

**CHALLENGES ASSOCIATED WITH THE IMPLEMENTATION OF HIV/AIDS  
WORKPLACE POLICIES IN UGANDA: A CASE STUDY OF  
ROYAL VAN ZANTEN (RVZ)**

**BY**

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## Declaration

I, AISHA NANTAMU, do hereby declare that this thesis entitled “*Challenges Associated with the Implementation of HIV/AIDS Workplace Policies in Uganda: A Case Study of Royal Van Zanten (RVZ)*” submitted to Uganda Management Institute, for the award of Masters in Management Studies (Project Planning and Management) of Uganda Management Institute, is my original work and has not been submitted to any other higher institution of learning. For any other sources of individual research used, acknowledgement has been duly given.

Sign: .....

Date: .....

## Approval

We certify that Aisha Nantamu has done this report under our supervision.

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Signed.....

Date.....

Mr. Joseph Kampumure

## **Dedication**

I dedicate this study to my parents Ms. Peruth Nakato and Hajji Yunus Ssentamu for their sacrifice, guidance, and most importantly for the good foundation they availed me.

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I extend my gratitude to Dr. Maria K. Barifaijo and Mr. Joseph Kampumure my academic Supervisors, for the help and the guidance in the preparation of this research report.

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It is my prayer that the findings and recommendations made in this dissertation when implemented will contribute to the prevention and management of HIV/AIDS in the world of work

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### **List of Abbreviations/Acronyms**

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retroviral Treatment
COFTU	Central Organization of Free Trade Unions
FUE	Federation of Uganda Employers
HIPS	USAID Health initiatives for the Private Sector
HIV	Human Immune Virus
ILO	International Labour Organization
NOTU	National Organisation of Trade Unions
RVZ	Royal Van Zanten
SPSS	Statistical Package for Social Scientists
UNAIDS	United Nations Programme on HIV and AIDS
USAID	U.S. Agency for International Development

## **Abstract**

The purpose of the study was to assess the challenges of implementing HIV/AIDS workplace policy at Royal Van Zanten (RVZ). Specifically, the study assessed the effect of financial resources on the implementation of the workplace HIV/AIDS policy at RVZ; examined the effect of employee awareness about the contents of the HIV/AIDS policy on its implementation at RVZ; and assessed the effect of employee perceptions regarding the RVZ HIV/AIDS workplace policy on its implementation. The study used a cross-sectional survey design in which both qualitative and quantitative techniques were used. The findings revealed that the limited financial resources made implementation of the workplace HIV/AIDS policy difficult. The findings also indicated that employees had limited awareness of the contents of the HIV/AIDS policy and this affected its implementation, and finally the study established that the overall, the employees had a negative perception of the RVZ HIV/AIDS Policy, which significantly affected its implementation. The study concluded with limited financial capability, implementation of the HIV/AIDS workplace policy may not be very successful. In addition, for as long as the employees for whom the policy is intended still hold negative perceptions of it, its implementation may not smoothly take off. Finally, limited awareness of the employees about the policy may imply that they may not seriously take heed to the policy requirements, therefore affecting its implementation. The researcher thus recommends that the RVZ should allocate adequate funds towards the implementation of the HIV/AIDS policy; senior management should commit to the development of the policy, its funding, implementation, monitoring, evaluation and accountability, since these are critical for the success of the process; and RVZ should strengthen efforts with regard to planned and regular awareness raising sessions, and involve all levels of staff, including support staff in the implementation of the policy.

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1 Introduction**

This study assessed the challenges of implementing HIV/AIDS workplace policies in Uganda with a specific focus on Royal Van Zanten (RVZ). An HIV/AIDS workplace policy is a written document that sets out the organisation's position and practices as they relate to HIV/AIDS (Health Policy Initiative, 2009). HIV/AIDS threatens the economic security and developmental potential of countries since it primarily strikes at the working-age population. Consequently, HIV/AIDS have severe negative impacts on business and the community at large. For example, the UNAIDS (2004) reports that HIV impacts negatively on the economy of nations and that through HIV and AIDS, people lose jobs and income. This chapter covers the background to the study, the statement of the problem, the purpose or general objectives, the objectives of the study, the research questions, the hypotheses, the scope of the study, the significance, justification and operational definition of terms and concepts.

### **1.2 Background to the Study**

#### **1.2.1 Historical Perspective**

The HIV/AIDS epidemic is one of the most challenging social problems of our time and the greatest health crisis in modern history. Since the first cases of HIV were diagnosed in the United States in the early 1980s, the infection has spread across the globe and cost the lives of 25 million people (Jespersen *et al.*, 2004). While infections increased, the work place was not spared the wrath of this deadly virus (Laas, 2009). Therefore, work place responses to combat HIV/AIDS had to be developed. In this regard, there is credible evidence to show that Federation

of Uganda Employers (FUE) is the pioneer of HIV/AIDS work place programme which it started in 1988 (FUE, 2008).

However, HIV/AIDS policy development and implementation can be traced to November 2000 when ILO formally established its Global Programme on HIV/AIDS, known as ILO/AIDS. Soon after, in June 2001, the ILO Code of Practice on HIV/AIDS and the world of work, developed by a tripartite team of experts from ILO member States, was adopted by the ILO Governing Body. The Code was launched at the UN General Assembly Special Session on HIV/AIDS, New York, June 2001 and it is accepted as the authoritative guide for responding to HIV in the world of work (ILO, 2001).

Basing on the above facts, an HIV/AIDS policy was intended to state the company's position and practices for preventing the transmission of HIV and for handling HIV infection among employees. It is designed to establish consistency within the company and compliance with local and national laws, as well as setting standards of expected behaviour for all employees. In addition, the policy aims to provide guidance to employees on how to address HIV/AIDS and where to go for assistance. There is however no legal obligation to have a policy or which criteria to follow, which implies that the companies can decide whether to have a policy or not. However, if they opt to have one, the policy has to comply with the legal requirements of the country and be aligned with international codes of good practice (MacDonald & George, 2002). This view of what an HIV/AIDS workplace policy should look like has not changed to date. It has been strengthened by guiding frameworks such as the National Policy on HIV/AIDS, the

International Labour Organisation (ILO) Code, the International Labour Organisation (ILO) Recommendation 200 and the Employers' HIV/AIDS guide (FUE, 2008).

### **1.2.2 Theoretical Perspective**

This study undertook in-depth analysis basing on the theoretical framework of Implementation Theory. However, no single theory can completely resolve problems. Given the real-world complexities, actual decision making procedures are often heuristic (Chang, 2005). Therefore, Implementation Theory was complemented using Behavioral Finance Theory. According to Palfrey (2002), implementation theory is an area of research in economic theory that rigorously investigates the correspondence between normative goals and institutions designed to achieve (implement) those goals. More precisely, given a normative goal or welfare criterion for a particular class of allocation problems, or domain of environments, it formally characterizes organizational mechanisms that will guarantee outcomes consistent with that goal, assuming the outcomes of any such mechanism arise from some specification of equilibrium behavior.

The key assumption for obtaining results is that the equilibrium model assumed to govern individual behavior under any mechanism is exactly correct. Many of the mechanisms have no room for error. One would generally think of such fragile mechanisms as being non-robust, similarly, the details of the environment such as the common prior knowledge of the players and the distribution of types, are known to the planner precisely. Often mechanisms rely on this exact knowledge. It should be the case that if the model of behavior or the model of the environment is not completely accurate, the equilibrium behavior of the agents does not lead to outcomes too far from the social choice function. However, the assumption that an equilibrium condition exist

may be challenging as it is very unlikely for a perfect condition to be present for the successful implementation of the policy.

Basing on the works of Stellenbosch University and USAID (2008), the challenges of implementing HIV/AIDS are conceived within the framework of the different challenges (independent variables) that influence the implementation of the workplace HIV/AIDS policies (dependent variable). However, the study measured the extent to which the factors compromise policy implementation at Royal Van Zanten in order to effectively deal with them. Measurement was mainly done basing on the normative, interval and ordinal scales. This was because effective management of HIV/AIDS in the workplace is vital in order to reduce the negative impact it has on the economy (Vass, 2004).

An informed workplace response to HIV/AIDS is needed to strategically address this issue. The policy can either be a document on its own, added to a human resources document or be a comprehensive policy with a linked programme (Stevens, Blaauw & Mapolisa, 2004). Although it is not a legal obligation to have an HIV/AIDS workplace policy and programme, it makes good business sense and shows that the organisation acknowledges the potential impact of HIV/AIDS and that they are committed to address the impact in a responsible way. The policy sets out the organisation's position and practices as they relate to HIV/AIDS and provides the framework for action to reduce the spread of HIV/AIDS and manage the impact on the workplace. But what challenges do organizations encounter during the course of HIV/AIDS workplace policy implementation? It is therefore natural that a company focuses on an HIV/AIDS policy for employees and possibly their families (Jespersen *et al*, 2004). And such a



policy must be tailored to the individual company and take its size, location and type into consideration.

### **1.2.3 Conceptual Perspective**

Basing on the works of Stellenbosch University and USAID (2008), the challenges of implementing HIV/AIDS are conceived within the framework of the different challenges (independent variables) that influence the implementation (dependent variable) of the workplace HIV/AIDS policies.

In this study, challenges were defined as factors that compromise the implementation of HIV/AIDS work place policies in companies. The study specifically looked at three main factors, namely; financial resources, limited awareness about the policy and negative perception of employees about the policy. On other hand, implementation referred to putting into use the HIV/AIDS workplace policies developed by companies in order to address the debilitating effects on businesses. Therefore, the study measured whether these challenges (factors) compromise policy implementation at Royal Van Zanten in order to effectively deal with them.

### **1.2.4 Contextual Perspective**

This study was conducted at Royal Van Zanten, a company that originates from Netherlands and deals in horticulture. Royal Van Zanten takes great care of her employees as they are the greatest asset that the company has. The management of RVZ is aware that the company objectives can only be achieved through a healthy work force, and so recognizes the seriousness of the HIV/AIDS to the working age group of women and the young population that the company

employs, and therefore a threat to the business. In this regard, RVZ was technically supported by Federation of Uganda Employers (FUE) through the USAID Health initiatives for the Private Sector (HIPS) project to develop an HIV/AIDS policy in 2007 and the policy is currently being implemented. The objectives of this policy included; to provide ongoing support and counseling to all employees, to give palliative care to the infected staff, to provide counseling and testing to all staff, to prevent new infections and spread of HIV/AIDS through education, to provide medical treatment for opportunistic infections, and to provide information on safer sex and condom use, as well as training staff and create peer groups through which messages can be disseminated to all staff. Currently, there is an onsite clinic which was also opened in 2007 with the introduction of the HIV/AIDS policy, there after the government of Uganda offered to provide Anti Retroviral Treatment (ART) and other related support to the infected staff and their families.

However, anecdotal evidence gathered shows that the leading cause of deaths among the RVZ staff and their dependants in the recent past is HIV/AIDS related, and so emerged as a critical social and labor problem and concern as well. HIV/AIDS further imposes huge costs on enterprise through increased absenteeism, increased turnover, loss of skills, and declining morale. The impact further is being manifested through increases in insurance cover, medical assistance/bills, and funeral costs. Other costs include increasing demands for training and recruitment. Although it's evident that RVZ has an HIV/AIDS workplace policy to address the above, the involvement of employees in implementation is seemingly low which makes it hard to attain the set goals. Unfortunately, no research however had been conducted to assess the

challenges that compromise the implementation of HIV/AIDS work place policy at RVZ, a gap which this study was seeking to bridge in order to be able to provide stop gap measures.

### **1.3 Statement of the Problem**

An HIV/AIDS workplace policy provides the framework for action to reduce the spread of HIV/AIDS and manage its impact on the workplace. It guides managers and supervisors on how to manage HIV/AIDS in a consistent manner and informs employees about their responsibilities, rights and expected behaviour (Rau, 2002). The HIV/AIDS epidemic being a global crisis that constitutes one of the most formidable challenges to development and social progress (ILO, 2001), it poses a great threat to the world of work, wearing away decades of development gains, and undermining economic development.

Recently, advancements were made and enormous resources invested by Royal Van Zanten to develop the HIV/AIDS policy (RVZ, 2013), however, the efforts of its implementation are seemingly still very low. The Government of Uganda, development partners like USAID Health Initiatives for the Private Sector (HIPS) project through FUE offered technical and financial support to effect the implementation of the RVZ's HIV/AIDS policy, but little progress still has been made. To date, RVZ still experiences challenges to sustainably address the HIV&AIDS pandemic, the results from implementation of the RVZ's workplace HIV/AIDS policy is further modest; and so the pandemic's magnitude continues to accelerate. This if not proactively addressed, points to the fact that the company's productivity shall unfortunately be further compromised by the effects of the HIV/AIDS at the workplace, yet evidence is lacking on the

extent to which specific challenges have curtailed the success of implementation efforts in RVZ's HIV/AIDS workplace policy.

#### **1.4 Purpose of the Study**

The purpose of the study was to assess the challenges of implementing HIV/AIDS workplace policy at RVZ.

#### **1.5 Objectives of the Study**

The objectives of the study included:

1. To assess the effects of financial resources on the implementation of the workplace HIV/AIDS policy at RVZ.
2. To examine the effects of employee awareness about the contents of the HIV/AIDS policy on its implementation at RVZ.
3. To assess the effects of employee perceptions of HIV/AIDS work place policy on its implementation in RVZ.

#### **1.6 Research Questions**

1. What are the effects of financial resources on the implementation of the workplace HIV/AIDS policy at RVZ?
2. How does employee awareness about the contents of the HIV/AIDS policy affect its implementation at RVZ?
3. How do employee perceptions regarding the RVZ HIV/AIDS work place policy affect its implementation?

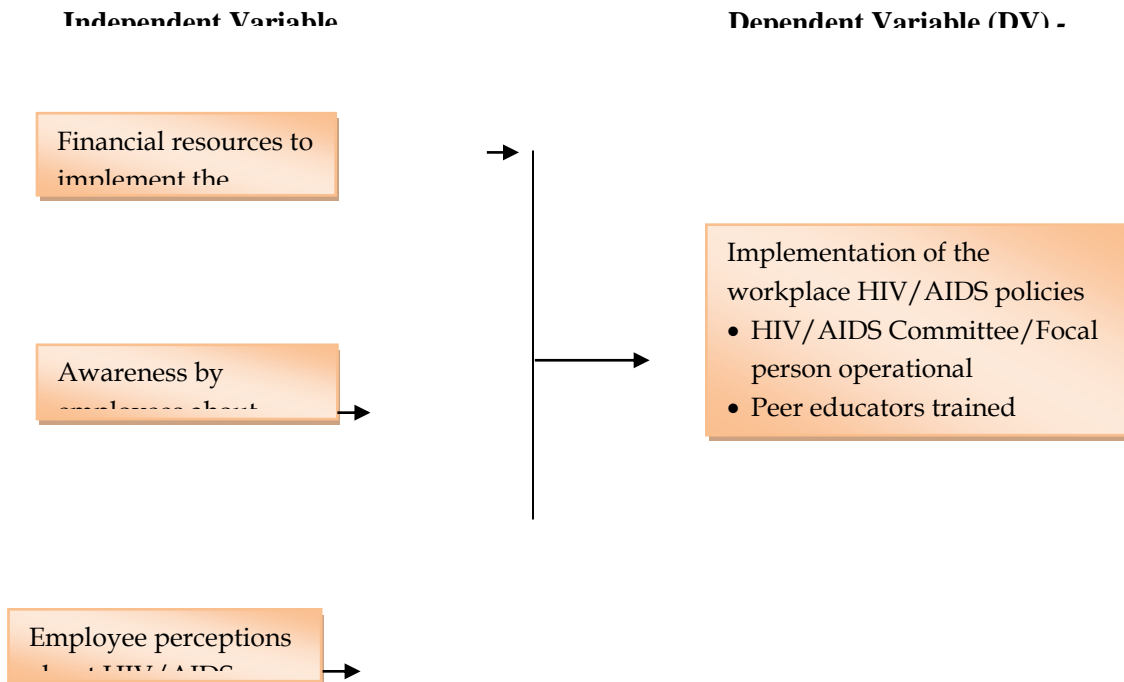
## 1.7 Hypotheses

The study assumed that:

1. Financial resources strongly affect the implementation of the workplace HIV/AIDS policy.
2. Employees' awareness about the contents of the HIV/AIDS policy negatively affects its implementation.
3. Employees' perceptions of the HIV/AIDS workplace policy affect its implementation.

## 1.8 Conceptual Framework

The conceptual framework below provided diagrammatic illustration of the relationship between the various variables that influence the outcome of the implementation of an HIV/AIDS workplace policy.



*Source: Adapted and modified from Saito (2009) and ILO (2001).*

The diagram illustrates the different factors (independent variables) that influence the implementation of the workplace HIV/AIDS policies (dependent variable). The illustration suggests that any change in the independent variable leads to a change in the dependent variable. The conceptual framework illustrates that there are three main factors that influence implementation of HIV/AIDS policy at RVZ. These include; financial resources which may be shown by care and support offered to workers, facilitation to HIV/AIDS workplace policy committee, etc; awareness which could be proved by investigating their knowledge about the existing policy; and perception which could be reflected in attitudes towards the strategies being used by the company to fight HIV/AIDS among others. This means that if there are sufficient financial resources, employer awareness and positive perceptions by the employers about HIV/AIDS policy, the result will be effective HIV/AIDS workplace policy implementation. On the other hand, if there are limited financial resources, limited awareness and negative perception regarding the HIV/AIDS workplace policy then implementation is negatively affected. Therefore, these crucial factors were identified for thorough probing to demonstrate how they affect the implementation of the HIV/AIDS workplace policy at RVZ.

## **1.9 Significance of the Study**

An understanding of the challenges affecting the implementation of HIV/AIDS workplace policy is very important since the AIDS scourge does not only affect staff performance in many ways but also robs the organizations' skills when a staff member dies. This study therefore shall help policy makers and implementers like the Government of Uganda, International Organisations like ILO, development partners like USAID, membership associations such as FUE and workers organisations like NOTU and COFTU that are involved in the fight against HIV/AIDS pandemic

at the workplace to appreciate and use the findings of this study to streamline and have targeted response to the struggle in the world of work.

The study would possibly increase knowledge and levels of awareness about the contents of the HIV/AIDS policy of the organization which ultimately shall play a big role in terms of advocacy and behavior change in respect of HIV/AIDS. The study will be significant to the RVZ and other such organizations with HIV/AIDS workplace policies in the sense that they will be able to appreciate their relevance and contribution towards dissemination of information on HIV/AIDS facilitate behavior change, and eliminating HIV/AIDS stigma among employees.

The results of this study might also be significant to the post researchers as it shall contribute to the knowledge base, shed light on the factors hindering the implementation of workplace HIV/AIDS policy and also act as a baseline for further research. To the researcher, the study will provide a background from which to draw recommendations for the study, further research as well as implementation to address identified gaps.

### **1.10 Justification**

HIV/AIDS primarily affects the sexually active and, accordingly, the working population. That is why the epidemic has a direct impact on companies since it affects their employees. Companies have to live with HIV/AIDS as part of their everyday life. In addition, HIV/AIDS can have financial consequences in the form of increased labour costs because the employees are ill and stop working, or family members fall ill and need care. This leads to increased costs due to

higher absenteeism, lower productivity, increased recruitment and the training of new employees.

The individual company can do a lot to reduce its costs in connection with HIV/AIDS. The company can also assume a special role in the prevention and, in some cases, in the care of HIV/AIDS afflicted because the company works as a good and efficient communication channel to the employees and their families. Many companies grasp the challenge by adopting an HIV/AIDS policy. An HIV/AIDS policy will typically include guidelines for dealing with job applicants, and employees with HIV/AIDS and their families. However, for all these to be successful they need to act from a point of knowledge to be able to deal with the challenges of policy implementation as and when they arise. This explains why this study was undertaken.

## **1.11 Scope of the Study**

### **1.11.1 Geographical Scope**

Royal Van Zanten (RVZ) is located in Mukono district off Jinja Road about 5 kilometers along Kyetume Road. Mukono district was selected since it located in central the region which has one of the highest HIV/AIDS prevalence rates in the country (estimated at 9.0% in 2011 by Ministry of Health, 2012). In addition, RVZ is one of the largest companies in Mukono district employing hundreds of people who are susceptible to HIV/AIDS.

### **1.11.2 Content Scope**

This study was conducted at Royal Van Zanten with a specific focus on the HIV/AIDS policy development and implementation since 2007 when the policy was developed. The study specifically looked at how Financial resources affect the implementation of the workplace



HIV/AIDS policy, how limited awareness by employees about the contents of the HIV/AIDS policy affect its implementation and the negative perceptions of the employees regarding the HIV/AIDS interventions on its implementation.

### **1.11.3 Time Scope**

The study focused on the period during which the policy has been in existence, for the past six years from 2007 to 2013.

## **1.12 Operational Definitions**

**AIDS** : AIDS stands for Acquired Immunodeficiency Syndrome-a pattern of devastating infections caused by the human immunodeficiency virus, or HIV, which attacks and destroys certain white blood cells that are essential to the body's immune system.

**Challenges** : Factors that compromised the implementation of HIV/AIDS work place policy

**Policy** : A written document on what a company has chosen to do or not to do with regard to HIV/AIDS

**Development** : The sustained, concerted actions of employers and employees that promote the reduction of HIV/AIDS at the work place.

**Implementation** : Putting into use the policy which has been developed

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

This chapter presents the literature review on how financial resources affect the implementation of the workplace HIV/AIDS policies, how limited awareness by employees about the contents of the HIV/AIDS policy affects its implementation and negative perceptions of the employees regarding the HIV/AIDS interventions recommended by HIV/AIDS policies affects its implementation.

#### 2.2 Theoretical Review

Implementation is the process of turning policy into practice. However, it is common to observe a ‘gap’ between what was planned and what actually occurs as a result of a policy (Buse *et al*, 2005). This study was conducted basing on Implementation Theory which assumes that in order for a policy to be effectively implemented, everything should be in a situation of equilibrium (Palfrey, 2002).

In addition, Palfrey (2002) further argues that there is a need to investigate mechanisms that either do not make special use of detailed information about the environment or else look at models that permit statistical deviation from the behavior that is predicted under the equilibrium model. In the latter case, it may be more natural to think of social choice functions as type-contingent random variables rather than as deterministic functions of the type profile. Related to the problem of robustness of the mechanisms and the possible use of statistical notions of equilibrium is bounded rationality. The usual defense for assuming in economic models that all actors are fully rational is that it is a good first cut on the problem and often captures the reality

of a given economic situation. In any case, most economists regard the fully rational equilibrium as an appropriate benchmark in most situations.

The nature of the policy problem- including scale of change required, size of affected group, simple vs. complex intervention, ill-defined vs. clear policy, many cause vs. single cause, degree of political sensitivity, length of time before changes become apparent (Anderson and Sotir Hussey, 2006). However, it may be problematic to assume an equilibrium situation in all cases, hence the need for investigation.

The complementary theory for this research was Behavioral Finance Theory which is now being applied to corporate finance. Behavioral finance (of which behavioral corporate finance is a sub discipline) integrates psychology and economics into the study of human judgment and biases in decision making under conditions of uncertainty (Adler, 2004). Financial challenges are part of the assumed challenges; hence we have to be careful to apply the theory and to explore it. Because of this work, based largely on the pioneering ideas of psychologists Daniel Kahneman and the late Amos Tversky, we no longer automatically assume that markets are efficient or investors rational. This explains why the theory was used to explore the behavior of the management towards allocating funds for the implementation of the RVZ HIV/AIDS workplace policy.

## **2.3 Related Literature**

### **2.3.1 Effects of Financial resources on the Implementation of Workplace HIV/AIDS Policy**

It is now a well known fact that HIV/AIDS is a workplace challenge although it is difficult to generalize about the costs and benefits to companies of implementing workplace programs to address HIV/AIDS because there are so many variables to consider (IFC, 2002). Basing on this fact there was need to examine specific variables under various circumstances in order to be able to draw meaningful conclusions.

Hunter (2003) has identified ten common barriers to effective health policy implementation; the circumstances external to the implementing agency impose crippling constraints; lack of adequate time and sufficient resources; the required combination of resources is not available; the policy to be implemented is not based on a valid theory of cause and effect; the relationship between cause and effect is indirect and there are multiple intervening links; dependency relationships are multiple; there is a poor understanding of, and disagreement on, objectives; tasks are not fully specified in correct sequence; there is imperfect communication and coordination; and those in authority are unable to demand or obtain perfect compliance. Unfortunately, Hunter doesn't make a specific attempt to address critical factors. He has attempted to cover almost every challenge which implies that his analysis is shallow and not in-depth on particular factors such as financial resources, level of awareness and the perception of employees, a gap which this study sought to bridge.

According to Stop AIDS Now! (2010), it is important for CSOs to become aware of the organisational costs of HIV to proactively start addressing HIV in the organisation. Often these costs are hidden in programme budget lines. Many CSOs do not have complementary systems in human resource management, finance and monitoring and evaluation to enable them to respond adequately. Yet not having an HIV policy means having higher indirect costs including absenteeism, loss of morale, underperformance, and management time. Stop AIDS Now! (2010) has made an attempt to persuade employers to invest in HIV/AIDS policy at the workplace, but whether this is working in practice had to be subjected to research.

An environmental scan that was done by Health Canada and the Interagency Coalition on AIDS and Development (ICAD) (2005) showed that challenges related to human and/or financial resources are vast and these included: resource limitations for on-going training, communication and enforcement of policies; the time and effort required to build employee trust in the policy; tracking employment and human rights legislation changes and associated mechanisms for on-going monitoring and evaluating the various policy components. In addition, the greatest limitation to a comprehensive policy which provides the ideal level of support to employees is financial. This environmental scan underscores the importance of finance and attempts to explore specific aspects, but falls short of explaining that financial resources could also imaginary arising from the unwillingness of the company to invest in HIV/AIDS prevention, treatment and care.

In a study undertaken by O'Grady (2004) for Oxfam International, with their partners in South Africa, Zambia, and Zimbabwe with specific examples of nine Nongovernmental Organisations, it was revealed that the financial needs are large, and the organisational stresses significant, as

evidenced by all the participating NGOs. It is therefore clear that Financial resources cannot be ignored hence the need to analyze it in a business environment since this previous study had focused mainly on NGOs.

### **2.3.2 Limited Awareness by Employees about the Contents of HIV/AIDS Policy and Implementation**

No single policy is relevant to all situations - therefore each organisation needs to develop a policy according to their specific needs and conditions (MacDonald & George, 2002). The policy must be the product of consultation and collaboration between all stakeholders in the organisation, it should be owned by management and employees. The policy must be a living document and not be filed away once it is developed and implemented (Stevens, Dickinson & Mapolisa, 2004). It is not obvious as to whether the HIV/AIDS work place policy at Royal Van Zanten is viewed as a living document by management and all the staff members. This study attempted to establish whether staffs at this company were aware about the policy and whether they viewed it as a living document.

The Interagency Coalition on AIDS and Development (2004), outlines some of the challenges facing the development and implementation of Workplace HIV/AIDS policies as; the level of staff participation required in terms of research and policy development, implementation, communication, monitoring and adjustments; perceived costs involved in training; the duty to accommodate altered work schedules; legal input and associated costs; possible costs for consultant to research and develop policy; regular review necessary - who will do this, when and who is responsible for tracking legislative or human rights up-dates?; different codes and

standards between organizations, union and non-union requirements; considerations for parity; stigma and/or discrimination; and lack of human and financial resources as well as attitude issues around willingness to develop such a policy. Whereas the Interagency Coalition on AIDS and Development (2004) provide a broad outlook regarding the challenges of HIV/AIDS workplace policy implementation, there is need for much more focused and detailed analysis of some challenges. This study therefore specifically looked at three challenges in detail, namely; financial resources, limited awareness and negative perception.

The National Tripartite Committee of Ghana (2004), complements that the fundamental rights to workers infected by the AIDS virus or affected by HIV/AIDS is compromised with respect to the pervasive discrimination and stigmatization that such workers face especially in the case that fellow workers are not sensitized about the implications of stigma. However, the National Tripartite Committee of Ghana (2004) did not make attempts to explore how policy implementation is affected by limited awareness and whether pervasive discrimination and stigmatization is influenced by HIV/AIDS workplace policy existence.

Neema and Koster (2009) have argued creating awareness of the need for internal mainstreaming is key development of policy at the workplace. This is because ‘Organisational stigma’ of being affected by HIV and AIDS can prevent an organisation from developing a policy. Experience shows that organisations can have difficulties revealing to their donors that their performance might suffer as a result and perhaps jeopardise future support. There is an incentive therefore to deny the organisational impact of HIV. However, Neema and Koster (2009) did not taken into

account the fact that awareness is still required even after developing the policy in order to ensure that it is implemented as planned.

### **2.3.3 Negative Perceptions of Employees regarding HIV/AIDS Workplace Policy and Implementation**

In a study conducted by Chetty (2006), despite the existence of the policy and formal commitment to its values and objectives, practices that work against the spirit of the policy often continue. Stigma and discrimination are an obvious example. Despite decades of awareness raising and education, stigma and discrimination against infected and affected people continues to be a concern in many societies. Job security is not assured and many people can be fired or let go due to their HIV status. As a social contract in the workplace, policies are fundamental to protect people's rights. Care must be taken when implementing workplace policies that they adhere to the principles in the policy declarations as well as acknowledge and address stigma and discrimination when they arise.

Chetty (2006) observes that the segments of the population affected most are the youths and people within the productive age bracket most of who constitute the Nation's workforce. Response to the HIV/AIDS pandemic within the workplace is crucial if progress is to be made in the prevention, impact mitigation and the provision of care and support for People Living with HIV/AIDS (PLWHA) and People affected by HIV/AIDS. In light of the views of Chetty (2006), it was therefore important to explore negative attitude of staff at RVZ since they have a policy in place which is intended to address the same.



A study that was conducted in government departments in South Africa (Siyamkela, 2003) revealed that most participants were aware that there was a policy in place, but they were not familiar with the content of the policies and how it will be implemented, resulting in low levels of confidence in these policies. The workplace programmes in the government departments focused on HIV/AIDS stigma education, awareness raising, prevention, voluntary counselling, testing and referrals. Siyam'kela (2003) focused on policies developed by government ministries, departments and agencies. This study therefore explored challenges that are encountered in the private sector.

Phakathi (2006) states that; the capacity to develop and implement HIV/AIDS policies and programmes differ among organisations. Smaller organisations that do not have sufficient resources (finance, human resources and time) to manage their HIV/AIDS activities such as the provision of VCT and antiretroviral treatment outsource it to external management consultants and disease management providers. Research in South African organisations reveals that the smaller organisations are not effectively dealing with and mitigating the impact of HIV/AIDS. Most of these smaller organisations are not equipped to deal with the impact of the epidemic in the workplace. From the above it is clear that the extent and nature of the impact of HIV/AIDS is more visible in large organisations because of their comprehensive response to the epidemic. Smaller organisations are more reluctant to develop and implement HIV/AIDS workplace programmes, possibly because they still experience low costs of labour demand. Other inhibiting factors such as lack of human and financial resources, leadership and competition can also play a role.

The most organisations have the following focus in their workplace programmes: awareness programmes, voluntary counseling and testing programmes, care, support and treatment programmes and anti-retroviral therapy programmes. This study did not attempt to make comparison between small and large companies, but specifically focused on RVZ to get an in-depth understanding of the problem.

#### **2.4 Summary of the Literature Review**

Research reveals that the most studies have not attempted to isolate specific challenges and explore them thoroughly, but they have focused on examining all the challenges which limit the extent to which analysis can be done. In addition, most of the studies have been conducted in other countries rather than in Uganda. This study has isolated three critical challenges for in-depth analysis so as to be able to provide useful recommendations for the benefit of RVZ and other like minded organizations or governmental agencies.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter consists of a description of the methods that were used in the study to collect, analyse, and interpret data. It is organized under the headings of research design, study population, determination of sample size, sampling techniques and procedure, data collection methods, data collection instruments, validity and reliability, procedure of data collection, data analysis and measurements of variables.

#### **3.2 Research Design**

The study used a cross-sectional survey design in which both qualitative and quantitative techniques were used. According to Amin (2005), this type of design allows for the study to be conducted across participants over a short period of time. Quantitative data was collected from RVZ officers and support staff while qualitative data was collected from key informants who were the management staff of RVZ. Quantitative data enhanced the understanding of the responses in numbers, while qualitative data gave precise and testable expression to qualitative ideas. Triangulation facilitated comparison between findings through the use of questionnaires and interview guide hence providing room for deeper analysis of findings.

#### **3.3 Study Population**

Population is the complete collection of all the elements that are of interest in a particular investigation (Amin, 2005). The study considered the entire population of 500 officers and

support staff of RVZ, and 30 management staff of RVZ. This implies that the total targeted population for the study was 530 (RVZ, 2013).

### 3.4 Determination of the Sample Size

The study sample was selected basing on the target population of 530 potential respondents composed of 500 officers and support staff as well as 30 management staff of RVZ (RVZ, 2013). The appropriate sample size from the target population was derived basing on the formula for sample size determination (Yamane, 1967) which is presented below:

$$n = \frac{N}{1+N(e)^2}$$

Where  $n$  = Sample size

$N$  = Targeted number of RVZ clients or employees

$e$  = Desired margin of error (=0.05)

Therefore,

1. Sample size for RVZ officers and casuals is as follows:

$$n = \frac{500}{1+500(0.05)^2}$$

$$n \approx 222$$

2. Sample size for RVZ management staff is as follows:

$$n = \frac{30}{1+30(0.05)^2}$$

$$n \approx 28$$

Basing on the calculations, the sample size was as displayed in Table 1 below:

**Table 1: Sampled Respondents**

<b>Category of respondents</b>	<b>Target population</b>	<b>Sample size</b>	<b>Sampling technique</b>
RVZ officers and support staff	500	222	Stratified Random
RVZ management staff	30	28	Purposive
<b>Total</b>	<b>530</b>	<b>250</b>	

*Source: RVZ (2013)*

### **3.5 Sampling Techniques and Procedure**

In order to get representative views about the social dynamics among the two categories of respondents, two sampling techniques were used as described by Kothari (2004):

The first approach used was stratified random selection procedure in order to ensure adequate representation. Regarding stratified random sampling, it is often argued that before selecting a sample, the population must be divided into sampling units then each unit can be used to establish a sampling rate. To single out the categories of respondents that were used in the survey, stratified random sampling techniques was used to ensure the right mix of employees in terms of officers, support staff and their departments. This involved grouping the respondents by departments as well as offices and from each stratum at least 50% of the overall sample size was considered.

The second approach used was purposive sampling technique to select the management staff of RVZ that were considered as key respondents to provide in-depth information that was used to triangulate data collected from the clients.

## **3.6 Data Collection Methods**

### **3.6.1 Questionnaire**

This method was used during the process of data collection from officers and support staff. A questionnaire is a list of written questions that can be completed by the respondents (Walliman & Baiche, 2001). Questionnaires are helpful in gathering information that is unique to individuals, such as attitudes or knowledge and they are also helpful in maintaining participants' privacy because participants' responses can be anonymous or confidential. This was especially important since the study was gathering sensitive information.

### **3.6.2 Interview**

Interview method as explained by Kothari (2004) was used during the process of data collection from the management team. Interview method was used to collect data from the management staff to get in depth and descriptive information to supplement the quantitative data. This is because the face to face interviews allowed for probing of the answers provided by the respondents.

### **3.6.3 Documentary Analysis**

The study used documentary analysis as the major method for collecting data from secondary sources (Jupp, 2006). In this regard, the researcher analyzed existing records at RVZ including reports and the published documents. In addition, minutes of key management meetings linked to the HIV/AIDS policy implementation were also be analyzed among other documents that were be considered.

### **3.7 Data Collection Instruments**

Primary data was collected using questionnaires and an interview guide. A documentary analysis guide on the other hand guided the researcher when collecting secondary data (Jonker & Pennick, 2010). The application of the data collection instruments are as explained below:

#### **3.7.1 Questionnaires**

The questionnaire as a tool of data collection was used by the researcher to obtain data from the clients of RVZ. The semi-structured questionnaire instrument with a combination of open and closed ended questions was used in the study (Kaahwa, 2008). The researcher used the questionnaires to collect data from all the RVZ officers and support staff who participated in the study. The questionnaires were distributed to the respondents over a period of one week, they filled in to the best of their knowledge and the questionnaires were physically picked by the researcher. This approach enabled the researcher to collect enough data besides the ample time given to the respondents to fill the questionnaire at leisure. It was also useful in collecting data from a large sample size of respondents since the greatest proportion of the selected sample filled the questionnaires. In other words, it is a tool that facilitated collection of data from a large sample size within a short period of time.

#### **3.7.2 Interview Guide**

This research instrument was used to secure in-depth information from RVZ management staff. Kaahwa (2008) points out that interview guide involves collecting data from particular respondents by meeting them face- to- face at their convenience. With the aid of an interview guide, interviews were conducted among key respondents to gather data concerning RVZ's HIV/AIDS policy implementation challenges. Using this instrument, the researcher asked the

interviewees questions based on a prepared written set of questions. This was done in order to get in-depth information from the interviewees. Besides asking questions, the researcher took notes for later analysis. With this flexibility, the researcher obtained significant data as well as answers for prepared interview questions besides its merit of probing and getting responses from very busy people.

### **3.7.3 Documentary Analysis Guide**

The study used documentary analysis guide to collect data from secondary sources (Jupp, 2006) which were used to complement data collected using questionnaires and interview guide. In this regard, the researcher analyzed existing records at RVZ including workplace HIV/AIDS Policy and the Human Resource manual.

## **3.8 Validity and reliability**

### **3.8.1 Validity**

In order to ensure accuracy, an assessment of the instruments of the study was first done to ascertain their effectiveness in collecting accurate data. After, content validity was employed to ascertain the extent to which the content of the instrument corresponds to the concept it was designed to measure Amin (2005). This was determined by expert judgment of two research experts where each selected item was seen to be relevant was summed up and the total was divided by the total number of all items in the instrument. After, Content Validity Index (CVI) for each instrument was got by getting the number of items rated valid divided by the total number of items in the instrument.

That is, Content Validity Index (CVI) = 
$$\frac{\text{No. of items rated valid by all judges (K)}}{\text{Total no. of items in the instrument (N)}}$$



According to (Amin, 2005), for the instrument to be rated valid, the C.V. I should be 0.7 and above. Thus, the C.V.I of the instruments for this study was found to be 0.78 and was considered valid to be used as shown in Table 2 below:

**Table 2: Content Validity Index (CVI)**

Judge	K/N	Total
Judge1.	52/65	0.80
Judge2.	49/65	0.75
Judge3.	51/65	0.79
Total		$0.80+0.75+0.79 = 2.34/3 = \mathbf{0.78}$

*Source: Primary data*

### 3.8.2 Reliability

In order to ensure reliability the researcher pre-tested the questionnaire to ensure consistency and comprehensiveness. The pretesting was done among the staff members of Federation of Uganda Employers (FUE) who filled the draft questionnaires. Then after internal consistency method was employed to determine its reliability. This was done by using the Cronbach's alpha. According to Amin (2005), all the measurements in the instrument that show adequate levels of internal consistency of cronbach's alpha of 0.7 and above are accepted as reliable. Therefore, for this study, the measurements in the instrument were found to be 0.81, the instrument was considered reliable to use. The summary of reliability statistics is presented in Table 3.

**Table 3: Summary of Reliability Statistics**

<b>Variable</b>	<b>Reliability Statistics</b>
Financial resources	0.85
Awareness	0.80
Perception	0.78
Total	2.43
Average	$2.43/3=0.81$

*Source: Primary data*

### **3.9 Procedure of Data Collection**

The research instruments were presented to the supervisor for approval. After obtaining an introductory letter from the office of the Head of School of management Sciences, the researcher sought for permission from management at RVZ to conduct the study at their premises. Two Research Assistants were identified and trained to help with data collection. The researcher then conducted pre-visits to the company in order to seek for cooperation and fix appointments.

### **3.10 Data Analysis**

#### **3.10.1 Quantitative Data Analysis**

Quantitative data was collected, sorted, arranged, entered and analyzed using the Statistical Package for Social Scientists (SPSS) which summarized the coded data to produce required statistics for the study. Thereafter, descriptive analysis technique (Henn *et al*, 2006) was applied in line with the research questions to seek for consistency, accuracy, reliability and relevancy of the information. This included generating frequencies, percentages, mean and standard deviations.

With reference to a 4 point likert scale, descriptive statistics were generated to examine the relationship between the variables. A mean analysis was carried out to analyze agreement or disagreement with the items. A mean close to 1 or 2 shows disagreement to the item, whereas a mean close to 3 or 4 shows agreement. Percentages generated from frequencies were used to analyze background information of respondents. The formulas below were used:

$$\text{Mean} = \frac{\sum (x)}{N}$$

Where  $\Sigma$  = Sum of

X = Individual data points

N = Sample size (number of data points)

$$\text{Standard Deviation} = \sqrt{\frac{\sum (x-M)^2}{n}}$$

Where  $\Sigma$  = Sum of

X = Individual score

M = Mean of all scores

n = Sample size (number of scores)

$$\text{Percentage} = \frac{\text{Relative Number}}{\text{Total Number}} \times 100$$

### 3.10.2 Qualitative Data Analysis

For Qualitative data analysis, formal approach where content analysis approach was used, data was systematically converted, text into numerical variables; classified the numerals into various coding units using the descriptions depending on what the respondents actually say and how

often the same issue is said, this brings out the verbal quotations according to the study themes (Kothari, 2004). Relationships amongst these themes were established and in-depth explanations and interpretations made.

### **3.11 Measurements of variables**

Measurement refers to careful, deliberate observations of the real world and is the essence of empirical research. While some constructs in social science research, such as a person's age, may be easy to measure, other constructs, such as perception, may be considerably harder to measure. In this study, the researcher mainly utilized nominal scales like frequencies and percentages; ordinal scale which was used to rank responses, for example, gender of the respondents and interval scales was used on age groups to specify the range.

## CHAPTER FOUR

### PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

#### 4.1 Introduction

The results are presented in this chapter basing on the research objectives statistical tools such as frequencies and percentages for the background characteristics, mean and standard deviation analysis for the empirical findings .The study was guided by the following research objectives:

1. To assess the effects of financial resources on the implementation of the workplace HIV/AIDS policy at RVZ.
2. To examine the effect of employee awareness about the contents of the HIV/AIDS policy on its implementation at RVZ.
3. To assess the effect of employee perceptions regarding the RVZ HIV/AIDS work place policy on its implementation.

#### 4.2 Response rate

Data was collected from the RVZ officers, support staff and management using questionnaires and interview guides. The results of the responses for both instruments are presented in Table 4 below:

**Table 4: Response rate**

Category of respondents	Sample size	Accessed respondents	Response rate
RVZ officers and support staff	222	171	77%
RVZ management staff	28	16	57%
<b>Total</b>	<b>250</b>	<b>187</b>	

*Source: Primary Data*

Table 4 shows that the study had a response rate of seventy seven percent (77 %) for the respondents who answered the questionnaires. This implies that 171 out of the 222 sampled RVZ officers and support staff filled and returned the questionnaires. The response rate for those who were interviewed was 57%. This means that 16 out of the 28 sampled RVZ management staff members sampled participated in the study. It is evident that the questionnaires (77%) had a higher response rate compared to interviews (57%). This was attributed to the fact that management staffs were always busy and it was hard to schedule appointments with them in order to conduct the interviews. The overall response rate was 74.8%.

### 4.3 Demographic Characteristics of respondents

The results in Table 5 show the demographic distribution of the RVZ officers and support staff respondents.

**Table 5: Demographic characteristics of respondents**

<b>Category</b>		<b>Frequency</b>	<b>Percent</b>
<i>Gender</i>	Male	74	43
	Female	97	57
	<b>Total</b>	<b>171</b>	<b>100.0</b>
<i>Age group</i>	18-27	59	35
	28-37years	47	28
	38-47years	55	32
	47years+	10	5
	<b>Total</b>	<b>171</b>	<b>100</b>
<i>Level of education</i>	Primary	54	32
	Secondary	111	65
	Tertiary	6	3
	<b>Total</b>	<b>171</b>	<b>100</b>

*Source: Primary Data*

Findings in Table 5 show that the majority of the respondents were females (57%) compared to the males (43%). Females are probably more because the main work carried out is picking flowers in which females are always preferred to men. As regards to age group, majority of the respondents were in the age group 18-27 years accounting for 35 %, others were in the age group 28-37 years accounting for 28%, those in the age group 38-47 years were 32%, whereas those in the age group of above 47 years were just 5%. This implies that 95% of the workers were between 18 and 47 years. This could be linked to the nature of the work done at RVZ which is physically demanding.

The results also show that majority of the respondents had attained secondary education (65%), followed by those who had acquired primary education (32%) and tertiary (3%). This implies that majority of the respondents had low level of education (97%) which could be attributed to the fact that most of the work done at RVZ is menial task which is usually done by people with low level of education.

#### **4.4 Empirical Findings**

This section gives the empirical findings of the study, starting with results of the dependent variable (HIV/AIDS workplace policy implementation). Each objective was analyzed using descriptive statistics (mean and standard deviation) and correlation statistics.

#### 4.4.1 HIV/AIDS workplace policy implementation

**Table 6: Results on HIV/AIDS policy implementation**

	<b>Min</b>	<b>Max</b>	<b>mean</b>	<b>Std. deviation</b>
I don't care about the palliative care/support provided to the RVZ's HIV positive staff	1	5	4.78	.591
The HIV/AIDS sensitization provided to RVZ staff is not properly designed	1	5	4.85	.481
Primary healthcare programmes including HIV prevention campaigns are not well organised	1	5	4.88	.409
Medical treatment for opportunistic infections is inappropriately handled	1	5	4.44	1.052
Training of peer educators' groups for RVZ through which HIV preventive messages can reach others is not conducted well	1	5	4.95	.224

Table 6 shows the perceptions of the employees regarding the RVZ HIV/AIDS workplace policy. The findings reveal that majority of the respondents don't care about the palliative care/support provided to the RVZ's HIV positive staff (mean 4.78; standard deviation 0.591).

Majority of the respondents thought that the HIV/AIDS sensitization provided to RVZ staff is not properly designed (mean 4.85; standard deviation 0.481); primary health care programmes including HIV prevention campaigns are not well organized according to respondents (mean 4.88; standard deviation 0.409); medical treatment for opportunistic infections is inappropriately handled (mean 4.44; standard deviation 1.052); training of peer educators' groups for RVZ through which HIV preventive messages can reach others is not conducted well (mean 4.95;



standard deviation 0.225). The results revealed the prevailing gaps in the implementation of the HIV/AIDS workplace policy at RVZ, which were partly attributed to the limited levels of awareness, inadequate financial resources and negative perceptions held by the employees about the policy.

#### **4.4.2 Effect of Financial resources on the implementation of the Workplace HIV/AIDS Policy at RVZ**

In order to address the first specific objective of the study, the respondents were asked specific questions pertaining to financial resources and implementation of HIV/AIDS policy at RVZ. The results are displayed in Table 7.

**Table 7: Descriptive statistics showing responses on financial resources**

	<b>Min</b>	<b>Max</b>	<b>mean</b>	<b>Std. deviation</b>
RVZ takes long to organize HIV/AIDS peer education trainings	1	5	1.08	.376
RVZ does not provide HIV/AIDS care and support to the HIV positive staff	1	5	3.16	1.287
My employer can't provide a balanced diet to the HIV positive staff	1	5	4.78	.595
My employer cannot provide the entire HIV/AIDS treatment	1	5	3.11	1.298
HIV/AIDS activities are not part of the company budget priorities	1	5	4.85	.486
Regular HIV/AIDS screening and counseling is not organized for employees	1	5	4.71	.725
RVZ's HIV/AIDS work place committee is not motivated by the company to do their work well	1	5	4.88	.424
HIV/AIDS home care visits expenses are not part of RVZ's priorities	1	5	4.92	.377
RVZ can't financially support community initiatives on HIV/AIDS	1	5	4.59	.853
My employer can't financially support my family members for HIV/AIDS issues	1	5	4.95	.283

*Source: Primary Data*

Table 7 shows the responses on financial resources and implementation of workplace HIV/AIDS policy. The table shows that respondents generally agreed that RVZ takes long to organize HIV/AIDS peer education trainings (mean 1.08; standard deviation 0.376); RVZ as an employer can't provide a balanced diet to the HIV positive staff (mean 1.22; standard deviation 0.59); HIV/AIDS activities are not part of the company budget priorities (mean 1.15; standard deviation 0.48); Regular HIV/AIDS screening and counseling is not organized for employees (mean 1.29; standard deviation 0.72); RVZ's HIV/AIDS work place committee is not motivated by the company to do their work well (mean 1.12; standard deviation 0.42); HIV/AIDS home care visits expenses are not part of RVZ's priorities (mean 1.22; standard deviation 0.59); RVZ can't financially support community initiatives on HIV/AIDS (mean 1.41; standard deviation 0.85); the employer can't financially support staff family members for HIV/AIDS issues (mean 1.05; standard deviation 0.28). The views generally reflected the lack of financial commitment towards the policy implementation, which hampers its successful implementation. The lack of a budget towards implementation of the various activities in line with the workplace HIV/AIDS policy could point at the lack of senior management commitment towards workplace HIV/AIDS related matters in RVZ.

There was however, general disagreement by the respondents that RVZ does not provide HIV/AIDS care and support to the HIV positive staff (mean 2.84; standard deviation 1.28); and that the employer cannot provide the entire HIV/AIDS treatment to sick staff (mean 2.89; standard deviation 1.29).

With a general mean of 1.50 and a standard deviation of 0.65, the findings revealed that the implementation of the workplace HIV/AIDS policy was difficult because of financial resources. This confirms the first hypothesis which stated that financial resources strongly affect the implementation of the workplace HIV/AIDS policy at RVZ. Therefore, RVZ should prioritize the implementation of the HIV/AIDS policy given the prevailing financial resources.

Qualitative results from the key informant respondents also point to the fact that financial resources have a negative impact on the implementation of the HIV/AIDS work place policy.

According to one of the Managers,

*“The financial resources affect the employee engagement in sensitization campaigns, policy interpretation to local languages like Luganda which the majority understands and dissemination as well is affected.”*

This therefore meant that for the policy to be implemented there is need for substantial financial resources, or else it will simply end at being on paper but not in practice.

Another manager noted thus;

*“The activities set out in the policy can’t be implemented and also contributes to ignorance of the policy and the negative attitude of the policy. In addition, the policy can’t be reviewed since there are no finances to facilitate the process.”*

An official in the HR office was of the view that,

*“The HIV/AIDS activities’ budget is not given priority, so it affects people’ morale to participate if any activities are organised. It also affects the dissemination process with in the employee.”*

Some key informants however downplayed financial limitations. The technical manager for example was hesitant to think that there are financial resources in RVZ, but rather perception issues. But he still hinted to the fact that there are some Financial resources, according to him,

*“But of course if funds are not available, it is difficult to implement since most of the services in this regard are out sourced.”*

Another senior manager on the other hand downplayed financial resources as a challenge arguing that,

*“....we have not put aside a budget to finance the implementation. Therefore , for now since there is no budget for it, I cannot organise activities for implementation. For example, no fora to inform the staff about the contents of the policy, trainings take very long or non to take place on HIV/AIDS, IEC materials, Health fairs, home visits and other activities as had been set in the policy.”*

All the views of the managers presented above support the findings from the questionnaires which clearly demonstrated that financial resources compromise the effective implementation of the HIV/AIDS policy at RVZ. This further underpins why management should prioritize the implementation of the policy in order for it to receive more funding.

#### **4.4.3 Employee awareness about the Contents of the HIV/AIDS Policy and its Effect on Implementation at RVZ**

The second objective of the study was to examine limited awareness by employees about the contents of the HIV/AIDS policy and its effects on implementation at RVZ and the results are presented in Table 8.

**Table 8: Responses on Awareness by Employees about the Contents of the HIV/AIDS Policy**

<b>Statement</b>	<b>Min</b>	<b>Max</b>	<b>Mean</b>	<b>Std. deviation</b>
I am not aware about the HIV/AIDS workplace policy of my company	1	4	1.30	0.77
I am not aware of the support and counseling given to the HIV positive staff	1	4	4.70	.775
I am not aware that RVZ's HIV/AIDS workplace policy provides for palliative care	1	4	4.87	2.305
I am not aware of the general sensitization campaigns on HIV/AIDS conducted to staff	1	4	4.81	.556
I am not aware of home visits to employees who are not able to work due to HIV/AIDS	1	4	4.75	.518
I am not aware of any measures to prevent the spread of HIV/AIDS and primary health care programmes in RVZ	1	4	4.40	1.104
I am not aware of any medical treatment for opportunistic infections for RVZ staff	1	4	4.44	.908
I am not aware of the provision of information on safe sex and promotion of condom use	1	4	4.27	1.183
I am not aware of training of peer educators' groups for RVZ staff through which messages can reach others	1	4	4.43	1.040
I am not aware of provision of information on best nutrition diet to HIV/AIDS patients	1	4	4.91	.395
<b>Overall response for effects of awareness on policy implementation</b>			<b>1.40</b>	<b>0.93</b>

Table 8 shows responses on awareness by employees about the contents of the HIV/AIDS Policy. The table shows that most of the respondents were generally not aware about the HIV/AIDS workplace policy of the company (mean 1.30; standard deviation 0.77); most of the respondents were generally not aware of the support and counseling given to the HIV positive

staff (mean 1.76; standard deviation 0.70); most of the respondents were generally not aware that RVZ's HIV/AIDS workplace policy provides for palliative care (mean 1.19; standard deviation 0.55); there was limited awareness of the general sensitization campaigns on HIV/AIDS conducted to staff (mean 1.25; standard deviation 0.51); there was limited awareness of home visits to employees who are not able to work due to HIV/AIDS (mean 1.60; standard deviation 1.10); and limited awareness of any measures to prevent the spread of HIV/AIDS and primary health care programmes in RVZ was limited (mean 1.56; standard deviation 0.90).

Most staff were not aware of any medical treatment for opportunistic infections for RVZ staff (mean 1.73; standard deviation 1.18); There was limited awareness on the provision of information on safe sex and promotion of condom use (mean 1.57; standard deviation 1.04); most staff were not aware of training of peer educators' groups for RVZ staff through which messages can reach others (mean 1.09; standard deviation 0.39); and finally there was limited awareness on provision of information on best nutrition diet to HIV/AIDS patients (mean 1.02; standard deviation 0.17).

In general, the findings indicated that awareness of the contents of the HIV/AIDS policy was very limited (mean 1.40; standard deviation 0.93); and this could have a big impact on its implementation. This confirms the second hypothesis which stated that limited employees' awareness about the contents of the HIV/AIDS policy negatively affects its implementation at RVZ.

Given the fact that financial resources were identified as stumbling blocks, it is important for management to devise cost effective ways of increasing the level of awareness about the HIV/AIDS policy. This suggest that it is difficult to effectively implement a policy that is not understood by the implementers and those affected by the policy.

Findings from key informant interviews also confirmed that there was limited awareness of the policy and this has an impact on its implementation. A senior manager noted thus;

*“ some staff are aware of some contents, but very few: It reduces morale since those that are affected don’t even know how the company can assist them which also leads to nondisclosure of their HIV status. And sometimes they are not utilising the clinic services yet are paid for by the company for fear of disclosure.”*

This view indicated that not much has been done by the company to create employee awareness about the policy and its contents, which further complicates its implementation.

Another key informant was of the view that;

*“Most staff are not aware of the contents and this brings about the knowledge gap on the prevention campaigns which also contributes to high prevalence rates in the company. Limited awareness affects the attitude of the people towards the policy. Their participation in HIV/AIDS is negatively affected.”*

From this revelation, it can be noted that the limited awareness about the policy by the employees implies that their participation in the HIV/AIDS workplace activities is limited, hence a challenge to the policy implementation.

Another senior manager was also quoted saying,

*Limited awareness affects the prevention campaigns and participation. Limited awareness also makes the policy unpopular/ renders it irrelevant /useless. Because of the limited awareness, dissemination and sensitisation of the policy is very difficult.”*

Overall, it is clear that whereas RVZ has put in place a HIV/AIDS policy, its implementation is far from perfect given the fact that majority of the staff members are not aware about the contents of the policy. In order for the policy to be well implemented the implementers and those affected by the policy should have adequate information in order to be able to play their roles properly.

#### **4.4.4 Perceptions of the Employees Regarding the RVZ HIV/AIDS Workplace Policy and its Effect on Implementation**

The third objective of the study was to appraise the negative perceptions of the employees regarding the RVZ HIV/AIDS work place policy and its effects the implementation. In order to make a proper analysis, specific questions on perception and implementation were asked and the findings are displayed in Table 9.



**Table 9: Perceptions of the Employees regarding the RVZ HIV/AIDS Workplace Policy**

<b>Statement</b>	<b>Min</b>	<b>Max</b>	<b>Mean</b>	<b>Std. deviation</b>
I don't like the strategies that presented in my company HIV/AIDS workplace policy	1	5	4.64	.875
The HIV/AIDS counseling provided to RVZ staff is inappropriate	1	5	4.77	.616
Home visits to employees who are not able to work due to HIV/AIDS is not done well	1	5	4.47	.990
Channels of information on safe sex and promotion of condom use is not done well	1	5	4.39	1.025
I don't like the way RVZ provides information on the best nutrition diet to HIV/AIDS patients	1	5	4.85	.481

Table 9 shows the perceptions of the employees regarding the RVZ HIV/AIDS workplace policy. The findings reveal that majority of the respondents did not like the strategies that are presented in their company HIV/AIDS workplace policy (mean 4.64; standard deviation 0.75); majority of the respondents thought The HIV/AIDS counseling provided to RVZ staff is inappropriate (mean 4.77; standard deviation 0.61); channels of information on safe sex and promotion of condom use is not done well (mean 4.39; standard deviation 1.02); and finally respondents did not like the way RVZ provides information on the best nutrition diet to HIV/AIDS patients (mean 4.85; standard deviation 0.48).

The results generally revealed the dissatisfaction the employees had about the implementation of the policy, meaning that in order for the policy implementation to be improved, it would be

necessary for RVZ to pay attention and address the issue of the employees' perceptions, by taking in their views, so as to improve the actual policy implementation.

The qualitative results supported the views from the quantitative findings. One Senior manager noted;

*“Although I think the employee perception about the policy is positive, those with negative perception don't want to participate in those activities and may also discourage their peers. The negative perception has hampered on the employee disclosure of their HIV status; they don't give it priority in their work. It also contributes to ignorance about the policy and motivation especially for those already infected.”*

This showed that the perceptions of the employees are rather mixed up, with some holding positive perceptions, while others have negative perceptions. However, the employees with negative perceptions tend to domineer, which consequently affects the policy implementation.

In addition, another manager was of the view that;

*“Because of the negative perception, they care less about implementation, and instead, even most managers are work concerned and not welfare concerned; the biggest issue is limited awareness even to the management team, which in the long run leads to people ignoring the activities. Most of them don't care about the policy since they know little about it. Their priority goes to their core which is making money since they are paid basing on performance.”*

This therefore meant that the issue of employees' perceptions starts with the managers, who do not show much concern about the workplace HIV/AIDS policy concerns but instead focus most of their attention on the employees' performance.

The facts presented in this section clearly demonstrate that limited awareness seriously affects the implementation of the HIV/AIDS policy at RVZ. It is therefore important for management to develop cost effective ways of disseminating the information, so as to beef up the levels of awareness.

## **CHAPTER FIVE**

### **SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter presents the summary, discussion, conclusions and recommendations basing on the study findings.

#### **5.2 Summary of Findings**

##### **5.2.1 Objective One**

The first objective of the study was to assess the effect of financial resources on the implementation of the workplace HIV/AIDS policy at RVZ. The findings reveal financial resources significantly affect the implementation of the workplace HIV/AIDS policy. In addition, the respondents felt that the implementation of the workplace HIV/AIDS policy was difficult because of limited financial resources.

##### **5.2.2 Objective Two**

The second objective of the study was to examine the effect of employees' awareness about the contents of the HIV/AIDS policy and its effects on implementation at RVZ. Overall, the findings indicated that awareness of the contents of the HIV/AIDS policy was very limited (mean 1.40; standard deviation 0.93); the correlation results further revealed that employees' awareness about the policy was significantly related to its implementation and therefore could have a big impact on its implementation.

### **5.2.3 Objective Three**

Objective three of the study sought to appraise employee perceptions regarding the RVZ HIV/AIDS work place policy and how such perceptions affect its implementation. The overall perception of respondents was negative regarding the RVZ HIV/AIDS Workplace Policy with a mean 1.29 and standard deviation 0.65 and this can have a negative bearing on its implementation. Besides, the correlation results also showed that employee perceptions were strongly related to implementation of the workplace HIV/AIDS policy.

## **5.3 Discussion of the Findings**

The discussion revolved around the findings of the study in regard to the study objectives and questions on independent variables and the dependent variable.

### **5.3.1 Discussion of Objective One Findings**

The findings revealed that the implementation of the workplace HIV/AIDS policy at RVZ was difficult due to limited financial resources. This is in line with the views of Hunter (2003) who identified ten common barriers to effective health policy implementation; with lack of adequate time and sufficient resources being a major issue; the required combination of resources is not being available negatively affects policy implementation.

The issue of financial resources is further demonstrated by the fact that certain things had not been done by the company. For instance, RVZ takes long to organize HIV/AIDS peer education trainings; can't provide a balanced diet to the HIV positive staff; HIV/AIDS activities are not part of the company budget priorities; regular HIV/AIDS screening and counseling is not

organized for employees; HIV/AIDS work place committee is not motivated by the company to do their work well; HIV/AIDS home care visits expenses are not part of the company's priorities; can't financially support community initiatives on HIV/AIDS; and the company can't financially support staff family members for HIV/AIDS issues as a result of Financial resources. This is in agreement with the views of Health Canada and the Interagency Coalition on AIDS and Development (ICAD) (2005) which indicated that the greatest limitation to a comprehensive policy which provides the ideal level of support to employees is financial. The study findings is also supported by O'Grady (2004) who pointed out that the financial needs for organizations are large, and the organisational stresses are significant.

### **5.3.2 Discussion of Objective Two Findings**

The findings showed that employee awareness was positively related with policy implementation; that limited awareness by RVZ's employees about the contents of the HIV/AIDS policy negatively affected its implementation. This concurs with the views of the Interagency Coalition on AIDS and Development (2004), who stated limited awareness as a factor that hinders the perfect implementation of the policy. They further outlined some of the challenges facing the development and implementation of Workplace HIV/AIDS policies including; the level of staff participation required in terms of research and policy development, implementation, communication, monitoring and adjustments; perceived costs involved in training; the duty to accommodate altered work schedules; legal input and associated costs among others.

Results further showed that most of the respondents were not aware of what had been planned for implementation in the HIV/AIDS company policy, like the support and counseling given to the HIV positive staff, the provision of palliative care, the general sensitization campaigns on HIV/AIDS for staff, the measures to prevent the spread of HIV/AIDS, the primary health care programmes, the medical treatment for opportunistic infections for staff, the provision of information on safe sex/ promotion of condom use and the training of peer educators' groups for RVZ staff through which messages can reach others. This is supported by Buse *et al* (2005) who pointed out that it is common to observe a 'gap' between what was planned and what actually occurred as a result of a policy.

Findings from key informant interviews also confirmed that there was limited awareness of employees about the policy, which has an impact on its implementation. They also pointed out that most staff are not aware of the contents and this brings about the knowledge gap on the prevention campaigns. Limited awareness affects the attitude of the people towards the policy. This is in agreement with the views of the National Tripartite Committee of Ghana (2004) that the fundamental rights to workers infected by the AIDS virus is compromised with respect to the pervasive discrimination and stigmatization that such workers face, especially in the case that fellow workers are not sensitized about the implications of stigma.

### **5.3.3 Discussion of Objective Three Findings**

The findings revealed that the negative perception of the employees regarding the RVZ HIV/AIDS Workplace Policy was a big challenge to its implementation. This was proven to be true in other studies carried out, for instance, Siyam'kela (2003) reports of a study that was

conducted in government departments in South Africa which revealed that most participants were aware that there was a policy in place, but they were not familiar with the content of the policies and how it would be implemented, resulting in low levels of confidence in these policies.

Findings show that most of the respondents did not like the strategies that are presented in their company HIV/AIDS workplace policy; they thought that the HIV/AIDS counseling provided to RVZ staff is inappropriate; didn't care about the palliative care/support provided to the RVZ's HIV positive staff; thought that the HIV/AIDS sensitization provided to RVZ staff is not properly designed; most of the respondents were of the view that home visits to employees who are not able to work due to HIV/AIDS is not done well; primary health care programmes including HIV prevention campaigns are not well organized and the medical treatment for opportunistic infections was inappropriately handled. This can also be linked to the issue of capacity as pointed out by Phakathi (2006).

The fact that there was negative perception of respondents regarding the RVZ HIV/AIDS workplace policy had a negative bearing on its implementation. This is supported by Chetty (2006) who argued that despite the existence of the policy and formal commitment to its values and objectives, practices that work against the spirit of the policy often continue. Stigma and discrimination are obvious examples which reflect as a result of negative perception.



## **5.4 Conclusions**

Conclusions were derived from the discussions of the findings. The conclusions were made for each of the objectives;

### **5.4.1. Financial Resources and Workplace HIV/AIDS Policy Implementation in RVZ**

Financial limitations have greatly affected the implementation of the HIV/AIDS policy at RVZ. In other words when there is limited financial support for a programme, however well drafted it may be, implementation cannot be effective.

### **5.4.2. Employee Awareness and Workplace HIV/AIDS Policy Implementation**

For employees to effectively participate in the policy implementation, they need to be fully aware of the contents of the said policy. In the case of RVZ, awareness of the contents of the HIV/AIDS policy was very limited which is also a major limitation towards the implementation of the policy given the fact that staff participation in the implementation is very limited.

### **5.4.3. Employee Perceptions and Workplace HIV/AIDS Policy Implementation**

When a policy is perceived to be unfavourable to the supposed beneficiaries, there is less likelihood that they will fully participate in it, which affects its implementation. The negative perception regarding the RVZ HIV/AIDS Workplace Policy has had a negative bearing on its implementation because most staff members do not care much about it. Negative perceptions imply that most staff members do not bother to get familiar with the content of the policies and how it is implemented, resulting in low levels of confidence in the policy.

## **5.5 Recommendations**

The researcher made recommendations as per the findings on each objective of the study:

### **5.5.1. Financial Resources and Workplace HIV/AIDS Policy Implementation in RVZ**

There is need for the organization to acknowledge that HIV/AIDS is a workplace challenge that negatively affects the performance and requires a response; as such, the organization should allocate adequate funds towards the implementation of the HIV/AIDS policy. However, in order to do this better the company should identify potential policy promoters within the organisation. These people would work jointly with management and the rest of the staff members to implement the policy.

### **5.5.2. Employee Awareness and Workplace HIV/AIDS Policy Implementation**

It is quite evident that there is limited awareness regarding the policy at RVZ. Therefore, the company should develop a comprehensive communication strategy for raising awareness among the employees. The company could engage a consultant who is an expert on HIV/AIDS issues or health communication in general. Then basing on the strategy the company can then be able to develop specific and cost effective materials and ways for the dissemination of the policy.

The organization should involve all levels of staff and including support staff in the implementation of the policy. This can be done by sharing roles and responsibilities regarding the implementation of the policy.

### **5.5.3 Employee Perceptions and Workplace HIV/AIDS Policy Implementation**

Frequent meetings which include all the company stakeholders should also be held. This would help to deal with the negative perception of employees towards the policy. For instance, the HIV/AIDS committee should include representatives from top management, supervisors, trade unions, human resources and training department, industrial relations unit, occupational health unit, health and safety committee and persons living with HIV/AIDS. This would help to deal with the negative attitude towards the policy.

## **5.6 Areas for Further Research**

The researcher recommends the following for future research:

- i. Determinants of effective HIV/AIDS workplace policy implementation in Uganda.
- ii. Financial gains of investing in HIV/AIDS workplace programmes among private sector companies in Uganda.
- iii. Factors that influence Workplace HIV/AIDS policy formulation in Uganda.

## **5.7 Limitations of the Study**

The study was not without limitation and therefore the readers of this work should be cognizant of the following facts:

- i. The main technique of data analysis was quantitative which does not necessarily provide detailed information.

- ii. This was a cross sectional study which means that the findings are a result of one time observation perhaps the findings could have been different if it were a longitudinal study which would have been subject to several observations over a longer period of time.
- iii. This study was done in one company so it may be difficult to generalize the study findings for all the companies in Uganda.

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## APPENDICES

### APPENDIX I: QUESTIONNAIRE FOR RVZ OFFICERS AND CASUALS

#### Instructions

1. Do not write your name on this questionnaire
2. How strongly do you agree or disagree with the following statements about HIV/AIDS policy in your organization? (**Tick or enter** only one numeral, 1 to 4, representing the most appropriate response in the box against each statement using the following key: **Strongly agree [1], Agree [2], Disagree [3], Strongly disagree [4]**)

#### SECTION A: BACKGROUND INFORMATION

##### 1. Age group

- (a) 18-27 years
- (b) 28-37 years
- (c) 38-47 years
- (e) Above 47 years

##### 2. Gender

- (a) Male
- (b) Female

##### 3. Highest Level of education

- (a) Primary
- (b) Secondary
- (c) Tertiary

#### SECTION B: FINANCIAL AVAILABILITY

Statement	1	2	3	4
a) RVZ takes long to organize HIV/AIDS peer education trainings				
b) RVZ does not provide HIV/AIDS care and support to the HIV positive staff				
c) My employer can't provide a balanced diet to the HIV positive staff				
d) My employer cannot provide the entire HIV/AIDS treatment				
e) HIV/AIDS activities are not part of the company budget priorities				
f) Regular HIV/AIDS screening and counseling is not organized for employees				
g) RVZ's HIV/AIDS work place committee is not motivated by the company to do their work well				
h) HIV/AIDS home care visits expenses are not part of RVZ's				

<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
priorities				
i) RVZ can't financially support community initiatives on HIV/AIDS				
j) My employer can't financially support my family members for HIV/AIDS issues				

**SECTION C: EMPLOYEE AWARENESS ABOUT THE CONTENTS OF THE HIV/AIDS POLICY**

<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
a) I am not aware about the HIV/AIDS workplace policy of my company				
b) I am not aware of the support and counseling given to the HIV positive staff				
c) I am not aware that RVZ's HIV/AIDS workplace policy provides for palliative care				
d) I am not aware of the general sensitization campaigns on HIV/AIDS conducted to staff				
e) I am not aware of home visits to employees who are not able to work due to HIV/AIDS				
f) I am not aware of any measures to prevent the spread of HIV/AIDS and primary health care programmes in RVZ				
g) I am not aware of any medical treatment for opportunistic infections for RVZ staff				
h) I am not aware of the provision of information on safe sex and promotion of condom use				
i) I am not aware of training of peer educators' groups for RVZ staff through which messages can reach others				
j) I am not aware of provision of information on best nutrition diet to HIV/AIDS patients				

**SECTION D: EMPLOYEE PERCEPTIONS OF THE RVZ HIV/AIDS WORKPLACE POLICY**

<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
a) I don't like the strategies that presented in my company HIV/AIDS workplace policy				
b) The HIV/AIDS counseling provided to RVZ staff is inappropriate				
c) Home visits to employees who are not able to work due to HIV/AIDS is not done well				
d) Channels of information on safe sex and promotion of condom use is not done well				
e) I don't like the way RVZ provides information on the best nutrition diet to HIV/AIDS patients				

**SECTION E: HIV/AIDS WORKPLACE POLICY IMPLEMENTATION**

<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
a) I don't care about the palliative care/support provided to the RVZ's HIV positive staff				
b) The HIV/AIDS sensitization provided to RVZ staff is not properly designed				
c) Primary healthcare programmes including HIV prevention campaigns are not well organised				
d) Medical treatment for opportunistic infections is inappropriately handled				
e) Training of peer educators' groups for RVZ through which HIV preventive messages can reach others is not conducted well				

**Thank you**

## **APPENDIX II: INTERVIEW GUIDE FOR RVZ MANAGEMENT STAFF**

### **Introduction**

Good morning/afternoon/evening/ Sir/Madam

My name is Aisha Nantamu. I am undertaking a study on “**Challenges Associated with the Implementation of HIV/AIDS Workplace Policies in Uganda: A Case Study of Royal Van Zanten (RVZ)**”. The study is part of an academic fulfillment for a Master’s degree in Management Studies (Project Planning and Management). The study aims at appraising how Financial resources affect the implementation of the workplace HIV/AIDS policy at RVZ, examining how limited awareness by employees about the contents of the HIV/AIDS policy affect its implementation at RVZ, and to explore the negative perceptions of the employees regarding the HIV/AIDS interventions recommended by the RVZ policy. You have been selected as one of the respondents for interview. All the information you give will be used solely for the purpose of the research. Your participation is voluntary, shall we proceed? **Yes** or **No**.

- 1) What is your position in this organization?
- 2) For how long have you been serving in that position?
- 3) Do you directly deal with issues concerning RVZ HIV/AIDS work place policy?
- 4) What are the effects of Financial resources on the implementation of the workplace HIV/AIDS policy at RVZ?
- 5) How does limited awareness by employees about the contents of the HIV/AIDS policy affect its implementation at RVZ?
- 6) How do the negative perceptions of the employees regarding the RVZ HIV/AIDS workplace policy affect implementation?

**Thank you**

### **APPENDIX III: DOCUMENTARY ANALYSIS GUIDE**

The researcher analyzed the following documents:

- 1) Minutes of management meetings
- 2) Minutes of HIV/AIDS workplace committee meetings
- 3) Reports on HIV/AIDS sensitization activities
- 4) HIV/AIDS workplace policy of RVZ
- 5) The Human Resource Manual
- 6) Etc