FACTORS AFFECTING IMPLEMENTATION OF HIV/AIDS WORKPLACE POLICY IN NON-GOVERNMENTAL ORGANIZATIONS (NGOS) IN UGANDA: A CASE STUDY OF COMMUNITY EMPOWERMENT FOR RURAL DEVELOPMENT (CEFORD), ARUA DISTRICT.

BY

JEAN CHRISTABEL ASIPKWE

REG. NO. 08/MMSPAM/17/027

A Dissertation submitted to the Higher Degrees Department in partial fulfilment of the requirements for the award of the Masters Degree in Management Studies (Public Administration and Management) of Uganda Management Institute.

July 2010

DECLARATION

I, Jean Christabel Asipkwe hereby declare that this dissertation is my original work arrived at through reading and research and has not been published or submitted to any other University or Higher Institution of Learning for any academic award.

Signature…….…… Date ……..……..

APPROVAL

This dissertation has been submitted with our approval as UMI Based and Work Based Supervisors:

Date ……. Signature……

Dr. David Ssonko

UMI Based Supervisor

Date …….. Signature……

Mr. Simon Amajuru Madraru

Work-Based Supervisor

DEDICATION

This dissertation is dedicated to my mother Helen Sabua for the care, encouragement and support of my education as well as shaping my career, to my daughter Prudence Anzoa for the patience and understanding throughout the time spent in preparing this dissertation.

ACKNOWLEDGEMENT

I extend my utmost sincere appreciation to my UMI based Supervisor Dr. David Ssonko and Work Based Supervisor Mr. Simon Amajuru who tirelessly gave me all the technical guidance from preparation of the Research proposal to writing this dissertation. I am also grateful to the Management of CEFORD for the support and patience given to me during the preparation of this dissertation.

I am grateful to all the respondents who included CEFORD Board and staff. Their responses contributed greatly to production of this dissertation. To all those who contributed in one way or the other, I owe them my gratitude.

God Bless you all.

TABLE OF CONTENT

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CEFORD	Community Empowerment for Rural Development.
ED	Executive Director
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
MFA	Manager Finance and Administration
MP	Manager Programmes
MRTD	Manager Research, Training and Development
NGO	Non Governmental Organization
RPC	Regional Programme Coordinator

ABSTRACT

The purpose of the study was to assess the factors affecting implementation of the HIV/AIDS workplace Policy in CEFORD. The objectives of the study were: to assess the extent to which resource availability affected implementation of the HIV/AIDS Workplace policy in CEFORD; to establish the relationship between organizational control and implementation of the HIV/AIDS workplace policy in CEFORD and to find out the moderator influence of the Legal framework on the relationship between resource availability and organizational control in implementation of the HIV/AIDS workplace policy in CEFORD. A Case study design was used to enable the researcher gather the required data from CEFORD. A sample of 39 respondents was selected to participate in the study and the response rate was 90%. A triangulation of methods was used for data collection which included questionnaire, interviews and documentary analysis of related literature from publications and reports related to HIV/AIDS at the workplace. The findings of the study indicated that resource availability and organizational control had a positive and significant relationship with HIV/AIDS workplace policy implementation and identified gaps that hindered implementation of the policy. The study established that the legal framework had influence on resource availability and organizational control in implementing the HIV/AIDS workplace policy. The study recommended that CEFORD management should aggressively mobilize resources and develop strategies for sustaining HIV/AIDS programs at the workplace; put in place mechanisms for reporting and dissemination of reports on HIV/AIDS policy implementation; dissemination of the HIV/AIDS workplace policy and the National HIV/AIDS policy to staff.

CHAPTER ONE

INTRODUCTION

1.0 INTRODUCTION

This chapter presents the background to the study, the statement of the problem, the purpose and objectives of the study, the Research questions, the hypotheses, the conceptual framework, the scope of the study, the significance, justification and operational definition of terms and concepts. This study was set to find out the factors affecting implementation of the HIV/AIDS workplace policy in Community Empowerment for Rural Development (CEFORD). Factors were conceived in the study as the Independent variable while implementation of the HIV/AIDS workplace policy was the dependent variable.

1.1 BACKGROUND TO THE STUDY

The HIV and AIDS pandemic is a global crisis and constitutes one of the most formidable challenges to development and social progress. It is eroding decades of development gains, undermining economies, threatening security and destabilizing societies. Since the epidemic started, an estimated 60 million people have been infected with HIV of whom 20 million have died (UNAIDS, 2005). The rate of new infections continues to increase every year with an estimated 4.9 million people having been

infected during 2004 (UNAIDS, 2005) while an estimated 2.8 million lost their lives to AIDS (UNAIDS, 2006). The increasing numbers of people infected with HIV year after year are of major concern, posing a threat to the whole AIDS response.

In sub Saharan Africa, it is estimated that 24.5 million people are living with HIV/AIDS while the infection rate by June 2006 was 2.7 million people per annum (UNAIDS, 2006). Sub Saharan Africa has the largest number of infected persons representing about 70% of the World's population living with HIV and AIDS. This therefore, means that Africa singly bears the brunt of the pandemic.

AIDS in Uganda was first identified in Rakai district in the early 1980s. Since then, cases of HIV have been reported throughout the country and it's estimated that 2 million people have been infected with HIV in the last 25 years of whom about 1 million people had died and 1.4 million people are living with HIV/AIDS (Monico, Tanga and Nuwagaba, 2001; UAC, 2004; Public Service, 2007). The Uganda HIV/AIDS Sero-Behavioural Survey, 2004-05 reports HIV prevalence in Uganda among adults aged between 15 – 49 years as 6.4%. Prevalence among women in this age group is 7.5% compared to 5% of men in the same age group (Uganda HIV/AIDS Sero-Behavioural Survey, 2004-05). This implies that the adults who form majority of the workforce are at risk of being infected or affected with HIV.

Increasingly affected in the HIV/AIDS epidemic is the business world, which is suffering not only from the human cost to the workforce but also in terms of losses in profits and productivity that result in many new challenges for both employers and employees (UNAIDS & IOE, 2002). Many of those infected with HIV/AIDS are people in the prime of their working life between the ages 15 – 49 years, who are experienced and skilled workers in both managerial and non-managerial employment (ILO, 2004; The World Bank Staff Paper, 2007). Luis et al (2001) confirm that among people of prime working age (25 to 44 years), HIV infection is now the leading cause of death. Given these scenario, organizations across the world are being increasingly forced to deal with AIDS in the workplace. Surprisingly though some companies are reluctant to come to grips with the AIDS issue because of the fear and anxiety it provokes (IFC, 2002). Current thinking therefore suggests that failure to deal with the issue proactively is a prescription for crisis because AIDS carries high economic and moral costs.

While almost everyone has heard of HIV/AIDS, misconceptions about HIV infection persist, even in developed countries (UNAIDS & IOE, 2002). If employees lack accurate information about HIV and AIDS, the smooth conduct of business can be affected by: fears of becoming infected, which may lead to refusal to work with an employee who is known, or is rumored to have HIV or AIDS; false beliefs and stigmatization, which can lead to the employee being mistreated; and discriminated in the making of personnel

decisions for example, the unjustified discharge of an employee who has HIV. With high levels of staff turnover, transmission of skills and knowledge becomes difficult. Loss of colleagues severely affects staff morale. Discrimination against people living with AIDS and disruption of work activities also take their toll on morale.

At the workplace, employers are experiencing reduced productivity as a result of employee absenteeism and death (GAC, 2004; UNAIDS & IOE, 2002). Consequently, employers are being challenged to manage the impact of HIV/AIDS in the workplace, which includes dealing with issues of stigma and discrimination, changing requirements for health-care benefits, training of replacement staff, and loss of skills and knowledge among employees.

A number of Organizations have taken up the challenge of HIV/AIDS seriously by developing innovative responses to the pandemic (UNAIDS & IOE, 2002). However, the challenges facing companies in responding to HIV/AIDS include lack of funds and expertise, especially in the case of small and medium-sized enterprises and organizations; the sensitivity of the issue of HIV/AIDS, how to deal with workers' attitudes on issues relating to sex and sexual behavior, and the stigmatization associated with the infection; commitment from shareholders on the need for action; how to provide care and support

including medical care, counseling and alternative working arrangements to those infected.

Due to the unique factors surrounding HIV/AIDS in the business world, (UNAIDS & IOE, 2002) Organizations have developed HIV/AIDS workplace policies whose main objective is to prevent the spread of HIV/AIDS, reduce stigma and discrimination and create an environment that is responsive to HIV/AIDS related issues in a knowledgeable and business way. This study is therefore intended to highlight the challenges faced by NGOs in implementing the HIV/AIDS workplace policy and draw lessons that will contribute towards elimination of some of the above stated problems regarding HIV/AIDS.

1.2 STATEMENT OF THE PROBLEM

In response to the global concern on HIV/AIDS at the workplace, CEFORD developed the workplace policy in 2006 to assist in dealing with the impact of HIV/AIDS at the workplace. The Workplace Policy focused on prevention, care and support services to address risks and vulnerability to HIV/AIDS and reduce stigma and discrimination associated with HIV/AIDS within CEFORD workplace (CEFORD Workplace Policy, 2006).

Though the policy has been in existence since 2006, implementation has only been

partial. The Workplace Policy made several provisions in line with the National Legal Framework but these have been extremely difficult to realise for example prevention, care, and treatment and support services. CEFORD made efforts to provide information and education on HIV/AIDS prevention to her staff but this appears not to be successful in achieving the total implementation of the policy since it targeted only staff based at the head office. Though an implementation structure exists and there is a focal point person in place, the HIV/AIDS committee and Peer Educators are not actively involved in implementing HIV/AIDS related activities. This therefore implies that other factors which have not been identified may be contributing to the failure of implementing the policy. This study was therefore intended to investigate such factors and also provide solutions to them.

1.3 PURPOSE OF THE STUDY

The purpose of the study was to assess the factors affecting implementation of the HIV/AIDS Workplace Policy in CEFORD.

1.4 OBJECTIVES OF THE STUDY

The study focused on the following specific objectives.

1. To assess the extent to which resource availability affects implementation of the HIV/AIDS Workplace policy in CEFORD.

2. To establish the relationship between organizational control and implementation of the HIV/AIDS workplace policy in CEFORD.
3. To find out the moderator influence of the Legal framework on the relationship between resource availability and organizational control in implementing the HIV/AIDS workplace policy in CEFORD.

1.5 RESEARCH QUESTIONS

The study sought to answer the following questions;

1. To what extent does resource availability affect implementation of the HIV/AIDS Workplace Policy in CEFORD?
2. What is the relationship between organizational control and implementation of the HIV/AIDS Workplace Policy in CEFORD?
3. What is the influence of the Legal framework on the relationship between resource availability and organizational control in implementation the HIV/AIDS workplace policy in CEFORD?

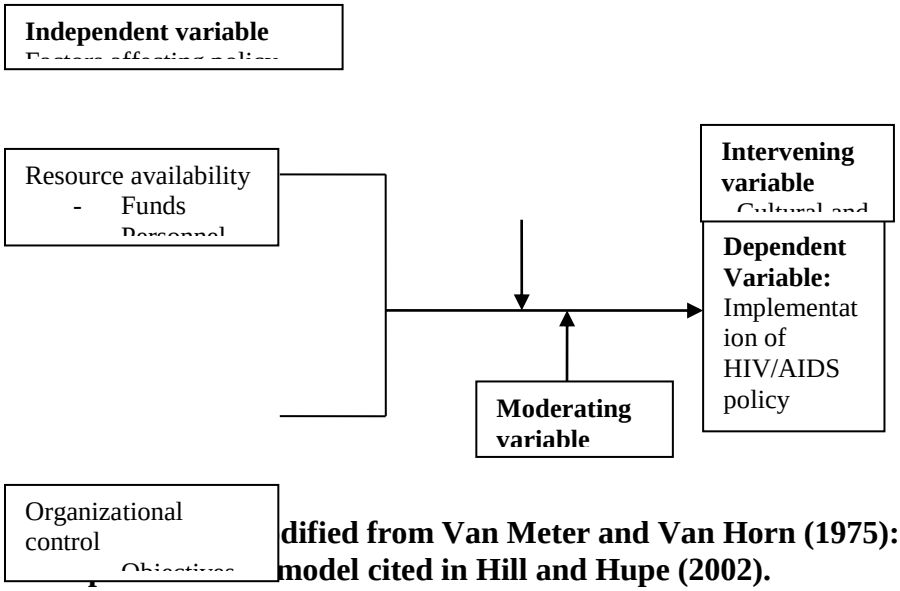
1.6 RESEARCH HYPOTHESES

The research hypotheses for the study were:

1. Resource availability significantly affects implementation of the HIV/AIDS Workplace policy at CEFORD.
2. There is a significant positive relationship between organizational control and implementation of the HIV/AIDS Workplace Policy at CEFORD.

3. The Legal framework significantly influences resource availability and organizational control in implementation of the HIV/AIDS workplace policy at CEFORD.

1.7 CONCEPTUAL FRAMEWORK ON FACTORS AFFECTING IMPLEMENTATION OF THE HIV/AIDS WORKPLACE POLICY



dified from Van Meter and Van Horn (1975): Policy model cited in Hill and Hupe (2002).

The conceptual framework diagrammatically illustrated above was adopted from Meter and Horn who provided a model in which six variables are linked dynamically to the production of an outcome 'performance' (Hill and Hupe, 2002). The variables are: policy standards and objectives, resource availability, inter-organization relationships, organizational control, external environment and disposition of the implementers. This model was considered relevant though for the purpose of this study only two of the

variables were selected namely resource availability and organizational control to analyze implementation of the HIV/AIDS workplace Policy in CEFORD.

The dependent variable was Implementation of HIV/AIDS workplace policy which is greatly influenced by the independent variables which are the different factors affecting implementation. The dimensions of the independent variable included but not limited to resource availability and organizational control (Hill and Hupe, 2002).

Resource availability: Is a critical ingredient in the implementation of policy commitments and the absence of adequate resources can undermine the objectives set forth by the decision maker. The indicators for resource availability included funds, personnel and material resources.

Organizational control: Is an important factor taken into consideration by organizations to ensure that objectives are accomplished as effectively and efficiently as possible (Kreitner, 2002). Organizational control in this study was to ensure that the HIV/AIDS workplace policy is implemented despite environmental, organizational and behavioural obstacles and uncertainties. The indicators for organizational control included objectives, standards and evaluation system.

The Moderating variable was the legal framework that reinforces the independent variables while the Intervening variables were the cultural and religious beliefs that compete with the Independent variable to affect the dependent variable. The contention

was that if the Intervening variables were carefully controlled and the independent variable adequately handled there would be some positive indicators in the dependent variables. The indicators of the dependent variable in this study included increased

knowledge and awareness on HIV/AIDS, reduced stigma and discrimination among CEFORD staff. The indicators would show themselves in the outcome variables on the level of implementation of the workplace policy. The outcomes could lead to better implementation of HIV/AIDS workplace policy in NGOs.

1.8 SIGNIFICANCE OF THE STUDY

The findings and recommendations from the study are of major significance to the following:

1. CEFORD Management as a useful management tool to support them in effectively implementing the HIV/AIDS Workplace Policy.
2. Policy makers to enable them strengthen policy development and implementation process. The study would provide empirical data on factors affecting implementation of HIV/AIDS workplace policy in NGOs and recommendations aimed at improving policy implementation.
3. To Researchers, the findings constitute a worthwhile reference book for consultation by future researchers in this and related areas.

1.9 JUSTIFICATION OF THE STUDY

There had been no study done by CEFORD to asses the HIV/AIDS workplace policy

implementation process since it was developed in 2006. The findings from the study give feedback to CEFORD on the implementation process. The identified areas of weakness and the recommendations made are useful to policy makers in NGO management to ensure successful HIV/AIDS workplace policy implementation in future.

1.10 SCOPE OF THE STUDY

1.10.1 Geographical scope:

The study was carried out at CEFORD an organization that operates in West Nile region with its Headquarters located in Arua district in North Western Uganda.

1.10.2 Contents scope:

The study was focused on assessing the factors affecting implementation of the HIV/AIDS workplace Policy in CEFORD (NGO). The independent variable in the study was factors affecting implementation of the HIV/AIDS work place policy. The first dimension of the study was resource availability and the indicators measured were funds, personnel and material resources. The second dimension was organizational control which was measured by the following indicators: objectives, standards and evaluation system. The dependent variable was implementation of the HIV/AIDS workplace policy and this was measured by the following indicators: Increased knowledge and awareness on HIV/AIDS, reduced stigma and discrimination.

1.10.3 Time scope:

The study was focused on the prevailing situation at the time of the study as the springboard to the way forward. However references were made to the last three years (2006 -2009). This was the period during which the HIV/AIDS workplace policy was developed and instituted in CEFORD.

1.11 OPERATIONAL DEFINITION OF TERMS AND CONCEPTS

Evaluation	The assessment of the impact of a programme at a particular point in time.

Funds	Amount of money allocated to HIV/AIDS activities by management in a financial year and its accessibility in order to carry out HIV/AIDS activities.
HIV/AIDS Workplace policy	Written document approved to provide direction for dealing with HIV/AIDS related stigma and discrimination, HIV prevention and education in CEFORD in a legal, equitable and consistent manner.
Implementation	Attainment of policy intended outcomes that are increased knowledge and awareness on HIV/AIDS, reduced stigma and discrimination.
Policy	A statement setting out a department's or organization's position on a particular issue.
Workplace	Occupational settings, stations and places where workers spend time for gainful employment. In this case referred to as CEFORD Head office and Programme area offices where staffs work.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter includes reviewed and documented literature from journal articles, books and reports on what had been carried out in the areas of HIV/AIDS and HIV/AIDS workplace Policy implementation. Studies from closely related literature helped to strengthen and give clear background of the subject at hand. Some practical and theoretical experiences were also examined with view of setting the platform upon which the study was conducted.

This review focused on one key theory from which four major themes emerged repeatedly throughout the literature reviewed in relation to HIV/AIDS at the workplace. These themes were: availability of resources and implementation of HIV/AIDS workplace policy; organizational control and implementation of HIV/AIDS workplace policy; legal framework and implementation of HIV/AIDS workplace policy; cultural and religious beliefs and implementation of HIV/AIDS workplace policy. Although the literature presented these themes in a variety of contexts, this was primarily focused on their application to implementation of HIV/AIDS workplace policy in NGO setting.

2.1 RESOURCE AVAILABILITY AND IMPLEMENTATION OF HIV/AIDS WORKPLACE POLICY

Resources, according to Kreitner (2002), refer to the factors of production which include land, labour and capital which must be used effectively and efficiently. The elements considered under resource availability in this study included funds, personnel and material resources to facilitate implementation of the HIV/AIDS workplace policy in organizations.

2.1.1 FUNDS AND IMPLEMENTATION OF HIV/AIDS WORKPLACE POLICY.

According to the ILO, HIV/AIDS is a major threat to the world of work because it is imposing huge costs on enterprises in all sectors through declining productivity and earnings, increasing labor costs, loss of skills and experience (GAC, 2004). In terms of funds, Holden (2004) explains that the task by management is to include HIV/AIDS in budgets and to get those budgets funded. Organizations should make every effort to establish a budget for HIV/AIDS activities. The budgets should include the expected costs of reducing susceptibility and vulnerability to HIV/AIDS. However, Sangeeta and Nadeem, (2004) argue that Project leaders under pressure from various stakeholders determine budgets with little or no regard for the hard facts about what will actually be required. This implies that formal planning is skipped and the team members lose opportunities to respond to problems gracefully by revising goals, shifting resources or

re-organizing plans as a result projects miss schedule commitments, go over or under budget and deliver less than they are required.

Money makes projects happen and financial management and control is all about ensuring that money and other resources are used economically, effectively and transparently and are available where needed, on time, to meet project needs. According to Brown, Didem and Nadeem, (2004), financial management comprises five basic elements and these are, disbursement, recording financial transactions, reporting financial transactions and physical progress, ensuring the integrity of internal systems and controls and financial reports in relation to implementation of projects or policies. The study findings showed that the limited funds and HIV/AIDS workplace activities were being managed at Regional level and nothing was disbursed to District offices.

However, ensuring sustained financing for HIV prevention, treatment and care is a challenge for both the private and public sector yet it is essential for treatment programs, which once initiated must not be interrupted (Merrick and Epp, 2001; Yolanda, 2004). It's implied in the literature that developing strategies for sustaining programs is becoming increasingly important for not only the public and private sectors but the NGO world as well.

2.1.2 PERSONNEL AND IMPLEMENTATION OF HIV/AIDS POLICY.

The Human Resource is the most important factor of production in any organization as it controls all the others (Kreitner, 2002). Success or failure of an organisation depends

largely on the human resource and there is therefore need to examine the issues that affect it. According to ILO (2001), HIV and AIDS is a major threat to the world of work because it affects the most productive segment of the labour force. It is imposing huge costs on enterprises in all sectors through declining productivity and earnings, increasing labour costs and loss of skills and experience (GAC, 2004; IFC, 2002; World Bank Staff paper, 2007). Absenteeism stemming from HIV/AIDS-related illness and care for sick family members leads to disruption of the production cycle, the under-utilization of equipment and use of temporary staff, which can directly affect the quality of products and services (GAC, 2004). Such illness and death lead to increased disorganization within the organization workforce as a result of rising staff turnover, loss of skills, and loss of tacit knowledge (gained from work experience and the organization's environment), declining morale and replacement costs (Jonathan et al 2000; IFC, 2002). These costs are not immediately obvious and are difficult to quantify accurately (World Bank Staff paper, 2007). With high levels of staff turnover, transmission of skills and knowledge becomes difficult. Loss of colleagues severely affects staff morale. Discrimination against people living with AIDS and disruption of work activities also take their toll on morale. These less visible organizational factors, built up over long periods of time, are critical for a more efficient, effective and ultimately productive workforce. AIDS can also have indirect costs in the form of disruption of the workplace as stated by Luis et al (2001). When an employee dies of AIDS, misinformed employees refuse to use shared facilities while their morale and performance suffer dramatically.

Fear may lead some employees to refuse to work with infected co workers while others may resent an infected co worker during advanced stages of AIDS.

In this regard, managers in the public sector have a particularly important role to play in an organisation's response to HIV and AIDS. It is their responsibility to address the problems caused by HIV and AIDS in the workplace at both organisational and individual levels (ILO 2001; Safaids, 2008). The dichotomy between organizational requirements and those of individuals living with or affected by HIV and AIDS makes this a challenging task. The HIV/AIDS policy is the starting point for the management of HIV and AIDS in the workplace as it establishes a coherent approach in addressing the issues associated with the pandemic (ILO, 2001). It provides consistency in an organisation's dealings with employees through the programmes, procedures and rules that flow from the policy.

An important element in successful education programs is the use of local consultants and peer educators where possible (Dickinson, 2006; Nancy, 2001). Local consultants can relate to particular fears prevalent in local communities and credibly dispel persistent and pernicious myths about HIV/AIDS (Dickinson, 2006). The use of peer educators has also proven an important component of effective HIV/AIDS education programs. Peers according to Nancy (2001) are people similar in age, background, experience and interests, whom people are more likely to listen to and follow advice from. According to ILO (2001), Peer educators should receive specialized training so as to be sufficiently

knowledgeable about the content and methods of HIV/AIDS prevention so that they can deliver, in whole or in part, the information and education programme to the workforce; be sensitive to gender and culture in developing and delivering their training; link into and draw from other existing workplace policies, such as those on sexual harassment in the workplace; enable their co-workers to identify factors in their lives that lead to increased risk of infection; be able to counsel workers living with HIV/AIDS about coping with their condition and its implications.

Peer education is one of the most widely-used strategies for raising awareness on HIV/AIDS (Nancy, 2001). Peer education typically involves training and supporting members of a given group to affect change among their peers. According to Dickinson's study (2006), responses to AIDS by peer educators is clearly focused on bringing about individual behavioural change, in themselves and others, to prevent infection and deal with the consequences of being infected. This focus on individual change rather than collective action is critical to any evaluation of peer educators as potential new workplace actors. The study established that a structure for the HIV/AIDS workplace policy implementation exists in the organization with responsibilities assigned for Board, Management, Focal Point Officer and Peer Educators. However, the findings also showed that Peer Educators had not been trained and were not supporting staff.

2.1.3 MATERIALS AND IMPLEMENTATION OF HIV/AIDS WORKPLACE POLICY.

Materials in this context refer to educational materials, consumables including drugs, supply of condoms necessary for the attainment of project goals. Brown et al, (2004) noted that procurement of resources is a necessary process to facilitate implementation of a project activity to achieve a well defined objective. Estimating the quantities of commodities enables program managers to plan budgets and procurement. However, for many of the HIV programs, the data needed to quantify the needs is usually not available (Sangeeta and Nadeem, 2004).

Organizations need to identify HIV/AIDS educational materials relevant to their staff. According to Nancy (2001), the HIV/AIDS educational materials and messages may be communicated in a variety of formats which include formal lectures, work group training sessions, videotape presentations, posters, brochures and pamphlets. Maximum impact will be achieved if educational messages and prevention activities are delivered in a complementary, regular and updated manner. Employers in accordance with ILO code of practice should consider organizing educational programmes during paid working hours and develop educational materials to be used by workers outside workplaces (ILO, 2001). According to the ILO Code of Practice on HIV/AIDS, effective education provides workers with the capacity to protect themselves against HIV infection. Education can

also help reduce HIV-related anxiety and stigmatization and significantly contribute towards attitudinal and behavioral change (Monico et al, 2001).

An important element of any HIV/AIDS prevention program mentioned in IFC (2002) is a reliable supply of free or affordable and high-quality condoms. Ensuring condoms are available in the workplace addresses a primary limiting factor of their use and the stigma associated with purchasing them (Yolanda, 2004). Condoms can be made readily available at an organization's clinic or through self-service dispensers in bathrooms (Merrick and Epp, 2001). The study found out that condoms received from ACORD had been supplied to all District officers in which CEFORD operates in. From the study, it was established that few staff had accessed reading materials related to HIV/AIDS and confirmed that they were beneficial.

2.2 ORGANIZATIONAL CONTROL AND IMPLEMENTATION OF HIV/AIDS WORKPLACE POLICY

According to Kreitner (2002) organizational control as a management function is the process of taking the necessary preventive and corrective actions to ensure that the organization mission and objectives are accomplished as effectively and efficiently as possible. Specific elements of organizational control to be considered in this study are objectives, standards and evaluation system. There is a substantial amount of overlap and interaction among these factors. However, they are explored separately below and are used to develop several propositions about policy implementation at CEFORD.

2.2.1 OBJECTIVES AND IMPLEMENTATION OF HIV/AIDS WORKPLACE POLICY.

Objectives are yardsticks against which actual performance can be measured (Kreitner, 2002) and provide measurable reference points for corrective action. Brown, et al. (2004) and IFC, (2002) emphasize that Objectives must be very clear for people to understand and accept to be able to win the war against HIV/AIDS by mobilizing every part of society to expand and improve prevention, care and support and mitigation programs.

Management commitment is considered critical in achieving objectives (VHAI, 2003). The continued interest and involvement of senior management from the program's inception is critical in providing the impetus and motivation for successful implementation. GAC, (2004) expands on this view and suggests that employers and their employees should work together to develop strategies to assess and respond to the economic impact of HIV/AIDS on their particular workplace. Findings from the study showed that apart from existence of the HIV/AIDS workplace policy, management had not developed clear strategy for implementation of the policy.

2.2.2 STANDARDS AND IMPLEMENTATION OF HIV/AIDS WORKPLACE POLICY.

Standards (Kreitner, 2002) serve as guideposts on the way to reaching set targets and provide feed forward control by warning people when they are off the track. According to

Thompson, (1967), one means of maintaining coordination across all units is the implementation of uniform policies, or standard operating procedures. Crozier (1964) views such actions as a way of bringing uncertainty and power under control. Following this line of thinking, decision makers develop policies or guidelines that standardize what work is to be done and how that work is to be performed. They do this in an attempt to control uncertainty, coordinate activities, and more closely control the direction of the organization (Handy, 1992)

In a study conducted by Stine and Ellefson (1995), the method used to distribute policies is related to the overall issue of communication. Communication, both vertical and horizontal, is viewed as a key factor in policy implementation. In general, the more communication occurs within an organization, the greater the adoption of policies is likely to be (Scheirer, 1981). Communication provides linkages among units, and can take several forms, including written reports and memos, direct contact (e.g., phone and face-to-face conversations), liaison positions, task forces, and others (Galbraith 1973; Galbraith and Nathanson, 1979). However, Stine and Ellefson (1995) contend that it is more difficult with direct contact to keep everyone in an organization equally informed. This can lead to decisions by people in individual units that increase the efficiency of the unit, but that may decrease the efficiency of the overall organization (Stine and Ellefson, 1995).

It is clear in the literature that organizations have used several approaches to communicate HIV and AIDS messages to their workforce. According to the World Bank Staff paper (2007), some organizations use information, education, and communication material in imaginative ways to capture the attention of its target audience. However, they also caution that such communication efforts need better monitoring and evaluation to assess their effectiveness in changing attitudes and practices. From the findings, it was established that CEFORD had organized some training sessions for selected staff, distributed reading materials and displayed posters on notice boards. However, this communication efforts were not uniformly implemented in other districts of operation

2.2.3 EVALUATION AND IMPLEMENTATION OF HIV/AIDS WORKPLACE POLICY.

Evaluation is necessary to distinguish between situations where implementation was not successful and situations where implementation occurred, but the policy itself was not successful and did not have the anticipated outcome (Brown et al, 2004; Hogwood & Gunn, 1984). In the literature, the terms evaluation and feedback are used interchangeably. Here, Evaluation refers to the analysis of information on HIV/AIDS workplace policy to determine the extent of implementation and whether the HIV/AIDS workplace policy had the intended results. Feedback refers to the gathering of information about HIV/AIDS workplace policy implementation from the field to the central office. (Goodman, 1965).

Most feedback is informal (Brewer and DeLeon, 1983) and getting good feedback requires a deliberate and intensive search by administrators. Quite often, all the information does not point in the same direction (Goodman, 1965). Even so, feedback mechanisms should be included in all policies and should be considered at the options selection and program design stages (Hogwood and Gunn, 1984). The literature suggests that HIV/AIDS workplace policy should ensure feedback mechanisms are in place.

Likewise, the method of evaluation should also be included at the options selection and program design stages. The very process of doing an evaluation can be used as a means of control (Brewer and DeLeon, 1983) or it can be used as support for taking other actions to insure compliance (Brewer and DeLeon, 1983). If implementation is satisfactory but the policy itself is not, the results of an evaluation can also be used to restart the iterative policy making process (Mazmanian and Sabatier, 1983). This implies that at organizational level, HIV/AIDS workplace policy reviews are necessary to assess the level of implementation. Findings showed that the HIV/AIDS workplace policy had not been reviewed from the time it was developed in 2006.

In all cases of policy implementation, non-compliance or the failure to implement a policy is an issue that must be considered. Non-compliance may result because the implementer did not know what the policy maker wanted, may not have been able to do what the policy maker wanted, or may have refused to do what the policy maker wanted (Goodman, 1965). Evaluations of policy implementation can be directed at the processes

involved in delivering a policy, or at the outputs or impacts of the policy (Hogwood and Gunn, 1984; Brewer and DeLeon, 1983). Fox (1990) suggests cultivating an awareness of the history of the organization, an understanding of the situational context for particular policies, and studies over longer time spans be taken into consideration to ensure compliance.

2.3 LEGAL FRAMEWORK AND IMPLEMENTATION OF HIV/AIDS WORKPLACE POLICY

The ILO recognized that laws concerning the world of work provide an ideal channel for the fight against the spread of the HIV virus and against the spread of damaging myths surrounding the HIV/AIDS disease. Hodges (2004) explains that all countries, whatever their infection rate, can benefit from a legal framework that brings workplace problems into the open, protects against employment discrimination, prevents workplace infection risks and ensures the participation of stakeholders in the mechanisms and institutions that might be created.

ILO (2001) clearly spells out that employers should adhere to national law and practice in relation to HIV/AIDS issues and endeavour to include provisions on HIV/AIDS protection and prevention in workplace environments.

Uganda has a number of statutes for responding to HIV and AIDS related issues in the workplace derived from provisions of the Constitution of Uganda (1995), Universal

Declaration of Human Rights Charter (1948), the International Labour Organization (ILO) Code of Practice on HIV/AIDS and the World of Work (2001), and the Uganda Government Standing Orders (cited in Public Service, 2007). It is also recognized that an enabling legal and regulatory environment is imperative to create the desired impact in the fight against HIV and AIDS pandemic (ILO, 2001). In this regard, governments need to be committed to continue with legislative reforms which are responsive to the needs of HIV and AIDS infected and affected persons. This is in line with international obligations including the International Labour Organization Code of Practice on HIV and AIDS and World of Work (ILO, 2001). The National HIV/AIDS policy is being implemented within the framework of the Constitution of Uganda and other relevant legislation.

A workplace policy provides the framework for action to reduce the spread of HIV/AIDS and manage its impact (ILO 2001, Safaids, 2008). It makes an explicit commitment to corporate action, ensures consistency with appropriate national laws, lays down a standard of behaviour for all employees (whether infected or not), gives guidance to supervisors and managers, helps employees living with HIV/AIDS to understand what support and care they will receive, helps to stop the spread of the virus through prevention programme (ILOAIDS). To support organizations, the ILO Code of Practice on HIV/AIDS and the world of work provides guidelines for the development of policies and programmes on HIV/AIDS in the workplace. From the study findings, it was established that majority of the staff were not aware of the linkage between the National HIV/AIDS policy and CEFORD HIV/AIDS workplace policy.

2.4 CULTURAL AND RELIGIOUS BELIEFS AND IMPLEMENTATION OF HIV/AIDS WORKPLACE POLICY

Cultural and religious beliefs in this study refer to the issues that stay in the way of effective implementation of prevention and management interventions in response to HIV/AIDS epidemic. According to Airhibenbuwa (1995), successful health communication campaigns are built on both cultural and sub cultural patterns that can best elicit the desirable responses from the target public. Okigbo (2002) notes that gender plays an important role in HIV/AIDS communication not only because sex behaviour is a gender related activity but also because there are serious implication for gender bias in HIV/AIDS infection rates especially in Africa where women are at greater risk than men. Cohen and Trussel (1996) explain that women are at a distinct disadvantage in negotiating power relations regarding sexual activities, wife inheritance, victims of multiple sex partners that could predispose them to HIV/AIDS infection. The scholars recommend that close attention be paid to such cultural issues as style and use of language, relationship within the family and community, differences within cultures and recognition of roles of different actors in mitigating HIV/AIDS.

Okigbo (2002) explains that spirituality embraces a wide rang of values, beliefs, attitudes and activities many of which have direct implication for sexual behaviour. This is largely because AIDS in the religious sphere is strongly associated with unethical sexual conduct. Lincoln and Mamiya (1990) contend with this view and emphasis that religion is a dominant influence among Africans and this must extend to HIV/AIDS programming.

Angrosino (1996) notes that addressing religious issues involving the use or non-use of condoms for protection against STIs/STDs and HIV infections is important and workers need to be given relevant information to enable them deal with the issues. The study did not establish any cultural and religious issues that affected the implementation of the HIV/AIDS workplace policy.

2.5 POLICY IMPLEMENTATION

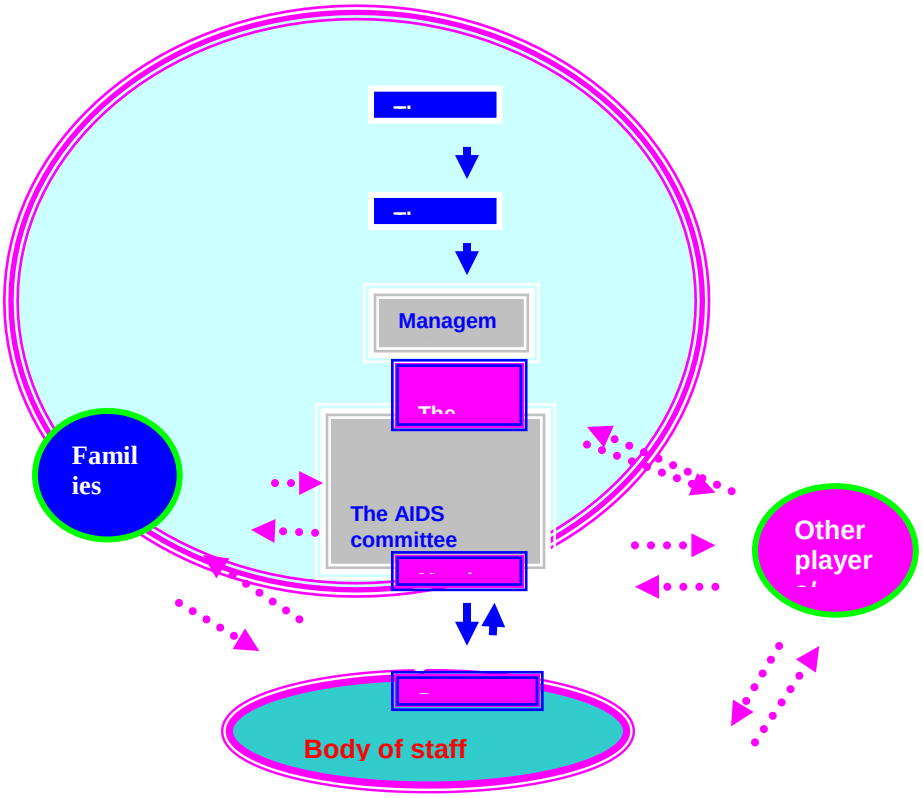
Pressman and Wildavsky (cited in Parson, 2001), the founding fathers of implementation studies explain that implementation research is concerned with considering what makes achievement of policy goals difficult. According to Larry (2004) implementation represents the conscious conversion of policy plans into reality. He further explains that it is the follow-through component of the public policy making process that reveals the strengths and weaknesses of the decision making process. Hill and Hupe (2002) suggest that the analysis of implementation should be seen as part of the study of organizational behaviour or of management. This contends with the view (Goggin et al, 1990 and Nakamura, 1980) that management of public policy should be regarded as no different from the management of any other activity. In the literature, the scholars acknowledge that policy implementation is a challenge and should be critically looked at to understand the difficulties associated with its successful implementation. This view was confirmed from the study which highlighted challenges related to implementation of the HIV/AIDS workplace policy which included limited funds, poor planning for HIV/AIDS activities, inadequate communication and feedback on HIV/AIDS policy implementation

Policy implementation is a relatively little studied phenomenon compared to policy formulation, or in a broader sense, decision making (Bardach, 1977; Brewer and DeLeon, 1983). This occurs for two primary reasons. First is the difficulty of separating policy implementation from policy formulation. In practice there is often no sharp division between formulating and implementing a policy (Hogwood and Gunn, 1984; Brewer and DeLeon, 1983). Implementation is often seen as an extension of the decision making process, or simply "executing a selected option" (Brewer and DeLeon, 1983, pp. 253). Thus, inability to demarcate where formulation ends and implementation begins causes difficulties in the study of implementation since it may be unclear what should be studied and what should not. Second, even though implementation is normally included as a distinct step in the policy process separate from other steps such as formulation, evaluation, reformulation, and termination (Hogwood and Gunn, 1984; Ellefson, 1992), there is no clear cut demarcation between the steps. With the views expressed on difficulties of separating policy implementation from policy formulation, the study will focus on actual execution of policy decision.

Implementation can be studied from several different perspectives, including that of the Policy maker, those responsible for actually implementing the policy, or target groups at whom the policy is directed (Mazmanian and Sabatier, 1983, pp. 12). The basic concern is the extent to which official policy objectives have been met and the reasons for attainment or non-attainment of the objectives. CEFORD developed an implementation structure to ensure effective implementation of the HIV/AIDS Policy within the

organization. The roles and responsibilities of the Board and Management (CEFORD, 2006) are spelt out in the policy while a Committee on HIV/AIDS has been constituted to spearhead the implementation of the policy on behalf of management. This CEFORD implementation structure is outlined in Figure 1 below.

Figure 1: CEFORD HIV/AIDS Policy Implementation Structure.



Source: CEFORD HIV/AIDS workplace Policy

Goodman (1965) explains that less-than-perfect implementation may result from mixed signals from various supervisors, work overload, or lack of resources. In addition, even carefully worded policies are still open to legitimate interpretation and misrepresentation (Brewer and DeLeon, 1983). In such cases, well-intentioned attempts at policy implementation may not turn out as the policy formulators had anticipated. There are a

number of factors noted in the literature (Scheirer, 1981; Yin, 1979 and Ellefson, 1992) which influence implementation of policies within organizations. Those of specific interest in this case are related to resource availability and organizational control.

2.6 SUMMARY OF THE LITERATURE REVIEW

In this chapter, literature was reviewed and analyzed in relation to implementation of Public Policies focusing on HIV/AIDS Workplace Policy. Meter and Horn's (1975) model for the analysis of implementation process was used in this study. In this model, six variables are proposed but in this study only two of the variables were considered these included resource availability and organizational control.

The literature was reviewed thematically based on the study variables. One of the study variables was to find out the extent to which resource availability affects implementation of the HIV/AIDS workplace policy. The elements considered were funds, personnel and material resources. Literature on these areas were reviewed and analyzed. The study findings showed that the limited funds and HIV/AIDS workplace activities were being managed at Regional level and nothing was disbursed to District offices. The study findings also showed that Peer Educators had not been trained; few staff had accessed reading materials related to HIV/AIDS and condoms were supplied to all District officers.

The second study variable also presented in the literature was to establish the relationship between organizational control and implementation of the HIV/AIDS workplace policy.

The elements considered here were objectives, standards and evaluation system. Findings from the study showed that apart from existence of the HIV/AIDS workplace policy, management had not developed clear strategy for implementation of the policy. From the findings, it was established that CEFORD had organized some training sessions for selected staff, distributed reading materials and displayed posters on notice boards. However, these communication efforts were not uniformly implemented in other districts of operation. Findings also showed that the HIV/AIDS workplace policy had not been reviewed from the time it was developed in 2006.

Other areas considered in the study were to determine the influence of the legal framework on implementation of the workplace policy. From the study findings, it was established that majority of the staff were not aware of the linkage between the National HIV/AIDS policy and CEFORD HIV/AIDS workplace policy. Literature related to studies on cultural and religious beliefs were reviewed. The study did not establish any cultural and religious issues that affected implementation of the HIV/AIDS workplace policy. Literature was also reviewed on difficulties expressed by other scholars related to policy implementation. This view was confirmed from the study which highlighted challenges related to implementation of the HIV/AIDS workplace policy which included limited funds, poor planning for HIV/AIDS activities, inadequate communication and feedback on HIV/AIDS policy implementation. From the studies conducted by other scholars useful information was generated to guide the researcher in undertaking the study from an informed point of view.

CHAPTER THREE

METHODOLOGY

3.0 INTRODUCTION

This chapter describes the methodology that was followed in conducting the study. It describes the research design, study population, sample size, sample selection techniques, data collection methods and instruments and data analysis methods.

3.1 RESEARCH DESIGN

A case study design was used to enable the researcher to gather the required data and to get detailed information in one specific institution. The case study method as cited by Gupta (1999) is a deep and intensive study of a particular social unit, confined to a very small number of cases. It is also a diagnostic study oriented towards finding out what is happening and why it is happening and what can be done about it. A case study is a story about something unique, special, or interesting—stories can be about individuals, organizations, processes, programs, neighbourhoods, institutions, and even events (Yin, 2003). The case study (Neale, Thapa and Boyce, 2006) gives the story behind the result by capturing what happened to bring it about, and can be a good opportunity to highlight a project's success, or to bring attention to a particular challenge or difficulty in a project. Cases were selected because they are highly effective. The case study approach was

suitable for this kind of study where the researcher generated new knowledge about the problem and got new suggestions from the field.

In light of the above, the case study approach used both qualitative and quantitative methods of data collection to facilitate validation of data through triangulation of methods and techniques (Amin, 2005; Fisher, 2004 and Yin, 2003). The use of qualitative and quantitative methods also neutralized bias that would arise from the use of only one method (Amin, 2005) and was necessary because of the wide range of information required before an informed conclusion could be arrived at. Finch (1986) sums by stating that in policy related studies, there are issues where qualitative data should be able to improve on the defects of quantitative data. From the arguments presented in the literature, both qualitative and quantitative approaches were necessary for this study to be able to generate comprehensive data on the HIV/AIDS workplace policy implementation in CEFORD.

3.2 STUDY POPULATION

The study population consisted of various actors in the implementation of the HIV/AIDS workplace Policy at CEFORD. The actors included all the staff of CEFORD in West Nile region. The study population was stratified according to job levels because they had different perspectives on the variables of interest. According to Mugenda and Mugenda (1999), the goal of stratified random sampling is to achieve desired representation from

various sub groups in the population. The strata considered in the study were Board, Management, and staff. In total the study population had 41 people.

3.3 SAMPLE SIZE AND SELECTION

The sampling technique used was purposive sampling and simple random sampling. Sekaran (2003), Mugenda and Mugenda (1999) explain the circumstances that justify the choice of purposive sampling. Purposive sampling involves the choice of subjects who are most advantageously placed to provide the information required. They could reasonably be expected to have expert knowledge by virtue of having gone through the experiences and processes themselves and might perhaps be able to provide good data or information to the researcher. The respondents in this category included the 5 CEFORD Board members and 6 Management staff.

Mugenda and Mugenda (1999) further explain that the goal of simple random sampling is to achieve desired representation from members of the accessible population. This provides an efficient system of capturing, in a small group, the variations that exist in the target population. The respondents included 28 CEFORD staff.

The sample plan was to use 95% of the target population (39 respondents) because it's fairly a small number and can be reached with relative ease. Neuman (2006) confirms that the smaller the population, the bigger the sampling ratio has to be for an accurate sample. Roscoe, 1975 (cited in Sekaran, 2003) proposes as a rule of thumb for

determining sample sizes should be larger than 30 respondents as appropriate for most research. Amin (2005) emphasises that for smaller population less than 100, there is little point in sampling but to survey the entire population. Therefore the sample size of this study though small is considered to be tolerable.

Table 1: A summary of the sample size categories and the method of sample selection

Category	**Population**	**Sample size**	**Instrument**	**Sample strategy**
Board	5	5	Questionnaire	Purposive sampling
Management	6	6	Questionnaire Interview guide	Purposive sampling
CEFORD staff	30	28	Questionnaire	Simple random sampling
Total	**41**	**39**		

3.4 DATA COLLECTION METHODS

The decision regarding data collection methods was guided by two important factors mainly: the material under study and the type of information required (Yin, 2003). Data collection methods included questionnaires, interviews and documentary analysis.

Questionnaire posed the relevant information and was less costly method (Sekaran, 2003). It was also good for confidentiality purposes (Moser and Kalton, 1979). The questionnaire was designed using a five Likert scale to ease respondent's effort in filling the questionnaire and helped minimize the subjectivity. The questionnaire was administered to all categories of the respondents indicated in table 1 above.

Interview was a supplementary method for data collection. Saunders, Lewis and Thornhill (1997) define an interview as a purposeful discussion between two or more people. Interviews were conducted to enable the researcher obtain more elaborate and accurate information and in-depth data through further probing which was not possible with the questionnaire. Interviews were conducted with the Management staff in the organization who were purposively selected as shown on table 1 above.

Documentary analysis was used in gathering secondary data and information. This involved reviewing reports, publications, journal articles that led to realistic background information of the study.

3.5 DATA COLLECTION INSTRUMENTS

The main instruments for data collection included a self administered questionnaire, interview schedule and documentary review.

Self administered questionnaires were used for primary data collection from the respondents. The questionnaires had closed ended questions with predetermined answer options and open ended items whose main aim was to help respondents bring out more relevant information that would otherwise not be captured by the pre-determined answer options (Sekaran, 2003). Each question was developed to address a specific objective of the study. Self administered questionnaires were also considered appropriate for collecting data within a short period of time. This was administered to all categories of the sample population. The sample questionnaires are attached as Appendix I.

The interview guide consisted of structured questions which were used to collect qualitative data and was conducted for Management staff in the organization. This was intended to enrich information collected from the Board and Program staff and also to check on the correctness of data collected using the questionnaires. The interview guide is attached as Appendix III.

Documentary review was carried out by the researcher to review the available reports and articles on the case study to find out the progress made in the implementation of the workplace policy since 2006 and the lessons learnt. Other related literature and studies were also reviewed. The documentary review guide is attached as Appendix IV.

3.6 VALIDITY AND RELIABILITY

The researcher developed the research instruments, discussed them with the researcher's supervisors (UMI and Work-based) then pre tested them on selected individuals under similar situations to those of the sample. Pre testing the instruments enabled identification and correction of deficiencies such as unclear or ambiguous questions, insufficient space to write responses, cluttered questions and wrong numbering. Secondly pre-testing also served to establish the reliability and content related evidence of the validity of the questionnaire.

3.6.1 VALIDITY OF INSTRUMENTS

According to Babbie (2007), validity refers to the extent to which results obtained from analysis of the data actually represent the phenomenon under study. A validity test was

carried out prior to the administration of the research instrument. This was done in order to find out whether the questions were capable of capturing the intended data. The Researcher further enhanced the validity of data by using different data collection methods. Using different data collection methods produced kinds of data on the same topic. Therefore seeing things from different perspectives and the opportunity to triangulate findings enhanced the validity of the data.

3.6.2 RELIABILITY OF INSTRUMENTS

Mugenda and Mugenda (1999) define reliability as a measure of the degree to which a research instrument yields consistent results after repeated trials. Reliability of the instruments is increased by reviews of the instruments by more experienced people and field tests on appropriate population. The researcher then administered the questionnaire instrument to selected sample of subjects. This helped the researcher to establish whether the instruments would measure what was intended to be measured and to test the stability and consistency in the instrument.

The Cronbach's Coefficient Alpha was determined for the study variables and yielded acceptable estimates a = 0.9697. The Cronbach's Alpha Coefficient indicates how well items in a set are positively correlated to one another. The closer Cronbach's Alpha is to 1, the higher the internal consistency reliability (Sekaran, 2003). The questionnaire was then administered to the respondents.

3.7 PROCEDURE FOR DATA COLLECTION

Robenstein (1966, pp. 695) explains that 'fieldwork is an imposition on the time and an intrusion into privacy of the organization members. Reluctance of members to provide information is that seldom is there any direct advantage to them in supplying information for research studies. With the above in mind, respondents were briefed about the aims, significance and use of the study findings and its relevance to them. They were assured of confidentiality related to their responses and also informed of the crucial role that the study would contribute towards better implementation of the HIV/AIDS workplace policy.

3.8 DATA MANAGEMENT AND ANALYSIS

The data collected through the various instruments was coded and analyzed while statistical techniques were used to aid in systematic and orderly presentation of the data for example in tables.

Qualitative data collected using structured interview guide and open ended questions were coded. This involved summarizing and organizing collected data in a manner that they answered the research questions. Data was then coded and categorized so as to come up with key themes to ensure that the information given by the respondents was accurate, complete and consistent. Direct key quotations were used to augment certain findings. Data was then presented using visual displays like tables and pie charts.

Quantitative data was sorted, coded, categorized, entered into computer and analyzed using Statistical Package for Social Scientists (SPSS) program. The researcher then used Pearson's Correlation Coefficient analysis to obtain an indication of the direction, strength and significance of the bivalent relationship of all the variables in the study. To test the hypothesis, the researcher used a significance level of 0.05. A significance level is the probability of obtaining similar results if the study is repeated many times using different but equal random samples (Mugenda and Mugenda, 1999).

The Regression Coefficient analysis was used to determine the extent to which independent variables affected the dependent variable. Results were then presented in Anova and Coefficient tables for comparison purposes and then interpreted. This helped to establish whether the independent variable predicted the dependent variable (Kothari, 2004; Mugenda and Mugenda, 1999). An Independent variable is said to be a significant predictor of the dependent variable if the absolute t-value of the Regression coefficient associated with that independent variable is greater than the absolute critical t-value in this case adjusted R square 0.500.

3.9 MEASUREMENT OF VARIABLES

Measurement of data is very important in studies that are quantitative in nature. In the study, three levels of measures were used namely nominal scale, ordinal and interval scale (Mugenda and Mugenda, 1999). The nominal and ordinal scale was used to group subjects from the study into categories. The researcher then used the data to indicate the

frequencies in each category. The Likert merit scale was the most common measure used to assess the strength of respondents' feelings or attitude towards the subject. The interval scale aided the researcher to compute the mean and standard deviations of responses on the variables (Sekaran, 1992; Amin, 2005).

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

4.0 INTRODUCTION

This chapter presents the findings, their interpretations and analysis thereby providing answers to research questions set out in the study. The findings are presented following the research questions which guided the study. The three questions to be answered were: To what extent did resource availability affect implementation of the HIV/AIDS Workplace Policy in CEFORD? What was the relationship between organizational control and implementation of the HIV/AIDS Workplace Policy in CEFORD? What was the influence of the Legal framework on the relationship between resource availability and organizational control in implementation of the HIV/AIDS workplace policy in CEFORD?

4.1 RESPONSE RATE

A total of 39 questionnaires were distributed and 35 were returned. The response rate was 90% out of the sample size of 39 respondents. Gay (1981) suggests that for correlation research, 30 cases or more are required therefore response from the 35 respondents was considered appropriate for the study. Qualitative and quantitative data was generated and the findings are presented in form of frequency counts, percentages in tables and figures namely pie charts, bar graphs and quotes. Inferential statistics like Pearson's Correlations and Regression analysis were used to analyze the study results.

4.2 BACKGROUND INFORMATION ON RESPONDENTS

This section provides information on the study respondents considering their job levels, age, sex and religion.

4.2.1 Job level of Respondents.

The researcher in the study wanted to know the composition and categories of the respondents in order to ensure that each section of staff was given chance to participate in the study. Table 2 below categorizes the respondents according to the following job levels; Board, Management, Program and Support staff indicating frequencies and the percentage response.

Table 2: Job level of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Board	3	8.6	8.6	8.6
Management staff	4	11.4	11.4	20
Program staff	12	34.3	34.3	54.3
Support staff	16	45.7	45.7	100
Total	**35**	**100.0**	**100.0**	

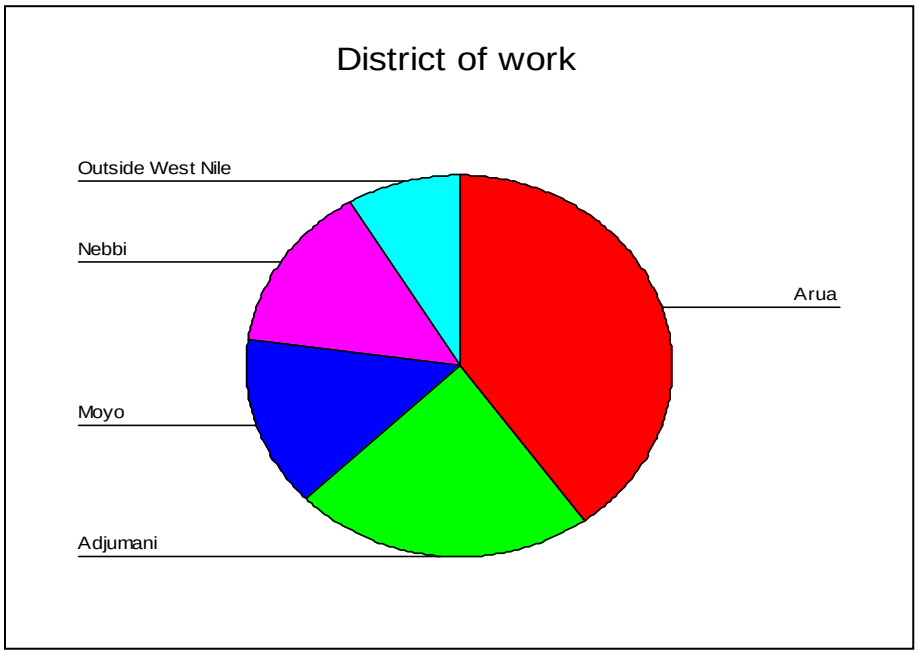
Source: Primary data

As shown in Table 2 above, 45.7% of the respondents were support staff and 34.3% were Program staff representing 80% of the respondents. The findings reveal that Program and support staff form majority of the staff in the organization. It implies that Program and support staffs are crucial in planning and implementation of interventions in the organization. The bottom up planning approach if not considered affects the quality of policy implementation.

4.2.2 District of work of Respondents.

The researcher also wanted to find out the distribution of the respondents according to districts of work and whether it had any impact on implementation of the HIV/AIDS workplace Policy. These were districts in West Nile in which CEFORD operates and has established Office structures in which staffs operate from. The districts included Arua, Nebbi, Adjumani and Moyo. The Board members are policy makers of the organization, majority of who reside outside West Nile.

Figure 2: District of work of Respondents.



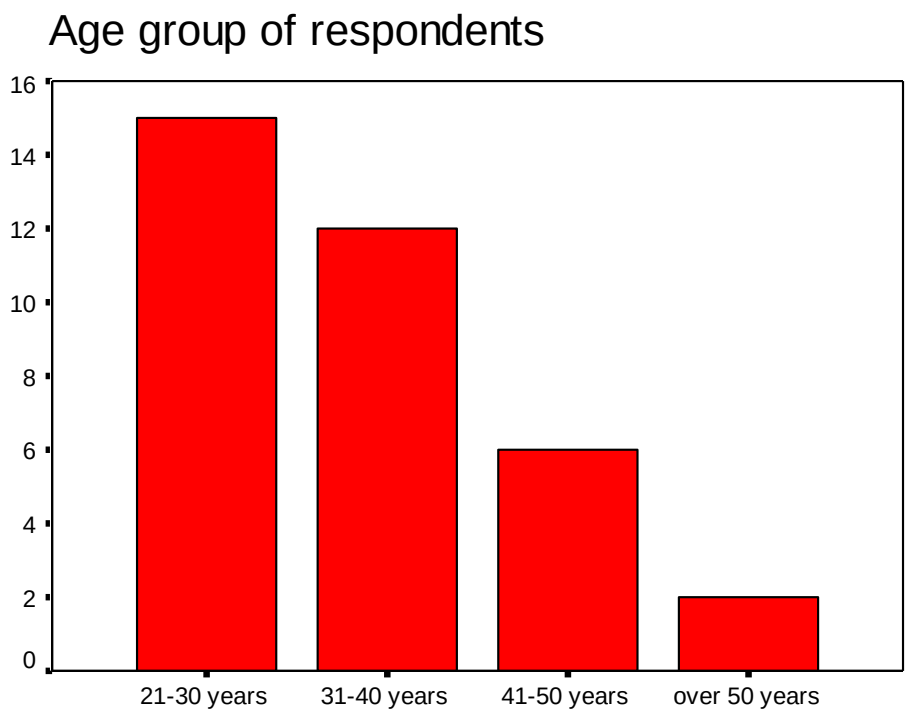
From the figure above, majority of the respondents (40%) were based in Arua, 22.9% in Adjumani, 14.3% in Moyo, 14.3% in Nebbi while 8.6% were based outside West Nile. Further analysis done on table 2 to establish the location of the management staff within West Nile region showed that 75% of management staff were based in Arua. This implies

that decision making is left to those who are easily accessible and can affect the quality of decisions made on behalf of staff in other districts. In relation to HIV/AIDS interventions at the workplace, it implies that such decisions are influenced by few management staff based at the headquarters.

4.2.3 Age group of Respondents.

The Researcher wanted to establish whether the age of the respondents had any relationship with implementation of the workplace policy. The graph below presents the age groups of the respondents in the study.

Figure 3: Age of Respondents.



Age group of respondents

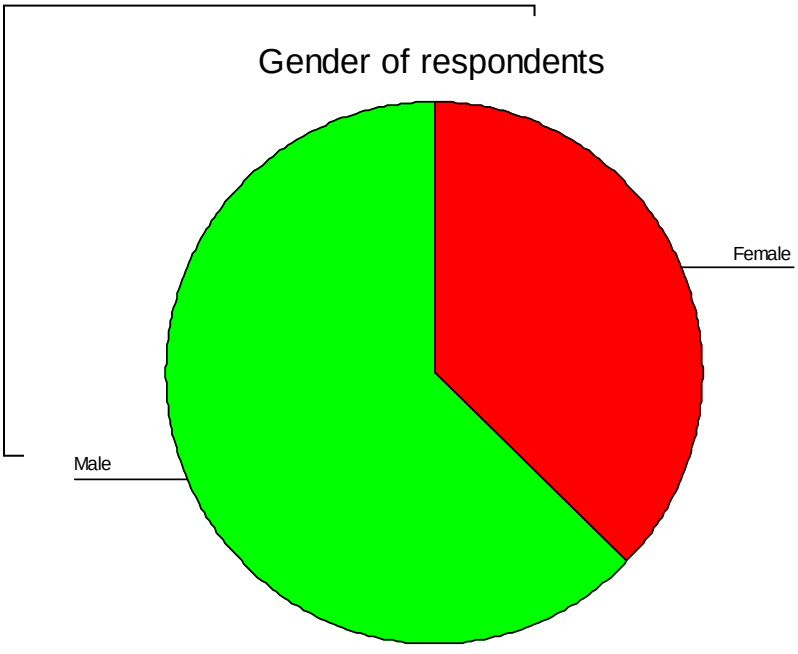
Source: Primary data

From the Figure 3 above, a significant number of the 35 respondents were in the age bracket 21-30 years representing 42.9% of the respondents. In Figure 3 above, 34.3% were in the age bracket 31-40 years, 17.1% in the age bracket 41-50 years and 5.7% were over 50 years. Luis et al (2001) warns that HIV/AIDS is increasingly affecting people of prime working age in the age bracket (25 to 44 years). This implies that Managers in organizations who employ people in the age bracket (25 to 44 years) need to strongly consider strategies that reduce employ vulnerability to HIV and AIDS.

4.2.4 Gender of Respondents.

The Researcher set to find out the gender distribution of the respondents in order to establish whether this had any influence on the implementation of the HIV/AIDS workplace Policy. The results are presented in the Figure 4 below.

Figure 4: Gender of Respondents



Source: Primary data

From the figure above 37.1% of the respondents were female while 62.9% were male. In total were 35 respondents. Though the findings indicate that male staffs are dominant in the organization, female staff were more dominant at the management level (Table 2) including the Focal Point Officer for HIV/AIDS. This therefore implies that gender distribution in CEFORD at management level did not have any influence on the implementation of the HIV/AIDS workplace Policy since both genders were represented at decision making levels.

4.3 EMPIRICAL FINDINGS

In this section, the findings generated from the quantitative data on the factors affecting implementation of the HIV/AIDS workplace Policy in CEFORD are explored. The findings are arranged to answer the following research questions; To what extent does resource availability affect implementation of the HIV/AIDS Workplace Policy in CEFORD? What is the relationship between organizational control and implementation of the HIV/AIDS Workplace Policy in CEFORD? What is the influence of the Legal framework on the relationship between resource availability and organizational control in implementation of the HIV/AIDS workplace policy in CEFORD?

The variables are analyzed using a five point Likert scale and the results are presented in descriptive tables showing the percentages of responses under each variable. The results

are then further explained using correlations and regressions in order to show relationships between the variables. The results from the quantitative source are compared with the qualitative notes.

4.3.1 To what extent does resource availability affect implementation of the HIV/AIDS Workplace Policy in CEFORD

In order to find out whether the HIV/AIDS workplace policy had available resources for its implementation, a number of questions were asked on the indicators identified under resource availability which include funds, personnel and materials. Findings from this study have been presented in tables then analysis and interpretations made.

4.3.1.1 Funds and implementation of HIV/AIDS workplace Policy.

The Researcher wanted to establish whether availability of funds had any effect on implementation of the HIV/AIDS workplace Policy. The results are presented in the table below.

Table 3: Funds and implementation of HIV/AIDS workplace Policy

S/no	Key areas		SD	D	U	A	SA	Total
3.1	HIV/AIDS has a separate budget known to staff at CEFORD.	Frequency	7	10	7	4	4	32
		% response	21.9	31.3	21.9	12.5	12.5	100
3.2	HIV/AIDS budget has adequate funds allocated for HIV/AIDS activities	Frequency	6	16	5	4	1	32
		% response	18.8	50.0	15.6	12.5	3.1	100
3.3	Staff are involved in planning and budgeting for HIV/AIDS activities	Frequency	3	8	12	7	2	32
		% response	9.4	25	37.5	21.9	6.3	100
3.4	Adequate funding for HIV/AIDS activities ensured regular implementation of the activities	Frequency	4	13	7	5	3	32
		% response	12.5	40.6	21.9	15.6	9.4	100
3.5	Under funding of HIV/AIDS activities has affected implementation in program offices	Frequency	2	6	8	8	8	32
		% response	6.3	18.8	25	25	25	100
3.6	Funds are released timely for HIV/AIDS activities	Frequency	6	11	8	5	2	32
		% response	18.8	34.4	25	15.6	6.3	100
3.7	CEFORD has plans to raise funds for continuous HIV/AIDS activities	Frequency	1	3	11	12	5	32
		% response	3.1	9.4	34.4	37.5	15.6	100

Key: SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree

Source: Primary data

The findings in Table 3 (section 3.1) above reveal staff feelings about the HIV/AIDS budget and whether it was known to staff. The above results show that 53.1% of the respondents said that the HIV/AIDS budget was not known to them. The interpretation is

that the budget was not shared with majority of the staff. It implies that budget information is accessed by few staff at Management level who are involved in decision making positions and this is likely to affect the quality of implementation by program and support staff in the organization.

From the study, under Table 3 (section 3.2), the highest percentage of respondents (68.8%) disagreed on the adequacy of the funds allocated for HIV/AIDS. This reveals that with inadequate funds HIV/AIDS workplace policy cannot be adequately implemented.

The study also sought to find out whether staffs were involved in planning and budgeting for HIV/AIDS activities. From the results in Table 3 (section 3.3), 34.3% were undecided while 34.4% were in disagreement. The findings further show that 71.9% have not been involved in planning and budgeting for HIV/AIDS activities which also indicates that only 28.1% of the staffs were involved in planning leaving the process to few staffs at decision making positions who may not focus on essential staff concerns. Sangeeta and Nadeem (2004) seem to agree with these findings in their literature stating that Project Leaders under pressure determine budgets with little input from other staff. Worth noting is that participatory planning and budgeting for HIV/AIDS is critical for successful implementation.

The study also sought to find out whether adequate funding ensured regular implementation of activities. Results in Table 3 (section 3.4) indicated that 53.1% were in disagreement. To verify this information, the organization plan and budget was examined and revealed that HIV/AIDS budget had Uganda shillings 4,165,000= for 2009; Uganda shillings 2,341,500= for 2008 while 2007 had no budget vote. These findings also revealed minimal amounts of funds were allocated for HIV/AIDS activities. This also implies that with minimal funds, implementation of the policy is rendered difficult.

The findings in Table 3 (section 3.5) also indicate that 50% of the respondents confirmed that under funding for HIV/AIDS activities affected implementation in Program Offices. Organizational documents especially the program area specific budgets reviewed showed that funds budgeted were retained at Headquarter level and no vote for Program Offices. The implication is that no activities on HIV/AIDS were implemented at Program level and that staff at Headquarter level had more access to services related to HIV/AIDS at the workplace.

From the results presented in Table 3 (section 3.6), only 22.9% of the respondents confirmed that funds were timely released for HIV/AIDS activities while majority (78.1%) were in disagreement or undecided on their responses. Further analysis showed that the staffs who confirmed the statement were at Management and program level and based in Arua where decisions are made. The implication is that information related to

flow of funds is not shared uniformly at all levels hence affecting the level of policy implementation in the organization.

According to the findings in Table 3 (section 3.7), the highest percentage of respondents (53.1%) were in agreement that CEFORD had plans to raise funds for HIV/AIDS activities. 12.5% were in disagreement while 34.4% were undecided. Documents reviewed at the organization also showed that initiatives had been made to raise funds through proposals but were unsuccessful in raising the required funds. This shows that the organization is positive about raising resources to address HIV/AIDS at the workplace but lacked aggressive fundraising strategies to enable her raise funds to implement the HIV/AIDS workplace policy.

4.3.1.2 Personnel and implementation of HIV/AIDS workplace Policy.

Under this section, the researcher wanted to establish whether issues related to personnel had any effect on implementation of the HIV/AIDS workplace Policy. The results are presented below in Table 4.

Table 4: Personnel and implementation of HIV/AIDS workplace Policy.

S/no	Key areas		SD	D	U	A	SA	Total
4.1	Staff are knowledgeable about HIV/AIDS facts	Frequency	0	2	2	18	10	32
		% response	0	6.3	6.3	56.3	31.3	100
4.2	Staff confident and capable of addressing HIV/AIDS in their work	Frequency	2	6	4	14	6	32
		% response	6.3	18.8	12.5	43.8	18.8	100
4.3	Trainings organized to strengthen and update staff knowledge and skills on HIV/AIDS	Frequency	5	5	5	11	6	32
		% response	15.6	15.6	15.6	34.4	18.8	100
4.4	Peer educators regularly trained on HIV/AIDS prevention	Frequency	3	13	7	7	2	32
		% response	9.4	40.6	21.9	21.9	6.3	100
4.5	Staff members share personal and family problems with colleagues	Frequency	4	7	9	9	3	32
		% response	12.5	21.9	28.1	28.1	9.4	100

It emerged from the study as presented in Table 4 (section 4.1) above that majority of the staff (87.6%) were knowledgeable about HIV/AIDS facts. This is positive revelation which implies that facts on HIV/AIDS if known by population at risk will minimize the risks of getting the disease and this has to be strengthened through activities that will enlighten staff on new facts related to HIV/AIDS.

From the study, in Table 4 (section 4.2), it emerged that 62.6% of the respondents were confident and capable of addressing HIV/AIDS in their work. This however implies that 37.5% of the respondents were not confident to address HIV/AIDS in their work and still

require efforts to be put in place to build their confidence. HIV/AIDS being an epidemic that is gradually affecting the workforce will require that all employees in an organization be in a position to handle effects related to the disease. This will also ensure that HIV/AIDS workplace policy concerns would be addressed.

The findings in Table 4 (section 4.3) above also show that 53.2% of the respondents were in agreement that trainings had been organized to strengthen and update staff knowledge and skills on HIV/AIDS. The findings also showed that 46.8% of the respondents were in disagreement or undecided. HIV/AIDS training reports reviewed also indicated that those who attended the trainings were mainly Management and Program staff. Related literature according to ILO (2001) explains that effective trainings provide workers with the capacity to protect themselves against HIV infection. The implication is that majority of the staff especially the Support staffs have not been exposed to such trainings and missed information to protect themselves from HIV/AIDS. This also implies that while implementing the HIV/AIDS workplace policy, all the components should be addressed.

The highest percentage of the respondents (71.9%) as presented in Table 4 (section 4.4) above disagreed with the view that Peer educators were regularly trained on HIV/AIDS prevention. In the literature, it is also clearly mentioned according to Nancy (2001) that peer education typically involves training and supporting a given group to affect change among their peers. This implies that with no training support for Peer educators, little will be achieved in the fight against HIV/AIDS at the workplace.

From the findings presented in Table 4 (section 4.5) above, it emerged out that 37.5% of the respondents were in agreement that staff members shared personal and family problems with colleagues while 34.4% were in disagreement and 28.1% were undecided on their response. This implies that a bigger percentage of staff have not built confidence in their colleagues to be able to discuss personal matters and have opportunities for peer counselling at the workplace.

4.3.1.3 Materials and implementation of HIV/AIDS workplace Policy.

Under this section, the researcher wanted to establish whether availability of HIV/AIDS related materials had any effect on implementation of the HIV/AIDS workplace Policy. The results are presented below in Table 5.

Table 5: HIV materials and implementation of HIV/AIDS workplace Policy.

S/no	Key areas		SD	D	U	A	SA	Total
5.1	Reading materials & video shows on HIV/AIDS regularly provided to staff	Frequency	9	9	3	9	2	32
		% response	28.1	28.1	9.4	28.1	6.3	100
5.2	Reading materials and video shows contribute to attitudinal and behavior change	Frequency	1	2	5	16	8	32
		% response	3.1	6.3	15.6	50	25	100
5.3	Reading materials provided by management on HIV/AIDS are helpful	Frequency	3	1	5	19	4	32
		% response	9.4	3.1	15.6	59.4	12.5	100
5.4	Video presentation on HIV/AIDS are shown to staff	Frequency	9	7	5	10	1	32
		% response	28.1	21.9	15.6	31.3	3.1	100
5.5	HIV/AIDS education helps reduce HIV related anxiety and stigmatization	Frequency	2	0	0	22	8	32
		% response	6.3	0	0	68.8	25	100
5.6	CEFORD is source of my HIV/AIDS information	Frequency	6	10	4	8	4	32
		% response	18.8	31.3	12.5	25	12.5	100
5.7	Condoms are important in HIV/AIDS prevention	Frequency	0	3	2	15	12	32
		% response	0	9.4	6.3	46.9	37.5	100
5.8	There is reliable supply of free condoms within the organization	Frequency	2	0	0	11	19	32
		% response	6.3	0	0	34.4	59.4	100

Key: SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree

Source: Primary data

Results presented in Table 5 (section 5.1) above on reading materials and video shows on HIV/AIDS showed that only 34.4% of the respondents confirmed that this was being regularly provided to staff. Further analysis showed that the staffs who confirmed this

statement were based in Arua. The implication is that Informative, Educational and Communication (IEC) materials related to HIV/AIDS have been easily accessed by staff who are within the decision making cycles leaving other staff with little or no access to vital information. Nancy (2001) states that HIV/AIDS educational materials and messages may be communicated in a variety of formats which include formal lectures, videotape presentations, posters, brochures and pamphlets.

Findings presented in Table 5 (section 5.2) above indicate that the highest percentage of respondents (75%) confirmed that reading materials and video shows contributed to attitudinal and behaviour change. From the findings presented in Table 5 (section 5.3) above, 70% of the respondents also mentioned that the reading materials provided by management on HIV/AIDS were helpful. This confirms the effectiveness of the strategies provided by Nancy (2001) on how to communicate HIV/AIDS messages at the workplace.

Majority of the respondents (65.6%) as presented in Table 5 (section 5.4) above were in disagreement or undecided about video presentations on HIV/AIDS to staff. The findings also showed that the few respondents (44.4%) who were in agreement were based at the Headquarters where there were opportunities for video shows on HIV/AIDS to staff leaving out majority of staff based at other district offices.

The highest percentage of the respondents (93.8%) as presented in Table 5 (section 5.5) above were in agreement that HIV/AIDS education helped reduce HIV/AIDS related anxiety and stigmatization. The interpretation is that once such educational services are accessed by all staff it reduces anxiety and stigma related to HIV/AIDS and other stress related problems which leads to increased productivity at the workplace.

The study sought to find out from the respondents whether CEFORD was their source of HIV/AIDS information. Results presented in Table 5 (section 5.6) above showed that 62.5% were in disagreement or undecided about their source of HIV/AIDS information being CEFORD. This implies that HIV/AIDS information has not been effectively disseminated to staff within the organization. It also implies that staffs get their HIV/AIDS information from other sources other than the organization.

From the study findings presented in Table 5 (section 5.7) above, 84.4% of the respondents were in agreement that condoms were important in HIV/AIDS prevention while 15.6% of the respondents were in disagreement or undecided about their response. This implies that regardless of the religious background of the respondents, they were positive about promotion of condom use as a strategy to fight HIV/AIDS at the workplace.

Majority of the respondents (93.8%) as presented in Table 5 (section 5.8) above confirmed that there were reliable supply of free condoms within the organization. IFC (2002) also indicated that an important element of HIV/AIDS prevention program is a reliable supply of free or affordable high quality condoms. This also implies that the organization has embraced the distribution of condoms to their staff as a strategy to reduce vulnerability to HIV/AIDS among staff.

4.3.1.4 Pearson's Correlations Coefficient results on resource availability

The study aimed at establishing the relationship between the Independent Variable and the Dependent variable. In this section the Independent Variable of interest is Resource availability while the Dependent Variable is Implementation of HIV/AIDS workplace Policy. The Pearson's Correlations Co efficiency is presented in Table 7 below.

Table 6: Correlations on Resource availability and Implementation of HIV/AIDS Policy

Correlations

		Resource availability	Implementation of HIV/AIDS Policy
Resource availability	Pearson Correlation	1.000	.626**
	Sig. (2-tailed)	.	.000
	N	32	32
Implementation of HIV/AIDS Policy	Pearson Correlation	.626**	1.000
	Sig. (2-tailed)	.000	.
	N	32	32

**. Correlation is significant at the 0.01 level (2-tailed).

Further analysis in table 6 conducted using Pearson correlation coefficient between

resource availability and implementation of the HIV/AIDS workplace Policy found the correlation results ($r = 0.626$, $p < 0.01$) which revealed that there is a positive significant relationship between resource availability and implementation of the HIV/AIDS workplace policy.

4.3.1.5 Regression on resource availability

In this study, regression analysis was done to ascertain factors that are significant in predicting HIV/AIDS workplace policy implementation. Regression analysis also examines the relationship of a dependent variable (response) to a specified Independent variable (predictor or explanatory variable). A Linear Regression model was used to determine how resource availability contributed to HIV/AIDS workplace policy implementation. The results are presented in the Tables below.

Table 7: Model Summary on resource availability

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.626[a]	.392	.372	.2484

a. Predictors: (Constant), Resource availability

The model summary table above revealed that R 0.626 is the correlation coefficient of the variable resource availability. The R square 0.392 is the explained variance meaning that 39.2% of the variance in implementation of the HIV/AIDS workplace policy can be explained by resource availability.

ANOVA Model on resource availability and implementation of HIV/AIDS policy

The ANOVA model in this study shows the goodness of fit. The lower the number, the better the fit that is if "Sig" is greater than 0.05 then it can be concluded that the model could not fit the data. Below is the ANOVA description for Resource availability and implementation of HIV/AIDS workplace Policy.

Table 8: ANOVA description for resource availability and implementation of HIV/AIDS policy.

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.195	1	1.195	19.362	.000[a]
	Residual	1.851	30	6.170E-02		
	Total	3.045	31			

a. Predictors: (Constant), Resource availability

b. Dependent Variable: Implementation of HIV/AIDS Policy

The ANOVA table above shows that F value obtained 19.362 is significant at the 0.000 level. This implies that resource availability is a significant predictor of the level of implementation of the HIV/AIDS workplace policy.

Regression Coefficient for Resource availability and HIV/AIDS Policy implementation

Table 9 below on Coefficients provides information on the effect of individual variables on the dependent variable which the Researcher used to interpret the results.

Table 9: Regression Coefficient for Resource availability and HIV/AIDS Policy implementation

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.899	.280		3.210	.003
	Resource availability	.376	.085	.626	4.400	.000

a Dependent Variable: Implementation of HIV/AIDS Policy

Table 9 above shows the Regression coefficient for resource availability and its contribution to HIV/AIDS workplace policy implementation. The results for resource availability ($R = 0.626$, $p < 0.01$) show that there is a positive significant relationship with HIV/AIDS workplace policy implementation. This also means that with increased availability of resources, there will be effective implementation of the HIV/AIDS workplace policy. The reverse is also true that where there is inadequate resource then there will be a poorly implemented HIV/AIDS Policy.

4.3.2 The relationship between organizational control and implementation of the HIV/AIDS Workplace Policy in CEFORD.

One of the research questions the study set out to answer was whether there was a relationship between organizational control and implementation of the HIV/AIDS

workplace policy in CEFORD. In order to generate information on this area, a number of questions were asked based on the indicators developed for this study which included; Objectives, Standards and monitoring and evaluation systems. Findings in this section have been presented in tables then interpretations and analysis.

4.3.2.1 Objectives of the HIV/AIDS workplace Policy

The author wanted to establish whether there was a relationship between objectives of the HIV/AIDS workplace Policy and its implementation in CEFORD. The results have been presented below in Table 10.

Table 11: Objectives of HIV/AIDS workplace policy

S/no	Key areas		SD	D	U	A	SA	Total
10.1	1 am aware CEFORD Board approved the HIV/AIDS workplace policy	Frequency	2	3	7	14	6	32
		% response	6.3	9.4	21.9	43.8	18.8	100
10.2	The Board of Directors	Frequency	7	10	8	5	2	32

S/no	Key areas		SD	D	U	A	SA	Total
	address staff on HIV/AIDS related Issues	% response	21.9	31.3	25	15.6	6.3	100
10.3	Management and Board of Directors are actively involved in forming alliances with HIV/AIDS service providers to provide services	Frequency	2	6	14	6	4	32
		% response	6.3	18.8	43.8	18.8	12.5	100
10.4	Management explained HIV/AIDS policy objectives to staff before implementation began	Frequency	2	4	10	13	3	32
		% response	6.3	12.5	31.3	40.6	9.4	100
10.5	The HIV/AIDS workplace policy objectives are very clear to me.	Frequency	1	9	4	16	2	32
		% response	3.1	28.1	12.5	50	6.3	100
10.6	Management is committed to achieving the objectives of the HIV/AIDS workplace policy	Frequency	1	9	6	13	3	32
		% response	3.1	28.1	18.8	40.6	9.4	100
10.7	Managers[1] have motivated me to talk openly about HIV/AIDS issues with my colleagues at work, friends and family	Frequency	5	13	2	10	2	32
		% response	15.6	40.6	6.3	31.3	6.3	100

Key: SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree

Source: Primary data

Findings from the study presented in Table10 (section 10.1) above indicate that 62.6% of the respondents were aware that CEFORD Board approved the HIV/AIDS workplace policy. This shows that approval by decision makers in an organization is important and

shows commitment towards addressing HIV/AIDS at the workplace and implies that such decisions made are taken seriously and implemented.

[1] Managers refer to ED, MFA, MP, MRTD, RPC

Majority of the respondents (78.1%) as presented in Table 10 (section 10.2) above disagreed on the statement or were undecided on their response on whether the Board addressed staff on HIV/AIDS related issues. The findings show that there seems to be a gap between the Board and staff in discussing issues specifically related to the implementation of the HIV/AIDS workplace policy.

From the study findings presented in Table 10 (section 10.3) above, 43.8% of the respondents were undecided on whether management and Board were actively involved in forming alliances with HIV/AIDS service providers to provide services to the staff. On the other hand 31.3% of the respondents were in agreement. This reveals that a small section of staff were informed about alliances being formed in the organization. This also indicates that there is a gap in sharing information on alliances formed with other service providers on HIV/AIDS services.

The study findings presented in Table 10 (section 10.4) above indicate that 50% of the respondents were in agreement that Management explained HIV/AIDS Policy objectives to staff before implementation began while 50% disagreed on the statement and undecided on their responses. The findings clearly show that the Policy was not

disseminated to all sections of staff yet it is important that for successful policy implementation, staff should have a shared understanding on the policy.

From the study findings presented in Table 10 (section 10.5), 43.8% of the respondents showed that the HIV/AIDS Policy objectives were not clear to them while 56.2% confirmed that the HIV/AIDS Policy was clear to them. This implies that almost half of the respondents have not understood the policy objectives and this makes implementation rather difficult.

In this study 50% of the respondents as presented in Table 10 (section 10.6) above were in agreement that management was committed to achieving the objectives of the HIV/AIDS policy while 50% disagreed or were undecided about their response. Further analysis showed that those in agreement were management and few program staff. This implies that management has not adequately shared their views on how to operationalize the HIV/AIDS policy with staff at the lower level. The implication is that lower staff will have less commitment towards implementation of the policy if not informed about the objectives.

Majority of the respondents (56.3%) as presented in Table 10 (section 10.7) above disagreed on the statement that managers had motivated them to talk openly about HIV/AIDS issues with their colleagues at work, friends and families, 6.3% were

undecided on their response while 37.6% were in agreement. The interpretation of this

finding is that managers have not been seen as spearheading the fight against HIV/AIDS at workplaces. This implies that with little support from managers, then actual realization of the Policy objectives will rather be difficult.

4.3.2.2 Standards of the HIV/AIDS workplace Policy and its implementation

The researcher wanted to establish whether there was a relationship between standards of the HIV/AIDS workplace Policy and its implementation in CEFORD. The results have been presented below in Table 11.

Table 11: Standards of HIV/AIDS workplace policy

S/no	Key areas		SD	D	U	A	SA	Total
11.1	I am always updated on implementation progress of HIV/AIDS policy by management	Frequency	6	14	6	4	2	32
		% response	18.8	43.8	18.8	12.5	6.3	100
11.2	I have receive written reports and memos on progress in HIV/AIDS workplace policy implementation from Managers	Frequency	10	15	4	3	0	32
		% response	31.3	46.9	12.5	9.4	0	100
11.3	I have received written reports and memos on progress in HIV/AIDS policy implementation from my supervisor	Frequency	10	14	3	4	1	32
		% response	31.3	43.8	9.4	12.5	3.1	100
11.4	External reports on HIV/AIDS situation are regularly circulated to staff	Frequency	7	10	3	11	1	32
		% response	21.9	31.3	9.4	34.4	3.1	100
11.5	Periodic meetings are held to discuss HIV/AIDS policy implementation at program level	Frequency	5	10	5	11	1	32
		% response	15.6	31.3	15.6	34.4	3.1	100
11.6	Management periodically attends program area meetings to discuss HIV/AIDS issues.	Frequency	5	10	10	4	3	32
		% response	15.6	31.3	31.3	12.5	9.4	100

Key: SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree

Source: Primary data

Findings from the study as presented in Table 11 (section 11.1) above show that 62.5% of the respondents disagreed that they were always updated on implementation progress of HIV/AIDS Policy implementation. The findings showed that 18.8% were undecided about their response while only 18.8% of the respondents were in agreement. The findings show that majority of the staff were not updated on the status of implementation of the HIV/AIDS Policy and that information was shared by few staff mainly at managerial level involved in decision making. This also implies that staffs at lower level are not fully involved in implementation of the policy.

In this study, as shown in Table 11 (section 11.2) above, 78.1% of the respondents disagreed on whether they had received written reports and memos on progress in HIV/AIDS workplace policy implementation from managers. Only 9.4% of the respondents confirmed while 12.5% were undecided. CEFORD annual reports reviewed also showed the reports hardly had detailed information on progress in implementation of the HIV/AIDS workplace policy in CEFORD. This also implies that activities related to HIV/AIDS were not considered part of the priorities of the organization.

From the findings presented in table 11 (section 11.3) above, 75% of the respondents disagreed that they had received written reports and memos on progress in HIV/AIDS policy implementation while only 15.6% were in agreement and 9.4% undecided. The findings in table 12 (section 12.4) also show that 53.1% of the respondents were in

disagreement on whether external reports on HIV/AIDS situation were regularly circulated to staff while 37.5% were in agreement with this and 9.4% were undecided. This finding show that systems for sharing reports and memos internally were weak leaving majority of the staff without vital information. For effective implementation of the Policy, there is need to strengthen internal systems of sharing information and updating colleagues on critical issues such as HIV/AIDS at the workplace.

On whether periodic meetings were held to discuss HIV/AIDS Policy implementation at Program level, Table 11 (section 11.5) above shows that 46.9% disagreed, 15.6% undecided and 37.5% were in agreement. In the same study findings, Table 11 (section 11.6) shows that 46.9% of the respondents were in disagreement that management periodically attended program area meetings to discuss HIV/AIDS issues, 31.3% were undecided while 21.9% were in agreement. Minutes of meetings reviewed showed that meetings held at Program area level had little or no information on issues to do with addressing HIV/AIDS at the workplace while periodic meetings held at Headquarters had information on HIV/AIDS issues at the workplace. The implication is that plans generated at Headquarter level may target staff within other than trickling down to other district offices. This also questions the uniformity of implementation of the Policy at the district levels.

4.3.2.3 Monitoring and evaluation of the HIV/AIDS workplace Policy and its implementation

The researcher wanted to establish whether there was a relationship between monitoring and evaluation of the HIV/AIDS workplace Policy and its implementation in CEFORD. The results have been presented below in Table 12.

Table 12: Monitoring and evaluation of HIV/AIDS workplace policy

S/no	Key areas		SD	D	U	A	SA	Total
12.1	Board are updated on implementation of HIV/AIDS workplace policy	Frequency	2	3	14	10	3	32
		% response	6.3	9.4	43.8	31.3	9.4	100
12.2	Management occasionally visits field offices to monitor and evaluate the implementation of the HIV/AIDS policy	Frequency	4	11	12	4	1	32
		% response	12.5	34.4	37.5	12.5	3.1	100
12.3	Program offices hold meetings to monitor progress in implementation of HIV/AIDS policy	Frequency	4	10	7	10	1	32
		% response	12.5	31.3	21.9	31.3	3.1	100
12.4	Program area reports highlight progress in implementation of HIV/AIDS policy	Frequency	5	7	10	8	2	32
		% response	15.6	21.9	31.3	25	6.3	100

Key: SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree

Source: Primary data

The study findings as presented in Table 12 (section 12.1) shows respondents views on whether Board were updated on implementation of HIV/AIDS workplace Policy. The findings also show that 15.6% of the respondents disagreed on the statement, 43.8% of

the respondents were undecided while 40.7% were in agreement. Minutes of Board meetings and management briefs to the Board which were reviewed did not indicate information on status of the HIV/AIDS Policy implementation. This implies that Board hardly received any information for them to take decisions on how to reposition themselves in order to address HIV/AIDS concerns at the workplace

On whether management occasionally visited field offices to monitor and evaluate the implementation of the HIV/AIDS policy, majority of the respondents (84.4%) as presented in table 12 (section 12.2) above disagreed or were undecided on their response while only 15.6% were in agreement. Field reports reviewed did not reflect information on HIV/AIDS Policy implementation much as monitoring reports were presented in other Program activities. This also shows that much as HIV/AIDS is a concern, it has not been given the needed attention within the organization.

From the findings presented in Table 12 (section 12.3) above, majority of the respondents (65.6%) disagreed and were undecided on whether program offices held meetings to monitor progress in implementation of HIV/AIDS Policy while 34.4% were in agreement. Meetings are key in sharing information and drawing plans for action however, minutes of meetings and work plans reviewed at Program area level did not highlight issues related to implementation of the HIV/AIDS workplace policy. The implication is that once HIV/AIDS is not taken as an agenda item in these meetings and reflected in work plans then no action points are drawn to address it.

The study findings in Table 12 (section 12.4) also revealed that 37.5% of the respondents disagreed on the statement that Program area reports highlighted progress in implementation of HIV/AIDS policy while 31.3% of the respondents were in agreement and 31.3% undecided on their response. Progress reports reviewed at Headquarter level had highlights on activities planned in relation to HIV/AIDS at the workplace while District reports did not report on activities related to HIV/AIDS at the workplace. The implication is that such activities were not planned at district level and as such little or nothing was done to address it. Whereas pockets of the organization implemented activities related to HIV/AIDS, as an organization, it is important that similar activities are replicated at the district level if vulnerability to HIV/AIDS is to be reduced in an organization.

4.3.2.4 Pearson's Correlations Coefficient results on organizational control

The Pearson Correlation Coefficient was computed in this study to establish the relationship between organizational control and HIV/AIDS workplace policy implementation. The Pearson's Correlations Coefficient results are presented in Table 13 below.

Table 13: Correlations on Organizational control and Implementation of HIV/AIDS Policy

Correlations

		Organizational control	Implementation Of HIV/AIDS Policy
Organizational control	Pearson Correlation	1.000	.554 **
	Sig. (2-tailed)	.	.001
	N	32	32
Implementation of HIV/AIDS Policy	Pearson Correlation	.554 **	1.000
	Sig. (2-tailed)	.001	.
	N	32	32

**. Correlation is significant at the 0.01 level (2-tailed).

The research results ($r = 0.554$, $p<0.01$) revealed that organizational control had a positive significant relationship with HIV/AIDS workplace Policy implementation. It means that Management contributed to implementation of the HIV/AIDS workplace policy in CEFORD. This was also supported by interviews and documentary analysis where there was indication that effort had been made to implement the HIV/AIDS policy in CEFORD

4.3.2.5 Regression on organizational control and implementation of HIV/AIDS Policy

Further analysis was made to ascertain whether organizational factors were significant in predicting HIV/AIDS workplace policy implementation using the Linear Regression model. The results are presented in the Table 14 below.

Table 14: Model Summary on organizational control

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.554[a]	.307	.284	.2652

a. Predictors: (Constant), Organizational control

The model summary table above revealed that R 0.554 was the correlation coefficient of the variable organizational control. The R square 0.307 is the explained variance meaning that 30.7% of the variance in implementation of the HIV/AIDS workplace policy is explained by organizational control.

Table 15: ANOVA Table on organizational control

The researcher used the ANOVA model to show the goodness of fit.

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.935	1	.935	13.292	.001[a]
	Residual	2.110	30	7.035E-02		
	Total	3.045	31			

a. Predictors: (Constant), Organizational control

b. Dependent Variable: Implementation of HIV/AIDS Policy

The ANOVA table above shows that F value obtained 13.292 is significant at the 0.001 level. This implies that organizational control is a significant predictor of the level of implementation of the HIV/AIDS workplace policy.

Regression Coefficient for Organizational control and HIV/AIDS Policy implementation

Table 16 on Coefficients provides information on the effect of organizational control on the implementation of HIV/AIDS workplace Policy which the Researcher used to interpret the results.

Table 16: Regression Coefficient for organizational control and HIV/AIDS Policy implementation

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.360	.213		6.397	.000
	Organizational	.267	.073	.554	3.646	.001

a Dependent Variable: Implementation of HIV/AIDS Policy

The Regression model results ($R = 0.554$; $p<0.01$) showed that the relationship between organizational control and implementation of the HIV/AIDS workplace policy was positively significant. Therefore increased organizational commitment results in an actively implemented HIV/AIDS workplace policy. This also implies that organizational control is a critical factor in ensuring the HIV/AIDS workplace policy is implemented.

4.3.3 The influence of the Legal framework on the relationship between resource availability and organizational control in implementation the HIV/AIDS workplace policy in CEFORD

The researcher wanted to establish the moderator influence of the legal framework on the relationship between resource availability and organizational control in implementation of the HIV/AIDS workplace Policy in CEFORD. The results have been presented below in Table 17.

4.3.3.1 Legal framework

The author wanted to find out whether the respondents were abreast with the National legal framework on HIV/AIDS. Findings have been presented below in Table 17.

Table 17: Legal Framework

S/no	Key areas		SD	D	U	A	SA	Total
17.1	I am aware of the National HIV/AIDS policy	Frequency	0	2	9	17	4	32
		% response	0	6.3	28.1	53.1	12.5	100
17.2	I have read the National HIV/AIDS policy	Frequency	5	6	4	14	3	32
		% response	15.6	18.8	12.5	43.8	9.4	100
17.3	CEFORD HIV/AIDS workplace policy is in line with the National HIV/AIDS policy	Frequency	0	2	12	9	6	32
		% response	0	15.6	37.5	28.1	18.8	100

Key: SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree

Source: Primary data

The study findings in Table 17 (section 17.1) indicated that majority of the respondents (65.6%) were aware of the National HIV/AIDS Policy while 34.4% of the respondents

disagreed or were undecided on their responses. While findings presented in Table 17 (section 17.2) indicate that 53.2% of the respondents had read the National HIV/AIDS policy 46.9% disagreed or was undecided on their response. The findings show that most respondents were aware of the National concern about HIV/AIDS but it also indicates that efforts have to be made to disseminate the content of the National Framework on HIV/AIDS to keep staff informed.

In this study as presented in Table 17 (section 17.3) above, 53.1% of the respondents disagreed or were undecided on whether CEFORD HIV/AIDS workplace Policy was in line with the National HIV/AIDS Policy while 46.9% were in agreement. This also implies that since majority of the respondents were not informed on the content of the National HIV/AIDS Policy then it is possible that they are not able to make a comparison between the National HIV/AIDS Policy and CEFORD's HIV/AIDS Policy.

4.3.3.2 Pearson's Correlations Coefficient results

In this section, the Researcher wanted to establish the moderator influence of the legal framework on the relationship between resource availability and organizational control in implementation of the HIV/AIDS workplace Policy in CEFORD. The results have been presented in the Table below.

Table 18: Correlations on influence of legal framework on resource availability and Organizational control in Implementation of HIV/AIDS Policy

Correlations

		Resource and Legal framework	Organizational control and legal framework	Implementation of HIV/AIDS Policy
Resource and Legal framework	Pearson Correlation	1.000	.901 **	.612 **
	Sig. (2-tailed)	.	.000	.000
	N	32	32	32
Organizational control and legal framework	Pearson Correlation	.901 **	1.000	.660 **
	Sig. (2-tailed)	.000	.	.000
	N	32	32	32
Implementation of HIV/AIDS Policy	Pearson Correlation	.612 **	.660 **	1.000
	Sig. (2-tailed)	.000	.000	.
	N	32	32	32

**. Correlation is significant at the 0.01 level (2-tailed).

Computed correlation coefficient results presented in the table above found a significant influence of the legal framework on resource availability and HIV/AIDS policy implementation ($r = 0.612$; $p<0.01$). Similarly there was a significant influence of the legal framework on organizational control and implementation of HIV/AIDS policy implementation ($r = 0.660$; $p<0.01$). This also means that CEFORD management recognized the importance of the Legal framework and had to adhere to the national law and practice in relation to addressing HIV and AIDS at the workplace.

4.3.3.3 Regression results

Further analysis was made to ascertain whether the moderator influence of the legal framework on resource availability and organizational control were significant in

predicting HIV/AIDS workplace policy implementation using the Linear Regression model. The results are presented in the tables below.

Table 19: Model Summary on influence of the legal framework

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.661[a]	.437	.398	.2432

a. Predictors: (Constant), Organizational control and legal framework, Resource and Legal framework

The model summary table above indicates that R 0.661 is the correlation coefficient of the moderator variable. The R square 0.437 is the explained variance meaning that 43.7% of the variance in implementation of the HIV/AIDS workplace policy can be explained by the moderator variable.

ANOVA Model

The researcher used the ANOVA model to show the goodness of fit as shown in the table below.

Table 20: Anova model on influence of the legal framework

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.330	2	.665	11.242	.000[a]
	Residual	1.715	29	5.915E-02		
	Total	3.045	31			

a. Predictors: (Constant), Organizational control and legal framework, Resource and Legal framework

b. Dependent Variable: Implementation of HIV/AIDS Policy

The ANOVA table above shows that F value obtained 11.242 is significant at the 0.000 level. This implies that the influence of the legal framework on resource availability and

organizational control is a significant predictor of the level of implementation of the HIV/AIDS workplace policy.

Regression Coefficient for the influence of the legal framework on Resource availability and organizational control and HIV/AIDS Policy implementation

The table on Coefficients provides information on the effect of the moderator variable on the dependent variable which the Researcher used to interpret the results.

Table 21: Regression Coefficient for the influence of the legal framework on Resource availability and organizational control and HIV/AIDS Policy implementation

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.503	.141		10.642	.000
	Resource and Legal framework	8.148E-03	.027	.096	.299	.767
	Organizational control and legal framework	5.309E-02	.030	.573	1.788	.084

a. Dependent Variable: Implementation of HIV/AIDS Policy

From the table above, the research results ($R = 0.096$; $p < 0.01$) indicated that the legal framework had influence on resource availability in implementing the HIV/AIDS

workplace policy. The findings ($R = 0.573$; $p<0.01$) showed that the legal framework had positive influence on organizational control in implementing the HIV/AIDS workplace policy.

4.3.4 Cultural and religious beliefs and implementation of the HIV/AIDS workplace policy

In this section, the researcher wanted to find out whether the intervening variable which is cultural and religious beliefs had any effect on the implementation of the HIV/AIDS workplace policy in CEFORD. The findings have been presented in Table 22 below.

Table 22: Cultural and Religious beliefs

S/no	Key areas		SD	D	U	A	SA	Total
22.1	Polygamy increases risks of acquiring HIV for men and women	Frequency	0	3	2	11	16	32
		% response	0	9.4	6.3	34.4	50	100
22.2	HIV is got due to unethical sexual behavior	Frequency	3	3	1	15	10	32
		% response	9.4	9.4	3.1	46.9	31.3	100
22.3	Condom use is a sin and against God's will	Frequency	7	12	1	7	5	32
		% response	21.9	37.5	3.1	21.9	15.6	100
22.4	HIV/AIDS can be cured through prayer and believe in God	Frequency	11	11	2	3	5	32
		% response	34.4	34.4	6.3	9.4	15.6	100

Key: SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree

Source: Primary data

From the study findings presented in Table 22 (section 22.1) above, majority of the respondents (84.4%) were in agreement that polygamy increased risks to acquiring

HIV/AIDS for both men and women though 15.6% were undecided or in disagreement. The findings show that the respondents were aware that polygamy though is a cultural practice in most societies, increased risks to acquiring HIV/AIDS.

In this study as presented in Table 22 (section 22.2) above, majority of the respondents (78.2%) indicated that HIV/AIDS was got due to unethical sexual behaviour while 18.8% of the respondents were in disagreement and 3.1% undecided. This shows that majority of the respondents were aware of the risky behaviours or situations that exposes one to getting HIV/AIDS.

Results presented in Table 22 (section 22.3) on whether condom use was a sin and against God's will, showed that 59.4% were in disagreement while 37.5% were in agreement. This shows that for majority of the respondents, condom use in the prevention of HIV/AIDS was considered important regardless of their religious background.

From the findings presented in Table 22 (section 22.4) above, 68.8% of the respondents were in disagreement that HIV/AIDS could be cured through prayer and belief in God while 25% were in agreement. This therefore means that majority of the respondents were aware of the facts about HIV/AIDS and how to reduce vulnerability to it however it also implies that for the respondents who were in agreement that HIV/AIDS could be

cured through prayer and belief in God, efforts need to be put in place to educate staff on facts and myths about HIV/AIDS.

The research findings were subjected to the Pearson Correlations Coefficient to further analyse the effects of the intervening variable (cultural and religious belief) on implementation of the HIV/AIDS workplace policy in CEFORD. These findings have been presented in the table below.

Table 23: Correlations on cultural and religious beliefs and implementation of HIV/AIDS Policy

Correlations

		Cultural and religious beliefs	Implementation of HIV/AIDS Policy
Cultural and religious beliefs	Pearson Correlation	1.000	-.328
	Sig. (2-tailed)	.	.067
	N	32	32
Implementation of HIV/AIDS Policy	Pearson Correlation	-.328	1.000
	Sig. (2-tailed)	.067	.
	N	32	32

The correlation results (r = -0.328) reveal that there is a negative relationship between cultural and religious belief and implementation of the HIV/AIDS policy. It means that cultural and religious beliefs did not affect the implementation of HIV/AIDS workplace policy in CEFORD.

Regression coefficient was also done to determine the relationship between cultural and religious belief and implementation of the HIV/AIDS workplace policy. The findings are presented below.

Table 24: ANOVA Model on cultural and religious beliefs

The researcher used the ANOVA model to show the goodness of fit whose findings are shown below.

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.328	1	.328	3.616	.067[a]
	Residual	2.718	30	9.059E-02		
	Total	3.045	31			

a. Predictors: (Constant), Cultural and religious beliefs

b. Dependent Variable: Implementation of HIV/AIDS Policy

In the table above, F value obtained 3.616 is significant at 0.067 level which implies that the model is significant at 67% level of confidence which is unreliable to draw a conclusion that cultural and religious beliefs affected implementation of the HIV/AIDS policy. Considering that the Anova finding is insignificant to explain the variance in implementation of the HIV/AIDS workplace policy, it is not necessary to run further regressions for more interpretations.

4.3.5 Dependent Variable: Implementation of the HIV/AIDS workplace Policy

In this study, the dependent variable was implementation of the HIV/AIDS workplace policy in CEFORD. The researcher wanted to establish the outcomes related to policy implementation which were increased knowledge on HIV/AIDS and reduced stigma and

discrimination on HIV/AIDS among CEFORD staff.

4.3.5.1 HIV/AIDS Policy Implementation

The outcomes related to Policy implementation are increased knowledge and awareness on HIV and AIDS, reduced stigma and discrimination at the workplace. The findings have been presented in Table 26 below.

Table 25: Policy Implementation

S/no	Key areas		SD	D	U	A	SA	Total

S/no	Key areas		SD	D	U	A	SA	Total
25.1	I am aware of the responsibilities of the HIV/AIDS Focal person	Frequency	1	5	5	15	6	32
		% response	3.1	15.6	15.6	46.9	18.8	100
25.2	CEFORD has Staff elected committee in charge of HIV/AIDS policy implementation.	Frequency	2	7	10	12	1	32
		% response	6.3	21.9	31.3	37.5	3.1	100
25.3	HIV/AIDS committee implement assigned responsibilities on HIV/AIDS action plan	Frequency	2	10	11	6	3	32
		% response	6.3	31.3	34.4	18.8	9.4	100
25.4	Peer educators exist in CEFORD to implement HIV/AIDS policy	Frequency	2	8	7	13	2	32
		% response	6.3	25	21.9	40.6	6.3	100
25.5	I am aware of the responsibilities of peer educators at CEFORD	Frequency	4	10	8	8	2	32
		% response	12.5	31.3	25	25	6.3	100
25.6	Peer Educators have inspired me to make decisions relating to sexual health and issues affecting my life.	Frequency	7	15	8	2	0	32
		% response	21.9	46.9	25	6.3	0	100
25.7	Staff know their rights and responsibilities concerning HIV/AIDS in the workplace	Frequency	1	8	4	15	4	32
		% response	3.1	25	12.5	46.9	12.5	100

Key: SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree

Source: Primary data

From the study in table 25 (section 25.1), 65.7% of the respondents indicated that they were aware of the responsibilities of the HIV/AIDS Focal person while 18.8% of the respondents disagreed and 15.6% were undecided on their response. This shows that majority of the staff were aware that a Focal Person for HIV/AIDS was existent in the organization.

In Table 25 (section 25.2), 59.4% of the respondents disagreed or were undecided on whether CEFORD had staff selected committee in charge of HIV/AIDS Policy implementation while 40.6% were in agreement. Table 25 (section 25.3), reveals that 71.9% of the respondents disagreed or undecided on their response regarding the statement whether the HIV/AIDS committee implemented assigned responsibilities on HIV/AIDS action plan while only 28.2% were in agreement. Minutes of Management meetings showed that there was a committee in charge of HIV/AIDS however the findings imply that the committee members had not been actively involved in addressing HIV/AIDS issues at the organization.

The study findings in Table 25 (section 25.4) show that 46.9% of the respondents were in agreement that Peer Educators existed in CEFORD to implement HIV/AIDS policy while 31.3% of the respondents disagreed on the statement while 21.9% of the respondents were undecided on their response. The study findings in Table 25 (section 25.5) also showed that 68.8% of the respondents disagreed on the statement that they were aware of

the responsibilities of Peer Educators in CEFORD while 31.3% were in agreement. The findings in Table 25 (section 25.6) also showed that 68.8% of the respondents disagreed on the statement that Peer Educators had inspired them to make decisions relating to sexual health and issues affecting their life, 25% of the respondents were undecided while only 6.3% were in agreement. Minutes of management meetings showed that Peer Educators were selected however from the interviews conducted, the Peer Educators had

not been trained on their roles and responsibilities hence they were not actively involved in caring out their roles and responsibilities.

From the findings in Table 25 (section 25.7), it emerged that 59.4% of the respondents were in agreement that staff knew their rights and responsibilities concerning HIV/AIDS in the workplace while 28.1% of the respondents disagreed on the statement and 12.5% were undecided on their response. The implication is that half of the respondents or staffs in the organization were ignorant about their rights and responsibilities concerning HIV/AIDS. In the current environment where HIV/AIDS is a global concern, it is critical that employees need to know their rights and responsibilities towards HIV/AIDS in order to get involved in addressing the challenge.

4.3.5.2 Knowledge on HIV/AIDS

The researcher wanted to establish the level of knowledge of the respondents on some of the facts and myths about HIV/AIDS. The results have been presented in Table 26 below.

Table 26: Knowledge on HIV/AIDS

S/no	Key areas		True	Not true	Total
26.1	The most common mode of transmission of AIDS in Uganda is through unprotected sex	Frequency	30	2	32
		% response	93.8	6.3	100
26.2	People who have only one sexual partner are not at risk of acquiring HIV infection	Frequency	15	17	32
		% response	46.9	53.1	100
26.3	If a blood test is negative for HIV infection, it means that the person is not infected with HIV	Frequency	23	9	32
		% response	71.9	28.1	100

S/no	Key areas		True	Not true	Total
26.4	It should be mandatory to do an HIV test for all pregnant women and individuals requiring any type of surgery	Frequency	27	5	32
		% response	84.4	15.6	100
26.5	Safer sex means using condoms while having sex with any sexual partner who is not a spouse	Frequency	15	17	32
		% response	46.9	53.1	100
26.6	Providing condoms and sex education promotes and encourages sex	Frequency	9	23	32
		% response	28.1	71.9	100
26.7	It is important for people who are HIV positive to take adequate rest, have a nutritious diet and avoid strenuous work	Frequency	31	1	32
		% response	96.9	3.1	100

Key: SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree

Source: Primary data

From the study in Table 26 (section 26.1) above, majority of the respondents (93.8%) indicated that the most common mode of transmission of HIV/AIDS in Uganda is through unprotected sex while 6.3% indicated that it was not true. While this may be true, employees need to be aware of other modes of transmission which also increases vulnerability to the disease.

The results in Table 26 (section 26.2) showed that 53.1% of the respondents indicated that it was not true that people who had only one sexual partner were not at risk of acquiring HIV/AIDS infection while 46.9% indicated that it was true. These findings reveal that there are still gaps in understanding the different modes of transmission of HIV/AIDS among the employees of CEFORD.

In Table 26 (section 26.3), 71.9% of the respondents indicated that it was true that if a blood test is negative for HIV infection, it meant that the person was not infected with HIV while 28.1% were not in agreement. This also implies that the employees have not clearly understood the facts about HIV/AIDS.

From the study in Table 26 (section 26.4) above, 84.4% of the respondents indicated that it should be mandatory to do an HIV test for all pregnant women and individuals requiring any type of surgery while 15.6% did not agree. From the findings, it shows that much as the respondents indicated that HIV tests be mandatory for pregnant women and individual requiring any type of surgery, it is voluntary to conduct such tests and must be with consent of the person involved.

In the study in Table 26 (section 26.5), 53.1% indicated that it was not true that safer sex meant using condoms while having sex with any sexual partner who was not a spouse while 46.9% were in agreement. Majority of the respondents in Table 26 (section 26.6)

indicated that it was not true that providing condoms and sex education promoted and encouraged sex while 28.1% indicated that it was true that providing condoms and sex education promoted and encouraged sex. This also indicates that employee attitudes towards condom and sex education need to be addressed for an effective implementation of the workplace policy to benefit staff at the organization and family level.

In the study in Table 26 (section 26.7), majority of the respondents 96.9% indicated that it was important for people who were HIV/AIDS positive to take adequate rest, have a nutritious diet and avoid strenuous work. This was a positive revelation that employees had understood the effects of the disease on an individual and how he/she could be supported to live positively.

4.3.5.3 Stigma and Discrimination on HIV/AIDS

The researcher wanted to establish whether there was reduced stigma and discrimination among the employees on HIV/AIDS. Findings have been presented in Table 27 below.

Table 27: Stigma and discrimination on HIV/AIDS

S/no	Key areas		True	Not true	Total
27.1	Women are to be blamed for the spread of HIV	Frequency	2	30	32
		% response	6.3	93.8	100
27.2	Men who have many partners deserve to die	Frequency	10	22	32
		% response	31.3	68.8	100
27.3	People living with HIV/AIDS	Frequency	4	28	32

S/no	Key areas		True	Not true	Total
	are immoral and promiscuous	% response	12.5	87.5	100
27.4	If i tested HIV positive, I would resign my work because I would not be fit to continue working and live among other staff	Frequency	0	32	32
		% response	0	100	100

Key: SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree

Source: Primary data

From the study results presented in Table 27 (section 27.1) above, majority of the respondents (93.8%) indicated that it was not true that women were to be blamed for the spread of HIV/AIDS. In Table 27 (section 27.2), 68.8% of the respondents indicated that it was not true those men who had many partners deserved to die while 31.3% were in support of it. From the study findings in Table 27 (section 27.3), majority of the respondents (87.5%) indicated that it was not true that people living with HIV/AIDS were immoral and promiscuous though 12.5% were in support of the statement. This implies that majority of the respondents were aware that associating individuals with the spread of the disease was stigmatizing and discriminating however efforts still need to be put in place to address attitudes of employees who were negative towards persons living with HIV/AIDS.

From the study findings in Table 27 (section 27.4) all the respondents (100%) unanimously indicated that it was not true that if they tested HIV positive, they would resign from work because they would not be fit to continue working and live among other staff. This was a positive revelation that employees regardless of their HIV status were willing to continue working.

4.4 QUALITATIVE FINDINGS

This section presents qualitative findings from the interviews held with Management staff and data analyzed from the open ended questions presented in the questionnaires. The findings have been presented under the following themes:

4.4.1 Key achievements realized in the fight against HIV/AIDS in CEFORD

In this section, the Researcher wanted to find out achievements realized in the fight against HIV/AIDS in CEFORD. Findings revealed that some achievements had been realized in the fight against HIV/AIDS in CEFORD which included: Board approval of the Workplace Policy which showed commitment of the Board to address HIV/AIDS concerns in CEFORD. Respondents also mentioned that condom distribution in all the Program Offices, distribution of some copies of reading materials, sensitization of staff on HIV/AIDS in Arua Office were some of the achievements. *Due to the sensitizations held, staffs freely discuss HIV/AIDS issues among themselves (Interview Management staff).*

CEFORD also partnered with other organizations to sensitize Project beneficiaries on HIV/AIDS and this was conducted in Functional Adult Literacy (FAL) groups, farmer groups, parents and pupils in selected primary schools in the region. This implies that CEFORD mainstreamed HIV/AIDS education at organizational and program level however staff in some offices did not benefit from the sensitizations. This also means that

they missed opportunities to learn about HIV/AIDS which should be a concern for Management in CEFORD.

4.4.2 Benefits of educative materials to individual staff.

The researcher wanted to understand the benefits of the educative materials to individual staff. Findings from the study showed that educational materials were distributed to the district offices. Results from the interviews and responses to the open ended questions showed that staff who accessed the reading materials found it useful since it provided knowledge about HIV/AIDS, positive living and how to protect oneself. The researcher noted some of the staff voices as reported below:

"The reading materials on HIV/AIDS have given me insights on how to mainstream HIV/AIDS in the organization and programme activities" (Female – Management level)

"The reading materials have information on spread of HIV/AIDS, effects on individuals and family life and also provide information on Voluntary Counseling and Testing (VCT), positive living and how stigmatization affects infected persons" (Male – Program staff)

"I was able to read on people's experiences, fears and myths about HIV/AIDS and this has really given me more knowledge and skills on how to fight stigma and giving this knowledge to others" (Female – Program staff)

"I have not yet seen or received the reading materials on HIV/AIDS" (Female – Support staff)

Findings also showed that some staff at all levels (Management, Program and Support staff) did not access the reading materials especially those who were less than one year old in the organization and the support staff. This shows that new staff and support staff have not benefited from the reading materials. This also implies that staff induction did not focus on guiding new staff on HIV/AIDS issues in the organization.

4.4.3 Challenges faced in implementing HIV/AIDS activities in CEFORD

The researcher wanted to find out the challenges faced in implementation of HIV/AIDS activities in CEFORD. From the interviews and response to open ended questions, a number of challenges related to implementation of HIV/AIDS activities were highlighted which included:

- Limited funds to implement activities in various offices spread over West Nile region since there were few staff in the Unit offices which made it expensive to implement activities at such levels.

"Staff are scattered in various districts so bringing them together for some of the trainings related to HIV/AIDS takes time and is costly" (Female – Management)

"Field offices have not organized training sessions for staff on HIV/AIDS" (Male – Program staff)

- Tight staff schedules and lack of or poor planning for HIV/AIDS activities in the organization.

"We do not have enough time for HIV/AIDS training sessions since there is already a full basket of field activities to be conducted" (Female – Program staff)

"No time is allocated for HIV/AIDS activities for staff as a result it is often left out" (Male – Program staff)

- Negative attitudes towards HIV/AIDS education among some staff. *For the trainings organized, some staff dodge the sessions claiming that they already know the facts or are too busy attending to program issues (Female – Management)*
- Peer Educators had not been trained and not performing their roles in fighting HIV/AIDS at the Workplace. This implies that there is limited competence among the Peer Educators to sensitize staff on HIV/AIDS issues.
- Inadequate communication and feedback on HIV/AIDS Policy implementation. The findings also showed that there were no or irregular meetings organized to discuss the HIV/AIDS workplace policy implementation and poor communication on the

HIV/AIDS workplace policy at district level. This also shows that there was information gap related to the HIV/AIDS workplace policy and calls for the need to build staff capacities to address issues on HIV/AIDS at the workplace. It also implies that a

mechanism for sharing, discussing and providing feedback at all level on the HIV/AIDS workplace policy had not been properly instituted.

From the findings presented above, it implies that if the bottlenecks impeding total implementation of the HIV/AIDS workplace policy is not addressed, little progress shall be made in ensuring that the outcomes of the workplace policy are effectively achieved.

4.4.4 Peer Educators and implementation of HIV/AIDS policy in CEFORD

In this section the researcher wanted to further understand the challenges affecting Peer Educators in playing their roles. The findings revealed that:

- Peer Educators had inadequate knowledge and information on HIV/AIDS
- Work schedules of staff who were often out in the field made it difficult for them to perform their tasks
- Some staff still felt insecure to freely discuss their HIV/AIDS status with colleagues or Peer Educators (Female – Management staff).

The respondents also proposed suggestions on how Management and Program areas could support Peer Educators in playing their roles and the following views came up.

- Provide space for Peer Educators to undertake their activities at Program area level.
- Peer Educators should include activities in area work plans

- Staff should be informed about roles of Peer Educators
- Provision of materials and tools for Peer Educators to work.

4.4.5 How best can HIV/AIDS education be communicated to staff families.

The researcher wanted to find out how best HIV/AIDS education could be provided to staff families and the following views came up.

- CEFORD should organize staff family day at Program level for spouses and dependants to attend in which HIV/AIDS education can be provided.
- Provision of reading materials in form of leaflets, posters, booklets in which facts on HIV/AIDS can be read at their free time.
- Set up staff family network so that information is passed by family members to their peers at the program area level.
- Establish a Resource centre that is accessible for staff and family members to access HIV/AIDS information
- Institute a referral system to link staff and family members to HIV/AIDS service providers
- Provide financial support to affected families to be able to access medical services.

From the findings presented above, it implies that staff families have not been included in current HIV/AIDS services being provided to staff. This can affect productivity if minimal support is provided to staff in cases where he/she has to bear the burden on handling HIV/AIDS related issues at family level.

4.4.6 Recommendations for improving implementation of the HIV/AIDS workplace policy in CEFORD.

The researcher in this section wanted to find out recommendations of the respondents for improving implementation of the Policy which included the following:

- CEFORD should raise funds for HIV/AIDS activities at the workplace but should also include treatment and family support. This should be done through writing separate proposals for HIV/AIDS at the workplace.
- Form alliance with other organizations to conduct HIV/AIDS education to staff, access reading materials and funds to implement workplace programmes
- Action plans be developed by Board, Management and Program areas to implement HIV/AIDS activities which should include review meetings, education, video shows, reading materials which should be decentralized at district level.
- Peer Educators be trained and should get involved in implementing activities.
- Disseminate Workplace Policy to all staff and avail copies of the HIV/AIDS workplace Policy to staff. New staff be inducted on the Policy in order to enhance their understanding.
- HIV/AIDS Focal persons and committees be formed per district to spearhead the implementation and given clear Terms of Reference with assignments.
- Streamline HIV/AIDS workplace activities into work plans and reports should be circulated monthly to update staff on level of implementation of the activities.

From the suggestions given above, CEFORD Management can come up with strategies on how to improve implementation of the HIV/AIDS workplace Policy in CEFORD.

4.5 HYPOTHESES TESTING.

The three hypotheses formulated in Chapter One where tested using the data presented under Chapter Four. In this section the researcher presents a summary of the hypotheses test results.

Table 28: Summary of the hypotheses Test Results

Hypotheses	**Results**
1. Resource availability significantly affects implementation of the HIV/AIDS Workplace policy in CEFORD.	The results for resource availability ($r = 0.626$, $p < 0.01$) show that there is a positive and significant relationship between resource availability and implementation of the HIV/AIDS workplace policy.
2. There is a significant positive relationship between organizational control and implementation of the HIV/AIDS Workplace Policy in CEFORD.	The research results ($r = 0.554$, $p<0.01$) reveal that organizational control had a positive and significant relationship with implementation of the HIV/AIDS workplace Policy.
3. The Legal framework significantly influences resource availability and organizational control in implementation of the HIV/AIDS workplace policy in CEFORD.	The research results ($r = 0.612$; $p< 0.01$) indicate that the legal framework has influence on resource availability in implementing the HIV/AIDS workplace policy. The findings ($r = 0.660$; $p<0.01$) show that the legal framework has positive influence on organizational control in implementing the HIV/AIDS workplace policy.

From the hypotheses test results indicated above, all the 3 hypotheses have been supported by evidence from the field and are accordingly adopted.

CHAPTER FIVE

SUMMARY, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATION

5.0 INTRODUCTION

This chapter presents the summary of the study, discussions of the findings, conclusions and recommendations. It also presents proposed areas for further research. The presentations in this chapter follow the objectives of the study.

5.1 SUMMARY OF THE STUDY AND MAJOR FINDINGS.

5.1.1 PURPOSE OF THE STUDY.

The purpose of the study was to assess the factors affecting implementation of the HIV/AIDS Workplace Policy in CEFORD. The specific objectives of the study were:

1. To assess the extent to which resource availability affects implementation of the HIV/AIDS Workplace policy in CEFORD.
2. To establish the relationship between organizational control and implementation of the HIV/AIDS workplace policy in CEFORD.
3. To find out the moderator influence of the Legal framework on the relationship between resource availability and organizational control in implementing the HIV/AIDS workplace policy in CEFORD.

5.1.2 MAJOR FINDINGS OF THE STUDY.

The findings of the study indicated that resource availability had a positive and significant relationship with HIV/AIDS workplace policy implementation. This also

means that with availability of resources, there will be effective implementation of the HIV/AIDS workplace policy. The reverse is also true that with inadequate resources then there will be a poorly implemented HIV/AIDS policy at the workplace.

It was also established that organizational control had a positive and significant relationship with HIV/AIDS workplace Policy implementation. This therefore means that increased organizational commitment results in an actively implemented HIV/AIDS workplace policy. The reverse is also true that lack of organizational commitment results into poorly implemented HIV/AIDS policy at the workplace.

The study also revealed that the legal framework had influence on resource availability and organizational control in implementing the HIV/AIDS workplace policy. This means that CEFORD management recognized the importance of the Legal framework and had to adhere to the national law and practice in relation to addressing HIV and AIDS at the workplace.

The study further established that cultural and religious beliefs had no relationship with the implementation of the HIV/AIDS workplace policy. This means that cultural and religious beliefs did not affect the level of implementation of the HIV/AIDS workplace policy in CEFORD. The study also found that the HIV/AIDS activities implemented in CEFORD had created impact in terms of increased knowledge and awareness, reduction in stigma and discrimination.

5.2 DISCUSSIONS ON THE RESEARCH FINDINGS

Objective 1: To assess the extent to which resource availability affects implementation of the HIV/AIDS Workplace policy in CEFORD.

The first objective for this study was to assess the extent to which resource availability affected implemented of the HIV/AIDS workplace policy in CEFORD. The findings for resource availability ($R = 0.626$, $p < 0.01$) showed that there was a positive and significant relationship with HIV/AIDS workplace policy implementation. The regression model results ($R = 0.626$) was found to be of positive significance hence availability of resources was found to be a critical factor in implementation of the HIV/AIDS workplace Policy. Holden (2004) agrees that management should include HIV/AIDS budgets and get those budgets funded to implement HIV/AIDS activities at workplaces. This view is further supported by Merrick and Epp (2001) and Yolanda (2004) that financing for HIV prevention, treatment and care is essential and once initiated must not be interrupted. Other scholars in ILO (2001) agree that to address HIV/AIDS in workplaces, management should establish a coherent approach in dealing with employees through programmes, procedures and rules that flow from the policy. Considering the research findings and views of other scholars in the literature, to ensure adequate impact on implementation of HIV/AIDS policy, Managers of organizations need to be pro active in mobilizing resources and developing strategies for sustaining programs related to HIV/AIDS activities within the organization.

Objective 2: To establish the relationship between organizational control and implementation of the HIV/AIDS workplace policy in CEFORD.

The second objective for this study was to establish the relationship between organizational control and implementation of the HIV/AIDS workplace Policy. The findings for organizational control ($r = 0.554$, $p<0.001$) established that organizational control had a positive and significant relationship with HIV/AIDS workplace Policy implementation. This was also confirmed by the regression model results ($R = 0.554$) that found organizational control to be critical factor in implementation of the HIV/AIDS workplace policy. VHAI (2003) agrees that management commitment is critical in achieving objectives of the HIV/AIDS workplace policy and that the continued interest and involvement of Senior Management from the program's inception is critical in providing the impetus and motivation for successful implementation. Thompson, (1967), also agrees that one means of maintaining coordination across all units is the implementation of uniform policies, or standard operating procedures. Therefore considering the study findings and views of the scholars in the literature, managers of organizations should coordinate HIV/AIDS activities to ensure that they are uniformly implemented across the region other than such activities benefiting only those who are conveniently placed within the organization.

Objective 3: To find out the moderator influence of the Legal framework on the relationship between resource availability and organizational control in implementing the HIV/AIDS workplace policy in CEFORD.

The third objective in the study was to find out the moderator influence of the Legal framework on the relationship between resource availability and organizational control in implementing the HIV/AIDS workplace policy in CEFORD. The research results ($r = 0.612$; $p < 0.01$) indicated that the legal framework had influence on resource availability in implementing the HIV/AIDS workplace policy. The findings ($r = 0.660$; $p<0.01$) showed that the legal framework had positive influence on organizational control in implementing the HIV/AIDS workplace policy. This was also confirmed by the regression model results ($R = 0.661$) which showed that the legal framework influenced resource availability and organizational control in implementing the HIV/AIDS workplace policy. ILO (2001) clearly spells out that employers should adhere to national law and practice in relation to HIV/AIDS issues and endeavour to include provisions on HIV/AIDS protection and prevention in workplace environments. In view of the research findings and related literature, it is evident that organizations must understand and work within the legal framework on actions to reduce the spread of HIV/AIDS and manage its impact at the workplace.

Intervening variable: Cultural and religious belief

The author also investigated to establish whether the intervening variable affected the dependent variable. In these findings the intervening variable which was cultural and

religious beliefs revealed that there was no relationship with the dependent variable which is implementation of the HIV/AIDS policy. The correlation results (r = -0.328) implies that cultural and religious beliefs did not affect the implementation of the HIV/AIDS workplace policy. Though the findings show that cultural and religious beliefs did not affect implementation of the HIV/AIDS workplace policy, other findings from the literature according to Cohen and Trussel (1996) and Airhibenbuwa (1995) explain that close attention should be paid to such cultural issues as style and use of language, relationship within the family and community, differences within cultures and recognition of roles of different actors in mitigating HIV/AIDS.

Lincoln and Mamiya (1990) do agree that religion is a dominant influence among Africans and this must extend to HIV/AIDS programming. Angrosino (1996) is also in agreement that addressing religious issues involving the use or non-use of condoms for protection against STIs/STDs and HIV infections is important and workers need to be given relevant information to enable them deal with the issues. According to the results of the study which showed that cultural and religious beliefs did not affect the implementation of the HIV/AIDS workplace policy and the strong views of the scholars in the related literature, it is still important to re-emphasize that with the increasing HIV/AIDS infection rates among men and women, cultural and religious issues should not be ignored while addressing HIV/AIDS issues.

5.3 CONCLUSIONS FROM THE STUDY FINDINGS

Based on the study findings, the following conclusions are derived and presented according to the study objectives

.

Objective 1: To assess the extent to which resource availability affects implementation of the HIV/AIDS Workplace policy in CEFORD.

The study observed a significant positive correlation between resource availability and implementation of the HIV/AIDS workplace policy. The gaps that hinder implementation of the HIV/AIDS workplace policy were identified as inadequate funds to conduct training sessions for staff and peer educators and negative attitude of some staff towards HIV education among others. Through the study, it was also established that HIV/AIDS workplace policy implementation does not have to be held up by financial or budgetary constraints. Low cost elements of workplace policy such as awareness raising, condom provision and addressing stigma can be implemented without high costs. Organizations can also partner with AIDS service organizations to provide training and materials at low cost or for free.

Objective 2: To establish the relationship between organizational control and implementation of the HIV/AIDS workplace policy in CEFORD.

The study observed a significant correlation between organizational control and implementation of the HIV/AIDS workplace Policy. The study also established that the HIV/AIDS workplace policy objectives had not been understood by 50% of the

respondents and this makes implementation rather difficult. From the study, it is evident that the HIV/AIDS workplace policy should be considered a living document and management should ensure that all staffs understand the HIV/AIDS workplace policy. The HIV/AIDS policy document should also be reviewed and updated regularly to keep pace with the changing needs and context of the organization.

Objective 3: To find out the moderator influence of the Legal framework on the relationship between resource availability and organizational control in implementing the HIV/AIDS workplace policy in CEFORD.

The study observed a positive correlation influence on resource availability and organizational control in implementation of the HIV/AIDS workplace policy. The study found out that the HIV/AIDS workplace policy was in line with the National HIV/AIDS policy however 53.1% of the respondents were not clear about the linkage between the two policies. It is important to emphasize the importance of the National HIV/AIDS policy to staff since it provides a framework for prevention of further spread of HIV and mitigation of the socioeconomic impact of the epidemic within the workplaces.

5.4 Intervening variable: Cultural and religious belief

The study also investigated whether the intervening variable which was cultural and religious beliefs affected the implementation of the HIV/AIDS workplace policy. The study observed that there was no relationship between cultural and religious beliefs and implementation of the HIV/AIDS policy. Though these findings signify no relationship it still remains a critical area for managers to consider while addressing HIV/AIDS at the workplace.

5.5 RECOMMENDATIONS ON THE STUDY

From the summary, discussions and conclusions, the following recommendations are made in order to improve on the implementation of the HIV/AIDS workplace policy in CEFORD.

Objective 1: To assess the extent to which resource availability affects implementation of the HIV/AIDS Workplace policy in CEFORD.

I. CEFORD management should mobilize resources and develop strategies for sustaining programs related to HIV/AIDS activities at the workplace. These activities should benefit staff in all the district offices.

II. Planning and budgeting for HIV/AIDS activities at the workplace should be included during the core planning process for CEFORD activities. This should be conducted in a participatory manner to involve staff at all levels of the organization

III. Capacity building of Peer Educators should be undertaken on their roles and responsibilities and facts on HIV/AIDS to be able to confidently support their peers and dispel myths about HIV/AIDS. The Peer Educators should be assigned clear tasks and responsibilities that should be conducted across the districts.

IV. Training sessions be conducted for staff on their roles and responsibilities concerning HIV/AIDS in order to get involved in addressing the challenge and understand the facts about HIV/AIDS at the workplace.

V. Training for managers in all the District Offices should be carried out to be able to respond to staff questions on HIV/AIDS, manage risk behaviour at work, counsel staff and advise on mitigation services that staff can access.

VI. Management should identify relevant educational materials that should be shared in all the district offices among staff and their families.

Objective 2: To establish the relationship between organizational control and implementation of the HIV/AIDS workplace policy in CEFORD.

VII. Management should put in place mechanisms for reporting, documenting, dissemination of reports on the status of implementation of the HIV/AIDS Policy. This should be shared at all levels from Board, management, Program and Support levels.

VIII. Internal systems for monitoring and evaluation of the HIV/AIDS Policy implementation should be put in place.

IX. CEFORD Management should consider the suggestions provided by staff in sections 4.3.4; 4.3.5 and 4.3.6 on improving implementation of HIV/AIDS workplace policy.

Objective 3: To find out the moderator influence of the Legal framework on the relationship between resource availability and organizational control in implementing the HIV/AIDS workplace policy in CEFORD.

X. Management should ensure regular reviews and dissemination of the HIV/AIDS Policy among the staff. This should also be part of the induction process for new staff who join the organization. Efforts should also be made to disseminate the National HIV/AIDS Policy among the staff.

5.6 CONTRIBUTION OF THIS STUDY

1. This study has thrown more light on the level of implementation of the HIV/AIDS workplace policy in CEFORD. This study will therefore serve as reference material on factors affecting HIV/AIDS policy implementation which include among others resources, organizational control, and legal framework.
2. The study findings can be used by other organizations to design strategies aimed at improving implementation of the HIV/AIDS workplace Policy.
3. This study has identified possible areas for further research (refer to 5.8) which can be taken up by other researchers to be able to generate more information on the areas suggested which will in turn contribute to effective implementation of HIV/AIDS workplace policy in organizations.

5.7 LIMITATIONS OF THE STUDY

1. The study was conducted among CEFORD staff therefore the views presented are limited to CEFORD's environment. The researcher ensured that Board and staff at all job levels (Management, Programme and support staff) were represented in the study

2. The study was limited to resource and organizational factors affecting implementation of the HIV/AIDS policy. Other variables illustrated by Meter and Horn's (1975) model (refer to 1.7) have been recommended for further research.

5.8 PROPOSED AREAS FOR FURTHER RESEARCH

The researcher recommends the following areas for further research.

1. Assess inter-organization relationships and implementation of HIV/AIDS workplace policy in NGOs.
2. Analyze the external environment of NGOs and its effect on implementation of HIV/AIDS Policy in workplaces.
3. Assess the effects of the HIV/AIDS support programs on staff families and project beneficiaries of NGOs.

REFERENCES.

Aihibenbuwa, C.O. (1995). *The Health and Culture: Beyond the Western Paradigm.* Thousand Oaks, CA: Sage.

Amin, M. E.(2005). *Social Science Research, Conception, Methodology & Analysis.* Kampala: Makerere University Printery.

Angrosino, M.V. (March 1996). The Catholic Church and U.S Healthcare Reform. *Medical Anthropology Quarterly, New Series, vol. 10, No. 1, pp. 3 – 19.*

Babbie, E. (2007). *The Practice of Social Research* (11th Edition). USA: Wadsworth Cengage Learning.

Bardach, E. (1977). *The implementation game: What happens after a bill becomes a law*. Cambridge, MA: The MIT Press.

Brewer, G. D., & DeLeon P. (1983). *The Foundations of Policy analysis*. Homewood, IL: The Dorsey Press.

Brown, J. C, Didem A. & Nadeem, M. (2004). Turning Bureaucrats Into Warriors: Preparing and Implementing Multi-Sector HIV-AIDS Programs In Africa A Generic Operations Manual, *The International Bank for Reconstruction and Development The World Bank*, Retrieved April 9, 2009 from World Bank Publications. http://www.worldbank.org/hiv-aids/docs/worldbankGOM/Finaljune.pdf

CEFORD. (2006). *Policy on HIV/AIDS in the Workplace*. CEFORD, Arua

Cohen, B. & Trussell, J. (Eds.). (1996). *Preventing and Mitigating AIDS in Sub Saharan Africa.* Washington DC: National Academy Press.

Crozier, M. (1964). *The Bureaucratic phenomenon*. Chicago: University of Chicago Press.

Dickinson, D. (2006). Fighting for Life: South African HIV/AIDS Peer Educators as a New Industrial, Relations Actor. *British Journal of Industrial Relations.* Published by Blackwell Publishing Ltd.

Dill, A, (December 1994). Institutional Environments and Organizational Responses to AIDS. *Journal of Health and Social Behaviour, Vol. 35, No. 4,* pp. 349 – 369.

Ellefson, P. V. (1992). *Forest resources policy - Process, participants, and programs*. New York: McGraw-Hill, Inc..

Finch, J.(1986). *Research and Policy: The uses of Qualitative methods in Social and Educational Research*. East Sussex: The Falmer Press.

Fisher, C (2004). *Researching and Writing Dessertation for Business Students*. London: F.T Prentice Hall.

Fox, C. J. (1990). *Implementation research: Why and how to transcend positivist methodologies. In Palumbo, D. J. and D. J. Calista (eds.). Implementation and the Policy Process: Opening up the black box*. Westport: Greenwood Press, Inc.

GAC. (Ghana AIDS Commission). (2004). *National Workplace HIV/AIDS Policy*. Ghana: National Tripartite Committee.

Galbraith, J. R. (1973). *Designing complex organizations*. Addison-Wesley. Reading, MA.

Galbraith, J. R. & Nathanson, D.A. (1979). The role of organizational structure and process in strategy implementation. in D. Schendel and C. Hofer (eds.). *Strategic Management*. Boston: Little Brown.

Gay, L.R. (1981). *Educational Research: Competencies for Analysis and Application.* Collumbus: Mairill Publishing Company.

Goggin, M.L., Bowman, A.O., Lester, J.P & O'Toole, L. (1990). *Implementation Theory and Practice.* Glenview: Harper/Collin.

Goodman, P. (1965). *People or Personnel: Decentralizing and the mixed system*. New York: Random House.

Gupta, S. (1999). *Research Methodology and Statistical Techniques*. New Delhi: Deep and Deep Publications.

Handy, C. (1992). Balancing Corporate Power: A New Federalist Paper. *Harvard Business Review. 70(6):59-72.*

Hill, M. & Hupe, P. (2002). *Implementing Public Policy: Governance in Theory and Practice.* London: Sage Publications.

Hodges, J. (2004). *Guidelines on addressing HIV/AIDS in the workplace through employment and labour law, Geneva, International Labour Office, IFP/DIALOGUE Paper N° 3.* Retrieved April 9, 2009 from http://www.ilo.org/publns

Hogwood, G. W. & Gunn, L. A.(1984). *Policy Analysis for the real World*. New York: Oxford University Press.

Holden, S. (2004). *Mainstreaming HIV/AIDS in Development and Humanitarian programmes*, United Kingdom: Oxfam GB, Information Press.

IFC. (International Finance Corporation). (2002). *World Bank Group: Best Practices Collection.* Retrieved March 20, 2009 from http://www.unaids.org

ILO. (International Labour Organization). (2001). *An ILO Code of Practice on HIV/AIDS and the World of work.* Geneva: International Labour Organization Office.

ILO. (International Labour Organization). (2004). *Guidelines on addressing HIV/AIDS in the workplace through Employment and Labour Law*. Geneva: International Labour Organization Office.

ILOAIDS. A workplace Policy on HIV/AIDS: What it should cover. Retrieved May 27, 2009 from http://www.ilo.org/public/english

Jonathan, S, Sydney R, Alan W, Jeffrey R. V & Donald M. T. (2000). *HIV/AIDS in the Commonwealth: The Response of African Businesses to HIV/AIDS*. London: Kensington Publications.

Kaleeba, N, Kadowe, J.N, Kahriaki, D, & Williams, G. (2000).*Open Secret People facing up to HIV & AIDS in G & A Williams*. United Kingdom: Action AID, Oxford.

Kothari, C. (2004). *Research Methodology Methods and Techniques* (2nd Edition). Prashan Delhi: New Age Internal (P) Limited.

Kreitner, R (2002). *Management* (7th Edition). Delhi: A.I.T.B.S Publishers & Distributors

Larry, N. G. (2004). Public Policy Making: Processes and Principles (Second Edition). United States of America: M.E. Sharpe, Inc.

Lincoln, C.E. & Mamiya, L.H. (1990). *The Black Church in the African American Experience*. Durham, NC: Duke University Press.

Luis R, Gomez M, Balkin B. D, & Cardy R. L. (2001). *Managing Human Resources* (Third Edition). London: Prentice Hall, Inc

Mazmanian, D. & Sabatier, P. (1983). *Implementation and public policy*. Glenview: Scott, Foresman and Company.

Merrick, T. & Epp, J. (2001). *Condom Procurement Guide: Population and Reproductive Health Thematic Group, Knowledge and Practice Guide Series, Health, Nutrition, and Population*. The World Bank. Retrieved April 9, 2009 from http://www.worldbank.org

Monico, S. M., Tanga, E.O., & Nuwagaba, A.(2001). *Uganda: HIV and AIDS-related Discrimination, Stigmatization and Denial*. UNAIDS, 2001. Retrieved May 27, 2009 from http://www.unaids.org

Moser, C A & Kalton. G. (1997). *Survey Methods in Social Investigation*. London: Heinman, Educational Books Ltd.

Mugenda, A.G & Mugenda, O.M. (1999). *Research Methodology*: *Quantitative and Qualitative Approaches*. Kenya: Acts Press Nairobi.

Nakamura, R.T & Smallwood, F. (1980). *The Politics of Policy Implementation*. New York: St. Martin's Press.

Nancy, J. A. (2001). *HIV/AIDS in the CGIAR Workplace: Model Policies and Practices, CGIAR Gender and Diversity Program* Working Paper No. 38. Retrieved May 27, 2009 from Sage Publications. http://www.genderdiversity.Cgiar.org/publications/genderdiversity_WP38.pdf

Neale, P., Thapa, S., & Boyce, C. (2006). *Preparing a Case study: A Guide for Designing and Conducting a Case Study for Evaluation Input.* Retrieved May 27, 2009 from Sage Publications. http://www.pathfind.org/site/Docserver/M_e_tool_series.case_study.pdf

Neuman, W. L. (2006). *Social research Methods: Qualitative and Quantitative Approaches* (6th Edition). USA: Pearson Education, Inc.

Okigbo Charles, Okigbo Caro, William B. Hall Jr, Dhyama Ziegler. (July 2002). The HIV/AIDS Epidemic in African American Communities: Lessons from UNAIDS and Africa, *Journal of Black studies, vol. 32, No. 6*, pp. 615 - 653

Parsons, W. (2001). *Public Policy: An Introduction to the Theory and Practice of Policy Analysis*. United Kingdom: Edward Edgar Publishing Limited.

Public service. (2007). *The Uganda Public Service HIV/AIDS Policy*. Uganda: Ministry of Public Service.

Safaids. (2008). *Workplace Policies*. Retrieved March 21, 2009 from World Bank Publications. http://www.safaids.net/?q=node/153-32k

Sangeeta R., & Nadeem M. (2004). *A Handbook on Supply Chain Management for HIV/AIDS Medical Commodities*. World Bank Washington D.C. Retrieved April 9, 2009 from http://www.worldbank.org/afr/aids

Saunders, M.N, Lewis, P., & Thornhill, A. (1977). *Research Methods for Business students*. London: Pearon Professional HCI.

Sekaran, U. (2003). *Research Methods of Business: A Skill Building Approach*. (4th Ed). New York: John Wiley & Son Inc.

Scheirer, M. A. (1981). Program implementation: The Organizational Context. *Sage Publications*. Beverly Hills, CA.

Stine, R. A & Ellefson, P.V. (June 1995). *Organizational Effects on Policy Implementation in a Geographically Dispersed Organization: A Study Of The Minnesota Department Of Natural Resources Division Of Forestry*. Staff paper series No. 107. Retreived April 15, 2009 Sage publications. http://www.forestry.umn.edu/publications/staffpapers/staffpaper107.pdf

Thompson, J. D. (1967). *Organizations in action*. New York: McGraw-Hill.

Uganda AIDS Commission. (2004): The story of AIDS in Uganda, And Banana trees provide the shade. New Vision K'

Uganda HIV/AIDS Sero- Behavioural Survey. (2004-05). Uganda

UNAIDS. (Joint United Nations Programme on HIV/AIDS) and IOE (The International Organization of Employers) (2002). *Employers Handbook on HIV/AIDS: A Guide for Action*. Geneva, Switzerland. Retrieved May 27, 2009 from http://www.unaids.org

UNAIDS. (2005). *Intensifying HIV Prevention: UNAIDS Policy Paper Position*. UNAIDS, Geneva, Switzerland. Retrieved May 27, 2009 from http://www.unaids.org

UNAIDS. (2006). *Sub-Saharan Africa Fact Sheet*. UNAIDS, Geneva, Switzerland. Retrieved May 27, 2009 from http://www.unaids.org

VHAI. (Voluntary Health Association of India). (2003). *Study Awareness Campaign for Mitigation of HIV/AIDS Risks under Delhi Mass Rapid Transport System Project.* Delhi.

World Bank Staff paper. (2007). *Corporate Responses to HIV/AIDS Case Studies from India*. The International Bank for Reconstruction and Development/The World Bank, Washington DC 20433. Retreived April 9, 2009 from World Bank Publication. http://siteresources.worldbank.org/SOUTHASIAEXT/Resources/corporateresponse.pdf

Yin, K. R. (1979). *Changing Urban Bureaucracies: How new practices become routinized*. D. C. Heath. Lexington, MA.

Yin, K. R. (2003). *Case Study Research: Design and Methods* (3rd Ed) Sage Publications.

Yolanda T. (2004). *Battling HIV/AIDS: A Decision Maker's Guide to the Procurement of Medicines and Related Supplies*. The International Bank for Reconstruction and Development/ The World Bank Publications. Retrieved April 9, 2009 from http://siteresources.worldbank.org/INTPROCUREMENT/Resources.pdf

APPENDIX I: QUESTIONNAIRE FOR COMMUNITY EMPOWERMENT FOR RURAL DEVELOPMENT (CEFORD) STAFF

Dear Respondent,

This is a questionnaire of research aimed at studying **the factors affecting implementation of HIV/AIDS workplace policy in CEFORD.** This research is part of the requirement for the award of Masters of Management Studies (Public Administration and Management) of Uganda Management Institute.

The information you will provide will help me get a better understanding of these factors. Your response will be kept strictly confidential. You do not need to write your name on the questionnaire. I therefore request you to respond to the questions frankly and honestly.

Thank you for your time and co-operation.

Asipkwe Jean Christabel

A: PERSONAL INFORMATION

Please tick in the box (√) the number representing the most appropriate response for you in respect to the following items.

1. Please indicate your District of work

i) Arua ☐ ii) Adjumani ☐ iii) Moyo ☐ iv) Nebbi ☐

2. Please indicate your Age group

i) 21 – 30 ☐ ii) 31-40 ☐ iii) 41-50 ☐ iv) Over 50 ☐

3. Please indicate your gender

i) Female ☐ ii) Male ☐

4. Indicate your Religion

i). Catholic ☐ ii) Protestant ☐ iii) Moslem ☐ iv) Others specify _____

5. Job level

i). Management staff ☐ ii) Program staff ☐ iii) Support staff ☐

6. Number of years in the Organization

i)Less than 1 year ☐ ii) 1-2 years ☐ iii) 3-5 years ☐ iv) 6-10 years ☐

B: FACTORS AFFECTING IMPLEMETNATION OF THE HIV/AIDS WORKPLACE POLICY.

For the next set of questions, select from the scale of 1 to 5 below and tick in the corresponding box. Below is the key to the scale of 1 to 5:

1 = Strongly Disagree 2 = Disagree 3 = Undecided

4 = Agree 5 = Strongly Agree

1. RESOURCE AVAILABILITY

S/no	**Key areas**	**Scale**				
	A: Funds	1	2	3	4	5
1	HIV/AIDS has a separate budget known to staff at CEFORD.					
2	HIV/AIDS budget has adequate funds allocated for HIV/AIDS activities					
3	Staff are involved in planning and budgeting for HIV/AIDS activities					
4	Adequate funding for HIV/AIDS activities ensured regular implementation of the activities					
5	Under funding of HIV/AIDS activities has affected implementation in program offices					
6	Funds are released timely for HIV/AIDS activities					
7	CEFORD has plans to raise funds for continuous HIV/AIDS activities					

	B: Personnel	1	2	3	4	5
8	Staff are knowledgeable about the facts of HIV/AIDS.					
9	Staffs are confident to, and capable of addressing HIV/AIDS related issues in their work.					
10	Training are organized to strengthen and update staff knowledge and skills in the area of HIV/AIDS					
11	Peer educators are regularly trained on HIV/AIDS prevention					
12	Staff members share personal and family problems with colleagues					
	C: HIV/AIDS materials	1	2	3	4	5
13	Reading materials and video shows on HIV/AIDS are regularly provided to the staff.					
14	HIV/AIDS video show and reading materials contribute to attitudinal and behavior change.					
15	Reading materials provided by management on HIV/AIDS are helpful					
16	Video presentation on HIV/ AIDS are shown to staff					
17	HIV/AIDS education helps to reduce HIV related anxiety and stigmatization.					
18	CEFORD is my source of HIV/AIDS information					
19	Condoms are important in HIV/AIDS prevention program.					
20	There is reliable supply of free condoms within the organization.					

2. ORGANIZATIONAL CONTROL

S/no	Key areas	Scale				
	A: Objectives of HIV/AIDS workplace policy	1	2	3	4	5
21	1 am aware CEFORD Board approved the HIV/AIDS workplace policy					
22	The Board of Directors address staff on HIV/AIDS related Issues					
23	Management and Board of Directors are actively involved in forming alliances with HIV/AIDS service providers to provide services					
24	Management explained HIV/AIDS policy objectives to staff before implementation began					
25	The HIV/AIDS workplace policy objectives are very clear to me.					
26	Management is committed to achieving the objectives of the HIV/AIDS workplace policy					
27	Managers[2] have motivated me to talk openly about HIV/AIDS issues with my colleagues at work, friends and family					
	B: Standards of HIV/AIDS workplace policy	1	2	3	4	5
28	I am always updated on the implementation progress of the HIV/AIDS workplace policy by Management.					
29	I have received written reports and memos on progress in HIV/AIDS workplace policy implementation from Managers.					
30	I have received written reports and memos on progress in HIV/AIDS workplace policy implementation from my supervisor.					
31	External reports on HIV/AIDS situation are regularly circulated to staff.					
32	Periodic meetings are held to discuss HIV/AIDS					

[2] Managers refer to ED, MFA, MP, MRTD, RPC

	workplace policy implementation at program level.					
33	Management periodically attends program area meetings to discuss HIV/AIDS issues.					
	C: Monitoring and evaluation of HIV/AIDS workplace policy	1	2	3	4	5
34	Boards of Directors are updated on implementation of the HIV/AIDS workplace policy.					
35	Management occasionally visits field offices to monitor and evaluate the implementation of the HIV/AIDS workplace policy.					
36	Program offices hold meetings to monitor progress in implementation of HIV/AIDS workplace policy.					
37	Program area reports highlight progress in implementation of HIV/AIDS workplace policy.					

3. LEGAL FRAMEWORK

S/no	**Key areas**	**Scale**				
	A: Legal framework	1	2	3	4	5
38	I am aware of the National HIV/AIDS policy.					
39	I have read the National HIV/AIDS policy					
40	CEFORD HIV/AIDS workplace policy is in line with National HIV/AIDS policy					

4. CULTURAL AND RELIGIOUS BELIEFS

S/no	**Key areas**	**Scale**				
	A: Cultural and Religious beliefs	1	2	3	4	5
41	Polygamy increases risks to acquiring HIV for men and women					
42	HIV is got due to unethical sexual behaviour					
43	Condom use is a sin and against God's will					
44	HIV/AIDS can be cured through prayer and believe in God					

5. POLICY IMPLEMENTATION

S/no	Key areas	Scale				
		1	2	3	4	5
45	I am aware of the responsibilities of the HIV/AIDS Focal person					
46	CEFORD has Staff elected committee in charge of HIV/AIDS policy implementation.					
47	HIV/AIDS committee implement assigned responsibilities on HIV/AIDS action plan					
48	Peer educators exist in CEFORD to implement HIV/AIDS policy					
49	I am aware of the responsibilities of peer educators in CEFORD					
50	Peer Educators have inspired me to make decisions relating to sexual health and issues affecting my life.					
51	Staff know their rights and responsibilities concerning HIV/AIDS in the workplace					

6. KNOWLEDGE ON HIV/AIDS

S/no	Key areas	Response	
	A: Knowledge on facts about HIV/AIDS	True	Not true
52	The most common mode of transmission of AIDS in Uganda is through unprotected sex.		
53	People who have only one sexual partner are not at risk of acquiring HIV infection		
54	If a blood test is negative for HIV infection, it means that the person is not infected with HIV		
55	It should be mandatory to do an HIV test for all pregnant women and individuals requiring any type of surgery		
56	Safer sex means using condoms while having sex with any sexual partner who is not a spouse		
57	Providing condoms and sex education promotes and encourages sex		
58	It is important for people who are HIV positive to take adequate rest, have a nutritious diet and avoid strenuous work		

7. STIGMA AND DISCRIMINATION

S/no	Key areas	Response	
	A: HIV/AIDS Stigma and Discrimination	True	Not true
59	Women are to be blamed for the spread of HIV		
60	Men who have too many partners deserve to die		
61	People living with HIV/AIDS are immoral and promiscuous		
62	If I tested HIV positive, I would resign my work because I would not be fit to continue working and live among other staff.		

C: HIV/AIDS WORKPLACE POLICY IN CEFORD.

For the next set of questions, provide responses in your own opinion on the issues related to implementation of the HIV/AIDS workplace Policy in CEFORD.

1. What key achievements have been realized in the fight against HIV/AIDS in CEFORD?

……
……
……
……
……
……

2. In your opinion what are the challenges faced by Management or Program areas in implementing HIV/AIDS activities in CEFORD?

……
……
……
……
……
……

3. How best can the identified challenges be addressed in CEFORD?

……
……
……
……
……
……

4. Please elaborate how the educative materials have been beneficial to you as an individual.

……
……
……
……
……

5. What suggestions can you make to improve implementation of the HIV/AIDS workplace policy in CEFORD?

……
……
……
……
……
……

Thank you for your time.

APPENDIX II: QUESTIONNAIRE FOR COMMUNITY EMPOWERMENT FOR RURAL DEVELOPMENT (CEFORD) BOARD OF DIRECTORS

Dear Respondent,
This is a questionnaire of research aimed at studying **the factors affecting implementation of the HIV/AIDS workplace Policy in CEFORD.** This research is part of the requirement for the award of Masters of Management Studies (Public Administration and Management) of Uganda Management Institute.

The information you provide will help me get a better understanding of these factors. Your response will be kept strictly confidential.

You do not need to write your name on the questionnaire.

Thank you for your time and co-operation.

Asipkwe Jean Christabel

A: PERSONAL INFORMATION
Please tick in the box (√) the number representing the most appropriate response for you in respect to the following items.

1. Please indicate your Age group

i) 21 – 30 ☐ ii) 31-40 ☐ iii) 41-50 ☐ iv) Over 50 ☐

2. Please indicate your gender

i) Female ☐ ii) Male ☐

3. Indicate your Religion

i). Catholic ☐ ii) Protestant ☐ iii) Moslem ☐ iv) Others specify _____

4. Position on Board

i). Leadership ☐ ii) Member ☐

5. Number of years on the Board

i) Less than 1 year ☐ ii) 1-4 years ☐ iii) Over 5 years ☐

B: FACTORS AFFECTING IMPLEMETNATION OF THE HIV/AIDS WORKPLACE POLICY.

For the next set of questions, select from the scale of 1 to 5 below and tick in the corresponding box. Below is the key to the scale of 1 to 5:

1 = Strongly Disagree 2 = Disagree 3 = Neither agree nor disagree
4 = Agree 5 = Strongly Agree

1. RESOURCE AVAILABILITY

S/no	Key areas	Scale				
		1	2	3	4	5
1	Board is involved in approval of HIV/AIDS plans and budget in CEFORD					
2	Board is involved in mobilizing resources for HIV/AIDS at the workplace.					
3	HIV/AIDS budget is adequate to implement planned HIV/AIDS activities					
4	Board approved provision of reading materials and video shows on HIV/AIDS to staff.					
5	Board believes that HIV/AIDS video show and reading materials contribute to attitudinal and behavior change.					
6	Provision of condoms at workplace is important in HIV/AIDS prevention program.					

2. ORGANIZATIONAL CONTROL

S/no	Key areas	Scale				
		1	2	3	4	5
7	CEFORD Board approved the HIV/AIDS policy					
8	Board has committee in charge of HIV/AIDS strategic planning.					
9	Board meetings include HIV/AIDS as an item on the Agenda.					
10	The Board occasionally address staff on HIV/AIDS related Issues					
11	Board is committed to achieving the objectives of the HIV/AIDS workplace policy					
12	Board receive periodic reports from Management on HIV/AIDS Policy implementation					

3. LEGAL FRAMEWORK

S/no	Key areas	Scale				
	A: Legal framework	1	2	3	4	5
13	I am aware of the National HIV/AIDS policy.					
14	I have read the National HIV/AIDS policy					
15	CEFORD HIV/AIDS workplace policy is in line with National HIV/AIDS policy					

4. POLICY IMPLEMENTATION

S/no	Key areas	Scale				
		1	2	3	4	5
16	Management takes action on Board decisions related to HIV/AIDS at the workplace.					
17	There are systems in place to deal with discrimination and sexual harassments at the workplace					
18	Technical capacity exist among CEFORD staff to implement the HIV/AIDS workplace policy in CEFORD					

5. STIGMA AND DISCRIMINATION

S/no	Key areas	Response	
	A: HIV/AIDS Stigma and Discrimination	True	Not true
19	CEFORD staff who voluntarily declare their HIV status should be supported to live positively		
20	HIV test results must be presented during recruitment		
21	HIV positive staff must be terminated from work		

C: HIV/AIDS WORKPLACE POLICY IN CEFORD.

For the next set of questions, provide responses in your own opinion on the issues related to implementation of the HIV/AIDS workplace Policy in CEFORD.

1. What has been the role of the Board in formulation and implementation of the HIV/AIDS workplace policy in CEFORD?

……

……

……

……

……

……

2. In your opinion what are the challenges faced by Board in ensuring that the HIV/AIDS Policy is implemented in CEFORD?

……

……

……

……

……

……

3. How best can the identified challenges be addressed in CEFORD?

……

……

……

……

……

……

4. What strategies does the Board have to ensure that HIV/AIDS remains a focus in CEFORD.

……

……

……

……

……

……

5. What suggestions can you make to improve implementation of the HIV/AIDS workplace policy in CEFORD?

……

……

……

……

……

……

Thank you for your time.

APPENDIX III: INTERVIEW GUIDE FOR CEFORD MANAGEMENT STAFF

Dear Respondent,

I am in the process of conducting a study to find out the factors affecting implementation of the HIV/AIDS workplace policy in CEFORD. You have been identified as a key respondent in this study. Your contribution is crucial for the success of this study. The information you give will be treated with utmost confidentiality and will be used for academic purposes.

A: PERSONAL INFORMATION

1. Indicate District of work.

i) Adjumani ☐ ii)Arua ☐ iii) Nebbi ☐ iv) Moyo ☐

2. Indicate Age group

i) 21 – 30 ☐ ii) 31-40 ☐ iii) 41-50 ☐ iv) Over 50 ☐

3. Indicate your gender

i) Female ☐ ii) Male ☐

B: FACTORS AFFECTING IMPLEMENTATION OF HIV/AIDS WORKPLACE POLICY IN CEFORD.

1. As Management or program area do you hold monthly meetings to assess your performance in the month? Is HIV/AIDS activities part of the Agenda?

2. What key achievements have been realized in the fight against HIV/AIDS in CEFORD?
3. In your opinion what are the challenges faced by Management or Program areas in implementing HIV/AIDS activities in CEFORD?
4. How best can the identified challenges be addressed in CEFORD?
5. What is your comment on the HIV/AIDS workplace policy in as far as meeting the needs of staff in case they are infected or affected with HIV/AIDS?
6. In your opinion how best can funds be raised for implementing HIV/AIDS activities in CEFORD?
7. In your opinion how can management or Program areas support peer educators to play their roles?
8. In your opinion what challenges do Peer educators face in playing their roles in CEFORD?
9. Please elaborate how the educative materials have been beneficial to you as an individual.
10. In your opinion how best can HIV/AIDS education be communicated to staff families.

Thank you for your time.

Asipkwe Jean Christabel
Student - UMI

APPENDIX IV: DOCUMENTARY REVIEW GUIDE

1. Annual plans and budgets from 2006 - 2009
2. Annual reports from 2006 - 2008
3. Progress reports from 2006 - 2009
4. Minutes of meetings from 2006 - 2009
5. Reflection reports from 2006 - 2009

APPENDIX V: WORK PLAN

S/ No.	Activity details	Duration	Deadline
1	Obtaining clearance from UMI	3 Weeks	25th September 2009
2	Recruiting & inducting Research Assistants	1 week	30th September 2009
3	Pre-testing research instruments	1 week	6th October 2009
4	Data collection	2 Weeks	15th October 2009
5	Editing data	2 Weeks	30th October 2009
6	Data processing and analysis	2 Weeks	14th November 2009
7	Report writing	2 Weeks	28th November 2009
8	Report submission, corrections & re-submissions	3 Weeks	10th December 2009
9	Report Defence	4 Weeks	20th January 2010

APPENDIX VI: BUDGET

S/NO	Details	Quantity	Unit price	Amount
1	Stationary	1	150,000	150,000
2	Printing costs	1	500,000	500,000
3	Pre-test costs	1	100,000	100,000
4	Data processing and analysis	1	300,000	300,000
5	Transport (submission of reports)		500,000	500,000
6	Research Assistants	2	250,000	500,000
7	Communication	1	100,000	100,000
8	Production of reports (drafts and final copies		1,000,000	1,000,000
9	Miscellaneous		300,000	300,000
	Total			**3,450,000**

UGANDA MANAGEMENT INSTITUTE

Telephones: 256-41-4259722 /4223748 /4346620
256-31-2265138 /39 /40
256-75-2259722
Telefax: 256-41-4259581 /314
E-mail: admin@umi.ac.ug

Plot 44-52, Jinja Road
P.O. Box 20131
Kampala, Uganda
Website: http://www.umi.ac.ug

Your Ref:

Our Ref: G/35

30 September 2009

TO WHOM IT MAY CONCERN

MASTERS IN MANAGEMENT STUDIES DEGREE RESEARCH

Ms. Asipkwe Jean Christabel is student of the Masters Degree in Management Studies of Uganda Management Institute17th Intake 2008/2009 specializing in Public Administration and Management, Registration Number: **08/MMSPAM/17/027.**

Her research Topic is: **Factors Affecting Implementation of HIV/AIDS Workplace Policy in Non – Governmental Organizations in Uganda: A Case study of CEFORD, Arua District.**

Any assistance rendered to her will highly be appreciated.

Yours sincerely,

Benon Basheka
HEAD, HIGHER DEGREES DEPARTMENT/
PROGRAMME MANAGER MMS

UGANDA MANAGEMENT INSTITUTE

Telephones: 256-41-4259722 /4223748 /4346620
256-31-2265138 /39 /40
256-75-2259722
Telefax: 256-41-4259581 /314
E-mail: admin@umi.ac.ug

Plot 44-52, Jinja Road
P.O. Box 20131
Kampala, Uganda
Website: http://www.umi.ac.ug

Your Ref:

Our Ref: G/35

20 May 2010

Ms. Jean Christabel Asipkwe
08/MMSPAM/17/027

Dear Ms. Asipkwe,

I wish to congratulate you for having defended your dissertation before a panel of examiners. The examiners unanimously agreed that your dissertation merits the award of a Masters Degree in Management Studies of Uganda Management Institute (UMI) subject to you effecting the corrections suggested within a period of **One (1)** month.

Please ensure that you strictly stick to the guidelines for Dissertation writing for the Institute. You can pick a copy of these from the Department as soon as possible.

Thanking you once again.

Yours sincerely

Benon C. Basheka
HEAD OF DEPARTMENT/PROGRAMME MANAGER MMS