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REPORT ON THE EVALUATION OF THE POLICY FRAMEWORK ON MANAGING HIV AND AIDS IN THE PUBLIC SERVICE

Public Service Commission
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TABLE OF CONTENTS

Chapter 4

Chapter 5

Chapter 6

LIST OF TABLES

LIST OF FIGURES

GLOSSARY OF TERMS

AIDS	Acquired Immuno-deficiency Syndrome
ART	Antiretroviral Therapy/Treatment
ARV	Anti-retrovirals
ARVT	Antiretroviral Therapy
AZT	Zidovudine
BCC	Behaviour Change Communication
BMR	Bureau of Market Research
CEPS	Customs, Excise and Prevention Services
CV	Curriculum vitae
DCMed	DaimlerChrysler South Africa Medical Fund
DCSA	DaimlerChrysler South Africa
EAP	Employee Assistance Programme
FHI	Family Health International
HIV	Human Immuno-deficiency Virus
HIV+	Human Immuno-deficiency Virus sero-positive
HOD	Head of Department
HR	Human Resources
ILO	International Labour Organisation
KAP	Knowledge, Attitudes and Practices
KAPB	Knowledge, Attitudes, Practices and Beliefs
KISS	Keep it Short and Simple
MSAP	Minimum Standards Action Plan
NGO	Non-government organisation
NUMSA	National Union of Metal Workers of South Africa
PAR	Participatory Action Research
PEP	Post Exposure Prophylaxis
PET	Peer Education and Training
PRB	Population Reference Bureau
SMS	Senior Management Service
SPSS	Statistical Package for the Social Sciences
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TBCA	Thailand Business Coalition on AIDS
USA	United States of America
VCT	Voluntary Counselling and Testing
3TC	Lamivudine (Epivir)

FOREWORD

Worldwide, no organization is immune from HIV and AIDS, the impact of which on productivity and profitability can be most debilitating. With the public sector, what is at stake is its ability to render essential services (especially to the poor) to sustain democracy and social progress. HIV and AIDS impact severely on the capacity of the state, its skills base and the efficient use of public funds to render high quality services to the broad populace. Public sector organisations are under immense pressure to implement policies and programmes to mitigate the impact of HIV and AIDS in the workplace.

In the case of the South African Public Service many HIV and AIDS policies and programmes have been implemented with varying levels of success. While in some of the Public Service departments very little has been done to mitigate the impact of HIV and AIDS in others there are excellent best practice case studies of what can be achieved through committed effort. The aim of this study was to investigate the current levels of implementation of HIV and AIDS policies and programmes in Public Service departments and to determine the impact of Employee Assistance Programmes (EAPs) on the ability of departments to manage the impact of HIV and AIDS, and to identify lessons that can be learnt from best practice case studies.

The findings of this study shows that some aspects of the framework for managing HIV and AIDS in the workplace have been introduced more comprehensively and successfully than others. The findings further reveal that one of the main reasons for the lack of widescale introduction of the aspects contained in the framework is a need for senior management commitment and the necessary skills to implement the policy framework for managing HIV and AIDS in the workplace. It appears that EAPs in the various departments have played an important role in addressing HIV and AIDS at the workplace.

Whilst the study also attempts to address the risk that HIV and AIDS pose for the Public Service, it must be acknowledged that, as in the private sector, this is a very difficult area to assess. As a result the risk assessment is based on an analysis of responses received during the study and the categorization of employees in terms of these responses.

This study is therefore presented primarily for the benefit of Public Service managers in order to make them aware of the shortcomings and good practice in the implementation of HIV and AIDS policies and programmes, and, more importantly the key recommendations, if implemented, will contribute significantly towards managing HIV and AIDS at the workplace in the public service. It is only when policy is implemented consistently that the public service will be able to minimise the negative effects of HIV and AIDS and any possible impact on the ability to deliver services to the South African population to sustain our young democracy.

Focusing as it does, on the most singularly challenging threat to the Public Service and its ability to sustain continuous and effective service delivery to strengthen our democracy, the PSC considers this a critically important report. Therefore some of the recommendations made may be regarded as far reaching and have considerable financial implications. These financial implications can and should be obviated through greater collaboration and co-operation between departments. Given the potential impact of HIV and AIDS on the public service, these recommendations should be given the serious consideration.

I would like to take this opportunity to thank the German Technical Co-operation (GTZ) for their assistance by co-funding this study.

PROF SS SANGWENI
CHAIRPERSON: PUBLIC SERVICE COMMISSION

EXECUTIVE SUMMARY

1. INTRODUCTION

1.1 Background

Research on the demographic, economic and institutional impact in the Sub-Saharan region shows that HIV and AIDS have already had a widescale impact on the populations of these countries, as well as the ability of their Public Services to address such impact. The bulk of the population in Sub-Saharan countries infected and affected by HIV and AIDS are impoverished rural and urban populations who do not have access to private healthcare and are accordingly very dependent on public services for their well-being. Such public services include, *inter alia*, Health Services, Social Services, Labour Administration services as well as Development Administration Services. To ensure effective service provision to the broad populace infected and affected by HIV and AIDS, productive and effective public services are of vital importance. South Africa was by no means been immune from this.

1.2 Objectives

The policy and institutional infrastructure for managing HIV and AIDS in the RSA Public Service is the policy framework for managing HIV and AIDS and the requirement for departments to put in place EAPs. The primary focus of this report was to determine the extent to which the Public Service was implementing the policy framework, and progress on the establishment of employee assistance programmes and their impact on providing servicesto people living with HIV and AIDS. Furthermore, it also sought to identify opportunities and threats regarding HIV and AIDS in the workplace and best practices to minimise such threats and to optimise opportunities to sustain a stable public service.

1.3 Public Service Commission's mandate to undertake the project

In terms of section 194(4) b of the Constitution, 1996, read in conjunction with sections 9 and 10 of the Public Service Commission Act, 1997, the PSC is empowered to investigate, monitor and evaluate the organisation, administration and personnel practices of the Public Service. The PSC may furthermore, in terms of section 196(4) (f) (iii) and (iv) of the Constitution, 1996, of own accord or on receipt of a complaint, to monitor and investigate adherence to applicable procedures in the public service and advise national and provincial organs of state regarding personnel practices in the Public Service, including those relating to recruitment, appointment, transfer, discharge and other aspects of the careers of employees in the Public Service.

1.4 Methodology

The Bureau of Market Research (University of South Africa) in collaboration with BlackMagic Communications was commissioned by the Public Service Commission (PSC) and the German Technical Co-operation (GTZ) to undertake research on the evaluation of the implementation of the policy framework on managing HIV and AIDS in the workplace and the establishment of Employee Assistance Programmes within the Public Service. This contract was jointly funded by the PSC and GTZ.

Various research instruments were used to obtain the required data for the study, namely:

- *personal interviews* were conducted with 98 departmental representatives responsible for the implementation and coordination of HIV and AIDS policies and programmes;
- a total of 20 *focus groups* were conducted in 5 provinces and with National departments to obtain detailed information regarding the implementation of the policy framework on managing HIV and AIDS in the workplace and the establishment of employee assistance programmes within the Public Service;
- a total of 1 680 *questionnaires* were completed in which questions were asked about the implementation of the policy framework as well as questions aimed at determining a risk profile of HIV and AIDS in the Public Services; and
- a total of 98 *risk assessment* instruments were completed aimed at determining the current level of implementation of the policy framework on HIV and AIDS in public sector workplaces and the level of integration of EAPs.

2. FINDINGS

2.1 Introduction

A quantitative analysis using statistical information/data was conducted to determine levels of various aspects on the implementation of the policy framework on HIV/AIDS. This was done to determine the level to which respondents were of opinion that aspects of the framework were implemented and the level to which they would like such aspects to be implemented. These are clearly outlined in Chapter 3 of the report. A qualitative analysis was also conducted. The following key findings emanated from this research:

2.2 HIV and AIDS committees are in place

The study found that there are some aspects of the framework on managing HIV and AIDS in the workplace that have been introduced at a higher level than other aspects. Although not all departments have HIV and AIDS committees and not all such committees are functioning effectively, this aspect seems to have been more widely implemented than other aspects of the framework (*i.e.* Voluntary Counselling and Testing (VCT), infection control and the monitoring and evaluation of programme success). One of the major reasons identified for such lack of widespread introduction of the aspects contained in the framework is lack of Senior Management Service (SMS) commitment and skills to implement the policy framework for managing HIV and AIDS in the workplace.

2.3 Lack of health programmes targeting HIV and AIDS

Although general health promotion programmes have been introduced in a large number of departments, there is still a lack of programmes specifically targeting aspects of HIV and AIDS in the workplace, *i.e.* programmes aimed at promoting openness, acceptance, care and support for people living with HIV and AIDS, programmes aimed at reducing HIV and AIDS-related diseases and awareness and training programmes regarding HIV and AIDS.

2.4 Counselling and support aspects not in place

Although the framework for managing HIV and AIDS at the workplace emphasizes VCT, a full introduction of the various aspects of VCT in Public Service workplaces needs to be made. In this regard it could be argued that the more technical and complex aspects such as confidential HIV and AIDS testing for public officials will take longer to introduce and may

not be available over the short to medium term. However, it is disturbing to note that neither the counselling nor the support aspects of VCT appear to be in place in many Public Service workplaces.

2.5 EAPs in workplace can improve capacity to deal with HIV and AIDS but are still weakly integrated into programmes dealing with HIV and AIDS

The analyses conducted shows a positive correlation between the level at which EAPs cater for people living with HIV and AIDS and the existence of HIV and AIDS policies and programmes as well as the efficacy of such policies and programmes. The existence of EAPs in HIV and AIDS in departments appear to be strong predictors of the following:

- the efficacy of HIV and AIDS committees in the workplace;
- health promotion programmes in the workplace;
- programmes aimed at helping public officials deal with the emotional demands of HIV and AIDS;
- the monitoring and evaluation of policy and programme effectiveness;
- programmes aimed at ensuring that people living with HIV and AIDS can work optimall for as long as possible;
- the provision of awareness and training programmes regarding HIV and AIDS in the workplace;
- the availability of peer group counselling; and
- support in the workplace and the accommodation of people living with HIV and AIDS in the workplace by changing working conditions to suit their special needs.

2.6 Many public officials fall in the high risk category for HIV and AIDS

Looking at the risk profiles of Public Service departments with regard to HIV and AIDS, more than 40% of Public Service worker respondents in this study are in the high risk category with regard to HIV and AIDS, necessitating a broad-based implementation of HIV and AIDS policies and programmes and a strengthening of EAPs in order to minimise the risk of HIV and AIDS to the Public Service. The impact assessment conducted shows that although HIV and AIDS awareness and programmes to promote condom use have been implemented to a large extent, other programmes to minimise the risk of HIV and AIDS to the Public Service and to address the plight of people living with HIV and AIDS are sadly not in place.

2.7 HIV and AIDS policies require strengthening

Except for the fact that a wider variety of programmes need to be introduced to address the situation of people living with HIV and AIDS, this study shows that the HIV and AIDS policies which form the backbone of such programmes also need to be strengthened. The policy objectives of HIV and AIDS policies need to be clearly defined, purposefully communicated to public officials and should be easy to understand. The individuals responsible for the implementation of HIV and AIDS policies need to be clearly identified, and public officials should participate in the formulation of HIV and AIDS policies. HIV and AIDS policies should provide step-by-step guidance for implementation and disciplinary action should be taken in cases where there is non-compliance with HIV and AIDS policies.

2.8 Efficacy of HIV and AIDS programmes require improvement

Finally, a large number of findings emerged regarding the efficacy of specific HIV and AIDS programmes in departments that need to be reported as background to the recommendations arrived at in this report. Such programme-related findings include, *inter alia:*

- condom distribution and HIV and AIDS awareness campaigns are viewed as being the most effectively implemented parts of the framework on managing HIV and AIDS in the workplace;
- the provision of voluntary counselling and testing varies greatly between departments;
- the provision of Post Exposure Prophylaxis (PEPs), this is seldom provided in the workplace following exposure to contaminated blood in the workplace; and
- monitoring, evaluation and reporting are some of the most neglected parts of the framework on managing HIV and AIDS in the workplace.

3. RECOMMENDATIONS

From the analysis conducted for this study, the following recommendations are made:

3.1 A minimum standards action plan (MSAP) should be developed

It is recommended that a MSAP should be developed with regard to HIV and AIDS in the Public Service and should be implemented. Such an action plan should not be open for subjective interpretation but should provide clearly defined objectives that are easily understood by all public officials. A framework for a MSAP is provided as Annexure A to this report.

3.2 Development of a comprehensive EAPs and Wellness Centres

Whenever practical, there should be centralized, preferably off-site wellness centres dedicated to the provision of wellness services for public officials. Such wellness centres should incorporate comprehensive EAP and HIV/AIDS programmes.

3.3 Effective and committed leadership

There needs to be effective and committed leadership responsible for the implementation of HIV and AIDS policies and programmes. It is recommended that HIV and AIDS policy implementation should be made part of the performance agreement of senior managers to ensure the commitment of such managers to implementation.

3.4 An effective internal communication strategy

Effective internal communication is of vital importance in ensuring the successful implementation of HIV and AIDS policies and programmes. It is also important for ensuring the promotion of public officials' knowledge and awareness about HIV and AIDS, as well as about their rights and duties in the face of HIV and AIDS and the duties of the department in conducting disease management.

3.5 Provision of sufficient financial resources

Resources should be allocated to ensure the effective implementation of HIV and AIDS policies and programmes. The availability of sufficient financial resources has been shown to be directly connected to leadership commitment and support in addressing HIV and AIDS in the workplace.

3.6 Dealing with stigma and discrimination in the workplace

This can be done by (1) providing awareness and education campaigns aimed specifically at altering perceptions, (2) instituting disciplinary action against public officials and managers who discriminate against people living with HIV and AIDS and (3) senior management support for people living with HIV and AIDS.

3.7 Effective utilisation of counsellors and support systems

This is vital for providing emotional support where people living with HIV and AIDS require guidance and assistance.

3.8 Effective monitoring and evaluation systems

This will ensure that HIV and AIDS policies and programmes are not only implemented, but are effective in addressing its management in the workplace and in a manner integral to management in general in the Public Service. Most critically monitoring and evaluation systems will surface problems and identify successes.

3.9 Promoting the effective and informed usage of condoms

This is imperative as a first line of defense against the impact of HIV and AIDS in the workplace. It is recommended that condoms should be readily accessible in the working environment.

3.10 Optimize awareness and knowledge

The continuous provision of knowledge, education and awareness programmes regarding the risks of contracting and spreading HIV and AIDS needs to be included in the MSAP requirements. Educational programmes and material should be coordinated on a national level to ensure a uniform message.

3.11 Accessibility to VCT

Access to voluntary counselling and testing should be encouraged and ensured by SMS members. This should be incorporated into performance agreements. VCT requirements should be included in the MSAP document.

3.12 Promoting the availability of post-exposure prophylaxis (PEPs) in the workplace

It is important to inform public officials where PEPs can be obtained. A list of facilities should be made available on a website or other general communication media.

3.13 Providing peer education training (PET)

At least one peer educator must be available for every 20 public officials. Such peer educators should attend regular information sessions to remain updated with the latest developments in the management of HIV and AIDS.

3.14 The establishment of a national, Public Service employee dedicated 24-hour call centre

There is a need for a call centre that provides counselling as well as informed and detailed referrals for both the infected and affected.

4. CONCLUSION

Focusing as it does, on the most singularly challenging threat to the Public Service and its ability to sustain continuous and effective service delivery to strengthen our democracy, the PSC considers this a critically important report. Therefore some of the recommendations made may be regarded as far reaching and have considerable financial implications. These financial implications can and should be obviated through greater collaboration and co-operation between departments. Given the potential impact of HIV and AIDS on the public service, these recommendations should be given the serious consideration.

Specifically to note in the report is the need for the public service to stand united in its management of the impact of HIV and AIDS. The combined resources and commitment of public service departments in engaging with this critical challenge will ensure that the public service becomes an example for other employers to follow.

CHAPTER 1

1. INTRODUCTION

1.1 BACKGROUND

It appears from research on the demographic, economic and institutional impact in the Sub-Saharan region that HIV and AIDS have already had a wide-scale impact on the populations of these countries as well as the ability of their Public Services to address such impact. The bulk of the population in Sub-Saharan countries infected and affected by HIV and AIDS are impoverished rural and urban populations who do not have access to private healthcare and are accordingly very dependent on public services for their well-being. Such public services include, *inter alia*, Health Services, Social Services, Labour Administration services as well as Development Administration Services. To ensure effective service provision to the broad populace infected and affected by HIV and AIDS, productive and effective public services are of vital importance. South Africa is no exception to this.

Of key concern regarding the impact of HIV and AIDS are the following:

- the impact on morbidity and mortality rates of the public officials and the consequences of this in eroding the skills base of such organisations and affecting services rendered to the populations they serve;
- the impact on staff morale;
- the impact on product and service suppliers to Public Services;
- the demographic and economic impacts on the service recipients of Public Service services;
- sustaining vibrant economic growth necessary for the realization of Millennium Development Goals; and
- sustaining newly established democratic institutions.

Should the ability of the public service to provide quality services be impacted on by high HIV and AIDS prevalence among its workers, it could compromise service delivery to people infected and affected by HIV and AIDS as well as to the population generally, with negative consequences on the consolidation of our democracy.

One way of strengthening the public service to deal with the impact of HIV and AIDS on its employees is to ensure that an effective HIV and AIDS-related health and counselling infrastructure is in place. This will ensure that the Policy Framework on managing HIV and AIDS in the workplace and the establishment of employee assistance programmes (EAPs) in the South African Public Service provide such HIV and AIDS-related health and counselling services within the public service.

1.2 AIMS AND OBJECTIVES OF THE STUDY

The main objectives of the study were:

- To establish the extent to which an implementation plan for the policy framework has been developed and implemented by national and provincial departments.
- To monitor and evaluate the actual implementation of the policy framework and to establish whether problems such as backlogs exist and the extent of and reasons for these.

- To determine the ability of the current framework to absorb the probable impact of HIV and AIDS and measures required to address shortcomings.
- To investigate the effectiveness of EAPs in the Public Service and to establish best practices with regard to their functioning.
- To develop guidelines to encourage departments to establish EAPs where such do not exist.
- To determine and define the role of EAPs in addressing the problems of HIV and AIDS in the workplace within the Public Service.

1.3 RESEARCH METHODOLOGY

1.3.1 Background to the research methodology and data handling plan

In order to achieve the above-mentioned objectives, the situational analysis approach developed by the Population Reference Bureau (PRB) of the United States was used. This encompassed the following steps:

- *Profiling:* a profile of HIV and AIDS policies, programmes and EAPs in national and provincial departments was formulated by means of collecting primary data (obtained through interviews and surveys) and secondary data (*i.e*. existing data of departments).
- *Scoping:* the issues that need to be taken into account when focusing on HIV and AIDS, HIV and AIDS policies, programmes and EAPs in the Public Service were determined. Furthermore, the issues were approached from the perspective of the Public Service being the 'duty bearer' with regard to the provision of HIV and AIDS-related health, counselling and other services to public officials infected with and/or affected by HIV and AIDS. This was done by conducting interviews and focus groups with major role players in the identified departments, as well as through the scrutiny of secondary data sources pertaining to HIV and AIDS-related issues in the Public Service.
- *Surveying:* primary data was obtained by means of a questionnaire based on the minimum standards issued by the DPSA to monitor progress regarding the implementation of the HIV and AIDS policy framework and to determine the efficacy of EAPs in providing counselling, support and other services to public officials infected with and/or affected by HIV and AIDS. Secondary data was obtained by focusing upon the issues relevant to the implementation of HIV and AIDS programmes and EAPs in the Public Service.
- *Impact assessment:* an assessment was made by means of a questionnaire focusing on the implementation of policies and programmes in the Public Service, the efficacy of EAPs in providing HIV and AIDS-related information and counselling services, and to identify the scope of the implementation of HIV and AIDS policies and programmes as well as EAPs.
- *Evaluation:* during this phase of the research an evaluation was made of best practices of departments with regards to the implementation of HIV and AIDS-related policies and programmes as well as employee assistance programmes. This was done with the aim of formulating guidelines for the effective implementation of HIV and AIDS policies and programmes and the effective introduction of EAPs to deal with HIV and AIDS in the Public Service. Such guidelines for best practices were discussed with Public Service officials and others during the workshops conducted.

- *Gap analysis:* since one of the objectives of the current research was to investigate the implementation of HIV and AIDS policies within departments, a gap analysis was conducted to establish how effective and to what extent such policies have been implemented as required by the policy framework. The policy implementation framework on managing HIV and AIDS in the workplace was used as the basis for evaluation and the actual progress of implementation was measured against the proposed milestones that should have been reached to date. This approach identified the Public Service departments where implementation is lagging, and also identified those departments that have successfully reached the proposed milestones. These departments and the methods used to successfully implement the HIV and AIDS policies as required by the policy framework can be further studied and used as 'best practices', since their success confirms that the approach they followed is effective within the South African Public Service.

As part of this study, best practices regarding the implementation of the policy framework on managing HIV and AIDS in the workplace and the roles of EAPs in dealing with HIV and AIDS were identified. Workshops were conducted to disseminate the information to identified public officials with the aim of empowering them with information to strengthen their programmes and to share their views regarding their programmes with the researchers. Finally, the research results were submitted to experts from the Public Service, GTZ, local and international HIV and AIDS researchers and HIV and AIDS and EAP specialists for scrutiny and comment.

1.3.2 Research methodology and data handling plan

The situation analysis as described in section 1.3.1 above is a form of Participatory Action Research (PAR) and is characterised by a 'bottom-up' approach that relies on participation and collaboration between public officials and the research team. It also focuses on empowering public officials at the most basic level. This is especially important since the results of the research and the concomitant action taken will impact on the working environment of public officials. This approach also ensured that public officials experienced 'ownership' of the research and the results.

1.3.3 Population, sampling frame and sample

The total institutional sampling frame for this study consisted of national Public Service departments, as well as provincial Public Service departments in KwaZulu-Natal, the Western Cape, the Northern Cape, Mpumalanga and Gauteng. Only five provinces were selected due to budgetary constraints.

The sample identified for the questionnaire part of this study which included the gap and risk analyses as well as the number of respondents and response rates can be seen in table 1. As can be seen in table 1, a total response rate of 60% was obtained. The highest response rate, namely 100%, was obtained in the Western Cape, followed by Gauteng and Mpumalanga with 80% each. The lowest response rates were obtained in KwaZulu-Natal and the national departments.

Table 1: Sample and respondent numbers and response rate of questionnaire, gap and risk analysis by departments

Departments	Sample	Respondents	Response rate (%)
National	900	368	41
Gauteng	390	325	83
KwaZulu-Natal	480	173	36
Western Cape	390	390	100
Mpumalanga	300	251	84
Northern Cape	330	172	52
Total	**2 790**	**1 680**	**60**

Apart from the questionnaires that were distributed and collected, a total of 91 personal interviews were conducted, 90 impact assessments were completed and a total of 20 focus group discussions were held.

1.3.4 Research instruments and data collection

The various methods of data collection and the rationale behind these methods are discussed below.

1.3.4.1 Personal Interviews

Personal interviews were conducted with the departmental representatives responsible for the implementation and coordination of the HIV and AIDS policies and programmes. These interviews gave them an opportunity to openly express their views and opinions on the implementation of the Policy Framework on managing HIV and AIDS in the workplace in Public Service departments as well as the effectiveness of EAPs when dealing with HIV and AIDS in the workplace. This allowed the research team to gain in-depth knowledge and improved understanding of the challenges and difficulties faced regarding the practical implementation of the HIV and AIDS policy framework and the functionality of EAPs in this context.

1.3.4.2 Focus groups

Focus groups provided an environment where public officials could discuss certain issues and formulate ideas and opinions that would otherwise be difficult with individual interviews or questionnaires. The interaction between public officials provided insights into people's shared understanding of the challenges they faced when implementing HIV and AIDS policies, as well as their experiences and opinions of EAPs when dealing with HIV and AIDS-related issues in the workplace.

1.3.4.3 Questionnaires

Since stigma and discrimination are key concerns when conducting any study concerning HIV and AIDS, it was imperative that public officials should be able to voice their opinions anonymously. Questionnaires provided an effective and anonymous way for public officials to state how they felt, what they thought and the challenges they faced. The questionnaire was devised on the basis of the Minimum Standards on HIV/AIDS policy framework issued by the Department of Public Service and Administration (DPSA).

1.3.4.4 Workshops

Feedback workshops provided an effective solution to a number of issues. They provided an opportunity for researchers to share their findings with departmental HIV and AIDS coordinators as well as with a large number of senior managers within the Public Service. They also served as a source of relevant and valuable information due to the fact that the attendees raised their views, opinionsand experiences with regard to the findings being presented. They also provided the researchers with an opportunity to test and refine certain recommendations that arose during the primary research.

1.3.5 Data coding, analysis and interpretation

The quantitative data obtained by means of questionnaires, interviews and impact assessments were coded, back-checks were completed and such data were captured onto data files. These were subsequently converted to Statistical Package for the Social Sciences (SPSS) format and analysed by conducting the following analyse:

- frequency analyses;
- descriptive analyses obtaining means and standard deviations; and
- cross-tabulations coupled with inferential analyses such as chi-square and correlation analyses to test for significant differences.

In addition to the analyses conducted through the SPSS, gap analyses were performed to determine the sizes of gaps between the desired and perceived levels of service.

The qualitative data (*i.e.* focus group and in-depth interview data) was captured onto MS-word files and analysed through qualitative data analysis techniques. After completion of the quantitative and qualitative data analyses the results were interpreted, presented during workshops and used to draft this report.

1.3.6 Limitations of the study

Any research study has some limitations that need to be kept in mind when perusing and discussing the results thereof. In the case of this study the following limitations apply:

- not all provinces were included and therefore the results are not representative of all provinces in South Africa;
- no blood or saliva samples were obtained to determine the HIV prevalence levels of public officials in South Africa, with the result that the HIV and AIDS risk analyses conducted were based on behavioural indicators;
- it did not comprise a longitudinal study but a once-off survey, therefore policy and programme impacts were not determined over a period of time; and
- above all the subject matter of the study being so very sensitive, participation in any form by public officials was bound to be affected by a certain degree of reluctance.

However, every effort was made to ensure that extraneous impacts on the quality of the study were controlled to obtain high quality research results, despite the afore-mentioned limitations.

CHAPTER 2

2. OVERVIEW OF THE POLICY FRAMEWORK ON HIV AND AIDS

2.1 INTRODUCTION

The Department of Public Service and Administration (DPSA) developed a practical guide on HIV and AIDS for government departments which in essence is a resource document to assist governments to plan, implement and monitor appropriate and effective responses to HIV/AIDS within the public service working environment. As such, it focuses on internal workplace issues and contains guidelines on how to manage the impact of HIV/AIDS on the public service from an employment perspective. It also contains references to the external functions of government, primarily in relation to the ability of the public service to maintain high levels of service delivery. This guide was developed as part of the work of the DPSA's Impact and Action Project. This chapter provides an overview of the policy framework for HIV/AIDS which includes regulatory provisions and the guide[1].

2.2 THE PURPOSE OF THE GUIDE

The Guide is for use by public service officials, at both national and provincial level. The objectives of the Guide are to:

- Contextualise the HIV/AIDS epidemic within the country as a whole, and within the Public Service in particular;
- Identify key challenges to the Public Service in the context of HIV/AIDS;
- Assist departments to plan, develop, implement and maintain HIV/AIDS workplace policies and programmes within a human rights and gender framework;
- Provide practical guidance and information to departments on managing the HIV/AIDS epidemic; and
- Promote the application of the Minimum Standards on HIV/AIDS as contained in the Public Service Regulations, 2001.

2.3 DEVELOPMENT OF THE GUIDE

The Guide itself was developed through several phases including:

- A review of literature on HIV/AIDS in the workplace in general, and in the Public Service in particular. This included a review of literature regarding the impact of HIV/AIDS on the Public Service, the governing framework for HIV/AIDS in the Public Service, and existing workplace HIV/AIDS responses in various Public Service sector;
- Broad consultation within the Public Service through wide dissemination of the first draft Guide for comment, and workshops and interviews with a range of Public Service stakeholders; and
- Guidance and input from the Impact and Action Project Steering Team made up of key members of various sectors of the Public Service.

[1] Managing HIV/AIDS in the workplace: A Guide for Government Departments

2.4 INTERNATIONAL GUIDELINES DRAWN TO ENHANCE THE POLICY FRAMEWORK

There are a number of important international guidelines that have been developed to guide the response of governments to HIV/AIDS. The most significant of these are the following:

- **The UNAIDS HIV/AIDS and Human Rights International Guidelines (1998)**

  These are international guidelines to assist states in creating a positive, rights-based response to HIV/AIDS, which are effective in reducing the transmission of HIV, the impact of the epidemic in a manner that is consistent with human rights and fundamental freedoms.

- **The SADC Code of Good Practice on HIV/AIDS and Employment (1997)**

  The SADC Code was developed through a consultative tripartite process and adopted at a meeting of Ministers of Labour in Pretoria South Africa in August 1997. Although the Code is not a legally binding document, all the states that are signatory to it agreed that:

  - The national and regional implications of the HIV/AIDS epidemic meant that there was a need to have regional employment standards; and
  - All member countries should develop tripartite national codes that are reflected in national law.

In developing the DPSA guide, these guidelines were considered.

- **The ILO Code of Practice on HIV/AIDS and the World of Work (2001)**

  This Code binds all employers and employees in the private and public sector and on all aspects of work, formal and informal. Standards that can be used in developing a response to HIV/AIDS in the workplace are set out in the ILO Code in the following way:

  - HIV/AIDS must be recognized as a workplace issue; and
  - Responses to HIV/AIDS must be based on the principle of non-discrimination.

2.5 CODES OF GOOD PRACTICE

There are a number of policies that define good practice relevant to HIV/AIDS. These include:

- The Code of Good Practice on Key Aspects of HIV/AIDS and Employment, which is attached to both the Labour Relations and Employment Equity Acts. It is essentially a standard setting out the content and scope of an appropriate response to HIV/AIDS in the workplace.

  The Code has two objectives:

  - To set out guidelines for employers and trade unions to implement in order to ensure that individuals infected with HIV are not unfairly discriminated against in the workplace; and
  - To provide guidelines for employers, employees and trade unions on how to manage HIV/AIDS in the workplace.

- The Code of Good Practice on Dismissal, which is a code attached to the Labour Relations Act. It provides guidelines, for example, on when and how an employer may dismiss an employee for incapacity.

The Draft Code of Good Practice on Key Aspects of Disability and Employment has been finalized by the Department of Labour. This code provides detailed guidelines on how to accommodate disabled employees, such as those with advanced HIV disease and how to adapt their working environments. The Code of Good Practice on Key Aspects of HIV/AIDS and Employment is based on five key principles. One of these is the creation of a working environment in which employees are able to work productively for as long as possible as well as a supportive environment so that HIV infected employees are able to continue working under normal conditions in their current employment for as long as they are medically fit to do so.

2.6 MINIMUM STANDARDS PRESCRIBED BY THE PUBLIC SERVICE REGULATIONS

The Public Service Regulations, 2001 have been amended to incorporate new Minimum Standards on HIV/AIDS. These Minimum Standards contain mandatory guidelines for heads of departments (HODs) on the minimum requirements for managing HIV/AIDS within government departments. HODs must ensure the following:

- That the working environment takes account of the personal circumstances of employees living with HIV/AIDS;
- The steps are taken to identify and reduce the risk of HIV transmission in the working environment;
- That steps are taken to mange occupational exposure to HIV/AIDS;
- That measures are taken to prohibit unfair discrimination and promote non-discrimination on the basis of HIV status or AIDS;
- That compulsory HIV testing of a public official is prohibited;
- The voluntary counselling and testing for HIV (VCT) is encouraged;
- That the confidentiality of HIV status is maintained; and
- That health promotion programmes are introduced to deal with HIV/AIDS prevention, and care and acceptance of PLWAs.

In addition, the Minimum Standards on HIV/AIDS emphasises that HODs must designate a member of the Senior Management Service (SMS) with adequate skills, seniority and support to implement a workplace HIV/AIDS policy and programme. This person should be responsible for ensuring that the department's HIV/AIDS response is developed, implemented and monitored in a manner that is consistent with the Minimum Standards.

Recognizing that one designated person alone cannot achieve a comprehensive HIV/AIDS workplace response, the Minimum Standards therefore further require the following:

- The establishment of an HIV/AIDS Committee with adequate representation and support from all relevant stakeholders;
- The integration of HIV/AIDS policies and programmes with broader wellness programmes within the department; and
- The forging of partnerships with departments, organizations and individuals who are able to assist with this programme.

CHAPTER 3

3. QUANTITATIVE ANALYSIS AND FINDINGS

3.1 INTRODUCTION

This section provides a quantitative evaluation of the policy framework on managing HIV and AIDS in the workplace with a specific emphasis on the role of employee assistance programmes in strengthening HIV and AIDS programmes in the Public Service. A broad overview of the results obtained in the study is also provided. The evaluation results from the quantitative analyses provided in this section will be discussed in five parts, namely:

- the results of a gap analysis regarding the implementation of the policy framework on managing HIV and AIDS in the workplace;
- the results of the analysis of the interaction between employee assistance programmes and the management of HIV and AIDS in the workplace;
- a risk assessment regarding the level of risk HIV and AIDS pose to the South African Public Service;
- the results of a risk profile analysis of public officials regarding HIV and AIDS; and
- an assessment of HIV and AIDS policy and programme implementation in Public Service departments focused on in this study.

3.2 THE RESULTS OF THE GAP ANALYSIS

A gap analysis was conducted to determine what is expected and/or anticipated from public officials regarding the implementation of various aspects of the policy framework on managing HIV and AIDS in the workplace, and what service quality they are actually experiencing. Both the satisfaction with the current level of implementation and the preferred level of implementation were measured on a five-point scale where '1' is indicative of dissatisfaction or low importance, and '5' is indicative of satisfaction or importance. The results obtained by means of this gap analysis are shown and discussed below. In this discussion mean scores out of five are provided for the satisfaction level of a service provided and the importance of a specific service pertaining to HIV and AIDS. The difference between the mean score on satisfaction and the mean score on importance provides information on the size of the gap between what respondents anticipate and their level of satisfaction with the actual delivery of such services.

3.2.1 Levels of satisfaction and importance relating to HIV and AIDS committees

The first set of gap analysis results pertain to levels of satisfaction and importance of HIV and AIDS committees. These results are shown in table 2.

Table 2: The levels of satisfaction and importance relating to HIV and AIDS committees and the sizes of gaps between satisfaction and importance

Variable	Mean score: satisfaction	Mean score: importance	Size of gap
HIV and AIDS committees in departments	2,8	4,5	1,7
Effective functioning of HIV and AIDS committees in departments	2,7	4,4	1,7
HIV and AIDS committee is adequately represented and is supported by all stakeholders	2,7	4,4	1,7

It appears from table 2 that although public officials attach high importance to HIV and AIDS committees in departments and the effective functioning and broad representation of stakeholders on such committees, there are significant gaps between the importance and satisfaction levels of such committees. This could be explained by the fact that while respondents were of the opinion that HIV and AIDS committees are a first level of defense in combating the epidemic in the workplace, but when it comes to satisfaction they were of the opinion that such committees either did not exist or had little impact in the workplace. This opinion was also expressed during the workshops conducted.

3.2.2 Managing HIV and AIDS in the workplace

A second aspect pertaining to the policy framework for managing HIV and AIDS in the workplace is the level at which senior management is committed to and able to implement the said framework. The results obtained in this regard by means of the gap analysis are shown in table 3. It appears from this table that the most significant gaps between satisfaction and importance relate to the level at which senior management actually implements HIV and AIDS regulations, and their skills to implement such regulations. The table also shows that although there is a commitment by senior management to implement regulations, they often do not carry it out because of a lack of skills to do so and/or other competing tasks that need to be done on a daily basis including other policies that must be implemented simultaneously.

Table 3: Levels of satisfaction and importance of the commitment and skills of senior management to implement the policy framework on managing HIV and AIDS in the workplace

Variable	Mean score: satisfaction	Mean score: importance	Size of gap
Members of senior management implement HIV and AIDS regulations	2,6	4,4	1,9
Adequate skills amongst senior management to implement regulations	2,6	4,4	1,8
Sufficient seniority of management members to implement regulations	2,7	4,3	1,6
Commitment of management to address HIV and AIDS in the workplace	2,8	4,5	1,7

3.2.3 Satisfaction levels regarding existing HIV/AIDS policies and programmes

In table 4, the mean scores and gaps with regard to the levels of satisfaction and importance regarding existing HIV and AIDS policies and programmes in departments are provided. It is evident from this table that public officials attach the highest importance to departments having HIV and AIDS policies and programmes aimed at reducing HIV and AIDS-related diseases, as well as programmes aimed at providing awareness and training in respect of HIV and AIDS.

The most significant gaps were in respect of programmes aimed at promoting openness, acceptance, care and support for HIV-positive public officials, and health promotion programmes.

The large gaps between satisfaction and importance pertaining to HIV and AIDS policies and programmes in the workplace should raise concern because these are the basic aspects for addressing HIV and AIDS in the workplace that should be in place in all Public Service workplaces in terms of the policy framework on managing HIV and AIDS in the workplace.

Table 4: Levels of satisfaction and importance of existing HIV and AIDS policies and programmes in departments

Variable	Mean score: satisfaction	Mean score: importance	Size of gap
Department has a workplace HIV and AIDS policy	2,7	4,5	1,7
Health promotion programmes exist	3,2	4,5	1,4
Programmes aimed at promoting openess, acceptance, care and support for HIV-positive public officials	2,6	4,4	1,8
Programmes aimed at reducing HIV and AIDS-related diseases	2,7	4,5	1,7
Awareness and training programmes on HIV and AIDS	2,9	4,5	1,6

3.2.4 The availability of voluntary counselling and testing in the workplace

In table 5, another important aspect with regards to addressing HIV and AIDS in the workplace is discussed, namely the availability of voluntary counselling and testing in the workplace. It appears from this table that public officials place a very high premium on the availability of HIV and AIDS counselling services and confidential HIV and AIDS testing for public officials. The most significant gaps between service importance and service satisfaction were with regards to the availability of counselling services in the workplace, including peer counselling services. As prescribed by the framework for addressing HIV and AIDS in the workplace, such testing should not be compulsory, but should be available to public officials to use their own volition.

Table 5: Levels of satisfaction and importance of counselling and testing aspects of the policy framework on managing HIV and AIDS in the workplace

Variable	Mean score: satisfaction	Mean score: importance	Size of gap
Availability of peer group counselling and departmental support system	2,4	4,4	2,0
Confidential HIV and AIDS testing for public officials	2,7	4,4	1,8
Availability of HIV and AIDS counselling services in the workplace	2,5	4,4	1,9
Discussion forums on HIV and AIDS	2,6	4,4	1,8

3.2.5 Levels of satisfaction and importance of infection and disease control in the workplace

It is evident from table 6 which focuses on the levels of satisfaction and importance of infection and disease control in the workplace that public officials place a high premium on condom distribution and programmes to ensure the prevention of STIs. The gap analysis indicates that public officials are generally satisfied with the level of condom distribution, but would like to see a strengthening of the provision of antiretrovirals to people with HIV and AIDS – this could materialise, possibly, under the Government Employee Medical Scheme (GEMS) which as a central medical fund can allow employees to enjoy healthcare benefits (e.g. prevention of STI, regular consultation, etc). at affordable contributions. This should assist even those employees who previously could not afford other medical schemes.

Table 6: Levels of satisfaction and importance of infection and disease control in the workplace based on the policy framework on managing HIV and AIDS in the workplace

Variable	Mean score: satisfaction	Mean score: importance	Size of gap
Condom distribution in departments	3,8	4,6	0,8
Programmes on the prevention of STIs for public officials	2,5	4,5	1,9
Programmes on the treatment of STIs for public officials	2,4	4,4	1,9
Medical assistance for public officials who are HIV-positive	2,4	4,3	1,9
Provision of ARVs in the workplace	2,0	4,4	2,4

3.2.6 Monitoring and evaluation of policy and programme efficacy

Finally, based on the gap analysis performed, an assessment was made of the levels of satisfaction and importance that public officials attached to the monitoring and evaluation of policy and programme efficacy with regard to HIV and AIDS. It appears from table 7 that public officials believe that measures to evaluate HIV and AIDS programmes are most important, but it is evident from the significant gaps between the preferred level of evaluation and monitoring and the level at which public officials are satisfied with current levels of evaluation and monitoring, that much still needs to be done in this regard.

Table 7: Levels of satisfaction and importance of the monitoring and evaluation of policy and programme efficacy

Variable	Mean score: satisfaction	Mean score: importance	Size of gap
Availability of peer group counselling and departmental support system	2,4	4,4	2,0
Confidential HIV and AIDS testing for public officials	2,7	4,4	1,8
Availability of HIV and AIDS counselling services in the workplace	2,5	4,4	1,9
Discussion forums on HIV and AIDS	2,6	4,4	1,8

3.3 ANALYSIS OF THE CORRELATION BETWEEN EMPLOYEE ASSISTANCE PROGRAMMES AND THE MANAGEMENT OF HIV AND AIDS IN THE WORKPLACE

For the purposes of this report a number of cross-tabulations were conducted through which the interactions between employee assistance programmes in the workplace and the various aspects pertaining to the management of HIV and AIDS in the workplace were evaluated. It should be noted that the PSC has conducted a separate study on the effectiveness of Employee Assistance Programmes (EAP's) which compliments the findings in this report. A separate report on the evaluation of EAP's will soon be published.

3.3.1 Interaction between EAPs and HIV/AIDS committees

The first interaction that was investigated was that between EAPs and HIV and AIDS committees in the workplace. It appears from table 8 that there is in fact a strong interaction which can be seen from the fact that in general respondents, who were not satisfied with the role of EAPs in dealing with HIV and AIDS in the workplace, were also not satisfied with the HIV and AIDS committees in their departments. This implies that the level at which EAPs are integrated with HIV and AIDS and health promotion programmes in the workplace has a direct bearing on the success of managing HIV and AIDS in departments, although it needs to be stated that the effectiveness of EAPs in different departments will also have an impact on the extent to which people will be satisfied with the role of EAPs in HIV and AIDS programmes. It further appears that the greater the integration of HIV and AIDS with existing EAPs, the better the chances that there will be HIV and AIDS committees in the various departments. Another reason for this link could be that the greater the concern of management about their public officials, the greater the chances that they will implement EAPs and HIV and AIDS programmes in Public Service workplaces.

Table 8: The interaction between the satisfaction with EAPs and HIV and AIDS committees in the workplace

	Low satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)	Medium satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)	High satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)
Low satisfaction with HIV and AIDS committees	29,4	7,7	4,4
Medium satisfaction with HIV and AIDS committees	9,6	11,9	6,5
High satisfaction with HIV and AIDS committees	4,6	8,0	17,9

3.3.2 Correlation between levels of functioning of EAPs and existence of health promotional programmes

It is of particular importance to note from table 8 that almost 30% of all respondents were of the opinion that EAPs were not truly integrated into HIV and AIDS programmes and also experienced low levels of satisfaction with HIV and AIDS committees in their departments. About 18% were satisfied with both the integration of EAPs with HIV and AIDS programmes, and HIV and AIDS committees in their departments. It appears from the above table that the higher the level of satisfaction with the role of EAPs in HIV and AIDS programmes, the higher the satisfaction with HIV and AIDS committees in the workplace, namely 69% of respondents responded as expected in the sense that if they answered low, medium or high satisfaction on the one variable, they also responded the same on the other variable.

It is evident from table 9 that there is a strong correlation between the level at which EAPs are functioning and the existence of health promotion programmes in Public Service departments, namely it appears from the said table that 65% of respondents who answered low, medium or high satisfaction on the one variable also responded the same on the other variable. A total of 34% of respondents indicated both a low level of EAP involvement in HIV and AIDS, and a low presence of health promotion programmes in the workplace. It appears from this finding that EAPs are facilitative towards the strengthening of health promotion programmes in the workplace with a consequent positive impact on addressing HIV and AIDS.

Table 9: The correlation between satisfaction with EAPs and health promotion programmes in the workplace

	Low satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)	Medium satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)	High satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)
Low satisfaction with health promotion programmes in the workplace	34,0	8,9	3,7
Medium satisfaction with health promotion programmes in the workplace	6,6	12,3	5,8
High satisfaction with health promotion programmes in the workplace	3,3	6,6	18,8

3.3.3 Level of satisfaction with EAPs and programmes aimed at dealing with emotional demands relating to HIV/AIDS

In table 10 a breakdown of the level of satisfaction with EAPs in the workplace and programmes for dealing with the emotional demands arising from HIV and AIDS is provided. It is clear from this table and the statistical analysis conducted based on the figures shown in the table, that there is a strong correlation between the satisfaction with EAPs and programmes aimed at helping public officials deal with the emotional demands related to HIV and AIDS.

Table 10: The correlation between satisfaction with EAPs in the workplace and programmes aimed at helping public officials deal with the emotional demands related to HIV and AIDS

	Low satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)	Medium satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)	High satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)
Low satisfaction with programmes helping public officials deal with the emotional demands related to HIV and AIDS	37,6	8,5	3,9
Medium satisfaction with programmes helping public officials deal with the emotional demands related to HIV and AIDS	4,1	13,5	4,9
High satisfaction with programmes helping public officials deal with the emotional demands related to HIV and AIDS	2,0	5,5	20,0

3.3.4 EAPs and programmes aimed at helping public officials deal with the emotional demands of HIV and AIDS

It is evident from table 10 that in those cases where respondents were not satisfied with the involvement of EAPs in HIV and AIDS programmes in their departments, they were generally also not satisfied with the availability of programmes to help public officials deal with the emotional demands of HIV and AIDS. EAPs are ideally suited to provide such help to public officials as is evident from the fact that the more satisfied respondents were with EAPs, the more satisfied they were with programmes providing emotional support when dealing with HIV and AIDS.

Having shown the strong correlation between EAPs and programmes aimed at helping public officials deal with the emotional demands of HIV and AIDS, a further relationship that was investigated was between EAPs and programmes aimed at helping people living with HIV and AIDS to work optimally for as long as possible. It appears from table 11 that the more respondents were satisfied with the involvement of EAPs, the more they were satisfied that programmes are in place to help people living with HIV and AIDS to work optimally for as long as possible. It appears from this finding that EAPs are well-suited to provide such support.

Table 11: The correlation between satisfaction with EAPs in the workplace and programmes aimed at ensuring that people living with HIV and AIDS can work optimally for as long as possible

	Low satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)	Medium satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)	High satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)
Low satisfaction with programmes aimed at helping people living with HIV and AIDS to work optimally	35,9	9,2	4,3
Medium satisfaction with programmes aimed at helping people living with HIV and AIDS to work optimally	5,3	13,2	8,7
High satisfaction with programmes aimed at helping people living with HIV and AIDS to work optimally	2,6	5,2	15,6

3.3.5 EAPs and awareness and training programmes on HIV and AIDS

The integration of EAPs with HIV and AIDS programmes in the workplace appears to be a strong predictor of the availability of awareness and training programmes regarding HIV and AIDS. It is evident from table 12 that nearly 30% of respondents indicated both a low level of satisfaction with the integration of EAPs with HIV and AIDS programmes in the workplace and the availability of awareness and training programmes, while nearly 20% of the respondents indicated satisfaction with both. This provides a clear indication that stronger integration of EAPs with HIV and AIDS programmes strengthens the ability of departments to provide programmes to improve the awareness of public officials egarding HIV and AIDS.

Table 12: The interaction between satisfaction with EAPs in HIV and AIDS programmes in the workplace and the availability of awareness and training programmes regarding HIV and AIDS in the workplace

	Low satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)	Medium satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)	High satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)
Low satisfaction with the availability of awareness and training programmes re HIV and AIDS in the workplace	29,8	7,1	3,0
Medium satisfaction with the availability of awareness and training programmes re HIV and AIDS in the workplace	9,2	11,3	6,1
High satisfaction with the availability of awareness and training programmes re HIV and AIDS in the workplace	4,8	9,3	19,4

3.3.6 EAPs and counselling and support to people living with HIV/AIDS

Due to the confidentiality attached to the functioning of EAPs, they are ideally suited to facilitate counselling and support to people living with HIV and AIDS in Public Service workplaces. This is evident from table 13 where the relationship between the integration of EAPs with HIV and AIDS in the workplace on the one hand, and the availability of peer group counselling and support systems for people living with HIV and AIDS on the other hand, are explored. It is evident from this table that more than one-third of respondents were not satisfied with the integration of EAPs with HIV and AIDS and were also not satisfied with the availability of peer group counselling and support for people living with HIV and AIDS. This finding is supported by data from interviews conducted and focus groups from which it appears that EAPs provide an organisational mechanism to provide counselling and support for people living with HIV and AIDS directly, but also indirectly by ensuring or facilitating the creation of peer counselling and support systems in the Public Service workplaces. It also appears from the qualitative data that in departments where management demonstrated a more caring attitude towards the welfare of the public officials and people living with HIV and AIDS in particular, they instituted, equipped and strengthened mechanisms such as EAPs and peer group counselling mechanisms to cater for the welfare of public officials.

Table 13: The interaction between satisfaction with EAPs in the workplace and the availability of peer group counselling and support systems in the department

	Low satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)	Low satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)	Low satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)
Low satisfaction with the availability of peer group counselling and support systems for people living with HIV and AIDS	36,3	36,3	36,3
Medium satisfaction with the availability of peer group counselling and support systems for people living with HIV and AIDS	5,1	5,1	5,1
High satisfaction with the availability of peer group counselling and support systems for people living with HIV and AIDS	2,2	2,2	2,2

3.3.7 EAPs and the level at which people living with HIV/AIDS are accommodated in the workplace

The final relationship in respect of the integration of EAPs with HIV and AIDS programmes in the workplace and other variables that were explored was that between satisfaction with the integration of EAPs and the level at which people living with HIV and AIDS are accommodated in the workplace. By changing working conditions to be more facilitative towards employee (including people living with HIV and AIDS) performance (as part of HR and management functions), it appears from table 14 and the qualitative data, that EAPs play an important facilitative and advocacy role in this regard. Where there is a high degree of dissatisfaction with the role of EAP's in HIV and AIDS programmes, there is also a high degree of dissatisfaction with the degree to which people living with HIV and AIDS are accommodated in the workplace. A high degree of satisfaction with the role of EAP's in HIV and AIDS programmes conversely reflects a high degree of satisfaction in the accommodation of people living with HIV and AIDS.

Table 14: The interaction between satisfaction with EAPs in the workplace and accommodating people living with HIV and AIDS by changing working conditions

	Low satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)	Medium satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)	High satisfaction regarding the role of EAPs in HIV and AIDS programmes (%)
Low satisfaction with the accommodation of people living with HIV and AIDS by changing working conditions	31,1	10,2	6,2
Medium satisfaction with the accommodation of people living with HIV and AIDS by changing working conditions	8,6	12,6	8,7
High satisfaction with the accommodation of people living with HIV and AIDS by changing working conditions	3,9	4,9	13,9

Having focused on the relationships between the integration of EAPs with HIV and AIDS programmes in the workplace and some other variables, the levels at which the Public Service departments are at risk due to HIV and AIDS will be explored in the following section.

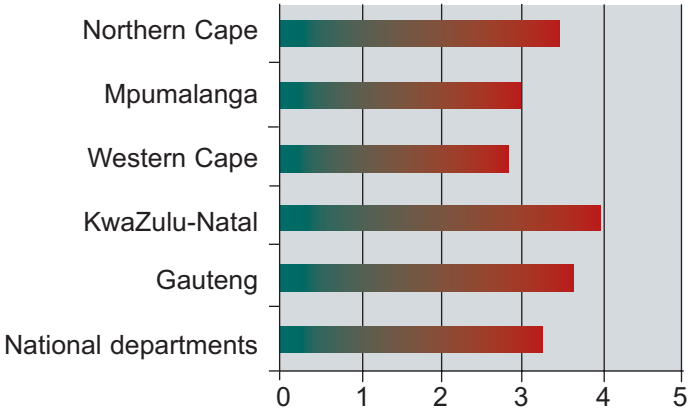
3.4 THE LEVEL OF RISK THAT HIV AND AIDS POSE TO THE SOUTH AFRICAN PUBLIC SERVICE

The levels at which HIV and AIDS are seen as a serious problem in the various Public Service departments within the different provinces as well as national departments, are shown in figure 1. All ratings shown in figures 1 to 10 were on a 5-point scale where 1 is indicative of disagreement and 5 is indicative of agreement. A score of 3, for example, would indicate that respondents felt neutral about a specific issue, while a score of 5 would indicate that they strongly agreed with a specific issue.

3.4.1 The levels at which HIV and AIDS are regarded as a serious problem

An analysis of the levels at which HIV and AIDS are regarded as a serious problem is provided in figure 1.

Figure 1: The levels at which HIV and AIDS are regarded as a serious problem

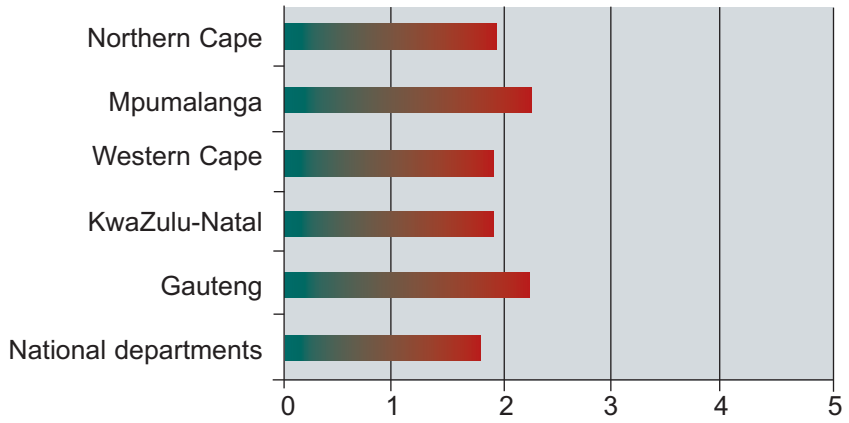


The above figure shows that on a 5-point scale HIV and AIDS are seen as a more serious problem in some provinces than in others, namely the problem appears to be seen as more serious in KwaZulu-Natal, Gauteng and the Northern Cape. The fact that KwaZulu-Natal emerged as the province where HIV and AIDS are viewed most seriously is not surprising since this province has the highest adult HIV-prevalence in the country as reported by the Department of Health in its annual Antenatal clinic prevalence surveys and the Medical Research Council national HIV prevalence estimates derived from such surveys. Conversely, perceptions of HIV and AIDS as serious were lowest in the Western Cape which has the lowest HIV-prevalence rate of all the provinces. Furthermore, this gives an indication of working environments where public officials are already seeing some of their co-workers showing visible signs of HIV and AIDS, thereby raising the concern about its effects in the workplace.

3.4.2 The levels at which respondents believe that HIV and AIDS can be cured

In figure 2 some shocking findings are shown with regard to the level at which respondents believe that HIV and AIDS can be cured. This question was asked on a 5-point scale where 1 indicated they believed that it cannot be cured and 5 indicated that they believed that it can be cured.

Figure 2: The levels at which respondents believe that HIV and AIDS can be cured



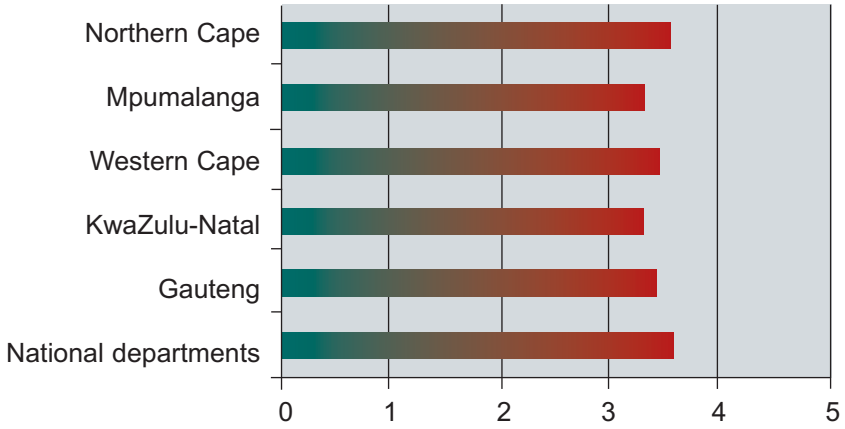
It would have been expected that respondents who had been informed about HIV and AIDS would have believed that it cannot be cured, reflecting responses of 1 or 2. The final result indicated that especially in Mpumalanga and Gauteng, a high percentage of public officials believe that HIV and AIDS can be cured, exacerbating the risk with regard to HIV and AIDS in these two provinces. Because of the fact that it could have been expected that people who have been subjected to HIV and AIDS programmes for some time would cease to believe that AIDS can be cured.

The results reflected in the above figure also indicate the need for further HIV and AIDS training and education and awareness programmes to ensure that public officials become more aware of the fact that HIV and AIDS cannot be cured. That even a miniscule proportion of the public service believes there is cure for HIV and AIDS should be viewed gravely.

3.4.3 Figure 3: The levels at which respondents believe that they have easy access to health services

It appears from figure 3 that respondents were of the opinion that they have easy access to health services. This is especially true with regard to the national departments, Gauteng, the Western Cape and the Northern Cape. However, from the qualitative data it appears that access to health services differs for those public officials who have medical funds and those who do not. In this regard it should be ensured that public officials who do not have medical funds have easy access to provincial hospitals and to clinics near their places of residence.

Figure 3: The levels at which respondents believe that they have easy access to health services

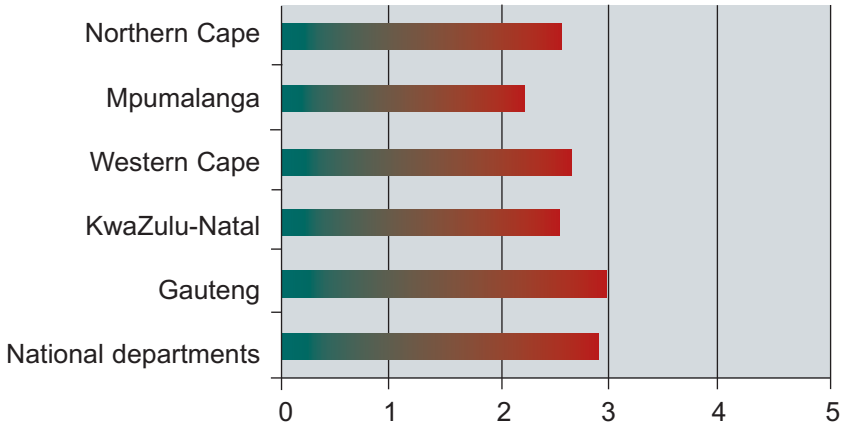


The introduction of Government Employees Medical System (GEMS) should assist people living with HIV and AIDS who currently are not members of a medical fund and thus cannot afford to pay for the necessary medical services and drugs to live a long, healthy and productive life.

3.4.4 The levels at which respondents believe that management encourages discussions about HIV and AIDS

The results shown in figure 4 pertain to the levels at which respondents are of the opinion that management encourages discussions about HIV and AIDS. It appears that respondents in the National departments and Gauteng provincial departments are of the opinion that management does in fact encourage such discussions, while in KwaZulu-Natal and Mpumalanga respondents felt less strongly about it.

Figure 4: The levels at which respondents believe that management encourages discussions about HIV and AIDS

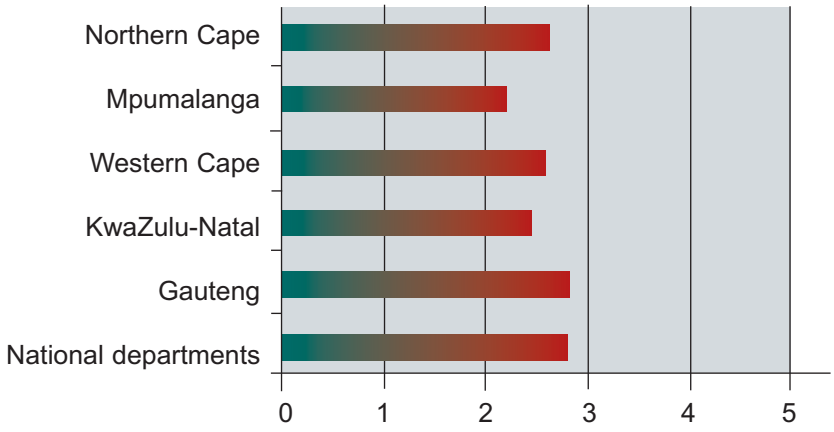


It appears from qualitative data, that respondents were generally of the opinion that management could do far more to encourage discussions about HIV and AIDS including, *inter alia*, creating forums for such discussions, ensuring that workshops are conducted during which HIV and AIDS issues are discussed and creating opportunities during meetings to discuss pertinent issues about HIV and AIDS.

3.4.5 The levels at which respondents are satisfied with the health services provided by the relevant departments

It appears from figure 5 that respondents are generally dissatisfied with the health services provided by the various departments, with the possible exclusion of some National departments and some departments in Gauteng. This is evident from the scores of the provincial departments of the Northern Cape, Mpumalanga, the Western Cape and KwaZulu-Natal ranging between 2,2 and 2,6 on a 5-point scale.

Figure 5: The levels at which respondents are satisfied with the health services provided by the relevant departments

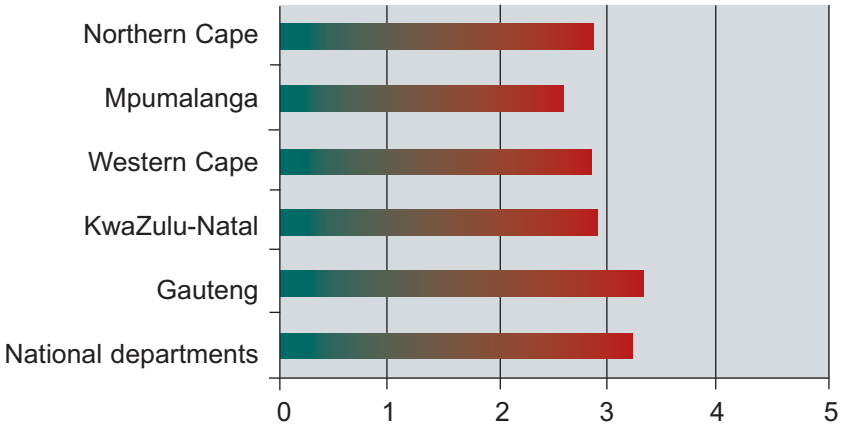


The qualitative findings indicated that one of the major reasons for this low level of satisfaction could be that although public officials may have other sources of health provision, they expect the employer to take some responsibility for the provision of occupational health services. These would include, *inter alia*, the provision of emergency prophylaxis in the case of possible HIV and AIDS contamination in the workplace, and the provision of emergency medical services to public officials injured during the execution of their work-related duties.

3.4.6 The levels at which respondents believe that HIV-positive workers receive the necessary support they need from the department

Varied responses from the different departments were obtained with regard to the levels at which respondents believe that HIV-positive workers receive the necessary support they need from their departments. It appears from figure 6 that with regard to the National and Gauteng departments, public officials are satisfied with the support that HIV-positive workers receive, but in the other four provinces lower levels of satisfaction were expressed. This could be explained by the fact there are more support and counselling programmes available to HIV-positive public officials in some of the Gauteng and National departments compared to the other provinces.

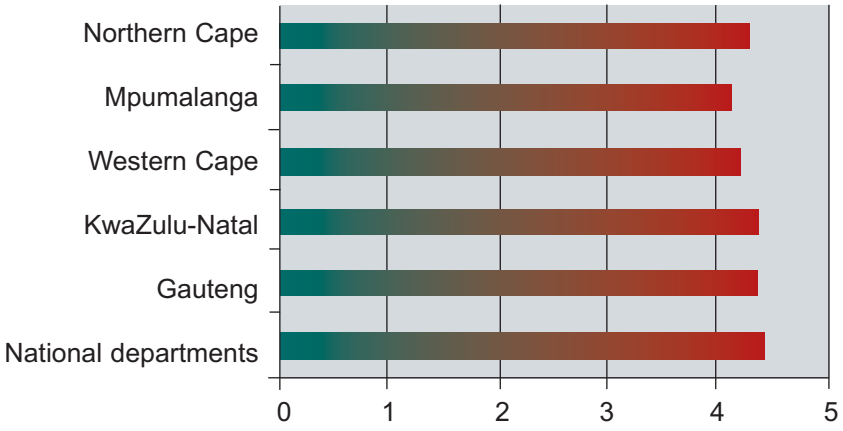
Figure 6: The levels at which respondents believe that HIV-positive workers receive the necessary support they need from the department



3.4.7 The levels of respondents believe to provide antiretrovirals for public officials who have been exposed to HIV and AIDS in the workplace

In figure 7 results regarding the levels at which respondents believe that it is important to provide emergency antiretrovirals to public officials who have been exposed to HIV and AIDS in the workplace, are given.

Figure 7: The levels at which respondents believe that it is important to provide emergency antiretrovirals for public officials who have been exposed to HIV and AIDS in the workplace

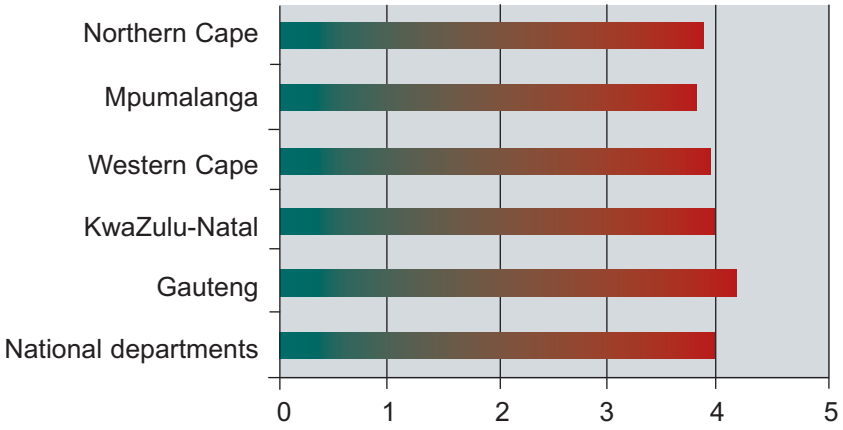


As can be seen in figure 7 above, all the provinces respondents were of the opinion that it is important to provide ARVs. However, it was clear from other quantitative and qualitative results that very few departments actually provide it to public officials. This makes it imperative for the Public Service to find suitable channels to ensure that emergency prophylaxis services are available to deal with workplace exposure to contaminated blood and blood products.

3.4.8 The levels at which respondents believe that people who are HIV-positive are able to carry out their duties at work

A further risk area pertains to the levels at which respondents believe that people who are HIV-positive are able to carry out their duties at work. The results in this regard can be seen in figure 8.

Figure 8: The levels at which respondents believe that people who are HIV-positive are able to carry out their duties at work

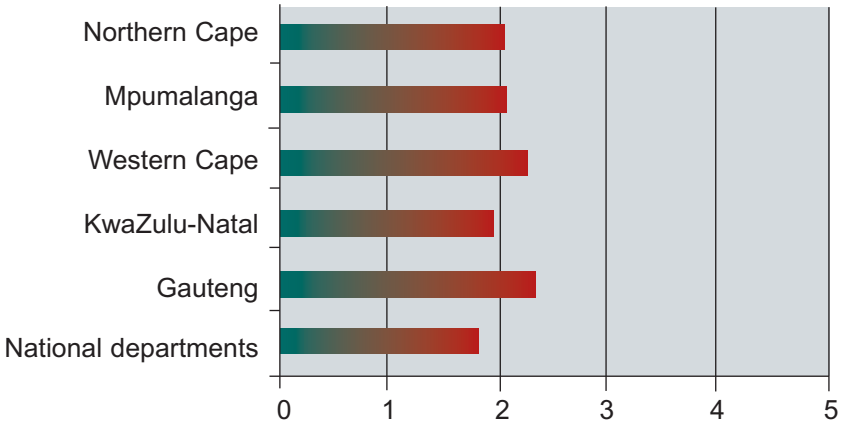


Respondents are generally of the opinion that HIV-positive public officials are able to carry out their duties at work, with the consequence that such people, although being HIV-positive, will be able to be productive for a longer period because of a higher level of acceptance from their colleagues. This should provide a good basis for de-stigmatising those afflicted.

3.4.9 The levels at which respondents believe that they are at risk of being infected with HIV in the workplace

It appears from figure 9 that respondents are generally of the opinion that there is no high risk of being infected with HIV in the workplace.

Figure 9: The levels at which respondents believe that they are at risk of being infected with HIV in the workplace

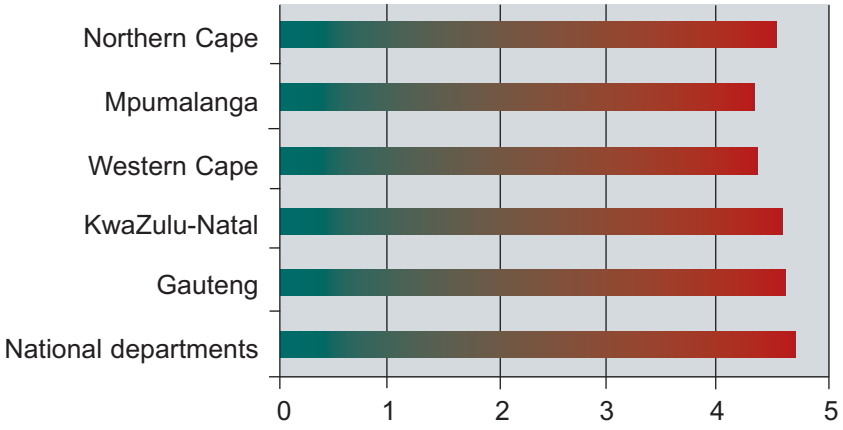


In some workplace situations this may be true especially where there is little chance of blood-on-blood contact with other colleagues. However, this may also be indicative of a high level of false security in many workplaces where there could possibly be HIV infection through working with contaminated blood products or where there is blood-on-blood contact with co-public officials during the execution of duties.

3.4.10 The levels at which respondents believe that people living with HIV and AIDS in their departments should be treated like everyone else

The results shown in figure 10 indicate the levels at which respondents are of the opinion that people who live with HIV and AIDS should be treated similarly to other public officials.

Figure 10: The levels at which respondents believe that people living with HIV and AIDS in their departments should be treated like everyone else



It is encouraging to see that there appears to be a high level of acceptance of such people in the workplace, which over the short to medium term could give rise to a higher level of support and understanding towards people living with HIV and AIDS in the workplace. Although all provinces had high scores in this regard it appears that in especially the National departments, Gauteng, KwaZulu-Natal and the Northern Cape there were high levels of tolerance towards co-public officials living with HIV and AIDS.

3.5 ANALYSIS OF THE RISK PROFILE OF PUBLIC OFFICIALS TOWARDS HIV AND AIDS

It is important for managers to know what the risks of HIV and AIDS are in their workplaces. In the case of the Public Service such risks could include, *inter alia*, productivity, morale, adequate staffing, possible skills shortages and the impact on management all of which can have a disruptive effect on service delivery.

The abovementioned risks of HIV and AIDS in the workplace are to a large extent determined by the number of HIV-positive people in the workplace. It is an epidemiological fact that the number of people who will become HIV-positive in a specific workplace will be determined by the knowledge, attitudes and practices (KAP) of public officials with regard to HIV and AIDS. For the purposes of this study a risk analysis was conducted to determine the level at which public officials are at risk to HIV and AIDS. The results of such analyses are shown in tables 15 to 20 (excluding table 16).

For the risk analysis public officials were grouped into five categories, namely:

- **Category 1:** Respondents at a very low risk of being infected with HIV and AIDS;
- **Category 2:** Respondents at a low risk of being infected with HIV and AIDS;
- **Category 3:** Respondents at a medium risk of being infected with HIV and AIDS;
- **Category 4:** Respondents at a high risk of being infected with HIV and AIDS; and
- **Category 5:** Respondents at a very high risk of being infected with HIV and AIDS

Respondents were classified according to the above categories on the basis of their perceptions and reported attitude emanating from the risk analysis conducted. Should a respondent have indicated that he/she is very concerned about HIV and AIDS, that he/she regularly takes precautions to avoid infection, that they believe that HIV and AIDS cannot be cured, that they believe that everybody is at equal risk of being infected and also if they indicated that a person can prevent being infected, such a person was classified under category 1 denoting a low risk of being infected with HIV and AIDS. On the other hand, those respondents indicating that HIV and AIDS can be cured, that they have a small risk of being infected, that they are not concerned about their health and that poor people are more likely to contract HIV and AIDS, were considered to be at a high risk and were classified as category 5 denoting a very high risk of being infected with HIV and AIDS.

3.5.1 Public officials at risk of infection, by national departments and provinces, 2005

On the basis of the attitudinal profile of an individual derived from the KAPB section of the questionnaire with respect to HIV and AIDS the risk profile of each public servant involved in this study was determined and can be seen in a summary format in table 15.

Table 15: Public officials at risk of infection, by national departments and provinces, 2005

	Very low risk (%)	Low risk (%)	Medium risk (%)	High risk (%)	Very high risk (%)
National depts	22,7	27,8	15,6	18,7	15,3
Gauteng	17,2	18,8	18,4	22,5	24,1
KwaZulu-Natal	32,2	22,6	16,4	16,4	12,3
Western Cape	17,6	14,9	23,7	20,0	23,7
Mpumalanga	16,0	16,0	18,2	26,0	23,8
Northern Cape	19,9	20,6	19,1	21,3	19,1

As can be seen from table 15 among respondents from the National departments about 34% are either at high risk or at very high risk. This compares with more than 46% of respondents from Gauteng who could be classified as either being high risk or very high risk, about 28% from KwaZulu-Natal, about 43% from the Western Cape, about 49% from Mpumalanga and about 40% from the Northern Cape. These results correspond very closely with other studies in which similar or other questionnaires were used to determine the risk profiles of people working in organizations. These studies found that generally the high risk group (encompassing the high risk and very high risk categories) comprises about 37% - 45% of respondents.

In national surveys conducted by the market research company Markinor, among South African adults on a similar scale as this survey over the period 2002 to 2004, it was found that the percentage of adults in the high risk categories was 37% in 2002, 44% in 2003 and 43% in 2004 (Harris, 2004) (see table 16). The figures provided in this study with regard to the Public Service fall within these ranges and thus reflect the risk dynamics of all South African adults.

Table 16: The percentage of adults in different risk groups as found by Markinor, 2002 to 2004

	2002 (%)	2003 (%)	2004 (%)
Very low risk	19	12	16
Low risk	21	23	18
Medium risk	23	21	23
High risk	15	18	23
Very high risk	22	26	20

Source: Harris, 2004.

With the high risk levels in the South African Public Service across provinces identified in this study and shown in table 15, it is important to ensure the introduction not only of awareness programmes with regard to HIV and AIDS, but also that the behavioural consequences and impact or attitudes of such programmes are closely monitored and evaluated to ensure that programmes can be adapted to have maximum behavioural outcome success to lessen the impact of HIV and AIDS on the South African Public Service.

As requested during one of the workshops, further breakdowns of infection risk were conducted. These results can be seen in tables 17 – 20.

3.5.2 Public officials at risk of HIV infection by gender

In table 17 a breakdown of employee risk levels by gender is given based on an epidemiological analysis of the risk profile data shown above. It appears from this table that slightly more males were in the high risk categories.

Table 17: Public officials at risk of HIV infection, by gender, 2005

	Very low risk (%)	Low risk (%)	Medium risk (%)	High risk (%)	Very high risk (%)
Male	20,7	19,7	18,1	20,2	21,2
Female	19,6	19,9	19,6	21,1	19,8

It appears from focus group results that the high percentage of males and females are in the high risk categories for different reasons. In discussions in the focus groups, males tended to show higher levels of risky sexual behaviour, while females are often disempowered within the sexual context and expressed the sentiment that they are not sufficiently empowered to protect themselves fully from HIV infection. It was also apparent from the data analysis that in variables such as (1) that HIV and AIDS is not at all serious, (2) not believing that AIDS really exists, (3) that you can see if someone has HIV and AIDS and (4) believing that there is a cure for HIV and AIDS, males reported more risky behavioural traits in the face of HIV and AIDS than females.

In table 18 the risk profile of public officials was broken down by age group.

3.5.3 Public officials at risk of HIV infection, by age group

It appears from table 18 that the highest risks were found among the younger and the older age groups.

Table 18: Public officials at risk of HIV infection, by age group, 2005

	Very low risk (%)	Low risk (%)	Medium risk (%)	High risk (%)	Very high risk (%)
0-24 years	15,9	17,4	21,7	22,5	22,5
25-45 years	21,7	20,7	19,1	19,3	19,2
46+ years	13,1	17,1	16,6	28,6	24,6

3.5.4 Public officials at risk of HIV infection, by level of education

There appears to be a relationship between the level of education and the risk profile of a specific group of respondents with regard to HIV and AIDS, namely those with less education are at a higher risk of being infected. As can be seen from table 19 among those with none to some secondary education, about 53% were in the high or very high risk category while for those with a university degree the comparative percentage was about 30%, which is nearly half that of the former group.

Table 19: Public officials at risk of HIV infection, by level of education, 2005

	Very low risk (%)	Low risk (%)	Medium risk (%)	High risk (%)	Very high risk (%)
None – some secondary	8,9	22,2	15,6	24,4	28,9
Secondary completed	18,1	18,4	19,8	17,4	26,3
Post-grade 12 certificate/diploma	16,1	18,2	19,9	23,5	22,3
University degree	28,9	23,5	17,3	18,2	12,1

Conversely, it appears that as a person's education level improves the probability that he will be in the very low risk group will also improve, *i.e.* for those people with a university degree the chances of being in the very low risk group are more than 3 times that of those with none to some secondary education.

3.5.5 Public officials at risk of HIV infection, by population group

Table 20 shows that there are interesting differences with regard to the risk of infection when broken down by population group. It appears that with regard to Africans about 42% of the respondents, with, 41% of Coloureds and about 40% of Whites were in the high to very high risk group, compared to about 32% of the Asian respondents.

Table 20: Public officials at risk of HIV infection, by population group, 2005

	Very low risk (%)	Low risk (%)	Medium risk (%)	High risk (%)	Very high risk (%)
African	19,7	20,7	17,7	21,4	20,6
Asian	24,4	26,7	16,3	15,1	17,4
Coloured	21,6	17,5	19,4	19,1	22,5
White	17,3	17,3	25,0	24,0	16,3

The only population group with an apparently lesser chance of being infected appears to be the Asians. This closely correlates with the results of other surveys such as the Human Sciences Research Council's Nelson Mandela Study that found that the Asian population has the lowest infection levels of all the population groups in South Africa (HSRC, 2002).

3.6 ASSESSMENT OF POLICY AND PROGRAMME IMPLEMENTATION

As part of this study an assessment was conducted to determine the level of policy and programme implementation regarding HIV and AIDS in the Public Service in South Africa. Respondents were requested to participate in this evaluation by providing feedback regarding the levels of policy and framework implementation within their respective working departments according to the following 7-point scale:

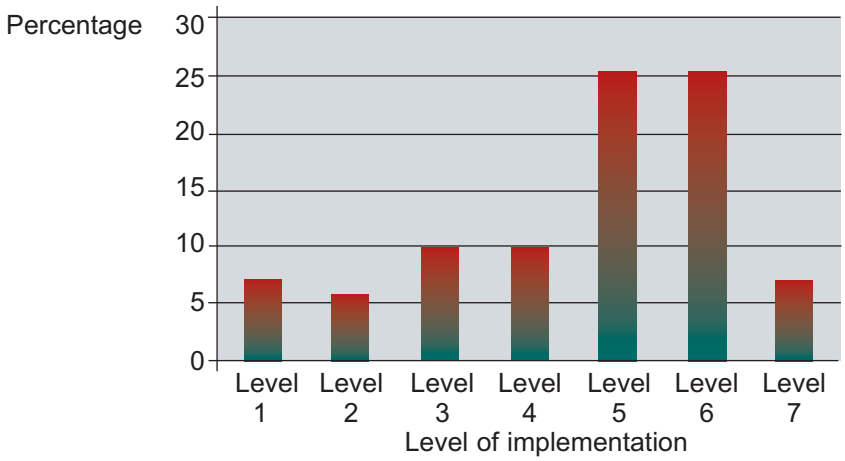
1: ***Nothing has been done*** *– this implies that there have not been discussions about possible policies and programmes to address HIV and AIDS in that specific department.*
2: ***Discussion phase*** *– this implies that there have been discussions about possible policies and programmes to address HIV and AIDS in a specific department, but no draft policies and programmes have been formulated.*
3: ***Draft policy*** *– this implies that there have been discussions about possible policies and programmes to address HIV and AIDS within a specific department,and that draft polices have been formulated to address HIV and AIDS within that department.*
4: ***A policy, no programme, no implementation*** *– this implies that policies have been formulated to address HIV and AIDS within a specific department, but that no programmes have been formulated or implemented to give practical effect to such policies.*
5: ***A policy, limited programme, limited implementation*** *– this implies that policies have been formulated to address HIV and AIDS in a specific department, but that programmes to give practical effect to such policies have been devised and implemented only to a limited extent.*
6: ***A policy, comprehensive programmes, comprehensive implementation*** *– this implies that policies have been formulated to address HIV and AIDS within a specific department and that comprehensive programmes to give practical effect to such policies have been devised and have been implemented. There is, however, no monitoring or evaluation of the effectiveness of such policies and programmes within the said department.*
7: ***A policy, comprehensive programmes, comprehensive implementation, comprehensive monitoring and evaluation*** *– this implies that policies have been formulated to address HIV and AIDS within a specific department and that comprehensive programmes to give practical effect to such policies have been devised and implemented. The effectiveness of such policies and programmes are also monitored and evaluated.*

The levels of policy and programme implementation according to the above 7-point scale within the 98 Public Service departments can be seen in figures 2.11 to 2.22. The necessity for such policies and programmes is shown in chapters 10 to 12 of the framework on managing HIV and AIDS in the workplace (DPSA, 2002).

3.6.1 The levels at which departments have implemented HIV and AIDS awareness policies and programmes

It appears from figure 11 which reflects the levels at which departments have implemented HIV and AIDS awareness policies and programmes, that the majority of departments have succeeded in devising policies, have established some programmes and also succeeded to a certain extent in implementing such programmes to address HIV and AIDS in the workplace, thus giving substance to the framework on managing HIV and AIDS in the workplace.

Figure 11: The levels at which departments have implemented HIV and AIDS awareness policies and programmes

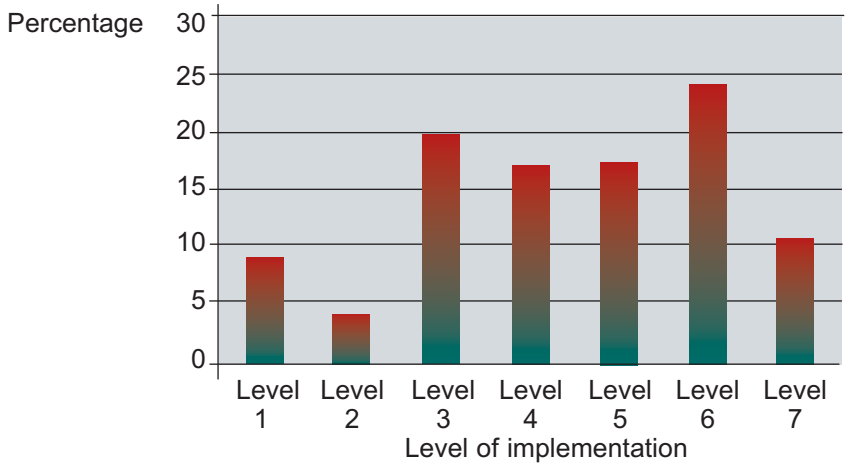


Of specific importance here is the fact that more than 30% of the departments included in the survey have already devised policies to address HIV and AIDS in the workplace, have introduced comprehensive programmes and have already succeeded in introducing comprehensive implementation programmes as well. However, only about one-third of the departments that have only succeeded in introducing HIV and AIDS policies between levels 1 to 4, which means that such policies and programmes are only at a discussion phase, or that to date there are some draft policies and programmes in place but no implementation thereof. It is imperative that attention be given by these departments to ensure that they urgently introduce basic policies with the view to introducing future HIV and AIDS programmes.

3.6.2 The levels at which departments have implemented policies and programmes to create non-discriminatory working environments regarding HIV and AIDS

The levels at which departments have implemented policies and programmes to create non-discriminatory working environments regarding HIV and AIDS are shown in figure 12. In terms of chapter 11 of the framework on managing HIV and AIDS in the workplace (DPSA, 2002), departments must introduce suitable policies and programmes to counteract discrimination and stigmatisation of people living with HIV and AIDS.

Figure 12: The levels at which departments have implemented policies and programmes to create non-discriminatory working environments regarding HIV and AIDS

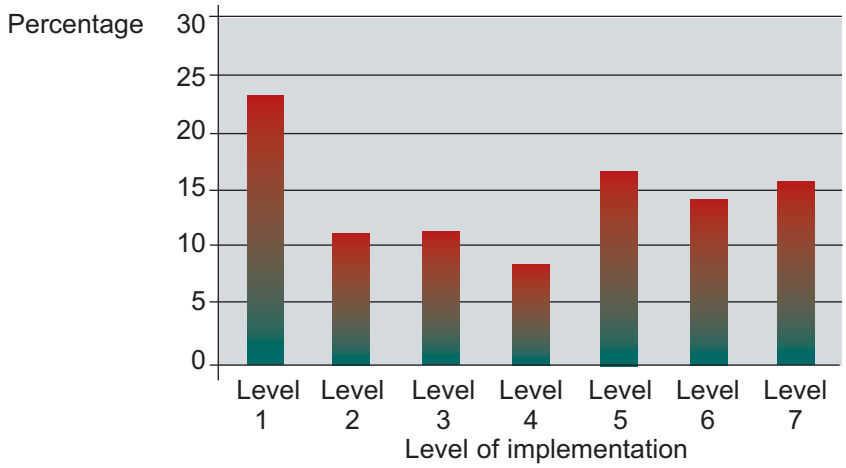


It can be seen from the above figure that about half the departments have only succeeded in introducing a policy with regard to HIV and AIDS but there are at present no programmes or implementation to ensure the creation of non-discriminatory environments with regard to HIV and AIDS. On the positive side it appears that just more than one-third of the departments have already succeeded in introducing such policies and comprehensive programmes and have ensured implementation thereof. These policies and programmes are imperative for good human resource management to ensure that there is no discrimination against people living with HIV and AIDS in the workplace and that an environment of tolerance is being created towards people living with disease.

3.6.3 The levels at which departments have implemented policies and programmes to prevent and treat sexually transmitted infections

Figure 13 reflects the levels at which departments have implemented policies and programmes to prevent and treat sexually transmitted infections.

Figure 13: The levels at which departments have implemented policies and programmes to prevent and treat sexually transmitted infections

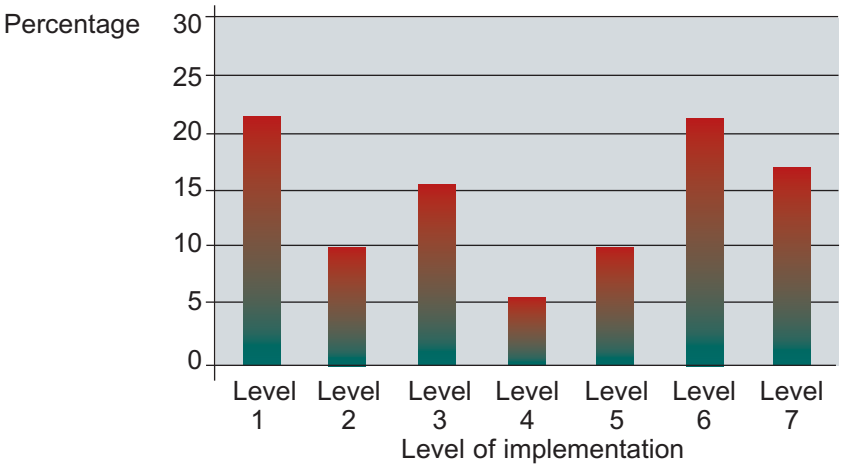


This figure shows that about one-third of the departments either do not have policies and programmes in this regard or that these are at present in the discussion phase. A further one-third indicated that they either have draft policies in this regard, but no programme or implementation, or policies with limited programmes and limited implementation. A typical profile of such a department would be one in which a formal policy is in place but little has been done to give practical effect to it. Only one-third of the departments indicated that they have policies that are supported by comprehensive programmes with either full or limited evaluation and monitoring.

3.6.4 The levels at which departments have implemented policies and programmes to ensure infection control with regard to HIV and AIDS

The levels at which departments have implemented policies and programmes to ensure infection control with regard to HIV and AIDS is shown in figure 14. The importance of infection control is stressed in chapter 8 of the framework on managing HIV and AIDS in the workplace (DPSA, 2002).

Figure 14: The levels at which departments have implemented policies and programmes to ensure infection control with regard to HIV and AIDS

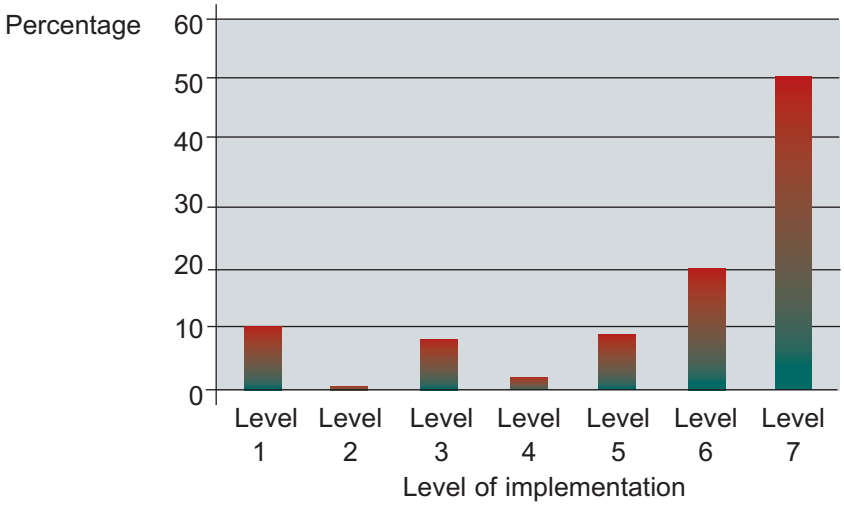


It appears from the above figure that about a third of the departments indicated that they either do not have policies in this regard, or that they are currently discussing these. A further one-third indicated that they either have a draft policy or have a policy but either no programme or a very limited programme to give effect to such a policy. Only one-third indicated that they have policies that are supported by comprehensive programmes and implementation with either full or limited monitoring and evaluation. Infection control policies and programmes are imperative as a first line of defense against the spread of HIV and AIDS within the workplace (see chapter 8 of the framework on managing HIV and AIDS in the workplace) (DPSA, 2002). It is therefore of paramount importance that the two-thirds of the departments that indicated that they either have no policy or programme dealing with infection control, or that they have a policy but no programme, should seriously consider the timeous formulation of such policies and the introduction of supporting programmes as a matter of urgency to ensure as far as possible that HIV and AIDS are not spread in the workplace.

3.6.5 The levels at which departments have implemented policies and programmes to promote condom use

Figure 15 is indicative of the fact that more than 70% of departments have policies, comprehensive programmes as well as the implementation of programmes to promote condom use among public officials. Such policies and programmes are also required by chapter 8 of the framework on managing HIV and AIDS in the workplace (DPSA, 2002).

Figure 15: The levels at which departments have implemented policies and programmes to promote condom use

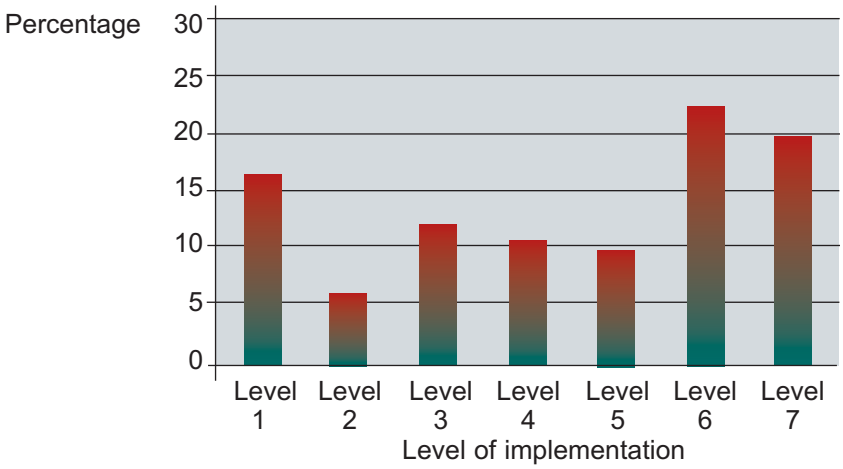


The above figure reflects that the concern of departments about the spread of HIV and AIDS in the workplace, as evident from their awareness programmes about HIV and AIDS is supported by condom use programmes. Such policies and programmes are also the easiest to implement, although many of them have little real effect in the workplace due to a lack of commitment and resources to support such implementation.

3.6.6 The levels at which departments are implementing policies and programmes to ensure voluntary counselling and testing

In figure 16 the results of the levels at which departments are implementing policies and programmes to ensure voluntary counselling and testing (VCT) within the workplace, are illustrated. The necessity of VCT policies and programmes are indicated in chapter 9 of the framework on managing HIV and AIDS in the workplace (DPSA, 2002). In this chapter VCTs are seen as being part of broader wellness programmes that need to be introduced within Public Service departments.

Figure 16: The levels at which departments are implementing policies and programmes to ensure voluntary counselling and testing

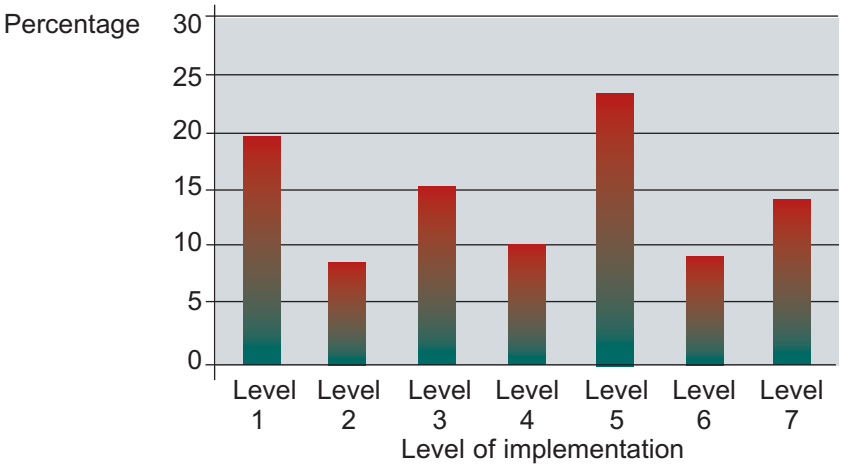


It appears from this figure that about one-third of the departments either had no policies pertaining to VCT, or were still discussing these, or there were some draft policies in place but no programmes to support them. Only about 20% of the departments had already instituted policies supported by comprehensive programmes, comprehensive implementation as well as comprehensive monitoring and evaluation to ensure that VCT was taking place, while a further 23% have instituted such policies and programmes but have not yet instituted monitoring and evaluation programmes.

3.6.7 The levels at which departments are implementing policies and programmes to monitor and evaluate policy and programme effectiveness

Information about the levels at which departments are implementing policies and programmes to monitor and evaluate policy and programme effectiveness are shown in figure 17. The imperative for introducing monitoring and reporting on workplace HIV and AIDS policies and programmes is outlined in chapter 16 of the framework on managing HIV and AIDS in the workplace (DPSA, 2002).

Figure 17: The levels at which departments are implementing policies and programmes to monitor and evaluate policy and programme effectiveness

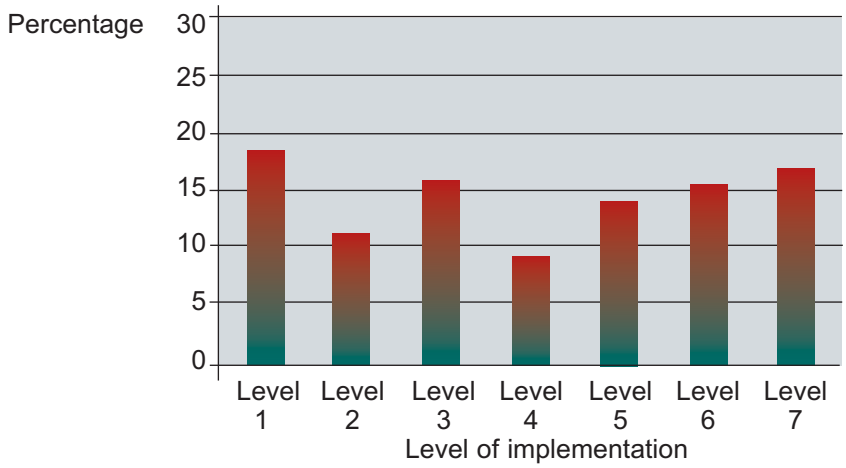


As can be seen from this figure, more than 50% of all departments either have no policies in this regard or are in the discussion phase of these, or have a draft policy, or have a policy but no programme or implementation. The implication of this is that more than half the departments have no monitoring and evaluation strategies in place to assess the success of HIV and AIDS programmes. Furthermore, only about a quarter of departments conduct comprehensive evaluation and monitoring on a continuous basis to ensure programme effectiveness. The implication of this is that in about 75% of the departments the efficacy of policies and programmes with regard to HIV and AIDS is not being monitored in order to determine their level of success.

3.6.8 The levels at which departments are implementing policies and programmes to introduce wellness programmes

There is a growing tendency worldwide to integrate HIV and AIDS programmes into existing wellness programmes. This is also identified as being a best practice in chapters 11 and 12 of the framework on managing HIV and AIDS in the workplace (DPSA, 2002). The reason for this is the view that HIV and AIDS should not be treated in isolation from other wellness factors but should be part of a comprehensive package focusing on the total wellness of public officials. It appears from figure 18 that within the 98 departments that were involved in this study, more than half have not introduced any policies or programmes with regard to wellness programmes or were at a contemplative phase of this, or had draft policies for wellness programmes or, in the few departments that had policies, no programmes nor implementation were evident.

Figure 18: The levels at which departments are implementing policies and programmes to introduce wellness programmes

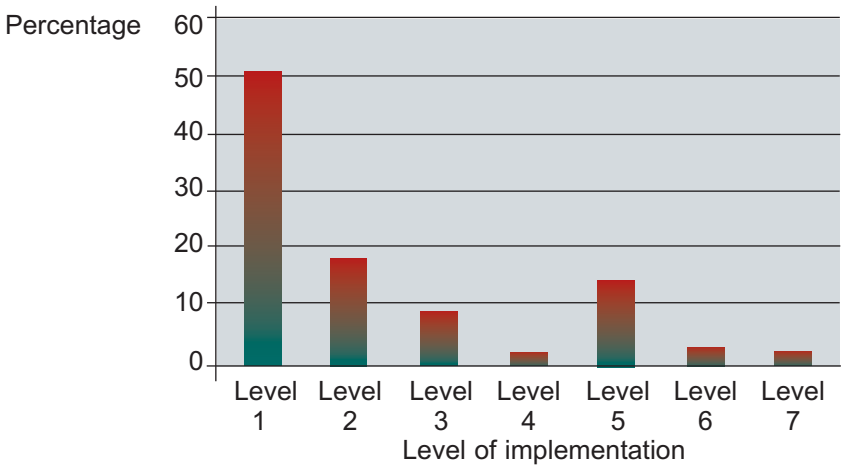


An encouraging sign emerging from the above figure is that in nearly one-third of the departments there are policies for wellness programmes and these are supported by comprehensive programmes and implementation. This bodes well for the broader introduction of wellness programmes within the Public Service to address HIV and AIDS more effectively.

3.6.9 The levels at which departments are implementing policies and programmes to treat public officials with significant immune deficiency

It is of concern to note from figure 19 that more than 50% of departments have done nothing to address policies and programmes to treat public officials with significant immune deficiency. A further 17% were at the contemplative phase of this, whilst about 8% had draft policies in place. Only 25% had approved policies and programmes in place.

Figure 19: The levels at which departments are implementing policies and programmes to treat public officials with significant immune deficiency

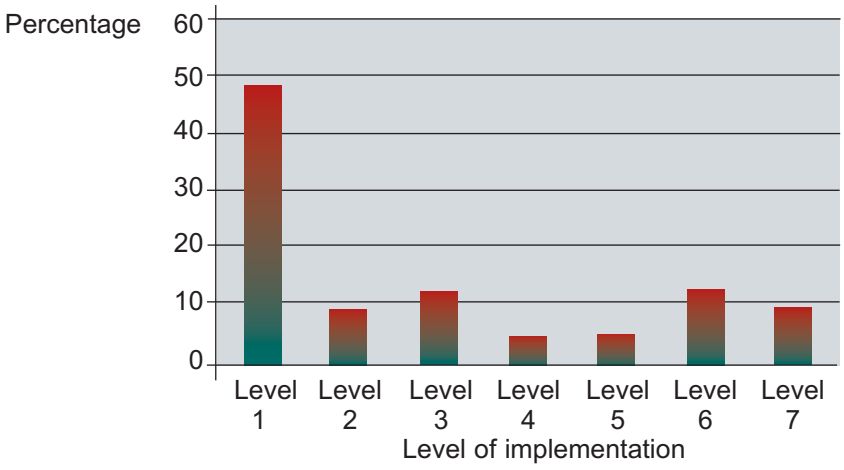


Chapter 12 of the framework on managing HIV and AIDS in the workplace (DPSA, 2002) encourages the medical management of infected public officials to ensure that they remain productive workers.

3.6.10 The levels at which departments are implementing policies and programmes to provide emergency medical treatment after workplace exposure to contaminated blood

The levels at which departments have policies and programmes in place to provide emergency medical treatment after workplace exposure to contaminated blood are shown in figure 20.

Figure 20: The levels at which departments have policies and programmes to provide emergency medical treatment after workplace exposure to contaminated blood

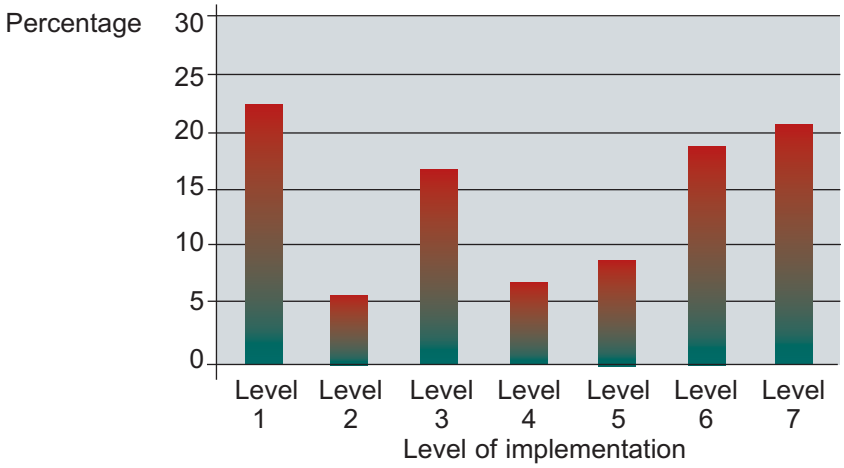


It appears from this figure that nearly 50% of departments have neither policies nor programmes for this, while with a further 9% of the departments this was in the discussion phase and a further 14% were in the phase of drafting policies in this regard. Furthermore, from figure 20, just about 21% of departments had policies linked to comprehensive programmes but without the comprehensive monitoring of the effectiveness of these policies and programmes.

3.6.11 The levels at which departments are implementing policies and programmes to provide psychosocial support to public officials infected with and affected by HIV and AIDS

In figure 21 the levels at which departments have policies and programmes to provide psychosocial support to public officials infected with and affected by HIV and AIDS is shown. Such support is required in terms of chapter 11 of the framework on managing HIV and AIDS in the workplace (DPSA, 2002).

Figure 21: The levels at which departments have policies and programmes to provide psychosocial support to public officials infected with and affected by HIV and AIDS

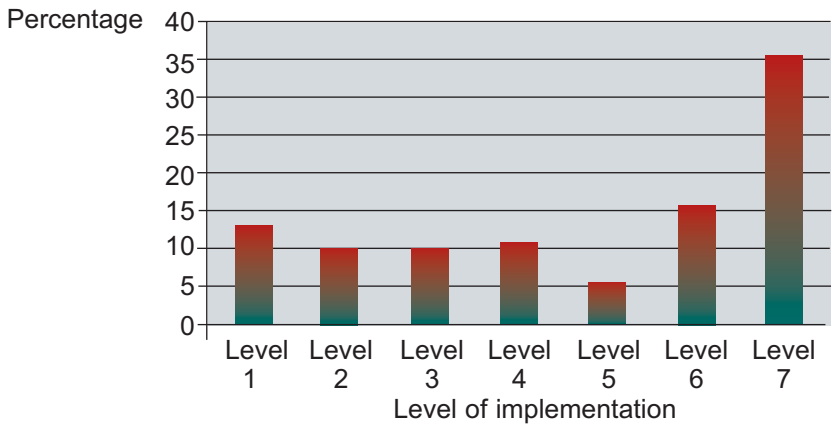


From this figure it can be seen that just more than 30% of departments did not have any policies, while a further 17% only had draft policies. However, it was encouraging to see that nearly 40% of departments had policies in this regard, supported by comprehensive programmes as well as either comprehensive or limited evaluation of such policies and programmes.

3.6.12 The levels at which departments have policies and programmes to ensure the medical management of infected public officials (on-site/ outside referral)

Finally, figure 22 pertains to policy and programme implementation to ensure the medical management of infected public officials, whether on-site or off-site. Such medical management of infected public officials is required in terms of chapter 12 of the framework on managing HIV and AIDS in the workplace (DPSA, 2002).

Figure 22: The levels at which departments have policies and programmes to ensure the medical management of infected public officials (on-site/outside referral)



Of note here is that about one-third of all Public Service departments had no policy, were in the discussion phase, or had draft policies regarding the medical management of people living with HIV and AIDS. That 50% of all departments already have policies in this regard supported by comprehensive programmes and either limited or full scale evaluation of the effectiveness of such policies and programmes is encouraging. It is also important to note that there appears to be a growing number of departments moving towards comprehensive policies and programmes in this regard.

CHAPTER 4

4. QUALITATIVE FINDINGS

4.1 INTRODUCTION

Having focused in the previous section on the quantitative results obtained in this study, this section will focus on the qualitative results and provide an overview of findings. The aim of the qualitative approach was to obtain insight into the experiences of the respondents relating to the implementation of the departments' HIV and AIDS policies in terms of the framework for managing HIV and AIDS in the workplace (DPSA, 2002). These insights enabled the researchers to evaluate the actual and perceived levels of implementation of the framework.

A major concern is that there is evidently no uniformity in the implementation of the HIV and AIDS policy throughout the various departments. This report will highlight a number of inconsistencies in the approaches of the various departments. These seem to stem from the fact that there is no single uniform strategy or policy being communicated from the government.

The key issues influencing the success and failure of the implementation of the HIV and AIDS policy, which were repeatedly emphasised, include *inter alia*, leadership, communication, budget and resources. These aspects are discussed in more detail below.

4.2 THE ROLE OF LEADERSHIP IN IMPLEMENTING HIV AND AIDS POLICIES

Leadership is one of the most important aspects for the successful implementation of policy. The general impression regarding the role and influence of leadership is that commitment and support of top and middle management is extremely varied. The views and opinions of respondents regarding the current role of management in dealing with HIV and AIDS issues include, *inter alia*, that there is no serious commitment from senior management to implement HIV and AIDS policies, and although HIV and AIDS policies were drafted, feedback was still being awaited from senior management on these draft policies.

There were also very positive comments from some respondents regarding the role their managers play in dealing with HIV and AIDS, namely some respondents opined that HIV and AIDS policies are strongly supported and driven by senior management.

One of the most notable complaints regarding unsuccessful policy implementation is that senior management does not give its commitment and support. The results of this study indicate that should they have given their full commitment and support, the chances for successful implementation would have been optimized.

4.3 THE ROLE OF COMMUNICATION IN IMPLEMENTING HIV AND AIDS POLICIES

The Minimum Standards (DPSA, 2002) stipulate that a head of department shall ensure that the health promotion programme includes an effective internal communication strategy. Communication strategies for the HIV and AIDS programmes are generally in place, but they differ within departments in their effectiveness and approach. In terms of communicating the aims and objectives of the HIV and AIDS policies, as well as the Public Service's approach to HIV and AIDS, there is room for improvement.

The views and opinions expressed regarding communication strategies regarding HIV and AIDS include, *inter alia*:

- There seems to be an information overload regarding HIV and AIDS;
- Many HIV and AIDS policies are drafted by management but not communicated or circulated to all public officials;
- Management sometimes drafts HIV and AIDS policies while not involving all relevant stakeholders;
- Public officials complain that they do not have time to read all the policies; and
- Policies are often too complex - they are not written in a manner which makes it easy for the average public servant to comprehend.

The objective of all good communication essentially should be to relay an understandable message that reaches its audience. A department may have a comprehensive policy and programmes to deal with HIV and AIDS, but if the public officials do not know about them or do not understand them, these will be useless. The main issues influencing the effective communication of the policies and programmes as identified by the employee and coordinator respondents are clarity and understandability, conciseness and interaction and participation by public officials.

4.4 THE ROLE OF BUDGETS AND RESOURCES IN IMPLEMENTING HIV AND AIDS POLICIES

The Minimum Standards (DPSA, 2002) stipulate that a head of department shall allocate adequate human and financial resources to implement the provisions of regulation VI E, and, where appropriate, form partnerships with other departments, organisations and individuals who are able to assist with health promotion programmes.

Departments varied greatly in budgets allocation and the provision of resources. Those with budgets specifically allocated towards HIV and AIDS management were consistently more successful in their provision of services to deal with HIV and AIDS.

It is clear that there is a direct link between budget and leadership support. All the departments that identified their heads of department or senior management members as contributing to the success of the policies also indicated that they had appropriate funding available. The main challenges as identified during the discussions are obtaining adequate budgets and maintaining and increasing budgets. Some respondents showed great ingenuity and drive in devising plans with which to obtain proper budgets. One respondent convinced her Head of Department to provide her with a small budget with which to do a pilot study. Although she had very limited funds, she proceeded to create a workplace programme and was so successful that she convinced her Head of Department to increase the budget substantially, and thereby succeeded in providing a consistent programme.

4.5 DEALING WITH STIGMA, CONFIDENTIALITY, DISCLOSURE AND DISCRIMINATION IN THE WORKPLACE

The Minimum Standards require that a head of department shall ensure that no employee or prospective employee is unfairly discriminated against on the basis of her or his HIV status, or perceived HIV status, in any employment policy or practice. A head of department shall take appropriate means to actively promote non-discrimination and to protect HIV-positive public officials or those perceived to be HIV–positive from discrimination. The

Minimum Standards further state that all public officials shall treat information on an employee's HIV status as confidential and shall not disclose that information to any other person without the employee's written consent. The head of department shall create mechanisms within the workplace to encourage openness, acceptance, care and support for HIV-positive public officials. Such mechanisms should preferably form part of a comprehensive employee assistance programme or health promotion programme.

Very few departments had specific programmes in place to combat the stigma surrounding HIV and AIDS and very few departments reported occurrences of disclosures. Many departments reported having systems in place to ensure the confidentiality of respondents, but very few reported incidents of discrimination.

Probably the main obstacle hampering the utilisation of HIV and AIDS programmes is the stigma and fear surrounding it. Even where comprehensive HIV and AIDS programmes are in place, public officials are hesitant or afraid of making use of the available facilities, because of fear that this will cast a shadow of suspicion over them as being either HIV-positive or clearly at risk thereof. Fear of possible discrimination as a result of this; be it in terms of career development or social life is a big deterrent. The stigma surrounding HIV and AIDS is an intangible obstacle dealing with personal issues and emotions - there are no quick solutions to this problem.

4.6 CONDOM DISTRIBUTION PROGRAMMES IN PUBLIC SERVICE WORKPLACES

Condom distribution and awareness campaigns are undoubtedly the most effectively implemented parts of the HIV and AIDS policy. Almost every single department makes condoms available to their public officials.

The main obstacle in the path of condom distribution is not availability, but rather usage. The only way for the coordinators to measure the usage of condoms, is to check the containers to see whether condoms are taken.

Employee respondents indicated that taking condoms from the containers did not adequately reflect the actual usage thereof. The following example was given to motivate this view: apparently departmental condoms are taken/stolen in large quantities from various departments, and then sold on the streets. Often the condoms are taken as mere novelty items, or simply to fool around with. Thus there is currently no way of actually measuring the effective usage of condoms, other than by opinions and views from employee respondents.

4.7 AWARENESS, EDUCATION AND KNOWLEDGE PROGRAMMES, AND VOLUNTARY COUNSELLING AND TESTING PROGRAMMES IN PUBLIC SERVICE WORKPLACES

Awareness and education programmes are very actively promoted. Generally HIV and AIDS related printed media and literature were abundant within departments. The benefits of awareness campaigns should not be underestimated. Respondents referred to a dramatic change in their perception of both the disease and people living with HIV and AIDS due to the fact that they have become better informed through campaigns.

With regard to voluntary counselling and testing, the Minimum Standards (DPSA, 2002) stipulate that a head of department shall encourage voluntary counselling and testing for HIV and other related health conditions and, wherever possible, facilitate access to such

services for public officials in the department. A head of department shall ensure that no employee or prospective employee of the department is required to take an HIV test unless the Labour Court has declared such testing as justifiable in terms of the Employment Equity Act, 1998 (Act No. 55 of 1998).

Provision of VCTs varied significantly. Some departments managed to organise on-site VCT sessions on an almost quarterly basis, while others simply arranged with an external facility to provide VCTs on a daily basis. Some departments have never organised any event where public officials could do VCTs.

4.8 POST-EXPOSURE PROPHYLAXIS PROGRAMMES IN PUBLIC SERVICE WORKPLACES

The Minimum Standards (DPSA, 2002) also stipulate that a head of department shall identify units within the department that, due to the nature of their work, are at high risk of contracting HIV and other related diseases, and take reasonable steps to reduce the risk of occupational exposure to HIV and such diseases. It further requires that a head of department shall take all reasonable steps to facilitate timely access to voluntary counselling and testing and post-exposure prophylaxis in line with prevailing guidelines and protocols for public officials who have been exposed to HIV as a result of an occupational incident. Very few departments indicated any satisfactory knowledge with regard to PEP. Public officials were mostly unaware of the existence of such treatments.

Although departments are not required to provide PEPs, some coordinator respondents however felt that PEPs should be more readily available. Coordinator respondents clearly stated a need for the availability of PEPs on site or at least at an easily accessible off-site venue. The general feeling was that considering the amount of money being spent on awareness and education campaigns, it seemed pointless to not have treatments available that could actually help prevent accidental infections.

4.9 MONITORING, EVALUATION, REPORTING AND IMPACT ASSESSMENT REGARDING HIV AND AIDS POLICIES AND PROGRAMMES IN PUBLIC SERVICE WORKPLACES

The Minimum Standards (DPSA, 2002) require the head of department to introduce appropriate measures for monitoring and evaluating the impact of the health promotion programme among the public officials of the department.

Monitoring, evaluation and reporting remains one of the most neglected aspects of the HIV and AIDS policy, with very few departments having proper systems in place to monitor the impact of HIV and AIDS on the workplace. There is no uniform system to monitor the implementation of the policy. According to respondents monitoring and evaluation consist of two distinct elements, namely monitoring the implementation of the policy, and monitoring the actual utilisation of the programmes and subsequent impact.

Respondents identified a need for a basic evaluation system that would enable them to effectively report on the status of the policy. The checklist, contained in the SA guide to disease management, for example was mentioned as a solution to the current uncertainty surrounding monitoring and evaluating the policy implementation.

4.10 HIV AND AIDS COORDINATORS AND COMMITTEES IN PUBLIC SERVICE WORKPLACES

The Minimum Standards (DPSA, 2002) recognise that one designated person alone cannot achieve a comprehensive HIV and AIDS workplace response, and therefore it recommends establishing a team that will enable the department to achieve its goals. The team should represent the various interests of the department in all its aspects. The Minimum Standards stipulate that a head of department shall establish a HIV and AIDS committee for the department with adequate representation and support from all relevant stakeholders, including trade union representatives, to facilitate the effectiveness of the provision of regulation VI E.

The Minimum Standards also require the head of department to designate a member of the SMS with adequate skills; seniority and support to implement the provisions contained in regulation VI E within the department, and ensure that the member so designated is held accountable by means of her or his performance agreement for the implementation of the provisions.

Few departments have HIV and AIDS committees in place as can also be seen in the statistical findings shown in chapter 2. Very few co-ordinators are SMS members, and in general many of the co-ordinators lack the experience to successfully create or implement the policies.

The main issues that were identified relating to HIV and AIDS co-ordinators and committees were seniority and authority, experience, knowledge and training, and workload. It has been found that certain members of the SMS avoided the responsibilities and workload associated with managing HIV and AIDS by simply appointing a junior member to address the issues. This was identified as one of the main stumbling blocks to the effective implementation of policies, because the junior public officials lacked the knowledge and experience to create an effective strategy and action plan within a reasonable time.

CHAPTER 5

5. SUMMARY OF MAIN FINDINGS

5.1 INTRODUCTION

Following from preceding Chapters, the key findings regarding aspects of the policy framework and the risk analysis conducted are summarized below.

5.2 HIV AND AIDS COMMITTEES ARE IN PLACE

It is evident from the quantitative findings that there are some aspects of the framework on managing HIV and AIDS in the workplace whose introduction into departments is more widespread and adhered to than others. Although not all departments have HIV and AIDS committees and not all such committees are functioning effectively, this aspect seems to have been more widely implemented than other aspects of the framework (*i.e.* VCT, infection control and the monitoring and evaluation of programme success). One of the major reasons identified for such lack of large-scale introduction of the aspects contained in the framework is the absence of SMS commitment and skills to implement the policy framework on managing HIV and AIDS in the workplace.

5.3 LACK OF HEALTH PROGRAMMES TARGETTING HIV AND AIDS

Turning to the rate at which programmes have been introduced in terms of the said framework to manage HIV and AIDS in the workplace, it was found that although general health promotion programmes have been introduced in a large number of departments, there is still a lack of programmes specifically targeting aspects of HIV and AIDS in the workplace, *i.e.* programmes aimed at promoting openness, acceptance, care and support for people living with HIV and AIDS, programmes aimed at reducing HIV and AIDS-related diseases as well as awareness and training programmes regarding HIV and AIDS.

5.4 COUNSELLING AND SUPPORT ASPECTS OF VCT NOT IN PLACE

Although the framework on managing HIV and AIDS in the workplace emphasises some aspects of VCT, a fully fledged introduction of all the aspects of VCT in the Public Service workplaces needs to be made. Cognisance is taken that the more technical and complex aspects such as confidential HIV and AIDS testing for public officials might take longer to introduce and may not be available over the medium- to long term. However, it is disturbing to note that neither the counselling nor the support aspects of VCT appear to be in place in many Public Service workplaces.

5.5 EAPs IN WORKPLACE CAN IMPROVE CAPACITY TO DEAL WITH HIV AND AIDS BUT ARE STILL WEAKLY INTEGRATED INTO DEALING WITH HIV AND AIDS

It is evident from the analyses conducted for the purposes of this study that there is a positive correlation between the level at which EAPs are involved in HIV and AIDS policies and programmes, and on the efficacy of such policies and programmes. A PSC report further supporting this correlation is currently being finalized. The involvement of EAPs in HIV and AIDS in departments appears to be strong predictor in the following areas:

- the efficacy of HIV and AIDS committees in the workplace;
- health promotion programmes in the workplace;
- programmes aimed at helping public officials deal with the emotional demands of HIV and AIDS;
- the monitoring and evaluation of policy and programme effectiveness, programmes aimed at ensuring that people living with HIV and AIDS can work optimally for as long as possible;
- the provision of awareness and training programmes regarding HIV and AIDS in the workplace;
- the availability of peer group counselling and support in the workplace; and
- the accommodation of people living with HIV and AIDS in the workplace by changing working conditions to suit their special needs.

Available data shows that the EAPs which are particularly successful in ensuring effective involvement in HIV and AIDS as described above, are those that were successful in transforming themselves into wellness centres providing comprehensive services to people living with HIV and AIDS and other public officials. A study by the PSC also confirming this is due to be released shortly.

With regards to the role of EAPs in dealing with HIV and AIDS in the workplace, the study found that most departments do have some form of EAP or system available and most of the employee respondents indicated that EAPs do function and that they benefit from EAPs. However, EAPs are still weakly integrated into dealing with HIV and AIDS in the workplace. An important obstacle to EAPs working effectively to address HIV and AIDS is the fact that they are still perceived as units dealing with other workplace issues than HIV and AIDS. Employee respondents, however, indicated that in cases where EAPs succeeded in transforming themselves to wellness centres incorporating HIV and AIDS by adopting a holistic wellness approach, such EAPs cum wellness centres were far more effective in dealing with HIV and AIDS in the workplace than those EAPs which did not make the paradigm and institutional shift to the holistic wellness approach. A large number of respondents also indicated that should such a wellness centre be localised outside the office building, it would make it easier for people to visit such wellness centres for HIV and AIDS-related issues. These respondents further pointed out that such wellness centres made it easier for public officials to visit them than HIV and AIDS units in departments, because by visiting a wellness centre a person could go for help with any workplace problem and not only HIV and AIDS, thereby lessening the chance that a person will be labelled as a person living with HIV and AIDS or being discriminated against for his/her supposed HIV or AIDS status.

5.6 THE LEVEL AT WHICH PUBLIC OFFICIALS FALL IN THE HIGH RISK CATEGORY FOR HIV AND AIDS

When focusing on the risk profiles of Public Service departments with regard to HIV and AIDS, it became evident that more than 40% of Public Service worker respondents in this study are in the high risk category, necessitating a broad-based implementation of HIV and AIDS policies and programmes and a strengthening of EAPs in order to minimise the risk of HIV and AIDS to the Public Service.

It appears from the impact assessment conducted that although HIV and AIDS awareness and programmes to promote condom use have been implemented to a large extent, other programmes to minimise the risk of HIV and AIDS to the Public Service and to address the plight of people living with HIV and AIDS appears to be sadly missing, including:

- programmes to create non-discriminatory working environments regarding HIV and AIDS;
- programmes to prevent and treat STIs;
- programmes to ensure infection control with regard to HIV and AIDS;
- programmes to ensure VCT;
- programmes to monitor and evaluate the efficacy of HIV and AIDS policies and programmes;
- programmes aimed at introducing wellness centres;
- programmes aimed at providing PEPs after workplace exposure to HIV and AIDS; and
- programmes aimed at providing psychosocial support to people living with HIV and AIDS.

5.7 HIV AND AIDS POLICIES REQUIRE STRENGTHENING

Apart from the fact that a wider variety of programmes need to be introduced to address the situation of people living with HIV and AIDS, this study found that the HIV and AIDS policies which form the backbone of such programmes also need to be strengthened. The policy objectives of HIV and AIDS policies need to be clearly defined, purposefully communicated to public officials and should be easy to understand. Individuals responsible for the implementation of HIV and AIDS policies need to be clearly identified, and public officials should participate in the formulation of HIV and AIDS policies. HIV and AIDS policies should provide a step-by-step guidance for implementation and disciplinary action should be taken in cases where there is non-compliance with HIV and AIDS policies.

The main factor responsible for success in putting HIV and AIDS policies into action (*i.e.* via programmes) is SMS commitment to HIV and AIDS and SMS leadership in implementing HIV and AIDS policies. Respondents in general indicated that there is no serious commitment from senior management in implementing HIV and AIDS policies. Respondents even went so far as to opine that the HIV and AIDS workplace management framework should become part of the management performance agreement to encourage managers through an appropriate mixture of 'carrot and stick approach' to become more visibly committed to the implementation of HIV and AIDS policies in the workplace and to provide enthusiastic leadership in implementing HIV and AIDS policies in the workplace.

5.8 EFFICACY OF HIV AND AIDS PROGRAMMES REQUIRE IMPROVEMENT

Finally, a large number of findings on the efficacy of specific HIV and AIDS programmes in departments emerged. Of key concerns are:

- although condom distribution and HIV and AIDS awareness campaigns are viewed as the most effectively implemented parts of the framework on managing HIV and AIDS in the workplace, the data reveals that condoms are often not used and are often placed in public areas where they cannot be readily accessed without embarrassment to the users;

- the provision of voluntary counselling and testing varies greatly between departments, namely in some department VCT is conducted on a regular basis and in some departments it is not conducted at all;
- although there is a strong need for PEPs, this is seldom provided in the workplace following exposure to contaminated blood in the workplace. Should departments prefer not to make PEPs available via occupational health structures in the workplace, respondents requested that departments at least inform public officials about where to obtain PEPs following workplace exposure to HIV and AIDS; and
- monitoring, evaluation and reporting are some of the most neglected parts of the framework on managing HIV and AIDS in the workplace. There is at present no universal system to monitor the implementation of HIV and AIDS policies in the Public Service workplace.

5.9 SUMMARY

The general picture emerging from the findings of this study is that although many aspects of the framework on HIV and AIDS in the workplace have been implemented in a large number of Public Service departments, a lot still needs to be done to reduce the risk that HIV and AIDS pose to the Public Service and to address the situation of people living with HIV and AIDS within the Public Service. Section 6.2 of the report provides recommendations on how to strengthen the implementation of the framework on managing HIV and AIDS in the workplace.

CHAPTER 6

6. RECOMMENDATIONS AND CONCLUSION

6.1 INTRODUCTION

Critical to the successful implementation of the HIV and AIDS policies are the following:

- HIV and AIDS policies must be coordinated on a strategic level to ensure effective implementation.
- Committed and visible senior leadership support and participation with respect to HIV and AIDS policies and their implementation.
- Policies and programmes require effective communication strategies.
- Policies and programmes require adequate budgets and resources to be implemented.

Bearing these factors in mind and taking into account the findings and conclusions of the study, the following recommendations are made.

6.2 RECOMMENDATIONS

The first matter that needs to be addressed is the inconsistency in approaches by various provincial and national departments in dealing with HIV and AIDS in the workplace. Accompanying this is the variation in the stages of the implementation of HIV and AIDS policies. The provincial and national departments have to develop their own HIV and AIDS policies to fit in with their own unique organisational culture. The policies should be based on the DPSA guide, "Managing HIV and AIDS in the Workplace: A Guide for Government Departments" (DPSA, 2002).

The main reason for the varying approaches seems to be the fact that the DPSA Guide is open to subjective interpretation. Consequently there are numerous uncertainties regarding the exact objectives, aims and requirements of the policy leading to non-compliance. Given that the basis for departmental policies and programmes should be DPSA guide, "Managing HIV and AIDS in the Workplace: A Guide for Government Departments" (DPSA, 2002), there is therefore a need for uncertainties and ambiguities in the guidelines to be clarified. To this end, the following recommendations are made.

RECOMMENDATION 1: Minimum Standards Action Plan (MSAP)

The current guidelines must be formulated into a more standardised structure. Instead of having departments redevelop their HIV and AIDS policies, it is recommended that a single document be written that will clearly stipulate the exact minimum and standardised requirements for HIV and AIDS related services and programmes expected in all departments. Essentially the document should clearly and in no uncertain terms define the rights of the public officials and the duties of the department in terms of the policy and programmes that it must deliver.

Although flexible to allow accommodation of the unique environment and culture needs of the departments, the MSAP-document should not be open to subjective interpretation. Where deviation or non-compliance occurs, the onus should rest squarely on the shoulders of the responsible coordinator to prove that it was due to inherent departmental needs or shortcomings and not ambiguities in the guidelines.

Objectives should be clearly defined and communicated in an understandable manner to all public officials. All the responsible parties in the policy chain and their roles should be clearly identified. On role clarification the following are essential to establish:

- Implementation responsibility.
- Monitoring and evaluation responsibilities.
- The aim and nature of the document should be effectively communicated to all public officials during interactive workshops to encourage participation and buy-in.
- The document should contain a clear and basic step-by-step layout of the requirements as opposed to general guidelines.
- Programmes should be stipulated in clear and basic terms.
- The document should clearly state impending consequences if the agreed upon commitments and responsibilities are not complied with.
- The requirements stated in the document should be incorporated into the responsible SMS performance agreements to ensure participation.

One of the main benefits of a MSAP document is that it simplifies the monitoring and evaluation of the implementation of the HIV and AIDS policies and programmes. By creating a benchmark which all departments must adhere to, with clearly stipulated requirements, the DPSA can easily and effectively identify which departments are lagging behind.

A simple checklist can be created and public officials can assume co-responsibility for checking up on the levels of compliance. By providing a standardised document with minimum requirements clearly defined and explained, a well-coordinated and uniform approach can be implemented throughout the entire Public Service. A recommended framework for an MSAP is discussed in Annexure A of this Report.

RECOMMENDATION 2: Comprehensive wellness centres

Where practicable and/or justifiable, the introduction of wellness centres dedicated to the provision of wellness services for public officials, should be considered. Two options are possible in this regard:

The first option to address this situation is to strengthen EAPs within departments due to limited resources or participating stakeholders to justify the establishment of off-site comprehensive wellness centres. Through the application of the EAPs, on-site wellness offices can be created that would facilitate access to services aimed at HIV and AIDS issues. Such EAPs need to be strengthened and capacitated to deal with HIV and AIDS in the workplace. Typical interventions to effect this would be to skill and retool EAP functionaries to deal effectively with HIV and AIDS in the workplace.

The second option could be to establish comprehensive wellness centres in cases where there are sufficient participating stakeholders (departments) to make this a justifiable option. This will entail a number of departments agreeing on the establishment of combined wellness centres. Departments could share expenses to generate funding and thus make the centres cost-effective. As most departmental head offices have been shown to be located in close proximity to each other, such wellness centres situated in the immediate vicinity would provide ready access to such facilities. Essentially these centres should supply comprehensive EAPs with specific services aimed at HIV and AIDS issues. Such centres should have the basic programmes and service available including *inter alia*:

- Condom provision.
- Provision and access to education and awareness programmes.
- Provision of VCTs.
- Availability of PEPs.
- Access to trained and experienced counsellors.
- Dedicated 24-hour call centres.
- Gymnasium.
- Nutritional advice.

Being situated centrally and interacting with the departments they can help facilitate service provision within such departments. They can also provide assistance as the implementation of HIV and AIDS policies and programmes in departments.

To ensure the effectiveness of such centres they preferably need to be off-site. A comprehensive wellness centres must be kept separate from the main offices, because one of the biggest factors preventing the usage of HIV and AIDS related services and programmes within departments is the fear of discrimination once suspicion emerges regarding the status of individuals. Regardless of all the measures implemented by the departments to discourage discrimination and promote confidentiality, the fact that co-public officials deal with such sensitive issues is intimidating for many of them. There is a definite need for anonymity to be maintained. Furthermore it is also most important to treat the centre as a wellness centre and not a specific HIV and AIDS institution to avoid stigmatization fear which prevents public officials from utilising the service. The following criteria are applicable regarding the location of the wellness centre:

- Physically removed from the normal office environment.
- Centralised location: readily accessible to the majority of public officials near the head office.
- Non-departmental staff should be employed (outsourced): staff should ideally not be co-public officials as there is a potential risk of compromising confidentiality thereby translating into stigmatisation which is a main concern amongst public officials.
- Wellness orientated instead of HIV and AIDS orientated.

An ideal scenario regarding comprehensive wellness centres would be to have an organisation or Public Service body that could not only effectively manage HIV and AIDS, but also provide extensive employee assistance programmes by offering the following comprehensive services:

- Risk assessment: KAPB surveys and prevalence testing are required to determine the potential risk of a department. These findings are usually evaluated by qualified statisticians and actuaries.
- Awareness and education programmes – On-site: This includes the provision of new and fresh posters, monthly talks and presentations, celebrations etc.
- Condom distribution – On-site: This includes the provision of containers and regular refills and check ups.
- Peer educator training – On-site: For the continuous training of key public officials who can act as in-house HIV and AIDS representatives.

- Post exposure prophylaxis – On-site and off-site to ensure immediate provision of the necessary treatment to victims.
- 24-hour call centre: Which all public officials have access to 24 hours a day to provide emotional support, guidance and referrals from highly qualified counsellors in more than one language.
- Infection control to provide all the necessary medical kits.

The main solution that comprehensive wellness centres should offer is confidentiality. Most respondents indicated their preference for an external (off-site, non-departmental staff) service provider, as it allowed them to deal with HIV and AIDS without having to deal with possible discrimination or social issues. Furthermore the 24-hour helpline will give public officials access to support without having to face anyone.

RECOMMENDATION 3: Establish effective and committed leadership

The results obtained from the qualitative data clearly show a strong relationship between the level of successful implementation of HIV and AIDS policies and programmes on the one hand, and the commitment, interests and personality of the responsible manager on the other hand. Therefore the process of selecting the appropriate individual should be considered carefully. It should be guided by criteria such as capability and experience in HIV and AIDS related matters, commitment and dedication and exceptional social and interpersonal skills. The selection process should be carefully considered in order to avoid having individuals apply for positions merely to improve their career aspirations.

The implementation of the HIV and AIDS policy should be made part of the SMS performance agreement. The exact role and responsibilities of the individuals responsible for the implementation of HIV and AIDS related programmes should be clearly stipulated in the performance agreement, and should correlate with the MSAP document, *i.e.:*

- Creation of a comprehensive wellness centre with HIV and AIDS as dedicated priority;
- Ensuring comprehensive HIV and AIDS services;
- Daily condom provision;
- Continuous access to education and awareness material, including PEP; and
- Continuous monitoring and evaluation.

Where members of the SMS do not participate in the direct management of the implementation of the policy, an identified dedicated individual should be appointed, based on the criteria discussed above. However, this person should be empowered with adequate authority, seniority and resources to prevent unnecessary procrastination due to the lack of decision-making skills. "Adequate" in this sense implies decision-making authority or a direct line of communication with the responsible senior management. In cases where a comprehensive wellness centre was created off-site, SMS responsible for the health and welfare in various departments should be jointly responsible for ensuring the success of such wellness centres.

In order to generate more support from SMS, the benefits of HIV and AIDS programmes and services should be promoted. The cost of loss of productivity due to absenteeism and sickness has repeatedly been shown to outweigh the costs of effective disease management programmes (DPSA, 2002).

RECOMMENDATION 4: Effective communication

An effective internal communication strategy is vital to the successful implementation of an HIV and AIDS policy and programme. Promoting awareness and knowledge amongst public officials about their rights and responsibilities as well as the department's duties regarding HIV and AIDS disease management, is an effective way of ensuring the implementation of the HIV and AIDS policy. When public officials are knowledgeable about the minimum requirements that their departments are supposed to comply with, they will be able to apply pressure on departments which are not performing satisfactorily.

To promote knowledge and awareness of rights and duties, an effective communication approach is required. The main issues influencing the effective communication of policies and programmes include clarity and understandability, conciseness, and interaction and participation.

The concept of a single document, containing detailed rights and duties concerning HIV and AIDS-related services and programmes, such as the proposed MSAP-document, presents a solution to these challenges. To achieve results such a document would have to fulfill the following:

- It should be written for all levels of public officials.
- It should be written in easy-to-understand, basic language.
- It should be available in all official languages.
- It should be clearly visible and freely available in the working environment.
- The document should preferably be no longer than 2 pages in order to encourage public officials to read and absorb it quickly.
- There should be only one document for all departments to avoid uncertainty regarding rights and duties, as well as to avoid an information "overload".

Over and above being user-friendly, the document should be promoted amongst public officials through direct interaction and participation as this has proven to be the most effective method of effectively communicating any message. In this regard workshops are highly recommended.

RECOMMENDATION 5: Enabling financial resources

Lack of financial support was indicated as a major factor influencing the implementation of HIV and AIDS policies and programmes. Therefore, combining departmental budgets and other resources should be considered to provide more comprehensive services to deal with HIV and AIDS in order to overcome budgetary constraints. The Minimum Standards (DPSA, 2002) also clearly state that departments should, "where appropriate, form partnerships with other departments" in order to provide a more effective workplace response to HIV and AIDS.

The programmes that are required to provide an effective workplace response to HIV and AIDS are essentially the same, regardless of the different departmental organisational cultures. Thus departments should thus consider combining resources to provide public officials with more comprehensive programmes. The treasury requirements in this regard need to be investigated before implementation, as well as ways to monitor the optimal combination of budgets to ensure the elimination of unnecessary duplication of services.

Generally the head offices of provincial departments are situated in close proximity to one another. This fact also supports the concept of creating partnerships and combining resources to provide comprehensive HIV and AIDS management programmes that could cater for all the departments.

The DPSA guide, "Managing HIV and AIDS in the Workplace: The Guide for Government Departments" (DPSA, 2002), provides comprehensive help and guidance in budgeting for HIV and AIDS policies and programmes.

RECOMMENDATION 6: Decrease stigma and discrimination

In order to deal with stigma and discrimination surrounding HIV and AIDS the following are important:

- *More awareness and education campaigns aimed specifically at altering perceptions:* Knowledge and understanding have played an integral part in gradually improving perceptions and views on HIV and AIDS as well as people living with HIV and AIDS. Therefore it is recommended to continue and increase and widen the scope of these programmes.
- *Confidentiality clauses and disciplinary action: Continued emphasis on the importance of confidentiality in the programmes and policies.* Even though coordinator respondents stated that too much emphasis on confidentiality actually contributed to more stigmatisation, public officials clearly indicated that absolute confidential was vital if the department was to expect any service utilisation. Emphasis on the fact that disciplinary action will be taken against any person guilty of violating this and discriminatory action will enforce the notion of trust amongst public officials.
- *HIV and AIDS should be treated the same as other life-threatening diseases in order to gradually remove the stigma.* The mystery surrounding the disease and the fact that it receives so much individual and isolated attention simply increases the fear and uncertainty surrounding it.
- *Senior Management Service (SMS) Participation.* Leadership support, participation and disclosure significantly influence employee behaviour and attitudes by creating trust. SMS members should be made well aware of the impact that their visible contributions make on public officials.Performance agreements should require SMS members to attend certain functions or events at regular intervals. These requirements should be clearly defined in terms of regularity and nature of participation.
- With regards to *wellness (lifestyle) centres* it is recommended that HIV and AIDS units should be fully incorporated into wellness centres that deal with wellness as a whole, instead of focusing on HIV and AIDS specifically.
- *Disclosures* by all public officials need to be encouraged more actively as they have been proven to be very effective in de-stigmatizing HIV and AIDS (Van Dyk, 2001). The positive effect that disclosures have created should not be ignored as people living with HIV and AIDS who come forward and demonstrate openness, motivates and inspire those around them. The Minimum Standards also state that the HOD should encourage disclosures, but it does not specify how. It is recommended that certain basic benefits for people living with HIV and AIDS who disclose their status should be included in the MSAP document, namely:

- Counselling and emotional support.
- Job placement according to the ability of people living with HIV and AIDS.
- The provision of vitamins and immune boosters.
- Nutritional support, *i.e.* through the provision of dietary information and certain food-stuffs.
- The provision of additional sick-leave benefits.

Many respondents perceive EAPs and HIV and AIDS units to be completely separate entities with different objectives, instead of viewing them as being complementary. This actually negates the benefits that the EAPs offer to HIV and AIDS units. Therefore it is recommended that all departments integrate these units into comprehensive wellness or lifestyle centres providing a holistic approach to wellness.

RECOMMENDATION 7: Effective utilisation of counsellors and support systems

Counsellors are well-equipped to provide emotional support where public officials require assistance, but it has also become clear that public officials have a need for comprehensive practical guidance. Therefore it is recommended that all counsellors and coordinators have access to detailed databases to ease and improve referrals.

The following information should be speedily and easily obtainable:

- Location of facilities - where to go?
- Activity - what will happen?
- Transport - how to get there?
- Budget - costs involved?

Ideally a centralised, intranet-based, inter-departmental database should be created, that can be accessed by all provincial and national counsellors, and can provide detailed information about service providers.

RECOMMENDATION 8: Effective monitoring and evaluation systems

The current uncertainty regarding the role and requirements of the HIV and AIDS unit needs to be rectified. The Minimum Standards (DPSA, 2002) merely state that the committee should "facilitate the effective implementation of Part VI E". The concept of "facilitation" requires a more detailed definition. It is recommended that "facilitation" be understood at least to imply that the committee plays an integral role in the monitoring and evaluating the implementation of the MSAP requirements. This way an internal structure, with thorough knowledge of the programmes and services available inside the department will be able to accurately and easily identify shortcomings.

To ensure the functional/lity/ing of HIV and AIDS committees, the establishment of a committee and the appointment of a capable, experienced, authoritative co-odinators also representative of the workforce, including employee representatives living with HIV and AIDS should be prescribed (perhaps even regulated).

As regards monitoring and reporting it is recommended that a unit and individuals within the Public Service responsible for monitoring the implementation of the policy and programmes should be identified. The exact responsibilities of such a unit and individuals need to be described. It should be empowered to take corrective action where a department does not perform according to requirements. It should also provide guidance to rectify the shortcomings and must be empowered to take disciplinary steps where there is continuous disregard of the requirements. Apart from the centralized Monitoring and Evaluation unit, monitoring and evaluation of the implementation of programmes should be made an integral part of all layers of management.

The MSAP document provides an effective solution to many of the monitoring and evaluation issues. A single checklist with minimum requirements that is applicable to all departments will make monitoring and evaluation far easier. The monitoring can also be done by the HIV and AIDS committee, as well as by public officials who should be well informed about the departments duties related to HIV and AIDS disease programmes.

Regarding the monitoring of utilisation rates, it is recommended that a centralised data-base should be set up where all the HR-related functions of a department are connected via the intranet. If an employee takes sick-leave or requires EAP assistance it will record and centralise all the data alongside other information such as general condom distribution and workshop attendance. This information can be analysed to determine and define certain trends. By identifying trends and looking at the broader picture, more effective strategies can be developed.

The Public Service should aggressively promote anonymous testing within the departments in order to determine prevalence levels and do a proper risk assessment. A clearer insight into the actual levels of infection in a department will enable it to plan more accurately and thus provide optimum support. Accurate knowledge about prevalence levels will especially benefit budgetary planning.

RECOMMENDATION 9: Promote informed usage of condoms

Condom provision needs to be continued. Daily condom provision should be stated as a minimum requirement in the MSAP. Condom usage should be monitored on a daily/weekly basis. Furthermore, with regard to condom usage, behavioural change (regarding condom use to ensure the correct and consistent use thereof) should be encouraged and incorporated into awareness and education programmes. Awareness programmes in this regard should, *inter alia*, focus on the correct usage of condoms.

As regards condom placement it is recommended that these should be readily accessible in the working environment. Departments need to ensure the availability of condoms within toilet cubicles, as this is the most likely place for potential users to take them. The traditional government-issued condom presently perceived by the public as of inferior quality, the distribution of more appealing and stronger condoms should be considered.

RECOMMENDATION 10: Optimisation of awareness and knowledge

The continuous provision of knowledge, education and awareness programmes re HIV and AIDS needs to be included in the MSAP requirements. Educational programmes and material should be coordinated on a national level to ensure a uniform message. Currently there appears to be a lot of information from too many sources which contribute to often conflicting perceptions, uncertainty and unmotivated expectations. This information-overload negates the effectiveness of the programmes.

It is important to avoid unstimulating, repetitive social marketing with regard to HIV and AIDS. Stagnant slogans actually reduce the impact of the message. Educational programmes should empower public officials to make their own informed behavioural decisions in the face of HIV and AIDS.

Education aims should be broadened too include not only information on prevention, but also treatment related guidance. It should also pro-actively provide public officials with access to information usually obtained when public officials visit a counsellor and require a referral. When confronted with the realities of HIV and AIDS, public officials need to be informed about what to do and why.

Education programmes have been shown to dramatically alter respondent perceptions regarding the disease and people living with HIV and AIDS. Increased knowledge lessened fears of people with respect to HIV and AIDS, therefore it is recommended that these programmes be encouraged and specifically directed at lessening fears and encouraging understanding (Van Dyk, 2001).

Departments need to ensure that PET programmes are available in all departments. These should be included in the MSAP document, *i.e.* one PET for every 20 public officials. Departments must also ensure that the individuals who volunteer to take part in peer educator programmes are properly screened, so as to establish sincerity and commitment in order to avoid selecting self-promoting individuals who are trying to improve their CVs. Departments will also have to keep the trainers informed about the latest developments in HIV and AIDS disease management.

RECOMMENDATION 11: Ensure that VCT is easily and conveniently available

Access to voluntary counselling and testing should be encouraged and ensured by SMS members. This should be incorporated into performance agreements. VCT requirements should be included in the MSAP document. Departments should ensure the daily access of public officials to off-site VCT facilities as well as regular on-site VCT events. The success of VCT programmes should be strengthened through visible SMS participation at VCT events.

RECOMMENDATION 12: Address the when, where, what and how of PEP

The use of post-exposure prophylaxis needs to be promoted and public officials need to be informed about where PEPs can be obtained. Departments need to ensure immediate access of public officials at risk to HIV and AIDS, on-site or off-site to PEPs regardless of the nature of the exposure (occupational or non-occupational). Such PEP requirements need to be included in the MSAP document.

6.3 CONCLUSION

Focusing as it does, on the most singularly challenging threat to the Public Service and its ability to sustain continuous and effective service delivery to strengthen our democracy, the PSC considers this a critically important report. Therefore some of the recommendations made may be regarded as far reaching and have considerable financial implications. These financial implications can and should be obviated through greater collaboration and co-operation between departments. Given the potential impact of HIV and AIDS on the public service, these recommendations should be given the serious consideration.

Specifically to note in the report is the need for the public service to stand united in its management of the impact of HIV and AIDS. The combined resources and commitment of public service departments in engaging with this critical challenge will ensure that the public service becomes an example for other employers to follow.

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ANNEXURE A

MINIMUM STANDARDS ACTION PLAN: PUTTING THE RECOMMENDATIONS IN ACTION

Based on the research conducted for the purposes of this study, the findings of this study and the recommendations obtained from respondents and the workshops conducted for the purposes of this study, the PSC would like to propose a Minimum Standards Action Plan (MSAP) that could address the problem areas identified in this report and could structure the implementation of the recommendations as discussed.

The MSAP being recommended in this section contains six concurrent steps, namely:

- Step 1: Devising a uniform implementation plan.
- Step 2: Ensuring visible leadership responsibility.
- Step 3: Implementing a dedicated communication strategy regarding the Public Service approach to HIV and AIDS.
- Step 4: Implementing programmes to ensure a practical workplace Response.
- Step 5: Medical provision.
- Step 6: Monitoring and evaluation.

The MSAP should be a living document where the following changes in terminology should gradually occur:

- "should" – replaced with – "must"
- "regular" – replaced with – "specified interval"
- "governing body" – replaced with – " Specified Institution"

1. Uniform implementation plan

All departments should have a uniform approach to managing HIV and AIDS in the workplace. This approach should be dictated by the MSAP and should be coordinated by the Public Service body responsible for HIV and AIDS disease management. The designated governing body should be clearly identified through contact details of the responsible individual. The minimum requirements stated in the MSAP should be applicable to all provincial and national departments. Any department not complying with the minimum requirements should provide a written report setting out reasons for its non-compliance.

2. Leadership responsibility

Designated SMS members of all provincial and national departments should provide continuous, visible leadership and support in the battle against HIV and AIDS.

Designated SMS members of all provincial and national departments should provide sufficient budgetary support. They should ensure the establishment of a qualified and experienced HIV and AIDS coordinator within the department. The designated individual should be clearly identified and accessible, with good interpersonal skills. To ensure compliance, designated SMS members of all provincial and national departments should have the minimum requirements stated in the MSAP incorporated into their performance agreements.

3. Dedicated communication strategy

All departments should have dedicated communication strategies aimed at informing public officials of:

- Employee rights regarding HIV and AIDS as stated in the MSAP.
- Employer duties regarding HIV and AIDS as stated in the MSAP.

The communication strategies should be:

- Easily understandable by all levels of public officials.
- Concise and clear – short and simple.
- Coordinated and uniform.
- All departments should ensure that the MSAP is visible and accessible to all public officials.

4. Strategies and programmes to ensure a practical workplace response

All provincial and national departments should comply with the following minimum requirements regarding HIV and AIDS related programmes:

- ***HIV and AIDS policies and programmes*** should be formulated on a consultative basis by departments based on the Minimum Standards document (DPSA, 2002). In formulating such policies and programmes the inputs of public officials at various levels in the organisation should be obtained and included in the final polices and programmes to ensure maximum buy-in.

- ***Condom distribution:*** All departments should ensure daily provision of condoms in the working environment, specifically including toilet cubicles. All departments should ensure regular training regarding the correct usage of condoms and regular provision of programmes encouraging behavioural change in condom usage. All departments should ensure weekly monitoring and reporting of condom usage and capturing the information on a database.

- ***Education and awareness programmes:*** All departments should continuously facilitate education and awareness programmes. Education and awareness programmes should incorporate preventative and curative information to adequately empower public officials. Education and awareness programmes should also include strategies aimed specifically at de-stigmatizing HIV and AIDS.

- ***VCTs (voluntary counselling and testing):*** All departments should facilitate daily access to VCTs. All departments should provide regular access to VCTs in the workplace and provide information on VCT facilities outside of the workplace.

- ***PEPs (post exposure prophylaxis):*** All departments should provide immediate PEPs in the event of occupational exposure. All departments should facilitate immediate access to PEPs in the event of possible exposure to HIV or AIDS and provide information on facilities where PEP is available outside of the workplace.

- ***PETs (peer educator training):*** All departments should provide PET programmes, with at least one peer educator for every 20 public officials. Peer educators should receive regular information sessions to remain updated with the latest developments in the management of HIV and AIDS.

- ***Infection control:*** All departments should provide surgical gloves and basic medical kits within each office. Regular training sessions must ensure that awareness, knowledge and skills remain updated and a high priority.

- ***Disclosure encouragement, de-stigmatisation and discrimination:*** All departments should encourage de-stigmatisation through education and awareness programmes aimed specifically at empowering public officials through understanding HIV and AIDS. All departments should ensure the confidentiality of any public officials HIV status and other HIV and AIDS related issues, and ensure disciplinary steps where such confidentiality is breached. All departments should encourage disclosure and subsequent openness, acceptance care and support.

- ***Wellness centres:*** All departments should establish wellness centres within their departments providing comprehensive employee assistance programmes combined with HIV and AIDS prevention and treatment programmes. Existing EAP programmes and HIV and AIDS units should be integrated and transformed into comprehensive wellness Centres. Wellness centres should have qualified counsellors. Wellness centres should have intranet connected databases enabling immediate informed referrals to approved service providers. Databases should provide detailed information on the service providers as well as the nature of the service/treatment, including cost of treatment.

- ***All departments should form partnerships*** with each other to assist the establishment of at least one off-site wellness centre per province. All departments should facilitate access to off-site wellness centres. Off-site wellness centres should provide comprehensive employee assistance programmes and HIV and AIDS prevention and treatment programmes. Wellness centres should have qualified counsellors. Wellness centres should have intranet connected databases enabling immediate informed referrals to approved service providers. Databases should provide detailed information on the service providers as well as the nature of the service/treatment, including cost.

- ***Dedicated call centres:*** All departments should ensure the establishment of a national, Public Service employee dedicated 24 hour call centre that provides counselling as well as informed and detailed referrals.

5. HIV and AIDS committees

Each department should ensure the establishment of a representative HIV and AIDS committee specifically including people living with HIV and AIDS as members. All HIV and AIDS committees should monitor and report on the levels of the implementation of the MSAP within the department.

6. Monitoring and evaluation

All departments should ensure bi-monthly monitoring and reporting of the levels of implementation of the MSAP, using the standardised MSAP checklist to simplify the reports. All departments should report the findings of the checklist to the governing body on a bi-monthly basis. All departments should ensure yearly monitoring of the impact of the MSAP and departmental policy on the department using a comprehensive KAPB-study. All departments should report on the findings of the comprehensive KAPB-study to the governing body and public officials on a yearly basis.

A MSAP checklist for monitoring and evaluation purposes is shown below.

Minimum Standards Action Plan (MSAP)

PHASE	MINIMUM REQUIREMENT – ACTIVITY	SCALE 1 – Not at all 2 – To a limited extent 3 – To a large extent 4 – Yes, fully				
		1	2	3	4	COMMENTARY
1. Uniform implementation plan	Is there a governing body coordinating the implementation of the Public Service HIV and AIDS policy in terms of the MSAP?					
	What is the general level of MSAP implementation?					
	Is the responsible individual in the governing body clearly identified?					
	Is the responsible individual in the governing body accessible?					
2. Leadership responsibility	Is the SMS providing continuous, visible leadership and support?					
	Does SMS provide sufficient budgetary support?					
	Has SMS ensured the establishment of a qualified HIV and AIDS coordinator for the department?					
	Is the individual responsible for the implementation of the MSAP clearly identified?					
	Are the MSAP requirements stated in the designated SMS performance agreement?					
3. Effective communications strategy	Are there effective strategies to communicate the rights of the public officials and the duties of the employer as stated in the MSAP, regarding the provision of HIV and AIDS services?					
	Are the minimum requirements communicated clearly and concisely and easily understandable?					
	Are the minimum requirements visible and accessible to all public officials?					

PHASE	MINIMUM REQUIREMENT – ACTIVITY	1	2	3	4	COMMENTARY
4. Programmes A practical workplace response						
4.1 Condom distribution	Are condoms supplied on a daily basis in the workplace?					
	Are condoms available in the toilet cubicles?					
	Are there regular programmes aimed at training public officials to correctly use condoms?					
	Are there regular programmes encouraging behavioural change regarding condom use?					
	Is condom usage monitored on a weekly basis and reported?					
4.2 Education and awareness programmes	Are education and awareness programmes continuously facilitated?					
	Do the education and awareness programmes incorporate empowering preventative and curative information?					
	Do the education and awareness programmes incorporate strategies aimed specifically at de-stigmatising the disease?					
4.3 VCTs (voluntary counselling and testing)	Does the department facilitate daily access to VCTs?					
	Does the department provide regular access to VCTs in the workplace?					
4.4 PEPs (post exposure prophylaxis)	Does the department provide immediate PEP in the event of occupational exposure?					
	Does the department facilitate immediate access to PEP in the event of possible exposure?					
4.5 PETs (peer educator training)	Does the department provide a peer educator for at least every 20 public officials?					
	Do peer educators receive regular information sessions to remain updated with the latest developments in HIV and AIDS disease management?					
4.6 Infection control	Does the department have an infection control kit in the office?					

PHASE	MINIMUM REQUIREMENT – ACTIVITY	1	2	3	4	COMMENTARY
4.7 Disclosure encouragement, de-stigmatisation, discrimination and confidentiality	Does the department encourage de-stigmatisation through education and awareness programmes?					
	Does the department ensure the confidentiality of any public officials HIV status or other HIV and AIDS related issues?					
	Does the department take disciplinary steps where confidentiality is breached?					
	Does the department encourage disclosure, openness, acceptance, care and support through the provision of incentives?					
	Counselling and emotional support?					
	Job placement – According to the ability of PEOPLE LIVING WITH HIV AND AIDS?					
	Vitamins or immune boosters?					
	Nutritional support - dietary information?					
	Sick-leave benefits?					
4.8 Wellness centres						
• **On-site wellness centres**	Does the department have an on-site wellness centre?					
	Does the on-site wellness centre provide comprehensive employee assistance programmes?					
	Does the on-site wellness centre provide comprehensive HIV and AIDS prevention and treatment programmes?					
	Has the existing EAPs and HIV and AIDS units been integrated and transformed into wellness centres?					
	Does the wellness centre have a qualified counsellor?					
	Does the wellness centre have an intranet connected database enabling immediate, informed referrals to approved service providers?					
	Does the database provide detailed information on the service provider as well as the nature of the service?					

PHASE	MINIMUM REQUIREMENT – ACTIVITY	1	2	3	4	COMMENTARY
• **Off-site wellness centres**	Has the department established a partnership with other departments to establish an off-site wellness centre for the province?					
	Does the department facilitate access to an off-site wellness centre?					
	Does the off-site wellness centre provide comprehensive employee assistance and HIV and AIDS prevention and treatment programmes?					
• **Dedicated call centre**	Is there a dedicated call centre for Public Service public officials?					
	Does the call centre provide counselling?					
	Does the call centre provide detailed referrals?					
4.9 HIV and AIDS committee	Does the department have a representative HIV and AIDS committee?					
	Are there any people living with HIV and AIDS represented on the committee?					
	Does the committee monitor and report on the implementation of the MSAP?					
5. Medical provision	Does the department ensure the provision of emergency medical services and PEPs in the workplace to ensure infection control with regard to HIV and AIDS?					
6. Monitoring and evaluation	Does the department monitor the levels of implementation of the MSAP every two months?					
	Does the department report the findings of the MSAP checklist to the governing body every two months?					
	Does the department have a yearly comprehensive KAPB study to monitor the impact of the MSAP and departmental policy?					
	Does the department report on the findings of the comprehensive KAPB study to the governing body on a yearly basis?					
	Do public officials receive feedback on the outcomes of the monitoring and evaluation programme on a yearly basis?					

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