace HIV prevention programme and wellness or care and support programmes
- Implement management strategies to deal with the impact
- Regularly monitor and report on activities implemented

The Public Service Management Division, (No Date) further gives the following guidelines for addressing HIV in the public sector:

- Step 1:   Analyse factors that contribute to risk of HIV infection
- Step 2:   Analyse your response to HIV and AIDS
- Step 3:   Analyse current and potential partners
- Step 4:   Planning
- Step 5:   Implementation
- Step 6:   Monitoring and Evaluation

3.5   Challenges in Implementation of Workplace programmes

UNAIDS, (1998) says that organisations face enormous challenges in responding to HIV/AIDS such as setting up comprehensive, sustained programmes, adopting relevant policies, obtaining management commitment, ensuring confidentiality and non-discrimination, supporting staff with HIV/AIDS, dealing with attitudes of co-workers and sustaining involvement (UNAIDS, 1998). Other challenges include strengthening existing structures as well as capacity to develop and implement workplace programmes and having specific issues related to HIV/AIDS incorporated into planning and implementation of departmental core functions (Deutsche Gesellschaft fürTechnische Zusammenarbeit - GTZ, 2003).

Most Ministries of Education have appointed an official to act as the HIV/AIDS Focal Point for the Ministry. Ministry-wide HIV/AIDS committees have also been established in many countries. However, to date, officials appointed as the HIV/AIDS Focal Point have usually been relatively junior and they have therefore lacked the power and authority to ensure that all departments and

units properly mainstream HIV/AIDS with respect to both policy and practice. Furthermore, most are expected to take on the responsibility for HIV/AIDS issues over and above their normal duties. HIV/AIDS Committees tend to meet irregularly and most senior officials have neither the time nor the expertise to design and implement the comprehensive strategy that is required (Bennel, Hyde, & Swainson, 2002). However, while ministries have increasingly recognized the need to safeguard their workers from HIV/AIDS, few ministries have allocated money for such work. Most government units work with tight budgets, and adding new line items, such as for an HIV/AIDS program, may result in displacing funds for other activities (Rau, 2003).

Among the greatest challenges in addressing HIV/AIDS are stigma and discrimination. They often result from fear caused by myths, misinformation, and a lack of knowledge about how HIV is and is not transmitted. The negative effects of workplace stigma and discrimination can be substantial, both to the business and to workers themselves (Academy for Educational Development, 2004). Academy for Educational Development, (2004) further goes on to say that both stigma and discrimination can be prevented or minimized through prompt action by labour leaders and managers. Education and prevention programs can inform all workers about HIV transmission. Written, publicized, and well-understood HIV/AIDS policies and effective education and prevention programs help address stigma and discrimination and promote an environment of respect and dignity for every worker. The ILO Code of Practice maybe helpful in addressing stigma and discrimination as the fundamental principles underlying the Code are to safeguard conditions of decent work, avoid stigma, and promote non-discrimination and the dignity of workers and persons living with HIV/AIDS (Academy for Educational Development, 2004)

3.6   Lessons Learnt

According to the Academy for Educational Development, (2004), lessons from around the world indicate that many employers are addressing HIV/AIDS as an employer responsibility, through concern for employees and for the viability of their organizations. The lessons learnt are:

- programmes can make a difference,
- prevention works.
- workplace research providing strong employee input can help employers set priorities and establish appropriate programs.
- Peer education is seen as a particularly effective component of prevention programmes.
- Labour often plays a major role in developing and implementing workplace programmes, including recruiting and training peer educators.

- Collaboration among employers has many beneficial results and this could be collaboration with union and cross-sector entities which offers access to knowledge, experience, and diverse perspective.
- the costs to an employer of antiretroviral therapy are often less than health care and absenteeism costs for employees not receiving those medications.

A strategy for a comprehensive response for the public sector to HIV/AIDS requires the integration of HIV/AIDS issues into every function and service of the department (The Department of Public Service and Administration, 2002). According to Lamptey and Gayle, (2001), effective responses will typically need to:

- Mobilise political will and leadership within the education sector and beyond.
- Create dedicated processes, capacity and structures to drive HIV/AIDS responses. This is required to drive the overall programme, as well as in specific areas such as prevention programmes and obtaining information to inform planning and management.
- Develop strategies to slow the rate of new infections

Developing and implementing a workplace strategy takes time and resources. Finding an acceptable solution is not always easy; the balance between the interests of the organisation and those of the employees is a delicate one. Consequently in developing a workplace strategy it is essential to involve representatives from across the organisation and People Living with HIV/AIDS. Involving HIV positive people is one of the most powerful tools for breaking down stigma and discrimination; they promote positive role models and present the reality of living with HIV/AIDS (UK Consortium on AIDS & International Development, 2003)

CHAPTER 4

RESEARCH DESIGN AND METHODOLOGY

4.1   Introduction

The chapter will outline the research methodology used for the study. It includes an overview of the study research design and approach, selection of the samples and techniques for data collection and data analysis.

4.2   Overview of Methodology

A survey of the literature was conducted to provide a contextual background on the implementation of workplace programmes and also to inform the development of the research instrument. Table 4.1 gives an overview of the methodology used in the study.

Table 4.1 - Research Study Methodology

Research Method	Research Instrument	Target Respondents
Semi structured interview	Interview Guide	Current MoE implementing the HIV/AIDS workplace programme / former MOE employees who were involved in implementing the HIV/AIDS workplace programme
Documentary Analysis	Document Review	• HIV/AIDS Policy • Estimates of Revenue and Expenditure – Activity budget for the years 2006, 2007, 2008, 2009 & 2010 • Sub grantee scope of works • Sub grantee Reports • EQUIP2 Quarterly Reports from 2005 to 2009 • HR Annual Works plan and Budget • Education Sector National Implementation Framework 2008 – 2010 • MoE Education Statistical Bulletin • Zambia Demographic Health Survey
Participant Observation	Observation	• Routine activities • Special activities

Prior to the interview, the participants were briefed on the research and they were asked if they would participate. Once they agreed to be interviewed, they were given a consent form to sign. The details of the consent form were discussed with them before they signed it.

4.3   Target Group

The target group was a total of 25 people. These are people both current and former staff of the Ministry of Education involved in the implementing of the workplace HIV/AIDS programme at the Ministry of Education Headquarters. However, only 16 people could be interviewed of the targeted 25. This however was adequate in gathering the required information and verifying it. The key documents that were accessed are the Ministry of Education HIV/AIDS policy, the strategic plans and annual HIV/AIDS implementation plans for the last five (5) years, the Estimates of Revenue and Expenditure Activity Budgets which shows government funding to government departments, EQUIP2 quarterly reports, sub grantee reports and the Educator Sector National Implementation Framework 2008 – 2010.

4.4   Sampling Method

All those staff that are currently implementing HIV/AIDS programme were sampled and all those former staff who were involved in the implementation of the workplace HIV/AIDS programme and the Ministry of Education headquarters. A sample size of twenty five (25) was selected using the following inclusion criteria:

- They should be implementing the Ministry of Education HIV/AIDS workplace programme at the Ministry Headquarters
- Were involved in the implementation of the workplace programme
- Should have relevant key information on the workplace programme
- The participants can participate in the interview

4.5   Research Methodology

4.5.1   Gaining Access to the participants

Permission was sought from the Permanent Secretary of the Ministry of Education to gain access to Ministry. It was emphasized to the Permanent Secretary that the data, field notes and interview transcripts would be held in strictest confidence and anonymity. It was also made clear that through the process of the research, other issues may emerge and they may require more discussion and renegotiation of access. Permission to conduct research in the Ministry of Education was granted by the Permanent Secretary and is shown in Appendix A.

4.5.2   Ethical Considerations

The central ethical issue surrounding data collection through interviews are that participants should not be harmed or damaged in any way by the research (Gray, 2004). Ethical approval to conduct the

study was obtained from the Human Research Committee at Stellenbosch University, see Appendix B. At the beginning of each interview, an explanation of the study was given and written consent to participate in the study was obtained, Appendix C shows the consent form. The participants were informed that once they volunteered to participate in the study, they could stop the interview at any time or refuse to answer any questions. They were assured that their participation in the study would not compromise their status professionally or otherwise. All that would be discussed in the interview would remain confidential and their participation would not pose any risk to them. The participants were further assured of anonymity, and that, although some of the information they would provide may be published, their names would not be associated with the publication. The participants were informed of the recording methods and consent was obtained.

4.5.3   Data Collection

The collection of the data involved the use of a number of methods, semi-structured interviews, observations and document analysis.

4.5.3.1 Semi Structured Interview

The semi structured interview allows for the probing of views and opinions where it is desirable for respondents to expand on their answers thereby clarifying whatever is not clear immediately (Gray, 2004). Semi-structured interviews were held with informants addressing how the HIV/AIDS workplace programme has been implemented. An Interview guide with key questions was developed. The interview questions were designed such that they were clearly linked to the purpose of the research. In some instances new questions would arise from the answers that were given by the respondents during the course of the interview, Appendix D shows the interview guide used.

The respondents were contacted in advance of the meeting and advised of the dates, times and location The interview started with a brief introduction explaining the objectives of the research and the methods of recording data to be used. The interviews were recorded using a digital voice recorder to ensure that all data was captured.

4.5.3.2 Direct Observations

Direct observations of what has been happening at the work place as regards the aspects of the HIV/AIDS activities were made. This included for checking how events were being conducted. Events were noted, differentiating between special events and their daily routine activities and also taking note of the activities within these events whether special or daily. Everything that was happening or not happening as regards the implementation of the workplace HIV/AIDS programme

was observed and noted. The observations were guided by an observation guide that was developed; see Appendix E for the Observation Guide.

4.5.3.3 Review of Documents

The relevant documents on the HIV/AIDS workplace programme were identified and reviewed. The key documents that were analysed were the MoE HIV/AIDS policy, the EQUIP quarterly reports, the Estimates of Revenue and Expenditure – Activity Budget for the years 2006, 2007, 2008, 2009 and 2010, the Education Sector National Implementation Framework 2008 – 2010, the Education Statistical Bulletins for the years 2007, 2008 and 2009 and the sub grantee reports.

4.5.4   Data Analysis

Data from the interviews was transcribed, the data from the document review and observation was first made sure that it was complete before it was organised and categorized. The complete data was then systematically organized into categories. The data was categorized systematically and grouped into themes identifying patterns and relationships. An analysis of the data was then made. Steps were taken to ensure that the evidence for the analytical findings exists in the data and that the different interpretations of the data could be reconciled.

4.6   Limitations to the Study

The only limitation was that some of the targeted respondents were not available. This however, did not affect the final outcome of the study. There were respondents who agreed to be interviewed but when they were about to be interviewed, for some reason, they would not be available. However, this limitation was solved by agreeing to do telephonic interviews with them.

CHAPTER 5

RESEARCH FINDINGS AND DISCUSSIONS

5.1   Introduction

This chapter will reveal the findings of the study described in chapter 4 - research methodology. These findings are presented in subsections as themes. The discussions are also presented in subsections under the same themes as those of the findings.

5.2   Findings

5.2.1   Programme Implementation

The HIV/AIDS workplace policy implementation started in 2004 with the support of DFID and a HIV workplace Technical Advisor (TA) was engaged. The United Nations Development seconded a United Nations Volunteer (UNV) to work in the Ministry on the HIV workplace programme. EQUIP2 a USAID project also started supporting the Ministry's workplace programme and attached a TA to the unit. The TA and the UNV were coordinating programmes supported by UNICEF, GFATM and GRZ while the TA from EQUIP2 coordinates PEPFAR programmes. The two TAs and the UNV originally made up the HIV unit for the Ministry of Education and is under the directorate of Human Resource and Administration.

The HIV/AIDS activities in the Ministry of Education are centrally driven from the ministry headquarters in Lusaka. The HIV unit has to get authorisation from the Permanent Secretary through the Director of Human Resource and Administration to implement activities. The Assistant Director of the Human Resources department is the national HIV focal point person and supervises the unit.

The PEPFAR funded programmes are implemented through sub grantees while the programmes that were funded by UNCEF and GFATM were implemented directly by the other TA and the UNV with help from consultants. The UNV has since left the ministry after UNDP stopped its assistance to government ministries. The other TA has decided not to renew her contract when it expired after having been extended a number of times. The HIV unit now has one TA who is implementing PEPFAR programmes.

5.2.2   Activities supposed to be implemented under the workplace programme

The activities that are supposed to be implemented and are guided by the Ministry of Education's HIV workplace policy which provides a framework for responding to the concerns and needs of all those infected and those affected by HIV and AIDS in the education sector in the public, private and community schools. It was developed based on the International Labour Organisation guiding principles. The following are the activities that are supposed to be implemented:

- Sensitization and Prevention activities
- Care and support activities

5.2.3   Sources of Funding for the HIV/AIDS Programme

The sources of funding for the Ministry of Education HIV/AIDS workplace policy are the Government of the Republic of Zambia, PEPFAR, GFATM and UNICEF; Table 5.1 shows the funding trends.

Table 5.1 - Funding trends for the Ministry of Education HIV/AIDS Workplace Programme

Funder	Amount in US$ by year					
	2005	2006	2007	2008	2009	2010
GRZ	No data	139,165.88	298,641.41	207,911.35	89,361.70	63,829.79
UNICEF	-	-	-	89,820.28	69,563.56	-
GFATM	85,893.23	-	68,442.00	4179.028,7	-	148,936.17
PEPFAR	-	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,100,000.00

UNICEF started funding in 2008, GFTAM funded in 2005, 2007, 2008 and 2010. PEPFAR started funding in 2006 under a five year project.

5.2.4   Activities being implemented under the workplace programme

5.2.4.1 Sensitization and Prevention

The following are the activities that are being implemented:

- *Provision of Abstinence and Being Faithful (AB) messages to individuals reached for Counselling and Testing (CT).*

  Sensitization is being implemented to the teachers, pupils and the community members and it is funded by PEPFAR. Abstinence and being faithful messages are the core thrust of the programme. The activities are implemented through sub grantees. 87,015 individuals have so far been reached through community outreach HIV/AIDS prevention programs that promote

abstinence and being faithful. This is done through mobile VCT visits to schools and the World AIDS Day and Teachers' Health Days.

- *Information, Education and Communication (IEC) Materials developed and printed*

  IEC materials have been developed specifically for the educational sector and printed for distribution to the Ministry of Education staff. 15,000 copies of the following have been produced: brochures of understanding HIV/AIDS; Voluntary Counselling and Testing; Sexually Transmitted Infections; HIV/AIDS Treatment and Flyers for the 999 toll free number for HIV counselling services. The materials are meant to help in the behaviour change of the teachers and other Ministry of Education staff. They were developed by a sub grantee with PEPFAR funds.

- *Knowledge Attitudes Practices Survey*

  A Knowledge Attitudes and Practices (KAP) Survey is been conducted in the Ministry of Education. Data collection, data entry and data cleaning have been completed. The data is being analyzed.

5.2.4.2 Care and Support

Under care and support the following activities are being implemented:

- *Provision of Counselling and Testing*

  The activity is implemented by sub grantees and funded by PEPFAR. This is done through mobile Voluntary Counselling and Testing (VCT) visits to schools, through World AIDS Day and Teachers' Health Days. For mobile VCT at the schools, the counsellors spend a day at a school, do the counselling and testing and move to another school. Those that test positive are given referral letters to go to the nearest health centre for further HIV and AIDS diagnosis and care.

- *Ministry of Education teachers and administrative staff trained as Palliative Care Givers*

  113 Teachers and some Ministry of Education staff have been trained as Palliative Care Givers. The training has enabled the caregivers to identify HIV/AIDS disease progression in a timely fashion in order for them be able to identify clients who need to start treatment. They have been linked with local Ministry of Health structures and Home Based Care facilities. The palliative care givers are implementing the activities in three forms which are:
  - provision of psychosocial support and counselling,
  - referral of clients to other Service Providers and

- provision of Home Based care.

A sub grantee is doing the training and is funded by PEPFAR.

Under GFATM, 143 teachers and administrative staff have been trained in care and support.

- *Training of Ministry of Education staff in Anti Retroviral therapy training*

  Teachers and other Ministry of Education staff have been trained in Anti retroviral therapy training. This has been funded by GFATM. A total of 383 teachers and staff have been trained in all the nine provinces of Zambia.

- *Workplace policy dissemination*

  The HIV/AIDS workplace policy is being interpreted to the headmasters and zonal heads through orientation workshops. UNICEF has been funding this activity and so far, 691 head teachers and Ministry of Education provincial and district zonal heads have been oriented on the Ministry of Education HIV/AIDS policy.

- *Nutrition support for staff who are HIV positive*

  Teachers and staff that are HIV positive and have registered with the HIV unit get nutrition support in the form of soya meal porridge and soya drink. This is funded by the government funds.

- *Medical Scheme for staff who are HIV positive*

  Teachers and staff that are HIV positive and have registered with the HIV unit are enrolled on a high cost medical scheme at a government hospital where they are able access medical attention whenever they are ill. This is funded by the government funds.

- *Teachers Testimony Book launched*

  The "Teachers telling their story testimony book" was launched. The book is a collection of testimonies by teachers who are living with HIV who have shared their experiences of being HIV positive and how they have dealt with their status. Teachers Living with HIV who contributed their testimonies came from three of the nine provinces. Prior informed consent was obtained in writing from all the teachers who gave testimonies to be published in the Testimony book.

  A sub grantee facilitated the production of the teacher testimony book with funding from PEPFAR.

- *Care, and Support Group formation workshop held*

  A total of 70 teachers and Ministry of Education teachers and officials living with HIV from two Provinces were trained in care, support and support group formation. A model support group was formed in each of the provinces.

  The objectives of the training were to equip participants with skills and abilities to manage self sustaining support groups for Teachers Living with HIV in their respective areas; for the participants to appreciate the importance of care and support for Teachers Living with HIV; and to explore techniques of disclosure and the benefits among Teachers Living with HIV.

  A sub grantee is facilitating the workshops and formation of support groups with funding from PEPFAR

5.2.5   *What is working well in the implementation of the activities*

- *Using sub grantees to implement workplace activities*

  Sensitization in abstinence and being faithful messages are being provided by KARA Counselling and CHAMP; provision of mobile counselling and testing is done by KARA Counselling and CHAMP; palliative care givers training to the teachers and members of staff is being done by KARA Counselling and the conducting of the HIV positive teacher workshops and the formation of teacher support groups is done by the Anti AIDS Teachers Association of Zambia (AATAZ).

  This has worked well because the ministry has no institutional capacity to implement these activities. These organisations have the capacity and expertise; they are being availed resources to implement the workplace activities and at the same time, they are able to build more on their capacity thereby also reaching out to secondary targets who would be family members of the teachers in the communities.

5.2.6   *Challenges*

- *Most of the Programmes programme are donor driven*

  The implementation of the Ministry's HIV/AIDS programme is donor driven with the main donors being PEPFAR, UNICEF and GFATM. The PEPFAR programme comes to an end in September 2010.

- *Strong leadership and commitment in the context of HIV/AIDS programmes lacking*

  Leadership at all levels is not exhibited; this leadership is the day to day activities talking about it as an agenda item. The top management of the ministry rarely talks about HIV/AIDS apart from those working in HIV unit.

- *Inadequate funding from Government to the Ministry of Education*

  The Government levels of funding have been reducing from 2007; Table 5.2 shows the government funding trends.

Table 5.2 - GRZ funding allocations to the Ministry of Education

	2006	2007	2008	2009	2010
Funding from GRZ (US$)	139,165.88	298,641.41	207,911.35	89,361.70	63,829.79

Source: Estimates of Revenue and Expenditure – Activity Budget for years 2006, 2007, 2008, 2009 & 2010

- *Dishonesty practices and emphasis put on monetary gains for participating in HIV/AIDS activities*

  Staff are always demanding to be paid allowance for participating in HIV/AIDS workshops or training. Dishonesty practices have also been observed such as:

  - some staff wanting to falsely claim the allowances of staff that did not attend an HIV/AIDS activity.
  - implementers of projects wanting to extend the days that they were going to implement the activities so that they can make extra money.
  - Cost of contracting services being inflated

- *Weak Monitoring and Evaluation of HIV/AIDS activities*

  There is no comprehensive monitoring and evaluation system for the implementation of the workplace HIV activities.

5.3   Discussion

5.3.1   Programme Implementation

The HIV mandate is strategically placed in the Human Resources Department. They are in charge of all the human resource planning which includes making the human resource forecasting, recruitment and selection, training and retirement plans. Potentially, they are better placed to make an assessment of the present and future effects of HIV and AIDS on the staff of the ministry which would inform the human resource planning processes. This assessment would also potentially

motivate for the increased funding to the workplace HIV workplace programme. This human resource planning should be done in consultation with the other departments of the ministry because of the multifaceted nature of the impacts of HIV and AIDS.

The planning of the programme and implementation is centralised and is done at a high level without the involvement of the other structures and stakeholders. This will bring about the problem of the activities that are being implemented will not be accepted and owned by everyone. It is a central plan that goes down without much consultation with the many stakeholders in the ministry on how they feel it should be implemented. This is a problem as other stakeholders may not accept that the programme that is beneficial for all the Ministry of Education staff.

The HIV unit has a big challenge in coordinating of HIV/AIDS activities in the ministry as there is only one TA coordinating PEPFAR programmes. The Assistant Director of HRA as a National Focal point person gets involved in the implementation of the programmes supported by UNICEF and GFATM but she has other responsibilities that she has to attend to.

5.3.2   Activities supposed to be implemented under the workplace programme

The ministry is implementing the sensitization and prevention, and care and support activities. These are adequate in taking care of the needs of those that are infected and not infected. Through sensitization and prevention, the staff that are still HIV negative may adopt behaviours that would reduce the risk of contracting HIV. Those that are positive would not put others at risk of contracting HIV and themselves of not getting re-infected. The care and support would help the staff that are already infected to easily manage their infection so that they live longer. However, these activities are not reaching all the staff of the ministry of education. There are not adequate resources, the programmes are dependent on donor funding.

5.3.3   Sources of Funding for the HIV/AIDS Programme

The sources of funding have their own conditions that the ministry has to fulfil and different reporting mechanisms making the administration of these funds cumbersome. If there is a delay in the reporting, the funding may not flow into the ministry as anticipated therefore delaying the implementation of some activities.

5.3.4   Activities being implemented under the workplace programme

The ministry is implementing programmes that aim to prevent or reduce new HIV infections and programmes that provide treatment, care and support to employees and their families who are infected or affected by HIV/AIDS. However, programmes that are meant to mitigate the impact of

HIV and AIDS on the ministry are not being implemented. This is bound to have an effect on the supply of labour as the United Nations Development Programme, (2007) have observed that the ministry of education will face worsening shortages of trained teachers and lecturers. In order to function, organisations need the right number of people, with the right competencies, in the right places. The HIV/AIDS epidemic poses a threat to demand, supply and quality of human resources that must be managed appropriately (Smart, 2004).

5.3.4.1 Sensitization

- *Provision of AB services to individuals reached for CT*

  The programme does not support the use of condoms. This approach is more a moralistic approach; those people that feel that they are not "morally upright", will not abstain and they will continue having sex. Since condoms are not being provided for them they will put themselves at risk when they have unprotected sex.

- *Provision of Counselling and Testing*

  It is an important and cost-effective HIV prevention measure, which also improves access to care and support. Early diagnosis of HIV infection can encourage individuals to seek treatment and, theoretically, can also help to reduce HIV transmission by dissuading people from high risk behaviours (Joint United Nations Programme on HIV/AIDS (UNAIDS)/WHO/French Ministry of Foreign Affairs, 2002). The mobile VCT is helping the teachers and other Ministry of Education staff to access VCT as it is brought to their doorsteps in their respective schools. This method has the potential of having more staff access VCT which is the entry to other HIV and AIDS services.

  However, spending just one day of mobile testing in one location, may not give some staff enough time. After sensitization, they may need time to think and reflect on the message that they have received before they can make up their mind to go for testing or not. They may make up their mind after the mobile VCT service provider has moved on to the next school hence they do not access VCT. The mobile VCT providers visit a school once only. There is no opportunity for confirmatory test to be done. The implication of this is that a person who tests negative to the HIV might be in the window period but would continue going about with their life normally thinking that he or she is HIV negative.

- *Information, Education and Communication (IEC) Materials developed and printed*
  15,000 copies of the IEC materials have been produced and these have been tailored to the education staff. There will help in the delivering of specific messages to the education sector and they are looking at the vulnerability and susceptibility that are specific to the education sector. This will though not bring about behaviour change. Successful programmes are targeted and tailored to the age, gender, sexual orientation, sectoral characteristics and behavioural risk factors of the workforce and its cultural context (International Labour Organization, 2008).

  There are about 76,000 teachers and Ministry of Education staff which means that about 61,000 staff will not have access to the IEC materials. This raises a moral question of should only 16,000 out of the 76,000 Ministry of Education staff benefit from the IEC materials when the PEPFAR support to the Ministry of education HIV/AIDS workplace programme is meant to benefit the staff of the Ministry of Education.

- *Knowledge Attitudes Practices (KAP) Survey*
  Findings from the KAP survey will offer a better understanding of Ministry of Education employees' knowledge, attitudes and behaviours regarding HIV including health seeking behaviours. The survey findings will also inform and improve existing and future Ministry of Education HIV/AIDS workplace policy and prevention activities. These improvements will more effectively encourage HIV prevention through positive behaviour change, contribute to the creation and maintenance of a workplace free of stigma and discrimination towards those infected and affected by HIV and AIDS.

  The survey results would also provide base-line data that would be used to monitor the impact of the HIV/AIDS workplace program activities being implemented in the Ministry of Education. At a future point in time a second KAP study should be carried out to track the changes in the behaviour of Ministry of Education employees who have been exposed to HIV/AIDS policy and interventions. The identified changes will provide an indication of the success of these activities.

5.3.5   Care and Support

- *Ministry of Education teachers and administrative staff trained as Palliative Care Givers*
  A teacher palliative care giver would understand the dynamics of the life of a teacher as he or she is also a teacher. When talking to the teacher, the right approach would be used. An increased uptake of palliative care services is likely to occur.

The schools that have a palliative care giver now have point of presence of palliative care services in the school. Staff may not have to travel long distances to seek HIV related care and support services as these are available within the school. The communities in which the palliative care givers are will also benefit from their services.

However, this approach has a number of challenges; the palliative care givers' primary occupation is teaching. In most cases, they would have to do this palliative care work in their spare time after they are finished with their teaching working. Depending on the number of clients that they attend to if the number is high; they might not have time to rest. This would lead to burn out which would affect the quality of both their teaching and palliative care work.

Motivation of the palliative givers is one important aspect as they do not get remunerated for the work that they do and would lead to their dropping out. It is therefore important that during the recruitment of the teachers and other Ministry of Education staff, greater attention is placed to the identification and selection of the staff to be trained. Only those staff that are passionate about HIV and AIDS should be selected and trained as palliative care givers

The other challenge that may arise is that the trained palliative care giver may get transferred to another district. This would make the district lose the services of a palliative caregiver. This on the other hand would benefit the district where this palliative care giver goes to as it would have a point of presence for the giving palliative care services.

- *Training of Ministry of Education staff in Anti Retroviral therapy training*
  The trained Ministry of Education staff will help those on ARV treatment to adhere to their treatment. When one starts antiretroviral treatment, the treatment is life long. However, ARV treatment comes with side effects and challenges which would have an adverse effect on the adherence to treatment hence affecting the treatment outcomes. Therefore, one needs support in the taking of medication. The trained staff will help them to continue taking the ARVs and remain adherent to the treatment.

- *Workplace policy dissemination*
  The Workplace policy dissemination is meant to enable the head teachers to develop school level based HIV/AIDS workplace policies after the training. The school policy is a guide for the implementation of HIV and AIDS activities at school level. The schools are then developing and implementing activities that would address their local problems as regards the workplace

HIV issues. This will provide a safe working environment through the reduction of stigma and discrimination.

- *Nutrition support for staff who are HIV positive*

  This is a good initiative as the nutrition status of the members of staff that are HIV positive is improved. However, it was observed that even when a staff member has had his or her nutrition status improved, they still continue receiving these nutrition supplements. They are depriving other staff that would be in need of these nutrition supplements.

- *Medical Scheme for staff who are HIV positive*

  This was introduced for the staff in 2005 before the Zambian government declared that ARVs drugs were free in government hospitals and clinics. It was originally meant for staff to access ARVs and also get treatment for opportunistic infections and any other ailments that they might have. The other members of staff of the Ministry of Education are not on the medical scheme. When they are sick, they have to pay for their medical costs while the members of staff who are HIV positive have their costs covered under the medial scheme paid for by the Ministry of Education.

  This gives the impression that staff who are HIV positive get more benefits than staff that are HIV negative or HIV positive but have not disclosed their status. This will have a negative impact on the prevention of HIV in the education sector. Suppose two staff members of the ministry, one HIV positive and on the medical scheme and another one HIV negative both developed pneumonia. The HIV positive staff member will access medical treatment and the cost paid for by the ministry while for the staff who is HIV negative will have to pay for the treatment from his or her own resources. In most times this member of staff would not afford to pay for the treatment and in certain instances might mean death. The prospect of one becoming HIV positive becomes very attractive as one is able to access medical treatment which is paid for by the Ministry of Education. Therefore it is potentially able to create more harm as it sends out the message that one would get more benefits if he or she was HIV positive.

- *Teachers Testimony Book launched*

  This book by the teachers living with HIV is giving a face to the HIV pandemic. What this book has is the potential of showing that the teachers are affected just like anyone else. From the testimonies that the individual teachers have given, it can be seen that HIV if not addressed in good time it has devastating consequences. Most of the testimonies of the teachers tell that they

did not know their status. When they started getting sick, they had no suspicion that they could be infected with HIV. For most of them, it had to take the death of a close family member like wife, husband or baby or for them to suffer from a life threatening illness for them to get tested for HIV. However after being on anti retroviral treatment and over time, they all regained their health and were able to lead normal lives and get back to their teaching work.

The testimonies that these teachers have given are saying that despite one being HIV positive, there is treatment that those test positive to HIV can access which can help them live a better life and they are a living testimony to this. The key message that they are sending is that it is important for the teachers to get tested and know their status now rather than wait when it is too late.

Through the teacher testimony book, these teaches are talking to other teachers by sending out a message that HIV can affect anyone, male, female, married, unmarried, old and young, junior teacher, senior teacher even a school manager. It will therefore help in the reduction of stigma. When the positive teachers talk to the other teachers, they would change perceptions, break down stereotypes and make the other teachers realise that anybody is vulnerable to HIV infection (Paxton, 2002).

The book is meant to help reduce stigma by giving HIV a human face and ensure acceptability of teachers living with HIV in the workplace, subsequently contributing to the reduction of stigma in the Education Sector.

- *Care, and Support Group formation workshop held*
  One of the key elements in HIV/AIDS care and support as recommended by the World Health Organisation and UNAIDS, is the provision of psychosocial support. Support groups have been identified as a basic form of psychosocial support for those living with or affected by HIV and AIDS. However, support groups while they may be very beneficial are not a substitute for other psychological interventions such as counselling (National Department of Health, 2005).

  Being in a support is one of the key factors that can strengthen the success of antiretroviral adherence as they would share the experiences that the members have in taking antiretroviral drugs. The teachers would still continue taking the ARVs even when they have certain side effects as they would have heard from the others that have been on treatment for a longer period.

Traditionally, support groups have been recognized for their value in providing emotional support to individuals. For those living with or affected by HIV and AIDS the support group have several benefits. Benefits include having contact with others who are experiencing similar challenges in their lives, obtaining useful information and developing different ways of dealing with the demands of HIV and AIDS. Support groups are also useful for providing information and guidance regarding the illness, and the creation of mutual support among members of the group (National Department of Health, 2005).

For the support groups to be a success, the Ministry of Education should recognize the importance of the support groups and permit them to be formed and to meet within the Ministry of Education premises either during or outside working hours.

5.3.6   Challenges

- *Most of the Programmes donor driven*
  There will be point when the donors will stop funding the programmes or even due to events like the global economic downturn, funding would be reduced dramatically. For instance when the PEPFAR funding comes to an end, all the programmes that are being implemented will come to an end such as:
  - Abstinence and Be Faithful messaging
  - Mobile Counselling and Testing of the teachers
  - Support group formation
- *Lack of strong leadership and commitment in the context of HIV/AIDS programmes in the ministry.*
  It now appears that HIV/AIDS is not a priority and it has resulted in reduced funding from government. The HIV unit has even remained without Ministry staff to coordinate HIV/AIDS activities.

Active leadership and management commitment to HIV/AIDS have been identified as an essential component of an effective HIV/AIDS programme. Leadership requires not only leading the technical response of the department but also acting as an example or role model, so as to inspire others (The Department of Public Service and Administration, 2002). According to the Department of Public Service and Administration, (2002) the following are some of the challenges that have been identified relating to lack of leadership on HIV/AIDS:

- Political commitment and leadership regarding HIV/AIDS is high. However this commitment has not been translated into active involvement or support of workplace interventions;

- There is uneven managerial commitment to addressing HIV/AIDS;

- Many managers are complacent;

- Programmes have more support from high level rather than middle level management;

- Commitment tends to be 'event based' that is managers will attend events but not support on-going interventions;

- HIV/AIDS is not regarded as a priority issue by management;

- Managers do not have the skills and time to provide guidance on HIV/AIDS issues, nor do they have an adequate understanding of what being a personal role model to staff means

- *Inadequate funding by the Government to the Ministry of Education*

There are about 8,000 schools in Zambia, after doing an analysis, potentially; the amount of funding to each school for the years from 2006 to 2010 has been less than US$40.00 per school per year for HIV/AIDS activities. Table 5.3 shows the analysis of the government funding.

Table 5.3 - Analysis of the GRZ funding allocations to the Ministry of Education

	2006	**2007**	**2008**	**2009**	**2010**
Funding from GRZ (US$)	139,165.88	298,641.41	207,911.35	89,361.70	63,829.79
No of Provinces in Zambia	9	9	9	9	9
Funding at Province Level	**15,462.88**	**33,182.38**	**23,101.26**	**9,929.08**	**7,092.20**
No of districts in Zambia	72	72	72	72	72
Funding at district	**1,932.86**	**4,147.80**	**2,887.66**	**1,241.13**	**886.52**
No of Schools in Zambia	8,000	8,000	8,000	8,000	8,000
Funding at School level	17.40	37.33	25.99	11.17	7.98

Source: Estimates of Expenditure and Revenue for years 2006, 2007, 2008, 2009 & 2010

This is inadequate funding and there is very little that a school can do to implement HIV/AIDS activities. It also explains the level of priority that the leadership in the Ministry of Education attach to the issues of HIV/AIDS. One would expect the leaders, managers and planners to question these low levels of funding but this seems not to be the case and it clearly shows that there is no leadership and commitment to the cause of HIV/ AIDS in the ministry.

A plausible reason why this might be the case is that the planners, who do the allocation of the funds to the units, may not view the priorities from the point of view of the practitioner. If there

is a shortfall of funds in one sector of the Ministry of Education, they would think of cutting from the HIV/AIDS allocations. To solve this problem, involve every level of stakeholders in planning of HIV/AIDS programmes including those that are responsible for the allocation of resources to all the sectors of the ministry. If the planners understood fully the impacts of what this programme was achieving, they would change their attitudes and place HIV/AIDS as a high priority.

The other possible explanation on the reduced funding to the HIV/AIDS programme might be to political interference. Demands on the politicians may be so huge and certain programmes might be a priority such as infrastructure. They may not think that HIV/AIDS is equally very important and the workplace programme tend to get affected hence the decline in the funding to the HIV/AIDS activities and an increased allocation for infrastructure activities.

- *Dishonesty practices and emphasis put on monetary gains for participating in HIV/AIDS activities*

It is evident that some members of staff have placed the issue of money as a priority. When they are called to participate in training or a workshop, the first question that they ask is how much money they will make out of the workshop. This questions the true commitment of those participating in the HIV/AIDS activities. There is also very strong possibility that the some people would be attending these HIV/AIDS activities for monetary gain only not the core business that they are supposed to do.

There are also the dishonesty practices of some government staff who would be implementing the HIV/AIDS activities who want to make as much money as possible at any possible opportunity. This aspect of dishonesty from some government officials might make them to misappropriate the funds that are meant to implement the HIV/AIDS activities.

This relates to the mind set and requires changing, the knowledge that people are able to get is more beneficial than the temporary satisfaction of the money that they get. Good programmes can be prepared but if the mind set is for the making of money, the implementation of these activities would fail. The challenge is how to get the people change their mindset.

- *Weak Monitoring and Evaluation of HIV/AIDS activities*

Monitoring and evaluating the effectiveness of the HIV and AIDS programmes is a critical part of the reviewing and tracking what it is that is being done and what impact the programmes are making in reducing the incidence of HIV and mitigating the impact of AIDS. It is essential to

assess the success of the response to HIV/AIDS and learn from these lessons to guide future strategies and interventions (Public Service Management Division, No Date). Each donor has their own monitoring system and with their own indicators and they are not linked. The Ministry of Education has only developed a monitoring and evaluation strategic framework in mid 2010 however, there is no structure that would coordinate the overall monitoring and evaluation of activities and the challenges will still be around. It is therefore been very difficult to assess the overall impact of the programmes.

It is important that all the programmes should be implemented within an agreed monitoring and evaluation framework with all the indicators agreed upon at programme design. Clear roles and responsibilities should be agreed and the budgetary resources for monitoring and evaluation provided. All the donors should agree to this framework.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATION

6.1   Introduction

The overall aim of this study was to establish the factors influencing the implementation of the Ministry of Education HIV/AIDS workplace programme in Zambia in order to provide guidelines to make it sustainable. The specific objectives were:

- To identify the activities that are supposed to be implemented under the HIV/AIDS workplace programme.
- To ascertain the activities that are being implemented in the workplace
- To identify what is working well in the implementation of the HIV/AIDS workplace programme
- To identify the challenges being faced in the implementation of the HIV/AIDS workplace programme activities
- To provide guidelines on how to implement a sustainable HIV/AIDS workplace programme

This section will revisit the research objectives above, summarize the findings of the research work and offer conclusions based on the findings. It will also provide guidelines for implementation of a sustainable HIV/AIDS workplace programme.

6.2   Conclusion

Research Objective 1: To identify the activities that are supposed to be implemented under the HIV/AIDS workplace programme.

Summary

The literature identified that three core activities prevention, care and support and mitigation activities should be implemented to manage HIV and AIDS in the workplace. From the research, only prevention and care and support activities are supposed to be implemented and are guided by the Ministry of Education's HIV workplace policy.

Conclusion

The activities that are supposed to be implemented under the HIV/AIDS workplace programme are lacking activities that would mitigate the impact of the HIV and AIDS on the organisation and in the long term will not fully manage the HIV and AIDS in the workplace.

Research Objective 2: - To ascertain the activities that are being implemented in the workplace

Summary

Prevention and care and support programmes are being implemented. Under the prevention, the following are activities are being implemented:

- Sensitization of teachers, pupils and community members on messages of abstinence and being faithful messages

- Voluntary Counselling and Testing of teachers, pupils and community members through mobile visits to the schools

- Information and Education materials have been developed for the education sector, however, these would only cater for less than a third of the staff of the Ministry of Education.

- A KAP survey is being implemented

For care and support, the following programmes are being implemented:

- Reduction of stigma through the training of teachers and staff living with HIV in the formation of support groups and support groups are being formed. A testimony book of teachers living with HIV documenting their testimonies has been developed and 5000 copies have been printed and distributed to some teachers and administrators throughout the country.

- Teachers and other Ministry of Education staff have been trained in Anti retroviral therapy training

- Teachers and other Ministry of Education staff have been trained as Palliative Care Givers.

- The members of staff who are HIV positive and have registered with the HIV unit are enrolled on a high cost medical scheme at a government hospital for medical care. They are also getting get nutrition support in the form of soya meal porridge and soya drink.

Conclusions

1) A continuum of care activities are being implemented under the workplace programmes starting with sensitization to VCT which is the link to treatment and the provision of care and support services which has included collecting baseline data against which the prevention interventions can be measured against. However, only a few of the Ministry of Education staff are benefiting from most of these services.

2) The medical scheme and nutrition support only support the members of staff that are living with HIV and could send a wrong message that if one is HIV positive then they would have more benefits in the workplace. This support has the potential of increasing the spread of HIV.

Research Objective 3 - To identify what is working well in the implementation of the HIV/AIDS workplace programme

Summary

The use of sub grantees to implement workplace activities through implementation is working well as the Ministry of Education does not have the institutional capacity to implement these activities.

Conclusion

The Implementation of HIV and AIDS services should continue being contracted out as it works well.

Research Objective 4 - To identify the challenges being faced in the implementation of the HIV/AIDS workplace programme activities

Summary

The literature has identified the following key challenges in implementing HIV/AIDS workplace programmes: obtaining management commitment; supporting staff with HIV/AIDS; strengthening existing structures as well as capacity to develop and implement workplace programmes, having aspects of HIV/AIDS incorporated into planning and implementation of departmental core functions; HIV/AIDS Focal Point person relatively junior and lacking the power and authority to ensure that all departments and units properly mainstream HIV/AIDS with respect to both policy and practice; HIV/AIDS Focal Point person expected to take on the responsibility for HIV/AIDS issues over and above their normal duties; HIV/AIDS Committees meeting irregularly; senior officials have neither the time nor the expertise to design and implement the comprehensive strategy; most government units working with tight budgets; and stigma and discrimination.

From the research, the implementation of the Ministry of Education workplace programme has had the following challenges:

- The implementation of the Ministry's HIV/AIDS programme is donor driven
- The HIV unit has no staff
- The implementation of the programme is centrally driven
- Strong leadership and commitment in the context of HIV/AIDS programmes is lacking.
- Insufficient funding by the Government to the Ministry of Education. The levels of funding from the government have been reducing since 2007
- Emphasis put on monetary gains for participating in HIV and AIDS activities including dishonesty practices from some officials in the implementation
- Weak Monitoring and Evaluation of HIV/AIDS activities

Conclusion

The main challenge is that there is lack of leadership and commitment in supporting and implementing of HIV/AIDS programmes in the Ministry which has led to the ministry receiving inadequate funding, being heavily dependent on donor funding and also a result of lack of leadership, the HIV unit has got no full time staff to coordinate the HIV/AIDS activities in the ministry.

6.3   Recommendations

1) From the Conclusion for Research Objective 1, it is recommended to incorporate HIV and AIDS impact mitigation strategies in the existing Ministry of Education HIV and AIDS response.

2) From Conclusion 1 of Research Objective 2, it is recommended that the provision of the continuum of services to the Ministry of Education staff should be scaled up. The ministry receives inadequate funding for its HIV and AIDS workplace programme but it should try leverage private sector resources by entering into Private Public Partnerships which are beneficial to the ministry and practical for the private sector. Linkages should be developed between schools, local NGOs and health service providers so that they continue providing these services.

3) From Conclusion 2 of Research Objective 2, it is recommended that the policy on the medical be reviewed so that either all members of staff have access to the ministry medical scheme or no staff should be on the medical scheme. As regards the nutritional support, before a member of staff is put on the nutrition supplements they should be made aware that the nutrition support they are getting is just meant to help boast their nutrition when they are malnourished when they start treatment.

4) From the Conclusion of Research Objective 3, it is recommended that the implementation of HIV and AIDS services should continue being contracted out as it works well.

5) From the Conclusion of the Research Objective 4, it is recommended that political will needs to be achieved with the leaders first, then commitment will have to be derived from them. The political will would come about by making sure that that these leaders participate in the activities of the programme in the ministry. Disseminate the activities that are being implemented and let them participate in the activities at the lower level and get a feel of how the programme is being appreciated at those lower levels, expose them to modern research going on

globally and locally and also get people who have presented papers on the topic to demystify the notion that HIV and workplaces programmes are for only those that HIV positive.

6.3.1 *Guidelines on how to implement a sustainable HIV/AIDS workplace programme*

- Step 1:   Analyse factors that contribute to risk of HIV infection
    - Identify employees at risk or vulnerable to HIV infection
    - Identify factors which put employees at risk of HIV infection
    - Identify and priotise obstacles and opportunities for reducing HIV infection among employees
- Step 2:   Analyse your response to HIV and AIDS
    - What prevention programmes are avaailable to employees?
    - What treatment, care and support programmes are availiable to employees?
    - What programmes are in place to mitigate the impacts of HIV and AIDS?
    - What programmes are effective?
    - What programmes are missing, or areas not yet covered?
- Step 3:   Analyse current and potential partners
    - Who is involved in policy making?
    - Who is involved in coordination?
    - Who provides technical input?
    - How do they work together?
    - Who else can be involved in these activities?
    - How can they be recruited or appointed?
    - What are optimal mechanism for consultation, communication and collaboration?
- Step 4:   Planning
    - Set objectives in priority areas
    - Develop action plans for each of the identified objectives
    - Examine each for acceptability, technical soundness, feasibility / affordability, chance of succeeding and potential impact
    - Indicate responsibilities and high light the role of partnerships
    - Identify resources required
- Step 5:   Implementation
    - Commence with implementation against the plans devised
    - Consider starting with the greatest impact – highest chance of success and most impact

- Step 6:   Monitoring and Evaluation
  - Define goals and objectives of the response
  - Determine achievement of the objectives
  - Formulate feedback mechanisms
  - Provide feedback to role players and stakeholders
  - Use monitoring and evaluation data to review the impact of HIV and AIDS in the workplace

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APPENDICES

Appendix A – Permission to Conduct Academic Research in Ministry of Education

All communications should be addressed to:
the Permanent Secretary to the Ministry of Education
not to any individual by name.

Telephone: 250855/251315/251263
251298/251316/251291
251306/251319

In reply please quote:

No.:...........................

REPUBLIC OF ZAMBIA

MINISTRY OF EDUCATION

P.O. BOX 50093
LUSAKA

MOE/14/12/8

15th December 2009

Patrick Shula Chileshe
P.O. Box 33993
Lusaka

Dear Patrick,

REF: GRANTING OF PERMISSION TO CONDUCT ACADEMIC RESEARCH IN MINISTRY OF EDUCATION

I acknowledge receipt of your letter dated 3rd December 2009 seeking permission to conduct academic research in the Ministry of Education for your Master of Philosophy thesis in the study of HIV/AIDS Management at the place of work.

I am pleased to inform you that your request has been granted but under the following conditions:
- Informed consent should be obtained from the participants
- The confidentiality of the participants should be respected
- The results should not shared with anyone else other than my office and your Research Supervisor

I wish you all the best in your research.

Yours Faithfully,

Lillian E. L. Kapulu (Mrs)
PERMANENT SECRETARY
MINISTRY OF EDUCATION

Appendix B – Ethical Clearance

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

29 March 2010

Tel.: 021 - 808-9183
Enquiries: Sidney Engelbrecht
Email: sidney@sun.ac.za

Reference No. 269/2010

Mr PS Chilesche
Africa Centre for HV/Aids Management
University of Stellenbosch
STELLENBOSCH
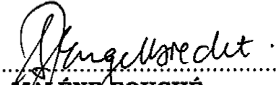7602

Mr PS Chilesche

APPLICATION FOR ETHICAL CLEARANCE

With regards to your application, I would like to inform you that the project, *The implementation of HIV/AIDS workplace programme in the Ministry of Education in Zambia,* has been approved on condition that:

1. The researcher/s remain within the procedures and protocols indicated in the proposal;
2. The researcher/s stay within the boundaries of applicable national legislation, institutional guidelines, and applicable standards of scientific rigor that are followed within this field of study and that
3. Any substantive changes to this research project should be brought to the attention of the Ethics Committee with a view to obtain ethical clearance for it.

We wish you success with your research activities.

Best regards

MRS. MALÉNE FOUCHÉ
Manager: Research Support

Appendix C – Consent Form

STELLENBOSCH UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

The Implementation of HIV/AIDS workplace programme in the Ministry of Education in Zambia

You are asked to participate in a research study conducted by Patrick Shula Chileshe, from the Africa Centre for HIV/AIDS Management at Stellenbosch University. The results will contribute to a thesis. You were selected as a possible participant in this study because of your involvement in the implementation of the Ministry of Education HIV/AIDS Workplace programme and the knowledge that you have you have of it.

1. **PURPOSE OF THE STUDY**

The research will identify the factors that influence the implementation of the Ministry of Education HIV/AIDS workplace programme in Zambia so as to be able to identify ways to improve on its implementation.

2. **PROCEDURES**

If you volunteer to participate in this study, we would ask you to do the following things:

You will be asked a series of questions about how the HIV/AIDS Workplace place programme has been implemented in the Ministry of Education.

Your participation in this study will consist of a one on one interview lasting approximately one hour and it will be held at a venue convenient to you.

3. **POTENTIAL RISKS AND DISCOMFORTS**

Essentially your participation poses no risks to you.

4. **POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

You will not directly benefit from this research. The benefits will accrue to the institutions that are the subject of the survey

The research will benefit the society in that it will come with guidelines that will help in the sustainable implementation of Workplace HIV/AIDS programmes thereby helping those teachers that HIV positive remain health and also prevent new HIV infections.

5. **PAYMENT FOR PARTICIPATION**

You will not paid anything for taking part in this research

6. **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of locking up all the data that is collected in a lockable cabinet which only the Researcher only will have access to. This stored data will be destroyed after one year from the time it was collected.

The results through the research report will be shared with the Research Supervisor, for review of the research, Stellenbosch University for submission of research report as fulfilment to the study of a masters degree and the Permanent Secretary of the Ministry of Education as she is the gate keeper of the ministry.

The discussion will be audio recorded to help the Researcher accurately capture your insights in your own words. The recordings will only be heard by the Researcher for the purpose of this study; your name will not be recorded on the recording. Your name and identifying information will not be associated with any part of the written report of the research. All of your information and interview responses will be kept confidential. The researcher will not share your individual responses with anyone other than the research supervisor. If you feel uncomfortable with the audio recorder, you may ask that it be turned off at any time. The recording will be erased after one year of recording.

Your name and other facts that might point to you will not appear when we present this study or publish the results

7. **PARTICIPATION AND WITHDRAWAL**

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so. If you become uncomfortable with the questioning, the Investigator may terminate the interview without your consent.

8. **IDENTIFICATION OF INVESTIGATORS**

The Investigators are:

a. Patrick Shula Chileshe – Researcher
   Cell no +260 977 706696,

   Email pschileshe@yahoo.com

b. Prof. Johann Augustyn – Researcher's Supervisor
   Cell no +27 (0) 836263081,

   Email jcda@sun.ac.za

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Malenè Fouchè (mfouche@sun.ac.za; 021 808 4622) at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to [*me/the subject/the participant*] by [*name of relevant person*] in [*Afrikaans/English/Xhosa/other*] and [*I am/the subject is/the participant is*] in command of this language or it was satisfactorily translated to [*me/him/her*]. [*I/the participant/the subject*] was given the opportunity to ask questions and these questions were answered to *[my/his/her]* satisfaction.

[I hereby consent voluntarily to participate in this study/I hereby consent that the subject/participant may participate in this study.] I have been given a copy of this form.

_____

Name of Subject/Participant

_____

Name of Legal Representative (if applicable)

_____   _____

Signature of Subject/Participant or Legal Representative   Date

---

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the subject/participant*] and/or [his/her] representative _____ [*name of the representative*]. *[H*e/she] was encouraged and given ample time to ask me any questions. This conversation was conducted in [*Afrikaans/*English/*Xhosa/*Other*] and [*no translator was used/this conversation was translated into* _____ by _____*]*.

_____   _____

Signature of Investigator   Date

Appendix D - Interview Guide

Implementation of the HIV/AIDS workplace programme in the Ministry of Education in Zambia

The focus of this research is to identify how the HIV/AIDS workplace programme is being implemented in the Ministry of Education in Zambia. The following questions should serve as a guide and provide themes for discussion.

1) What are the activities that are supposed to be implemented?

2) What are the activities are currently being implemented?

3) How are they implemented?

4) What institutional structure implements the activities

5) What is working well in the implementation of the activities? Why?

6) What is not working well in the implementation of the activities? Why?

Note:

The answers to the questions will lead to other questions that will probe more deeply for detailed reasons from the participants.

Appendix E - Observation Framework Guide

Implementation of the HIV/AIDS workplace programme in the Ministry of Education in Zambia

The focus of this research is to identify how the HIV/AIDS workplace programme is being implemented in the Ministry of Education in Zambia. The following will be observed and noted:

- Aspects of the HIV/AIDS workplace programme activities being implemented.

- How they are being implemented

- Who implements the activities

- Any other things and information that may be relevant to the research