
# Organizational Factors Affecting the Implementation of HIV/AIDS Work Place Policy in GOAL Uganda

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## DECLARATION

I declare that the study on organizational factors affecting the implementation of HIV/AIDS Work Place Policy in GOAL Uganda is my own work and has never been submitted anywhere for any degree or examination in any other University.

Signed _____ _____

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## APPROVAL

This Dissertation has been submitted for examination with our authority as the Institute Supervisor and work based supervisor respectively.

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## ABREVIATIONS

| | | |
|---|---|---|
| ACORD | - | Agency for Cooperation and Research in Development |
| AIDS | - | Acquired Immune Deficiency Syndrome |
| G.B.C | - | Global Business Coalitions |
| G.H.I.F | - | Global Health Initiative Forum |
| GOU | - | Government of Uganda |
| H.S.R.C | - | Human Science Research Council |
| HIV | - | Human immune virus |
| ILO | - | International labor Organization |
| MOH | - | Ministry Of Health |
| MOPS | - | Ministry Of Public Service |
| NUP | - | Northern Uganda Program |
| PDM | - | Participative Decision Making |
| PEP | - | Post Exposure Prophylaxis |
| UMI | - | Uganda Management Institute. |
| UN | - | United Nations |
| UNAIDS | - | United Nations against AIDS |
| UNCIEF | - | United Nations Children Education Fund |
| UNESCO | - | United Nations Education Scientific Cooperation |
| UNGASS | - | United Nations General Assembly Special Session on AIDS |
| USAID | - | United States Agency for International Development |
| WPP | - | Work Place Policy |

## DEDICATION

I would like to dedicate this research report to my late Father Hajj Abubakar Kiiza for he laid the foundation up to this level.

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## ABSTRACT

The issue of HIV/AIDS work place policy implementation is not extensively covered in the wider literature about HIV/AIDS. Although, a number of studies indicate that the HIV/AIDS work place program contribute to the reduction of HIV/AIDS infections its implementation presents enormous challenge to many organizations. The little empirical research in this area accentuated the need for this study with a case of Goal Uganda. Review of related literature led to the identification of three organizational factors that affect the implementation of the HIV/AIDS work place policy namely: communication, top management support and participative decision making. The factors were synthesized to form a conceptual frame work that was tested in the study using both qualitative and quantitative techniques. A sample of 71 respondents who are employees of GOAL filled the self administered questionnaires. Data was analyzed using a statistical package for social scientists (SPSS) where a regression analysis was run to test the hypothesis. Findings revealed that top management support, communication media and participative decision making significantly affect the implementation of the work place policy in GAOL Uganda. Implying that, where top managers lead and support HIV/AIDS work place programs implementation levels are likely to be high. On the other hand where employees have a chance to participate in decision making related to the work place policy an organization will experience effective implementation of the policy. Information sharing and information utilization were found to be negatively and non significant to the implementation of HIV/AIDS work place policy. Future research could explore other factors like funding and Government policy.

# CHAPTER ONE

# INTRODUCTION

## 1.0. Introduction

This chapter presents the background to the study, problem statement, purpose of the study, objectives of the study, the conceptual frame work and definition of terms.

## 1.1 Background to the study

The human immune virus (HIV) continues to threaten all sections of society world over. Reports by United Nations Joint Program on HIV/Acquired Immune Deficiency syndrome (UNAIDS, 2006) and the International Labor Organization (ILO, 2000), indicate that, the population most hard hit by HIV/AIDS is the economically productive group between the ages of 15-45 years. The presence or perception of HIV/AIDS at work can wreck havoc in terms of employee relations. Some employees may not want to share a desk or an office with an infected person. This in turn lowers not only productivity, but bars people living with HIV/AIDS (PLWH from accessing the available services. Employers on the other hand are using the supposed risk of transmission to terminate or refuse employment, which deepens stigma and discrimination. The scourge shows no signs of abating and the Human Science Research Council (H.S.R.C, 2004) of Zimbabwe observes that, since there is no cure or vaccine in sight, research and policy developments are the foundations of any meaningful and sustainable response to the pandemic. Where as numerous policies exist or are being developed little is known on how they are implemented (Lavendal, 2004).Well laid organizational strategies for effective implementation of the HIV/AIDS work place policy turns out to be the most important

and effective ways of combating the escalation of HIV/AIDS in a work place. This study analyzed organizational factors that affect implementation of the HIV/AIDS Work Place Policy.

### 1.1.1 Historical back ground

Mystery has continued to plunge the origins of HIV/AIDS in the world. Some scholars have advanced that, HIV/AIDS originated in Africa but there is no conclusive evidence to ascertain the assertions. Grmik (1990) argued that, a ten year study completed in 2005 found a strain of simian immunodeficiency virus (SIV) in a number of chimpanzee colonies in South –East Cameroon, which was a viral ancestor of the HIV-1 that causes Aids in humans. A complex computer model of the evolution of HIV -1 has suggested that the first transfer of SIV to humans occurred around 1930s with HIV-2 transferring from monkeys found in Guinea –Bissau at some point in the 1940s. Studies of primates in other continents did not find any trace of SIV leading to the conclusion that HIV originated in Africa. According to the Avert (2007) the first epidemic of HIV/AIDS is believed to have occurred in Kinshasa in 1970s, it is stipulated that HIV was brought to the city by an infected individual who traveled from Cameroon by river down in to Congo on arrival in Kinshasa the virus entered a wide urban sexual net work and spread quickly. This marked the world's first heterosexually –spread HIV epidemic.

The HIV/AIDS epidemic has entered its third decade. According to UNAIDS (2007) worldwide HIV/AIDS statistics, it is estimated that since the onset of the pandemic in 1981 more than twenty five (25) million people have died of AIDS. The number of

people living with HIV has risen from eight (8) million to thirty three 33 million by 2007 and is still growing. Around sixty seven percent (67%) of people living with HIV are in sub Saharan Africa. In developing and transitional countries nine point (9.7) million people are in immediate need of life saving AIDS drugs of these only two point nine (2.9) are receiving the drugs . Women are adversely affected by the scourge at the end of 2007 women accounted for fifty percent (50%) of all adults living with HIV worldwide and fifty nine percent (59%) are in sub Saharan Africa.

Uganda is one of the first countries where HIV/AIDS was first recognized. HIV rates increased rapidly throughout the country and by the late 1980s, Uganda had the highest rates of HIV infection in Africa and indeed in the world (UNAIDS, 2002).

HIV/AIDS in Uganda was initially known as 'slim' because of its emaciating and physical wasting characteristics on the infected population. In 1982 the first case of AIDS was first diagnosed in Rakai district at a place called Kasensero about 220 km south west of the capital city of Uganda. Since then, there has been almost 900000 HIV related deaths in Uganda (ACIU, 1992).

In the United States of America (USA) AIDS is now the leading cause of death among individuals between the ages of 25-44, the age group that constitutes the largest labor force (Firmasayah &Kleiner 1999). In Uganda the situation does not differ, over eighty (80%) of reported cases of HIV/AIDS are among people aged between 15-45 years(Ministry of Health (MOH), 2003). Surveys conducted in the Ministry of Public service in Uganda (MOPS), (2004) revealed that, from 1995 to1999 between 3.1-3.4% of

the public officers were suspected to have died of AIDS related infections including those that have been trained for decades. These projections show a systematic erosion of the work force as the life expectancy has fallen to 47 years. Employees from NGOs are not free from the risks of the pandemic either. Previous research indicates that HIV/AIDS severely affects them. A study carried out by INTRAC (2006) revealed that staff deaths suspected to have died of AIDS in Malawi was at ninety four percent (94 %), Uganda, eighty seven percent (87%). Tanzania, seventy five percent (75%). Needless to say, absenteeism due to being seropostive, early retirement, much staff time lost to funeral attendance or attending to the sick leads to declining productivity. If organizations are to survive this pandemic they need to adjust their strategies and provide comprehensive guidelines through policy development and implementation.

### 1.1.2 Theoretical background

Buen (2002) observed that in as much as, policy implementation on the surface seems straight forward. Polices continue to divert from initial goals taking more time than planned costing more than expected and approaches to the study of implementation are as many suggestions as to what implementation should mean. Researchers have attempted to discover the reasons for the poor success rate and in turn advanced various models to the implementation**.** This study was underpinned by two theories of the implementation namely: Top Down /Rational Model and the bottom up model. According to Parsons (2001) the top down/rational model views implementation as getting people to do what they are told and keeping control over a sequence of stages in a system. It's about the development of program of control which minimizes conflict and deviation from the

initial set goals. Some aspects of the HIV/AIDS work place policy can be enforced using this model. The issue of stigma and discrimination is on area that needs stringent measures from the top managers in order to wipe it out in an organization. The model however, ignores the contribution of street level actors in the implementation; too much emphasis is pressed on the definition of goals by the top rather than the role of lower staff. Control over people is not the way forward for effective implementation. Instead of regarding human beings as chains in a line of command, policy makers should realize that policy is best implemented by what Elmore( 1979) termed as back ward mapping (Parsons, 2001).The bottom up approach model on the other hand is viewed as a process involving negotiation and consensus building. According to Parsons (2001), the bottom up model stresses that, street level implementers have discretion on how they apply policy. This model fits well the HIV/AIDS work place program that is characterized by the need to incorporate a broad range of interests.

Despite the variance in approaches, the models stress some commonalities that each model contains variables, which refer to the impact of policy formulation and implementation, the casual theory developed during policy formulation is the central determinant of policy out comes. To a practitioner the most important thing is to look at the content of the policy and the different incorporating variables, this is because the development of the numerous models has ignored unsuccessful rate of policy implementation. The mystery has continued to plague policy makers (Brunetto, 2006). Young (2000) attributed policy failure to inability to engage the lower level management in the change process. This failure breeds policy implementation gaps.

### 1.1.3 Conceptual back ground

Street (1992) observed that, policy implementation refers to the decision and process through which an innovation is introduced in to society. Buen (2002) further advanced that; implementation can be studied from a process point or from the decision point of view. The process relates to a program or policy. In this study implementation was taken to mean the process by which a policy is introduced in an organization Implementation as a process carries direct control by top managers over their subordinates it is viewed from the initial point of policy makers in the centre it is adapted through negotiation and compromise. As process it stresses the importance of setting goals.

Past studies on policy implementation have identified a number of factors that can apply to this scenario such as management support, workforce participation (William & Ray (1993) these were cited among the best practices for successful implementation of HIV/AIDS program in an organization. According to Young (1995) communication has appositive influence on policy implementation, these authors seem to presuppose that, Organizational factors such as communication ,participative decision making and top management support have an influence on the implementation of the HIV/AIDS Work Place Policy . This study investigated factors such as, participative decision making, communication, top management support and their effect on policy implementation.

### 1.1.4 Contextual background

World over organizations are feeling the impact of HIV/AIDS on their work force and many are beginning to take responsive action by instituting supportive work place policies (GOAL, 2004). The common objective of HIV/AIDS policy is to prevent new

infections, reduce vulnerability, provide treatment, support and care to people living with HIV/AIDS (UNAIDS, 2006). However it should be noted that by 2000, policy responses in most developing countries have been slow in coming only a few countries mainly Brazil, Uganda and Thailand had implemented comprehensive national response (United States Agency for International Development (USAID, 2006).

The benefits of HIV/AIDS work place policy are far from being comparable , this is true in the sense that, in Zimbabwe, it was found that workers in factories with peer based HIV/AIDS prevention programs had infection rates of 01-34% lower than comparable places without such programs (UNAIDS, 2003). However HIV/AIDS related stigma presents enormous challenges to the implementation of the work place policy. Multinational alliances against HIV/AIDS like the Global Business Coalition (G.B.C), the Global Health Initiative Forum (G.H.I.F), the United Nation General Assembly Special Session (UNGASS) on AIDS declaration of June 2001 have put up a spirited effort to fight against AIDS, these alliances have engaged the private sector in the battle though much emphasis has been placed on the response at the expense of implementation. This is further supported by (UNAIDS, 2003) which observes that even the United Nations (UN) which is the largest employer in the world has not systematically integrated HIV/AIDS on its human resource planning.

Uganda as a country, has no written policy on HIV/ AIDS and the world of work but, it recognizes the principles laid down by UNAIDS and ILO. Designing and implementing policies including the work place policy derive their legal mandate from the Constitution

of the Government of Uganda (GOU, 1995). The constitution clearly articulates issues related to respect of human rights, freedom and equality of all persons, non discrimination on the basis of sex, age, ethnic and other social status. Kyomuhendo (2004) observed that, although Uganda has no specific legislation on HIV/AIDS aspects of the epidemic are significantly addressed in various documents like the Penal Code the Health Statute and other relevant instruments of legal and social rights.

Uganda like any other developing country has seen the mushrooming of Non Governmental Organizations (NGOS) since the 1970s. These NGOs provide a range of services to people alongside the Government. GOAL is an NGO founded by its chief executive John O'Shea in 1977; it is based in Ireland and is currently operational in 14 countries in developing world. In Uganda it works in partnership with other local organizations to address issues around HIV/AIDS, street children, child rights, disabilities and emergency needs. These activities are coordinated from Kampala office supported by offices in Bugiri, Fortportal, Bundibugyo, Hoima and Pader. GOAL Work Place Policy addresses issues related to: equal treatment in relation to recruitment employment and promotion for all staff irrespective of their HIV status, prevention and education programs to ensure that staffs have accurate and up to date information, guidance on and access to voluntary counseling and testing (VCT), respect for confidentiality, care and support for infected staff, protection against occupational exposure to infections and gender equality. In each of the country offices in Uganda there is the HIV/AIDS focal person charged with the overall implementation of the policy whose role include ongoing HIV/AIDS training to staff, provide condoms, provide

advice and information on request to staff, referring staff to relevant services. However, it is pertinent to note that, the work of NGOs is highly threatened by the HIV/AIDS scourge, although NGOS appear to be the leaders in addressing issues related to HIV/AIDS and the work place, most of them seem to focus all their energies on the development of an HIV/AIDS policy at the expense of implementation. This study sought to fill the Knowledge gap. Find those factors that affect implementation of the HIV/IDS work place policy in Goal Uganda.

**1.2 Problem statement**

GOAL recognized the need for a work place policy by a survey carried out in 2001.The survey exhibited high levels of HIV stigma and discrimination, inadequate knowledge about HIV/AIDS issues among staff. In 2003 the HIV/AIDS work place policy came on board and aimed at creating a working environment where employees are informed of key HIV/AIDS issues in an atmosphere free from stigma and discrimination. However, the extent to which the implementation of the policy has been affected is not well known, nor the factors that have impacted on. Whereas there are many factors that can influence the implementation, this study specifically targeted top management support, communication and participative decision-making.

## 1.4 General objective of the study

The general objective of the study was to establish the effect of organizational factors on implementation of HIV/AIDS Work Place Policy.

## 1.5 Specific objectives

The study seeks to achieve the following objectives:

a) To investigate the effect of Top management support on the implementation of HIV/AIDS Work Place Policy in GOAL Uganda
b) To establish the effect of communication on implementation of the HIV/AIDS Work Place Policy in GOAL Uganda
c) To determine the effect of participative decision-making on Implementation of HIV/AIDS Work Place Policy in GOAL Uganda

## 1.6 Hypothesis

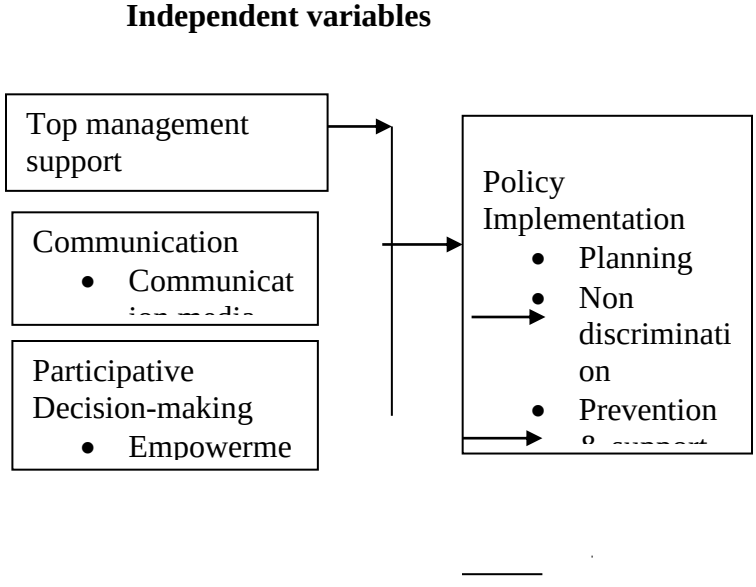
The study was guided by the following hypothesis:

a) There is a positive significant relationship between top management support and the implementation of HIV/AIDS Work Place Policy in GOAL Uganda.
b) There is a positive significant relationship between communication and implementation of HIV/AIDS work Place Policy in GOAL Uganda.
c) Participative decision-making is positively related to implementation of HIV/AIDS work place policy in GOAL Uganda.

### 1.7 Conceptual framework

The conceptual frame work frame was based on Hansenfield & Brock"s frame work of implementation cited in Ryan (2006). This frame work was further adjusted by the researcher to suit the study. The frame work fuses the bottom up and the top down models that underpinned this study. The frame work is made up of the following components namely: policy output, policy making policy instruments, critical actors and driving force. The driving forces formed the independent variables (top management support communication and participative decision making) while the policy out puts formed the dependent variable (the HIV/AIDS Work place policy dimensions). The two variables are cyclic in nature and functions together to archive a common goal (effective implementation) as presented below in figure one.

**Figure 1: Diagrammatic representation of the Conceptual frame work on the organizational factor and the implementation of HIV/AIDS Work Place Policy.**



From the above research frame work it is conceptualized that top management support, Communication, Participative decision making will positively and significantly affect implementation of HIV/AIDS work place policy in the organization in other wards the policy implementation can be explained by the three factors namely: top management support, Communication, Participative decision making.

### 1.8 Scope of the study

The study was carried out in GOAL Uganda country offices of Muyenga located in Kampala, Bugiri located in eastern Uganda and Hoima in south western Uganda. GOAL Uganda was chosen because it's among the few organization in Uganda implementing HIV/AIDS Work Place Policy. The study covered a period from 2000to 2001 that is a year before and from 2005 to 2008 after the inception of the policy, to establish whether management support, communication and participative decision making affect the implementation of the policy.

### 1.9 Significance of the study

The study aimed at assisting organizations in Uganda in implementing HIV/AIDS policy at work. Evidence of research on implementation of HIV/AIDS policy in an organization and the factors that can influence it is too limited and often anecdotal while more systematic studies required. The idea of analyzing factors influencing policy implementation was particularly significant in the following ways

(1) The findings will help GOAL Uganda and other organizations to improve on the implementation of HIV/AIDS Work Place Policy.

(2) The study contributes to the current debate on controlling and preventing the escalation of the pandemic in work places.

**(**3) The study reinforces previous studies that emphasized top management support and participative decision making in policy implementation. The work of Williams & ray (1993) that highlighted the importance of top management support and participative decision making in successful implementation of the policy is reinforced. The study further, gives credence to the bottom up approach model of implementation that emphasizes stake holder participation in the policy process

### 1.10 Definition of terms

Since the variables of interest have been studied across different disciplines, it was pertinent to define and operationalise them.

**Top management support:** Petronil (2002) views top management support as the commitment and involvement of upper management team in leading and supporting the implementation. The commitment in question refers to top management willingness to allocate resources (time, human, financial, material) towards the implementation of the policy. Involvement encompasses the participation of the upper management team in the implementation by taking up services, spending some time with fellow staff raising HIV/AIDS issues and the work place.

**Communication:** is defined as the process by which information is exchanged and understood by two or more people usually with the intent to motivate and influence behavior.

**Communication media:** refers to the methods by which employees in the organization transfer information (Zalabaka, 1999).

**Information sharing:** exchange of information experiences between employees in the Organization, it will be analyzed in terms of trust between individuals and trust between an individual and the organization

**Information utilization:** the application of disseminated information on HIV/AIDS to make decisions in life.

**Participative decision making:** Knoop (1995) cited by Scot-ladd 2006 defines this concept as sharing decision making with others to achieve set objectives.

**Implementation:** refers to actions geared towards achievement of goals set forth in prior policy decisions, in this study the policy dimensions will be analyzed to indicate progress towards the achievement of set objectives.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.0. Introduction

This chapter presents literature review on the implementation of HIV/AIDS Work Place Policy. The review focused on major themes. The themes included among others: policy implementation, top management support and its effect on implementation of the HIV/AIDS Work Place policy, communication and its effect on implementation of the HIV/AIDS Work Place policy and how participative decision making influence the implementation of HIV/AIDS Work Place Policy in an organization.

## 2.1 Policy implementation

Policy implementation is the most important aspect in the policy process. Failure to implement renders the whole process of policy development futile. Buen (2002) defined policy implementation as the intentional follow up of commitments set force in prior policy decisions. Press man and wildvasky (1973) viewed policy implementation as process of interaction between the setting of goals and actions geared to achieve them. It's essentially an ability to forge links in casual chain so as to put policy in to effect. In other words it is how organizations conduct their affairs and interact with one another. It is what motivates them to act in the way they do and what might motivate them to act differently.Van meter & van Horns (1975) further advanced that, policy implementation encompasses those actions by public /private individuals that are directed to the achievement of objectives set forth in prior policy decisions.

Rosendal 1999 cited by Buen (2002) on the other hand categorised domestic policy implementation in three stages namely: implementation output, implementation outcome and implementation impact. Implementation output refers to polices, programs laws regulations and institutions that government employ in contending with policy problems. Implementation out come deals with reinforcement of polices leading to corresponding behaviour change in target groups while, impact is concerned with genuine problem solving .This study was premised on implementation output which was the HIV/AIDS work place policy out puts. The analysis was deeply influenced by the implementation in puts (organisational factors). Behavioural change among employees in the organisation to a large extent depends on the content of HIV/AIDS work place policy and its effective implementation. However, London (2005) noted that, that the idea of developing a policy and putting it into practice can be a daunting task; more often great policies are always formulated, but end up on shelves. Mean while so much effort is directed towards policy formulation yet, there is mounting evidence of polices failing to achieve the intended objectives. Hill (2002) attributed policy failure to the inability to intertwine policy makers and implementers. Although the two stages of policy formulation and implementation appear to be different, they are related. However the interdependence is in most cases overlooked leading to policy implementation gaps.

## 2.2. Top management support and the Implementation of HIV/AIDS Work Place Policy.

Pinto (1998) defined top management support as the willingness of top management to provide the necessary resources and authority for project success. Worlery & Doolen (2006) maintained that, it is the participation of upper management team in leading or supporting the implementation process. This implies that, effective implementation requires the participation, commitment and support of top managers in the organization. Researchers anecdotally agree that, Top Management support is vital for the success of any policy (Williams & Ray, 1993; (Hadjipateras, Abwolo and Akullu, 2006). Unfortunately, the vast literature on HIV/AIDS does not exhibit serious attempts to study Top Management support and implementation of the HIV/AIDS Work Place Policy. This study sought to fill the gap and analyze the influence of top management support on the implementation of HIV/AIDS work place policy in GOAL Uganda.

Top managers are role models in the organization, their involvement in HIV/AIDS work place programs have a positive impact on the implementation. When top managers take up the available services like voluntary counseling and testing, talking about HIV/AIDS openly, the people they lead will follow their footsteps. For instance a study by Karasachol and Tannock (1999) on successful total quality management implementation in three companies in Thailand found out that, it was fully supported and led by top management. Furthermore, President Y.K Museveni of Uganda, former President George Walker Bush of America who boldly talked about AIDS helped to fight stigma and discrimination which made a positive impact in the fight against AIDS (Kaleeba etal

2000). On the other hand president Yelstin of Russia who kept silent about HIV/AIDS saw the numbers of infected people rising from 196 in 1995 t0 88497 by 1999 ( Collins,1999).

Top managers should endeavor to introduce AIDS campaigns in work place like brochures condom use to do away with misconception that, the work place policy is meant to discriminate those living with HIV/AIDS. When top management that is at the highest point of the hierarchy of management in the organization does not support and guide implementation then others in the system will not take it as an important process. The same idea is held by Bayer & Sovilla (2003) who noted that, executives who fail to live by example cause discouragement.

In order to achieve successful implementation senior and junior managers must be in congruence in relation to the stated objectives of the policy, therefore management that fails to embrace the policy intentionally or unintentionally sabotage the efforts of implementation. This is because when top management gives support to policy implementers they get immediate compliance than when they command them (Parsons, 2001). Mandal & Smith (2002) maintained that, top management is important for the success of any project implementation, as it generates acceptance, increases participation and provides legislation or policy guidelines. Unfortunately, most managers view HIV/AIDS as a health issue that should be tackled by medical professional and such an attitude is a setback to successful implementation of the policy.

Executives in the organization must design mechanism that help employees access more information on HIV/AIDS Work Place Policy, explain why it's needed, provide resources, time and material to enhance successfully participation in the implementation. This is in agreement with Brunneto (2006), who observed that, senior managers determine the goals and the supporting implementing variables that accompany a new policy. Top management in the organization has control over resources, therefore, their willingness to allocate them to a policy lead to effective implementation. Lewis & Flyn, 1978-1979 cited by *(*Parsons, 1997) seem to agree and they pointed out that, implementation in the policy action model is an interactive bargaining process between those who are responsible for enacting the policy and those who have control over resources. Nevertheless, the HIV/AIDS work place policy still remains a non-funded priority due to fear of stigmatization and discrimination.

Boyer & Savoilla (2003) argued that Top management should not only demonstrate commitment and leadership it must also struggle to create interest in the implementation and communicate the change to everyone, When top management proves its commitment, acceptance will flow throughout the organization, since it is the responsibility of senior management to convince middle and lower management that change is necessary and is in the best interest of the organization (Brunneto, 2006). HIV/AIDS Policy requires a focal person charged with the overall implementation, the person in question must be of high integrity, respect and trust because of the sensitivity and complexity of the policy. It is senior management's role, to identify those with power to act as change agents (Till, 2003).However senior managers feel that, the issues

of HIV/AIDS are medical problems that should be tackled by medical personnel, hence have not fully given it the attention it deserves. Such attitudes have led to implementation gaps, which this study sought to feel.

### 2.3 Communication and Implementation of HIV/AIDS Work Place Policy

Communication is the process by which individuals share meaning, it can be defined as transactional process between two or more parties where by meaning is exchanged through the intentional use of symbols Lengel (1994).The communication process is intentional; a deliberate effort is made to bring about a response. This means that each participant must fully understand the meaning of the other communication. Effective communication is an essential part of organizational effort to develop and implement desired programs. Effective communication refers to informal and formal sharing of meaningfull and timely information between managers and employees in an emphatic manner. It educates and keeps employees informed about their duties in a language they understand. The study viewed communication in terms of communication media information sharing and information utilization.

The importance of communication is singled out by Drucker (1997) who stated that the ability to communicate heads the list criteria of success. Communication can spread knowledge, influence values and social norms as well as make it possible to learn from behavior of others MOH (2003). Failure to communicate makes it impossible to impart knowledge about HIV/AIDS. Employees remain ignorant about HIV/AIDS transmission, prevention and control which lead to ineffective implementation.

Hargie & Tourish (1996) noted that, Success or failure of change largely rests on the extent to which change messages are internalized by staff. This is because communication helps to overcome ambiguity, uncertainty and provides information and power for individuals to adjust their behavior. Communication should be constant, thorough, motivational, and consider channels' appropriateness in the overall implementation. USAID (2002) further noted that, the success of combating HIV/AIDS in Uganda is attributed to the appropriateness of non electronic mass communication which was community based, culturally sensitive and colored with high levels of face to face interactions. However the extent to which communication has affected the implementation of the work place policy in an organization is not well articulated.

Furthermore it is advanced that, effective communication is a primary requirement for effective implementation but it doesn't guarantee effectiveness of implementation. Cleland (2002) observed that effective communication largely depends on the channels used; therefore correct channels should be used for matters that are sensitive, urgent and need high level accuracy. HIV/AIDS policy implementation requires not only communication but also a clear method of sending and receiving responses in an organization. The media should be efficient and broader for employees to acquire knowledge on HIV/AIDS. On the other hand Morris & Daral,(2002) observed that, strategies to enhance knowledge are ineffective in disseminating moral messages and confusing in promoting safer sex. In Vietnam, a study by United Nations Children Education Fund UNCIEF (2001) revealed that there is a gap between knowledge and practice because of over relaying on dictate styles of communication. In an organization

the media should bring out large scale information in a coordinated and emphatic manner to create an enabling environment for behavioral adjustment. To this extent Stonebuner (2000) quickly to noted that, behavioral change in Uganda appears to be related more to open and personal communication networks for acquiring AIDS knowledge which may more effectively personalize risk and results in greater behavior change. The same argument is held by Daft & Legal (1984) in the study of the diffusion of computer simulation technology, it was revealed that face-to-face meetings and conferences provided opportunities to transfer a richer set of information.

Young (1995) further contended that, face-to-face interactions are much easier for individuals to communicate complicated and sensitive issues that require interactive feedback. Organizations often use staff briefings to influence employees' behavior this is because; they impart information on practices procedures and rules (Daft 1995). Face to face interactions more effective when at the beginning of a major meeting there is always a message around HIV/AIDS. Daft & Lengal (1984) maintained that, personal contact and face to face communication are rich communication media that are particularly well suited for identifying information to be transferred and acquiring deeper understanding of it. On the contrary Tourish and Hargie (1998) observed that frequent staff meeting of all members of the organization is not what is required, but prompt communication which deals with anxiety, openness and accessibility within the organization should be fostered. The challenge goes to the organization to put in place effective communication methods through which employees can acquire more knowledge on issues related to HIV/AIDS, which in turn fosters implementation.

Allen (1997) argued that, individuals are the most effective carriers of information because they are able to restructure information so that it applies to new contexts. Providing opportunities to interact and learn about best practices rather than legislating the adoption of them has the further advantage of improving employees control over their behavior. Print materials such as posters leaflets brochures flip charts can be effective sources of information to literate people Lavareck & Dap (2003). However in Vietnam according to Centre for Health Education (1990) it was revealed that, there is a tendency to distribute print material to target audiences without adequate instruction and discussion. This is substantiated by Craig (1995) who observed that respondents in communities with leaflets available were twice as likely as not being able to recall information. On the other hand posters were found to provide information to nineteen percent (19%) of the sampled population while only seven percent 7.5% of the people in Vietnam could recall information from newspapers**.** An organization therefore should carefully establish effective ways of disseminating HIV/AIDS information to achieve successful implementation

Communication should endeavor to keep everyone knowledgeable about what is happening through board and staff meeting, group discussion, workshops, seminars, video shows, print media, staff magazines, brochures and posters to help employees share their experiences. This sharing can promote trust empathy and development of mature relationships Cleland (2002). Information sharing is an important factor in policy implementation and creating an enabling environment by which individuals can share information has a defining influence on HIV/AIDS Work Place Policy. However

according to UNAIDS (2003) the survey carried out among the workforce revealed that staff roughly understood the basics of HIV/AIDS prevention and control, but they are unwilling to disclose their status due to fear of job loss or indifferent treatment, yet disclosure is integral to Work Place Policy implementation.

Communication builds interpersonal trust between co-workers. Inter personal trust is an extremely essential attribute in effective implementation. Sharing feelings, perceptions and information that is personal are all indicators of interpersonal trust. Alawi Almarzooqi & Mohammed (2007) noted that, when an average person trusts his/her colleagues and feels free to express their feelings and perceptions, this person is likely to express information relating to his or her life outside work. However the above arguments were based on knowledge sharing, when it comes to HIV/AIDS issues, disclosure is a bigger challenge. Although organizations have put in place clear legislation on issues related to the scourge, given the complexity of human nature providing regulations to a certain implicit behavior can prove futile. While it is plausible to predict people's reaction, it's unrealistic to assume that all individuals will behave similarly in these situations and such is a setback to successful implementation.

To sum it up, Daikir (2005) maintained that information can succeed only if it's put under actual use. Appropriate information is required to guide a person to make a sound decision in any subject at any level in any circumstances. It is important to note that the role of information is clearly linked to successful reforms, however much the organization provides HIV/AIDS related information, if employees do not use it to make

decisions the implementation process becomes futile. Dewey (1938) noted that information becomes relevant only when it is used in social context. It is not well known whether the large scale information dissemination about HIV/AIDS in organizations is benefiting the intended recipients.

**2.4 Participative decision-making and the implementation of HIV/AIDS Work Place Policy.**

Vroom & Jago (1988) view employee participation as the act of inviting members of the organization to think strategically and to be personally responsible for the quality of their task in order to achieve effective implementation. If organisations are to archive successful policy implementation of the HIV/AIDS work place policy in the medium to long term, employees must be involved, in making decisions pertaining to the policy, to acquire knowledge- related to HIV/AIDS. Lawler (1994) maintains that, greater employee involvement can only be achieved through a carefully managed process that strives for participation by integrating the individual with the HIV/AIDS work place programs to achieve perfect implementation**.**

The significance of participation as an implementation strategy was first stressed in the 1920s and early 1930s. The Hawthorne studies (1993) Roethlisberger & Dickson (1939) cited in Cabrera (2001) gave rise to increasing interest in human determinants of productivity that stress employee participation. It is argued that employee participation improves efficiency and productivity; this is further advanced by Wagner (1994) who argued that employee involvement has a profound and consistent effect on satisfaction and performance. Despite a plethora of studies, there is no agreed definition of this

concept, Pardo and Lloyd (2003) view employee participation in terms of the extent and dimension of participation: degree of extent refers to people taking part in the empowerment programs that is to say up to which level is one offered the chance of collaborating /sharing influence. According to dimension of informal and formal participation, it is formal when there are official and recognized charnels to put it in to practice are there certain norms /rules that impose empowerment? It is informal when the influence is based on personal relationships between the managers and subordinates. Another dimension is the direct and indirect participation

Direct participation takes place when employees contribute directly in the decision making process, whereas indirect participation takes place through intermediaries like work councils, suggestion boxes and employee representatives.

Employee participation is a complex management tool that over 50 years, research has proven that when applied properly can be effective in improving performance. Knoop 1995 cited by Scott ladd Travagloine & Marshall (2006), Hadjipateras Abwolo & Akullu (2006,) noted that, involving people in the policy making process makes people own the policy and have a desire to implement it. To this effect Work Place Policy have a chance of being successfully implemented if developed in participatory way with all staff involved Williams and Ray(1993). Providing staff with a choice to make decisions on where voluntary counseling and testing should be carried out increases accessibility and support for the service (ACORDandCONCERN, 2004). Zimmern (1990) trodden the same grounds and emphasized that reallocating decision making promotes direct and desired change on people's lives as individuals gain mastery, control and have democratic participation in the life of their own.

London (1998) further advanced that, workers participation is crucial in policy development in order to meet their needs. Rice (1987) asserts that putting decision making power as close as possible to the point of delivery, makes implementation of these decisions not only possible but also successful. Staff members should be involved in all the process of decision making say in election of peer educators since elected peer educators are more trusted and respected than the imposed ones.

Levendal (2004) argued that, success in the implementation of HIV/AIDS Work Place Policy in private Companies of South Africa like Daimler Chrysler was enhanced by the awareness campaigns of elected peer educators, this implies that, one of the most important aspects of coping with change is that individuals should be responsible for their own actions Mant (1995).

Crowford (1999) concluded that administrators that utilize Participative Decision Making will encounter broader sources of input to planning as well as diversity within decision making. Where it lacks, structures make employees shrink and fit in their roles which decreases overall organizational potentials towards effectiveness, hence established rules take precedence of mature judgments that would exercise naturally in response to changing environments. On the other hand participative decision making captures the experience, values, Knowledge and cultural beliefs of the intended group which enhances their understanding of the HIV/AIDS policy.

HIV/AIDS demands high levels of confidentiality for instance a report by ACORD and CONCERN (2004) revealed that, in ACORD Northern Uganda program (NUP) Gulu some sections of staff were not comfortable with the elected Doctor to provide voluntary counseling and testing. The elected doctor was accused of excessive socialization with people in bars and community gatherings; chances that he would talk about his profession were high. Provisions were made by the organization for staff to use other facilities that they felt comfortable with. This scenario gives credence to Crowford's (1999) assertion that Participative Decision Making encourages employees to detect emerging patterns of errors before they can escalate and most organizations tend to ignore such issues in the course of implementation. Further more, another example can be taken from Deverin and Adams (1993). Nurses working in obstetric ward repeatedly fed new borns on a formula on which salt has been mistakenly substituted for sugar. Despite violent reactions, the salt laced formula was not discovered for a week. Nurses whose job was to feed babies were not empowered to evaluate or act on the result of their actions, had they been empowered they would have been able to modify their actions before there escalate like in the case of ACORD Northern Uganda Program in Gulu.

# CHAPTER THREE

# METHODOLOGY

## 3.0 Introduction

This chapter presents the methodology that was used to collect data. It throws light on essential areas of research design, study population, sample size and selection, data collection methods, research procedure, data analysis, measurement of variables and reliability analysis.

## 3.1 Research design

Research design is a plan for carrying out research project. The study used a co relational design in order to identify factors associated with the problem. According to Sekaren, (2003), when the researcher is interested in delineating the important variables associated with the problem the study is co relational. Amin, (2000) asserts that a co relational study allows the researcher to determine whether, how and to what extent a relationship exists between two variables. The study sought to analyze the relationship between top management support, communication, participative decision making (independent Variables) and implementation of HIV/AIDS Work Place Policy (Dependant variable). Quantitative and Qualitative techniques were also applied. The later helped to bring out some issues in the study which could not be easily quantified, the factors influencing HIV/AIDS implementation brings out a complex interaction between human and multiple variables which could not be solely captured in quantitative techniques.

### 3.3 Study population

The study population consisted of all staff in GOAL Uganda a total of two hundred and fifteen (215) participated in the study. The respondents were from all levels of management that is top management, middle management and the support staff.

### 3.4 Sample size and selection

Krejcie & Morgan 1970 advanced a table for determining the sample size for a given population that ensures a good decision model. According to the table the size that corresponds to the study population of two hundred fifteen (215) is one hundred thirty two (132.) The pay role provided sampling frame. Stratified random sampling was used to draw the required sample. Stratified random sampling refers to the process of dividing the population into stratums that are meaningful and relevant to the study. The population was divided into three groups that represented goal offices in Uganda, once the population had been stratified judgmental sampling( that is choosing subjects that are in best position to provide the required information.) was used to select field offices (Hoima Bugiri, Kampala) from which the sample was drawn . The researcher opted for offices with bigger numbers of staff to minimize on sampling errors. Purposive sampling (sampling that is confined to specific people who can provide the desired information.) was used to select respondents to participate in the interview from the study population of 132; Eight (8) respondents were selected to participate in the interview especially those who play a role in the implementation like the HIV/AIDS technical person, the HIV/AIDS focal person, project managers. This technique rested on the arguments that the key informant are most advantageously placed, have expert knowledge hence provide

good information and data. The snowball sampling technique was used, The HIV/AIDS focal person who was purposively selected lead to other seven (7) respondents.

### 3.5 Data collection methods

The methods used for collecting data included documentary review, interviews and self-administered questionnaires.

#### 3.5.1 Documentary review

The researcher reviewed documentation on the counseling sessions held, kits supplied, management meeting and budgetary allocations to corroborate data got from interviews.

#### 3.5.2 Questionnaires

A self-administered questionnaire was used in this study. According to Sekaran, (2000) a self-administered questionnaire is a written set of questions to which respondents' record the answers. This method was used basing on the fact that most of the respondents can read and write hence it was less costly in terms of time and funds. The questionnaires were made up of open-ended questions that were personally delivered to one hundred and twenty four (124) respondents.

#### 3.5.3 Interview

The researcher conducted personal interviews that targeted members of the organization who play a key role in the implementation of the policy. A semi-structured interview guide was used to conduct these interviews. The semi structured interview guide was

most appropriate because it comprised a list of questions taping both the independent and the dependant variable. Combas (2001) argues that semi structured interviews allow additional comments to be noted. Out of the eight (8) targeted respondents five (5) of them were in position to participate. The three (3) remaining officials were on leave and could not be accessed. The data got from the available respondents provided supplementary information to the data got from self-administered questionnaires.

### 3.6 Measurement of variables

The variables were operationalized and subsequent questions developed seeking respondents' behaviors, attitudes and perceptions. The dependent variable, policy implementation was measured in terms of policy dimension that is, drawing the extent to which policy out puts progress towards increasing knowledge about HIV/AIDS, and reducing discrimination. The independent variables like, top management support was measured by asking respondents questions that reflect top management's involvement and commitment in leading and supporting the HIV/AIDS policy implementation. Communication was measured in terms of the effectiveness of the media, information dissemination and utilization, while participative decision-making the researcher looked at employee involvement and autonomy in making decision pertaining to the work place policy. Scales refers to a tools or mechanisms used to differentiate variables from each other. Nominal scales helped to assign categories that were given codes to measure demographic variables. While the independent and the dependant variables were measured using an interval scale of a five point likert scale (strongly agree, agree, undecided, disagree, strongly disagree).

### 3.7 Validity and reliability of the research instruments

According to Amin (2000) validity refers to the appropriateness of the instruments while reliability refers to the consistency of an instrument in measuring whatever it's intended to measure. Punch (1998) contends that reliability indicates how well the items measuring a concept stick together as a set. The data collection instruments were pre tested at British Council offices, this was due to the fact that it is one of the few organizations in Uganda implementing the policy. Thirty (30) questionnaires were set out and twenty were retuned fully answered while 10 were never returned. The response provided an idea of the validity and reliability of the questions. Reliability analysis was further ensured by carrying out a Cronbach alpha test.

Table below indicates the reliability test of the measures used in the study.

**Table 1: Reliability of independent and dependent variable scale**

| **Concept** | **no of items** | **Cronbach's alpha** |
|---|---|---|
| Top management support | 9 | .8293 |
| Participative decision making | 4 | .7711 |
| Communication | 9 | .7957 |
| Implementation | 35 | .8811 |

Muhenda (2006) states that cronbanch alpha of 0.5 and above is reliable. From the above results in table two (2), all measures are reliable.

### 3.8 Data Management and analysis

Data collected from the field was summarized, edited and classified.

**Qualitative data analysis**

Field data was continuously analyzed and edited during and after collection to ensure accuracy in recording and consistency in information given by respondents. Data was coded and emerging themes identified and sorted to form a pattern. Thematic patterns were used to emphasize the findings.

**Quantitative data analysis**

Data was entered in statistical package for social scientist (SPSS). The analysis was done at three levels namely univariate, bivariate and multivariate. The first level included descriptive statistics in form of simple measures were used to describe the features of research aggregates. The second level bivariate analysis was concerned with the Pearson's product moment correlation coefficient technique. This technique measured the strength of association between the variables of interest. Multivariate analysis included a multiple regression that helped to estimate, not only how much of the variance in the dependent variables but also to determine the effect of the different independent variables accounts for.

# CHAPTER FOUR

# DATA PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

## 4.0 Introduction

The chapter presents study findings. That is a brief description of the respondents' profile, the correlation coefficient results, multiple regression analysis and their interpretation.

## 4.1 Response Rate

Basheka (2009) noted that, a response rate of 50% is adequate, 60% is good and more than 70% is very good. This study, a total of one hundred and twenty four (124) questionnaires were sent out. Twenty (20) of them were not fully answered, 39 were never returned, while seventy (71) one were fully answered and resulted in to a response rate of 53% which is adequate.

## 4.2.0 Demographic Data

### 4.2.1 Gender

Results below in table two (2) indicate that, seventy one percent (71.8 %) of the respondents were male while twenty eight percent (28.2%) were female; this can be explained by the scanty numbers of women who are learned. However, these few female employees need to be protected. (Holden, 2000) advanced that, female staffs are more likely to be impacted by the scourge more than their male counter parts which leads to low productivity and deepens gender in equality.

**Table 2: showing gender distribution of respondents**

| Gender | | Frequency | Percent |
|---|---|---|---|
| Male | 51 | 51 | 71.8% |
| Female | 20 | 20 | 28.2% |
| Total | 71 | 71 | 100.0% |

### 4.2.2 Age

Nine point percent (9.9%) of the respondents were below twenty six (26) years, eleven percent (11.3%) were aged between 41- 55 while two point eight percent ( 2.8%) were over 55 years and seventy six percent (76.1% )of the respondents were aged between 26-40 years, a working group highly threatened by the HIV/AIDS (UNAIDS, 2002). This point to the fact that, a big number of staffs are vulnerable to HIV infection.

**Table 3: Staff Profile According to Age**

| **Age** | **Frequency** | **Percent** |
|---|---|---|
| Below 26Years | 7 | 9.9 |
| 26_40 Years | 54 | 76.1 |
| 41_55 Years | 8 | 11.3 |
| Over 55Years | 2 | 2.8 |
| Total | 71 | 100.0 |

### 4.2.3 Number of Years Served

Eleven percent (11.3 %) had served for more than five years, twelve point seven percent **(**12.7%) had served the organization for less than one year and eighteen percent (18.3%) had worked for five (5) years, fifty seven percent (57.7%) had served for three years.

indicating that, majority of respondents had served more than four years which reflects stability on the job and the need to protect this valuable resource from the risks of HIV/AIDS.

**Table 4: Staff profile according to length of service**

| Length of Service | Frequency | Percent |
|---|---|---|
| Less Than One Year | 9 | 12.7% |
| 1_3 Years | 41 | 57.7% |
| 4_5 Years | 13 | 18.3% |
| More Than 5 Years | 8 | 11.3% |
| **Total** | **71** | **100.0%** |

### 4.2.4 Level of Education

Goal employs highly trained staff, fourteen percent (14%) are postgraduates while forty seven point nine percent (47.9%) are university graduates, thirty one percent (31%) are diploma holders and only seven percent (7%) percent are less qualified. Overall sixty three percent (63%) of the respondents are highly trained staff compared to seven percent 7%). This implies that, GOAL employees are highly trained which justifies the need to protect them, and cut on organizational costs of recruitment once they are depleted by the scourge.

**Table 5: Staff profile according to Education level**

| **Educational Level** | **Frequency** | **Percent** |
|---|---|---|
| Post Graduate | 10 | 14.1% |
| University Degree | 34 | 47.9% |
| College Certificate/Diploma | 22 | 31.0% |
| O Level | 3 | 4.2% |
| A Level | 2 | 2.8% |
| **Total** | **71** | **100.0%** |

### 4.2.5 Management Level Served

The majority of the questionnaires returned were from support staff that accounted for forty two percent (42.3%), the middle managers accounted for only thirty eight percent (38%). This can be attributed to the frequent travel to the field that they hardly get time to respond and nineteen percent (19%) were from top managers.

**Table 6: Staff profile according to management level served**

| **Management level served** | Frequency | Percent |
|---|---|---|
| Top Management | 14 | 19.7% |
| Middle Management | 27 | 38.0% |
| Support Staff | 30 | 42.3% |
| **Total** | **71** | **100.0%** |

### 4.3. Relation Ships among the Study Variables

The study aimed at analyzing organizational factors and their effect on implementation of HIV/AIDS work place policy in Goal Uganda. The organizational factors (top management support, communication and participative decision making) were considered to be the independent variables. Top management support was measured in terms of commitment and involvement, communication was measured in terms of communication media, information sharing and information utilization. The dependent variable was policy implementation. It comprised of planning, non discrimination, gender considerations, confidentiality, prevention and support, treatment and care, leadership, education and awareness.

#### 4.3.1 The relationship between top management support and implementation of HIV/AIDS work place policy.

Using the Pearson product moment correlation, the relationships were tested between top management support and implementation of the HIV/AIDS work place policy as shown in the subsequent table seven.

**Table 7: Relationship between top management support and implementation of HIV/AIDS work place policy.**

**N=71**

| | **Top management support** | |
|---|---|---|
| **HIV/AIDS Work Place Policy Implementation.** | commitment | involvement |
| Planning | .388** | .494** |
| Nondiscrimination | .129 | .209 |
| Gender considerations | .462** | .373** |
| Confidentiality | .141 | .127 |
| Prevention and support | .233 | .340 |
| Treatment and care | .204 | .265** |
| Leadership | .174 | .183 |
| Education and awareness | .404** | .492** |

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

* Correlation is significant at the 0.05level (2-tailed)

Results in the table above indicated that, the variable of commitment was related to implementation it had a significant positive relationship with planning (r= 0.388**, p<0.01), gender considerations (r= 0.462**, p<0.01) education and awareness (0.404**, p<0.01.).

Involvement another dimension of top management support revealed positive significant relationship with HIV/AIDS work place policy dimensions of planning (r= 0.494**, p<0.01), gender considerations(r=0.373**,p<0.01), treatment and care (r=265**,p<0.01,) education and awareness(492**,p<0.01). This means that the variables vary together in

the same direction. Involvement and commitment of senior managers will lead to proper planning to guide the implementation process. Personal interviews with the HIV/AIDS focal person in GOAL further revealed that, project managers are always present in HIV/AIDS mainstreaming sessions. Another respondent from lower staff admitted that he cannot fail to attend HIV/AIDS program because all his Bosses always attend in person. Further more, on the issue of treatment and care for GOAL staffs, Documentary review revealed that, staffs are given Post Exposure Prophylaxis (PEP) Kits: PEP starter kits are an emergency medical response to be used within 72 hours of possible occupational exposure to HIV infection (through a needle stick or sexual assault). The treatment must begin as soon as possible and it is believed to reduce the chance of HIV infection by 79% or more. Goal's Uganda health provider Micro Care, gives spouse and three dependents under the age of 18 years, living with HIV/AIDS an opportunity to access Antiretroviral (ARVs) . This indicated that Goal goes an extra mile to protect its employees from the pandemic.

### 4.3.2 The relationship between communication and implementation of the HIV/AIDS Work Place Policy in GOAL Uganda.

Communication the independent variable was denoted by communication media, information sharing and information utilization. The correlation results are further presented in subsequent table 8.

**Table 8: Relationship between communication and implementation of HIV/AIDS work place policy**

**N=71**

| | **Communication** | | |
|---|---|---|---|
| **HIV/AIDS Work Place Policy implementation** | Communication Media | Information sharing | Information utilization |
| Planning | .540** | .129 | .509** |
| Nondiscrimination | .367** | .225 | .190 |
| Gender | .358** | .216 | .193 |
| Confidentiality | .422** | .249* | .101 |
| Prevention and support | 583** | .o33 | .558** |
| Treatment and care | .241 | .005 | .214 |
| Leadership | .378** | .125 | .239 |
| Education and Awareness | .715** | .186 | .509** |

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

* Correlation is significant at the 0.05level (2-tailed)

Communication media was found to be positively correlated with policy implementation dimension of planning (r= 0.540**,p<0.01), reduced discrimination (r=0.367**,p<0.01), Gender (0.358**,p<0.01) confidentiality (r=0.422**p<0.01), prevention and support(r=0.583**p<0.01), leadership (r=0.0378** ,p<0.01), education and awareness(r=0.715**,p<0.01), The results further indicated that Information sharing is only positively related to confidentiality 0.249*p<0.05 and has no relationship with other policy dimensions. Information utilization on the other hand highly correlated with planning (0.509**p<0.01), prevention and support (0.558** p<0.01), education and awareness (0.509**p<0.01) but revealed no relationship with treatment and care, leadership, confidentiality gender considerations and non discrimination. Personal

interview with the HIV/AIDS technical officer in Hoima revealed that, they normally send email messages around HIV/AIDS to all members of staff. He further revealed that, the posters are pined in various areas of the organization to disseminate information on HIV/AIDS. The resource centre has booklets, brochures that contain information about HIV/AIDS. The receptionist or resource attendant is responsible to update the notice boards in the office and resource rooms regularly with current HIV/AIDS information from newspapers/GOAL/district/websites. Encourage staff to read the current information and books available in the resource rooms. Information sharing was further enhanced by Pre-departure briefing (PDB) and Post-assignment debriefing (PAD**):** HIV/AIDS PDB is a standard procedure at GOAL Head Quarters for expatriate overseas staff, which is reinforced in-country. The induction plan, scheduled by the Human Resource team, has a briefing on mainstreaming HIV/AIDS. The impact and consequences of HIV/AIDS are discussed by the new recruited staff and the HIV Coordinator/Deputy Development Program Coordinator This has helped GOAL Uganda to widen social mobilization as well as increase awareness about the scourge. Implying that, communication is an important strategy for successful policy implementation. Furthermore, the interviews revealed that, Goal highly observed the issue of prevention and support. Goal offices have condom dispensing boxes in private places that can be accessed by staff at their convenience.

### 4.3.3 The relationship between participative decision-making and Implementation of HIV/AIDS Work Place Policy in GOAL Uganda

**Table 9: Relationship between participative decision making and implementation of HIV/AIDS work place policy**

N=71

| HIV/AIDS Work Place Policy implementation | Participative decision Making |
|---|---|
| Planning | .404** |
| Nondiscrimination | .074 |
| Gender | .273* |
| Confidentiality | .286* |
| Prevention and Support | .282* |
| Treatment& care | .321* |
| Leadership | .425** |
| Education and awareness | .370** |

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

* Correlation is significant at the 0.05level (2-tailed)

The results in table 9 above reveled that participative decision making has no relationship with reduced discrimination but positively relates to planning (0.404**p<0.01) gender (0.273*0.05), confidentiality(0.286*) prevention and support(0.282* p<0.05), treatment and care (0.321* p <0.05),leadership (0.425**p<0.01) , education and awareness (0.370**p< 0.01).This implies that, when people are allowed to take charge of matters that concern them the confidentiality aspect will be observed . Documentary review further indicated that, two focal people in each field office are

identified. The focal people are responsible for HIV/AIDS mainstreaming sessions in each field office (Bugiri, Bundibudyo, Hoima, Kalongo, Pader. These focal people, one person has an HIV/AIDS technical background; the other person is got from the support side of the office. The focal people prepare the topic from the mainstreaming curriculum, facilitate the session and stimulate discussion. Implying that**,** HIV/AIDS mainstreaming sessions are conducted by employees themselves whereby they are given topics on HIV/AIDS that they research on and present to fellow staff. Respondents further revealed that, all GOAL offices have suggestion boxes where staffs air out their views uninterrupted. Documentary review and correlation results indicated that staffs are given enough opportunities to openly contribute to what affects them. Implying that, where employees are give opportunities to participate in decisions related to the work place policy the organization will experience high levels of policy implementation. Interviews further revealed that, GOAL Uganda strongly adheres to the confidentiality aspect. GOAL recognizes that stigma and discrimination are the main challenges in implementing a workplace policy. HIV positive employees are not required to disclose their status to the employer or anyone else at work. Information on the HIV status or any medical information of an employee will not be shared without the employee's prior formal written consent. GOAL does not discriminate against applicants or employees on the basis of HIV status. Any of the GOAL Uganda members of staff involved in the administration of the PEP kit are kept to the absolute minimum and complete confidentiality required. When a staff member is found spreading information concerning the usage of the PEP kit, disciplinary action is taken. Meaning that, stigma and

discrimination are well addressed to pave way for effective implementation of the policy in GOAL Uganda.

### 4.4 Testing the hypothesis

To test the effects of the independent variable (organizational factors) on the implementation of HIV/AIDS work place policy. A multiple regression analysis was carried out to determine the variance of the effect of the independent variable on the dependent variables. The Beta coefficients give the direction and strength of the effect of the predictor variable on the criterion variable, the greater the Beta value the greater the impact. We proceed to test the first hypothesis:

#### 4.4.1 There is a positive significant relationship between top management support and implementation of HIV/AIDS work place policy.

It was envisaged that there is a positive significant relationship between top management support and implementation of HIV/AIDS work place policy. The variables of commitment and involvement measured top management support while gender considerations measured implementation. Implying that the higher the support accorded by top managers the higher the implementation levels

**Table: 10 Top management support and gender considerations.**

| | | Unstandardized Coefficients | | Standardized Coefficients | T | Sig. |
|---|---|---|---|---|---|---|
| Model | | B | Std. Error | Beta | | |
| 1 | (Constant) | 1.197 | .276 | | 4.333 | .000 |
| | Commitment | .541 | .201 | .398 | 2.686 | .009 |
| | Involvement | .144 | .223 | .096 | .646 | .520 |
| Dependent Variable: Gender | | | | | | |
| R square | .4677 | F change | 9.072 | | | |
| Adjusted R square | .218 | Sig. f change | .000 | | | |

Dependent variable: Gender considerations

Table 10 indicates that, the predictors commitment and involvement that measured top management support can explain up to 21% of the variance in gender considerations adjusted R =.467, (Beta =.398,.096) ,the results were also significant at (=Sig..000) commitment emerged as the most significant predictor for successful HIV/AIDS workplace policy implementation. This implies that organizations where managers exhibit high levels of commitment towards HIV/AIDS work place programs are likely to experience higher levels of policy implementation. Furthermore, in order to implement the policy effectively it is necessary to follow an implementation plan or guidelines. Planning that measured implementation was regressed against the variables of commitment and involvement (top management support) as indicated in the table below.

**Table: 11 Top management support and planning.**

| | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|---|
| Model | | B | Std. Error | Beta | | |
| 1 | (Constant) | 1.157 | .270 | | 4.291 | .000 |
| 2 | (Constant) | .327 | .351 | | .929 | .358 |
| | Commitment | -8.398E-02 | .166 | -.089 | -.505 | .616 |
| | Involvement | .310 | .165 | .328 | 1.878 | .067 |
| Dependent Variable: planning | | | | | | |
| R square | | | .382 7 | F change | 4.279 | |
| Adjusted R square | | | .301 | Sig. f change | .001 | |

Table 11 above indicates that, commitment and involvement by top managers was found to have a significant and positive effect on planning (0.001). It can explain up to 30% of the variance in planning.

Hypothesis 1 fully supported

### 4.4.2 Hypothesis 2: There is a positive and significant relationship between communication and implementation of HIV/AIDS work place policy

It was hypothesized that there is a positive and significant relationship between communication and implementation of HIV/AIDS work place policy. The three dimensions of communication were information sharing, information utilization and communication media. The following results in table 13 indicate the coefficients between the two variables.

**Table: 12 Communication and education, awareness.**

| | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|---|
| Model | | B | Std. Error | Beta | | |
| 1 | (Constant) | .320 | .207 | | 1.548 | .128 |
| | Information sharing | 1.854E-02 | .074 | -.026 | -.251 | -.803 |
| | Information utilization | .141 | .099 | .160 | 1.417 | -.163 |
| | Communication media | .484 | .089 | .636 | 5.415 | .000 |
| **Dependent Variable: Education and awareness** | | | | | | |
| .R square | | .518 | F change | 18.248 | | |
| Adjusted R square | | .489 | Sig. F Change | .000 | | |

The above results indicated that, the predictors can explain 48.9% of the variance in increased awareness with (B=.636,.160,.026) respectively, (R =.518.) communication media emerged to have a greater and positive impact(,B=636) compared to information sharing(B=160) and information utilization B=(.026). A clearer media to disseminate HIV/AIDS issues increases awareness about the scourge. Hypothesis 2 partially supported.

### 4.4.3 Hypothesis 3: Participative Decision-Making Is Positively and Significantly Related to the Implementation of HIV/AIDS Work Place Policy

It was postulated that participative decision-making is positively and significantly related to the implementation of HIV/AIDS work place policy. The variable reduced discrimination measured HIV/AIDS work place policy implementation the coefficient results are further presented in the subsequent table 12

**Table: 13 Participative decision making and reduced discrimination.**

| | | Unstandardized Coefficients | | Standardized Coefficients | T | Sig. |
|---|---|---|---|---|---|---|
| Model | | B | Std. Error | Beta | | |
| 1 | (Constant) | 2.300 | .222 | | 10.353 | .000 |
| | Participative Decision Making | .317 | .174 | .218 | 1.825 | .073 |
| **Dependent Variable: Reduced discrimination** | | | | | | |
| R Square | .047 | F Change | | | 3.329 | |
| Adjusted R | .033 | Sig. F Change | | | .073 | |
| | | | | | | |

Results obtained in table 12 indicate a positive and significant relationship between the two variables with B=.218. The variable explains (4.7 %) variance in implementation. Implying that, Work places that provide greater opportunities for employees to make decisions in relation to HIV/AIDS activities, are more likely to experience reduced incidences of discrimination. This consequently leads to effective implementation of the HIV/AIDS work place policy.

Hypothesis two fully supported

### 4.4.5 Summary

The three hypotheses were fully supported. Results that were obtained after testing the hypothesis on the relationship between top management support, participative decision making, communication (independent variables) and implementation of HIV/AIDS work place policy (dependant variable) are summarized in the table below;

**Table 14: Summary of the Hypotheses testing results**

| | |
|---|---|
| There is appositive significant relationship between top management support and implementation of HIV/AIDS work place policy. | **supported** |
| There is appositive and significant relationship between communication and implementation of HIV/Aids work place policy | **Partially supported** |
| participative decision making is positively and significantly related to the implementation of HIV/AIDS work place policy | **supported** |

In conclusion communication media, commitment and participative decision-making are the most significant factors in explaining successful HIV/AIDS work place policy implementation in GOAL Uganda.

# CHAPTER FIVE

# SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

## 5.0 Introduction

This chapter presents the summary of the study findings, discussions, conclusions and recommendations. The recommendations proposed, are action plans, priority areas and policy issues that should be undertaken to improve the implementation.

The study analyzed organizational factors affecting the implementation of HIV/AIDS Work Place policy in GOAL Uganda. These organizational factors included top management support, participative decision-making and communication. A conceptual frame work was formed that resulted in three hypotheses which were tested to establish the impact of top management support, participative decision making, communication (independent variable) and implementation (the dependent variable). The study was largely quantitative though qualitative data was also collected to supplement the findings. The study results are discussed in relation to the three research objectives in section 1.5.

## 5.1 Discussion of Study findings.

### 5.1.1 Top management support and implementation of HIV/AIDS work place Policy

The first objective was to investigate the effect of top management support on the implementation of HIV/AIDS Work Place Policy in GOAL Uganda. Findings revealed that top management support is positively and significantly related to implementation of the policy. The results imply that top managers who actively participate and lead the HIV/AIDS activities enhance successful implementation of the policy. The findings are

in agreement with Boyer and Sovilla 2003 (cited by Worley & Doolen 2006) who advanced that top management should demonstrate commitment and leadership and once this is proved, acceptance will flow, meaning that when top managers are involved in the implementation lower levels cadres will find it hard to reject the policy leading to higher levels of implementation. This concurs with (UNAIDS, 2003) which advances that, effective response depends on strong leadership; Uganda's success story in combating HIV/AIDS has been attributed to President Museven's bold leadership in the fight against HIV/AIDS. The study findings are also in line with earlier studies by Krasachol & Tannock (1999) on successful implementation of total quality management in three companies in Thailand. The study in these companies revealed that, the implementation was fully supported and led by top managers, Documentary review and personal interviews also revealed that even project managers attended the monthly session on HIV/AIDS mainstreaming in person there by setting an example to the junior staff .To this effect, it is the responsibility of top managers to convince junior staff to carry out action changes in organizations.

### 5.1.2 Communication and HIV/AIDS work place policy implementation

The second objective was to investigate the effect of communication on implementation of HIV/AIDS work place policy. The dimensions of communication were communication media, information sharing and information utilization. This study found out that communication media significantly impacts on policy implementation. The findings are in line with earlier studies of implementation (Young, 1995; Kraschol & Tannock, 1999; Finney &Cobert 2007) revealed that, communication media has an indirect and positive

influence on the process of implementation. Furthermore, effective communication largely depends on the channels used.

Information sharing and information utilization were also found to have a negative impact on policy implementation. In contrast to earlier studies by Sallies & Jones (2002) who observed that, information sharing helps people understand the need for change which develops willingness that drives the process. There are two reasons that might explain the negative effect of information sharing and information utilization on HIV/AIDS Work Place Policy implementation. First and for most, the nature of HIV/AIDS that is characterized by, stigmatization and discrimination that bars people from sharing information freely because of the supposed fear of negative reaction from fellow employees. Additionally, HIV/AIDS has been for a long time known to infect immoral people, therefore people are not free to openly share information related to it. This is inconsistent with Daikir (2005) who found out that information can succeed only if it's put under actual use; Possible explanation to this negative association would be information overload where users with vast amounts of information may lead to situations where useful information is discarded and not put to effective use. This is true in the sense that according to documentary review and personal interviews the organization disseminates large-scale information through pamphlets, brochures, posters and notice boards. But this information is not well utilized. Yet appropriate information is required to guide a person to make a sound decision in any subject at any level in any circumstances.

### 5.1.3 Participative decision-making and implementation of HIV/AIDS work Place policy

The third objective was to establish the effect of participative decision-making on implementation of HIV/AIDS Work Place Policy. Results indicated that there is a positive significant relationship between participative decision-making and implementation at ninety five percent (95%) level of confidence. Implying that, the more participative avenues availed to staff in making decisions regarding HIV/AIDS work place policy the higher the implementation levels. The findings concur with earlier studies by Rice (1987) who observed that, putting decision-making power as close as possible to the point of delivery makes implementation of these decisions not only possible but also successful. Zimmern (1990) trod the same grounds and emphasized that reallocating decision making promotes direct and desired change on people's lives as individuals gain control and have democratic participation in the life of their own. Haggwood & Gunn (1991) advanced that employee participation in policy making and extensive consultation eases adaptability to change. Involving people in the policymaking process makes people own the policy and have a desire to implement it UNAIDS (2003).

Documentary review indicated that HIV/AIDS mainstreaming in Goal Uganda are informed by knowledge attitudes and practices (KAP) surveys. The surveys determine what should be discussed in the next meeting and this indicates that, staffs are given enough opportunities to openly contribute to what affects them. This concurs with advocates of behavioral change as lasting solution in combating HIV/AIDS pandemic (Rau 2002, Williams and Ray 1993) who have emphasized stake holder participation in policy formulation and implementation as a strategy of enhancing success since it's believed that people support what they have created. The study findings also give

credence to the top down rational model of implementation that emphasizes stake holder participation in the policy process.

## 5.3 Conclusion

HIV/AIDS Work Place Policy implementation is very important in GOAL Uganda. Staffs are expected to actively support the policy. However, few studies have addressed organizational factors and the implementation of this policy, studies that are reasonably close to the topic helped to develop concepts for this research. This study therefore analyzed the effect of organizational factors on implementation of the HIV/AIDS work place policy in GOAL Uganda

### 5.3.1 The effect of top management support on the implementation of HIV/AIDS work place policy in GOAL Uganda

The first objective was to investigate the effect of top management support on the implementation of HIV/AIDS work place policy in GOAL Uganda. Results from the study led the researcher to conclude that, top management support significantly and positively affect policy implementation. Involvement and commitment of senior managers has a defining impact on success full implementation of HIV/AIDS work place policy in Goal Uganda.

### 5.3.2 The effect of communication on implementation of HIV/AIDS work place policy in GOAL Uganda.

The second objective was to determine the effect of communication on implementation of HIV/AIDS work place policy; communication media, information sharing and utilization that denoted communication. Findings further revealed that, Communication media is the most significant factor in explaining increased awareness about the scourge in Goal Uganda. Information sharing and information utilization were found to have a negative impact on implementation. Indicating that, stigma and discrimination still bottleneck effective implementation of the HIV/AIDS work place policy.

### 5.3.3 The effect of participative decision making on the implementation of the HIV/AIDS work place policy in GOAL Uganda

The third objective was to establish the effect of participative decision making on the implementation of the HIV/AIDS work place policy in GOAL Uganda. Findings showed that participative decision making significantly and positively affect the implementation. Implying that, as managers involve staff members in decision making HIV/AIDS workplace policy implementation levels are likely to be high.

## 5.4. Recommendations

The study findings could guide GOAL Uganda and other organizations in improving and strengthening the implementation of HIV/AIDS work place policy. There is need to effectively enforce the implementation of this policy in organizations. Managers can utilize the findings of the study to identify strength and weaknesses in HIV/AIDS work

place policy implementation. Though some variables had no significant effect on policy implementation, the fact that earlier studies reported significant effects of this factor on policy implementation they are worth noting by managers. This study suggests that for GOAL Uganda top management support, communication media and participative decision making have greater impact on HIV/AIDS work place policy implementation. What can GOAL Uganda and other organizations do to enhance effectiveness of the HIV/AIDS work place policy implementation? This study makes the following suggestions in reference to the research objectives.

### 5.4.1 Top management support and implementation of the HIV/AIDS work place Policy

Top management support was found to significantly affect HIV/AIDS work place policy implementation**.** This implies that top management is a key in put in successful policy implementation, as it is needed to align other inputs and guide the process. Therefore, managers could make a conscious effort to ensure that employees are exposed to AIDS campaign and facilities like brochures and condom use at work place to widen social mobilization. Furthermore, Organizations must follow the footsteps of president Museveni and actions by GOAL Uganda. They should discuss with staff HIV/AIDS issues openly to bottle neck stigmatization and control the escalation of the pandemic.

### 5.4.2 Communication and implementation of HIV/AIDS work place policy

Communication was measured by communication media, information sharing and information utilization .Information sharing and information utilization were found to be negatively related to policy implementation. This implies that members of staff still find

it hard to share information related to HIV/AIDS because of the supposed fear of indifferent treatment. Organizations and the Government should invest more in non-stigmatization campaign to create conducive atmosphere for people to share information on HIV/AIDS. The findings revealed a negative association between information utilization and implementation. Implying that information disseminated is not well known whether it benefits the targeted audience. Effectiveness of the disseminated information to staff should be considered during policy evaluation.

### 5.4.3 Participative decision-making and implementation of the HIV/AIDS work place policy

Participative decision-making was found to be significantly and positively related to the implementation process. When stakeholders are given enough avenues to influence policy formulation and implementation, they develop attachment and ownership to it, hence a strategy for enhancing successful implementation. This point to the fact that when people participate in finding solutions to their problems they gain mastery, control and have democratic participation in the life of their own. Management in all work places must involve employees in the formulation and implementation of the policy so that it's not rejected since people support what they have created. It is important for GOAL Uganda to recognize that staff involvement and participation in policy formulation and Implementation will always have a defining influence on successful implementation of the policy**.**

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## 5.5 Areas for Future Research

This study contributed to the body of knowledge in the area of HIV/AIDS work place policy implementation it confined itself on the relationship between organizational factors and the implementation of HIV/AIDS work place policy in GOAL Uganda. The fact that fifty six (56%)of the variance in implementation was significantly explained by the independent variable while forty four percent (44%) was left un explained, implies that more empirical research could be extended to other factors that influence implementation like funds and government policy which were not considered in this study. Furthermore, the effectiveness of service providers in providing HIV/AIDS services to staff in an organization is another virgin area to explore.

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