A PROCESS EVALUATION OF A WORKPLACE HIV AND AIDS POLICY IMPLEMENTATION AT SAPPI-NGODWANA MILL IN MPUMALANGA

by

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submitted in accordance with the requirements for

the degree of

MASTER OF ARTS

in the subject

SOCIAL BEHAVIOUR STUDIES IN HIV/AIDS

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROF MMK LEPHALALA

FEBRUARY 2015

DECLARATION

I declare that: **A process evaluation of a workplace HIV and AIDS policy implementation at Sappi-Ngodwana mill in Mpumalanga** is my own work, and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references. I declare that this work has not been submitted previously to any other university.

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Signature   Date

ACKNOWLEDGEMENTS

SUMMARY

This study sought to evaluate the implementation of an HIV and AIDS workplace policy at Sappi-Ngodwana mill. Employing process evaluation, and adopting a qualitative approach, the study evaluated the intervention process, the perceptions of the policy implementers, the strengths and weaknesses of the policy implementation, and suggests possible strategies for addressing the challenges. A systems approach was the theoretical point of departure and guiding framework of the research study. Research data was gathered through in-depth interviews with key informants and theory-driven and data-driven inductive reasoning was adopted in analysing the data. The general findings were that although the Sappi-Ngodwana mill implements a comprehensive HIV and AIDS programme that are in line with national and international benchmarks, there were challenges identified. Recommendations are that the company redesign the HIV and AIDS policy implementation plan with a specific focus on improving the peer educators` system.

Key words

HIV and AIDS, HIV and AIDS Policy, Policy Implementation, Process evaluation, Sappi

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
HIV	Human Immunodeficiency Virus
ILO	International Labour Organisation
PLWHA	People Living With HIV and AIDS
SADC	Southern African Development Community
SAPPI	South African Pulp and Paper Industries (trading as Sappi)
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session (on HIV and AIDS)
UNISA	University of South Africa
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

CHAPTER 1: SITUATING THE RESEARCH PROBLEM

1.1. INTRODUCTION

The research study evaluated the implementation of the HIV and AIDS workplace policy at Sappi-Ngodwana mill. Sappi is a multi-national forestry, pulp and paper corporation that also operates in South Africa. The Ngodwana Mill in Mpumalanga is one of the biggest Sappi mills in Southern Africa which employs about 1700 permanent and contract employees – including subcontractors operating under their auspices. In one of its reports, Sappi (2007:24) claims that, the company manages the impact of HIV and AIDS through workplace structures, by empowering employees through knowledge and awareness of the pandemic and by treating HIV positive employees. Employing process evaluation, this study sought to investigate the implementation process of the company`s HIV and AIDS programmes.

According to the Bureau for Economic Research and South African Business Coalition on HIV and AIDS (2004:52), a number of companies have yet to assess the risk within their own workforce, let alone begin to mount a response to this risk. This assertion may be questionable, because many organizations now acknowledge the effects of HIV and AIDS in their businesses and are upgrading or introducing their own policies to address the issue. But, the reality of the epidemic demands that not only policies and HIV and AIDS programmes be in place, but also that they should be effective and evolve with changes in the company and the effects of the epidemic. Therefore the challenge has been the inadequate scientific monitoring and evaluation of the implementation of these interventions in many companies (Mahajan, Colvin, Rudatsikira, and Ettl, 2007:s2).

The epidemiology of HIV and AIDS in South Africa suggest that about 21% of people who die of HIV and AIDS are the economically active population (Du Toit & Burger, 2004:70). Mpumalanga has a population of about 3.5 million people. According to Statistics South Africa (2009:9), 22.5% of the provincial population were reported to have received an HIV test in a 12 month calendar year of 2008. Nathea (2008:1) shows that Mpumalanga had an HIV prevalence rate of 23% in 2008 which was the third highest rate among all provinces in South Africa. In addition, Nathea's (2008), projections of HIV prevalence reveal that a significant decrease in HIV prevalence rate countrywide between 2012 and 2015, with Mpumalanga dropping to 14% and positioned fourth among other provinces. South African Department of Health (2012:9) states that Mpumalanga is estimated to have 1.9% (28200) new HIV infections per annum among adults between the ages 15 and 49. Of significance, is that the age group comprises the economically active population, that is, the population targeted by the HIV and AIDS policies and workplace interventions.

There are inputs from both, international and national spheres to help combat HIV and AIDS epidemic. With intervention strategies drawn-up by various organizations both at national and international levels:- International Labour Organization code of practice on HIV and AIDS and the world of work, 2001; South Africa National Strategic Plan on HIV, STIs and TB, 2006-2011 and 2012-2016 to respond and combat the spread of the HIV and AIDS epidemic (Mahajan et al, 2007:s3). The above strategies give way to sector oriented policies and programmes, for example; the workplace HIV and AIDS policy and programmes that mainstream HIV and AIDS in an organization or company business.

1.1.1 The research problem

Research shows that HIV and AIDS is indisputably the leading killer disease in Africa and South Africa to be specific (Dickson, 2003:4). It is an increasing epidemic even to date, having been discovered in the mid-1980s (Dickson, 2003:4). The large number of people who die of HIV and AIDS are the economically active population of our society – with about 21% of the economically active population (15-49 years) reported to be infected by HIV in South Africa (Haacker 2004:46). Nathea (2008:1) reports that the total HIV prevalence in South Africa is 12% and 20% being adults between the ages of 20-64.

The International Labour Organization (ILO) 2001, in realizing the effects of the HIV and AIDS pandemic in the industrial development of developing countries drew up a framework for an HIV and AIDS policy within workplaces and called upon stakeholders to implement it as a response strategy to the epidemic (Mahajan et al, 2007:s3). South Africa welcomed the strategy and hence drew up a National Framework for local companies to align their workplace policies therein (Mahajan et al, 2007:s3). The National HIV and AIDS intervention plan/strategy provides framework policies and programmes, on how various sectors or stakeholders in South Africa should implement it (Mahajan et al, 2007:s3). However guidelines such as the National frameworks, while valuable in terms of providing appropriate policy and objectives, does not guide companies in terms of implementation (Dickson, 2003:3). It is not clear in literature whether companies with running HIV and AIDS workplace policies have undergone scientific evaluation – more importantly the process evaluation that is mainly done during the policy implementation phase to improve service delivery and effectiveness.

While Sappi-Ngodwana mill has policies in place to address the HIV and AIDS challenges within its workforce, very little information is available on the strengths and challenges of the implementation strategies and intervention processes. The company`s annual reports do not provide adequate information on the effectiveness of the policy implementation strategies and intervention processes. This study addressed this gap by evaluating the workplace HIV and AIDS policy of Sappi-Ngodwana mill.

1.1.2   Purpose of the study

The research study evaluated the implementation of the HIV and AIDS workplace policy at Sappi-Ngodwana mill. It sought to investigate the strengths and weaknesses of the policy implementation strategies and intervention process. Taking Sappi-Ngodwana mill as a case study this research aimed to:

1. Identify the HIV and AIDS policy implementation strategies and intervention processes employed at Sappi-Ngodwana mill,

2. Determine stakeholders' perceptions of the effectiveness of the implementation and intervention process,

3. Suggest possible strategies for addressing the weaknesses of the policy implementation and intervention processes.

1.1.3   The research questions

Taking Sappi-Ngodwana Mill as a case study, this research aimed to answer the following questions:

- What are the HIV and AIDS policy implementation strategies and intervention processes employed at Sappi-Ngodwana mill?

- What are stakeholders' perceptions of the effectiveness of the HIV and AIDS policy implementation strategies and intervention processes?

- What strategies can be employed to address the weaknesses of the Sappi-Ngpdwana mill`s policy implementation and interventions processes?

1.2.   THEORETICAL FRAMEWORK

Theoretical framework is defined as a collection of logically related assumptions, concepts, or propositions that orient thinking and research (Bogdan and Biklin, 1998:22). According to Sinclair (2007:39), the search for theoretical understanding and its translation into meaningful practice is what is done when developing a theoretical or conceptual research framework. This research study employed a systems perspective or systems thinking as a guiding framework. Systems' thinking is an approach to problem solving that view "problems" as part of a wider, dynamic system (WHO, 2009:19). It involves much more than a reaction to present outcomes or events. It demands a deeper understanding of the linkages, relationships, interactions, and behaviours among the elements that characterize the entire system (WHO, 2009:33).

 In this study 'Sappi-Ngodwana mill' was the "system" composed of "stakeholders/parts" that is employees, management, the HIV and AIDS committee, and the labour representatives' who interact within the company with regard to "HIV and AIDS" (system problem):

Table 1.1: Sappi-Ngodwana mill on a systems perspective

Systems approach	
System	Sappi Ngodwana mill
System parts/stakeholders	Sappi general employees, company management, HIV and AIDS committee, peer educators, labour representatives, etc.
System problem	HIV and AIDS

Systems' thinking is an essential approach for strengthening health systems, particularly in designing and evaluating interventions (World Health Organisation, 2009:39). Many programmes and evaluations still ignore the fundamental characteristics of systems, often considering the individual building blocks in isolation rather than as part of a dynamic whole. Thus in this perspective (systems thinking) conceptualising a programme and/or interventions in the health system depends upon a fuller understanding of the "system" and how its component parts act, react and interact with each other in an often counter-intuitive process of connectivity and change (WHO, 2009:39). This approach supported the research aims that were to evaluate the implementation and intervention strategies as well as to identify the weaknesses of Sappi-Ngodwana mill`s HIV and AIDS management system, through the views of all stakeholders involved.

1.3. LITERATURE REVIEW

The discussion below provides a summary of research on HIV and AIDS implementation in the workplace.

1.3.1 Background of HIV and AIDS worldwide

The estimated number of people living with HIV worldwide is about 33 million, and Sub-

Sahara Africa is the region worst affected by HIV and AIDS (UNAIDS, 2008:5). Various research studies indicate that although Sub-Saharan Africa has approximately 10% of the world population, it is however, home to about 70% of all people living with HIV globally (UNAIDS, 2008:9). The ILO estimated that at least 26 million people infected with HIV worldwide are the working age group of 15-49 years and are in the prime of their working lives (Lisk, 2002:3). A conference paper citing WHO (2013) estimated that 0.8% of adults aged 15-49 years worldwide are living with HIV (AIDS 2014 Global fact sheet: 4).

Ten years after the landmark UN General Assembly Special Session on HIV and AIDS (UNGASS), progress was reviewed at the 2011 meeting. New declaration and commitments were adopted at the 2011 UN General Assembly High Level Meeting on AIDS. The 2011 declaration builds on two previous political declarations: the 2001 Declaration of Commitment on HIV and AIDS and the 2006 Political Declaration on HIV and AIDS (South African, Department of health, 2012:7). The 2011 declaration reflected global consensus on a comprehensive framework to achieve Millennium Development Goal (MDG) 6:- halting and beginning to reverse the HIV epidemic by 2015.

1.3.2   HIV and AIDS in South Africa

Statistics South Africa, (2011:5) estimated 5.7 million people were living with HIV and AIDS in South Africa in 2009. Although the current actual number differs between different sources – spectrum estimates indicated that in 2008 there were 4.6 million people living with HIV in South Africa and this increased to 5.3 million in 2013 (Statistics South Africa cited in Department of Health 2014:23). UNAIDS (2013:1) on the other hand estimated that there were 6.3 million people living with HIV in South Africa in the same year. The Global AIDS Response Progress Report 2013 indicated this to be 6.4 million in 2012 (Department of

Health 2014:23). The statistics above reflect highest number of people living with HIV and AIDS in any country. Although several other countries in the region have higher HIV prevalence rates proportionate to their population, the above statistics speaks to the general total number of people with HIV in any given country. South Africa`s generalized HIV epidemic is defined as being hyper-endemic due to high rate of HIV prevalence and the modes and drivers of HIV transmission. Heterosexual sex is recognized as the predominant mode of HIV transmission in the country followed by mother-to-child transmission, and drivers of the epidemic include migration, low perceptions of risk, and multiple concurrent sexual partnerships (UNAIDS, 2008:5). Mpumalanga province boarders with Mozambique and Swaziland, and as such there are high volumes of migrant people (workers) in the region.

South Africa`s total HIV prevalence is 10.6% and about 16.6% of the HIV positive being youth and adults between the ages of 15-49, (Statistics South Africa, 2011:5). The UNAIDS (2013:1) estimated a 19.0% prevalence in the same age cohort. Compared to the National HIV prevalence of 17.9%, South Africa has 21.5% HIV prevalence in the adult and working population that is 15-49 years as reported by Haacker (2004:46). For 2011 an estimated 10.6% of the total population is HIV positive, while in 2009 Statistics South Africa (2011:5) estimated the HIV prevalence for 2008 at 10.9%.

Mpumalanga province has shown an increase in HIV infection from 32.1% in 2006 and to 34.6% in 2007, to 35.5% in 2008. However estimates for 2010 show 35.1% prevalence (South Africa, Department of Health, 2012:11).

Interventions such as the South African National Strategic Plan 2007-2011 and 2012-2016, aims to lessen the impact; reduce the infection rate; and increase the treatment of those already infected with HIV and AIDS. Reports suggest that, life expectancy in South Africa

has risen vastly since 2005; transmission between mothers to child had been reduced to 3.5% by 2010 as per review of National Strategic plan 2007-2011. The strategic plans further encourage various sectors of the South African society to play a part towards HIV and AIDS response.

1.3.3   HIV and AIDS policy implementation strategies and interventions

Policy implementation strategies and interventions are derived from and/or follow a policy cycle as outlined in figure 1.1 below. Thus the discussion below highlights the stages of the policy cycle prominent to this research study.

Figure 1.1: The policy Cycle
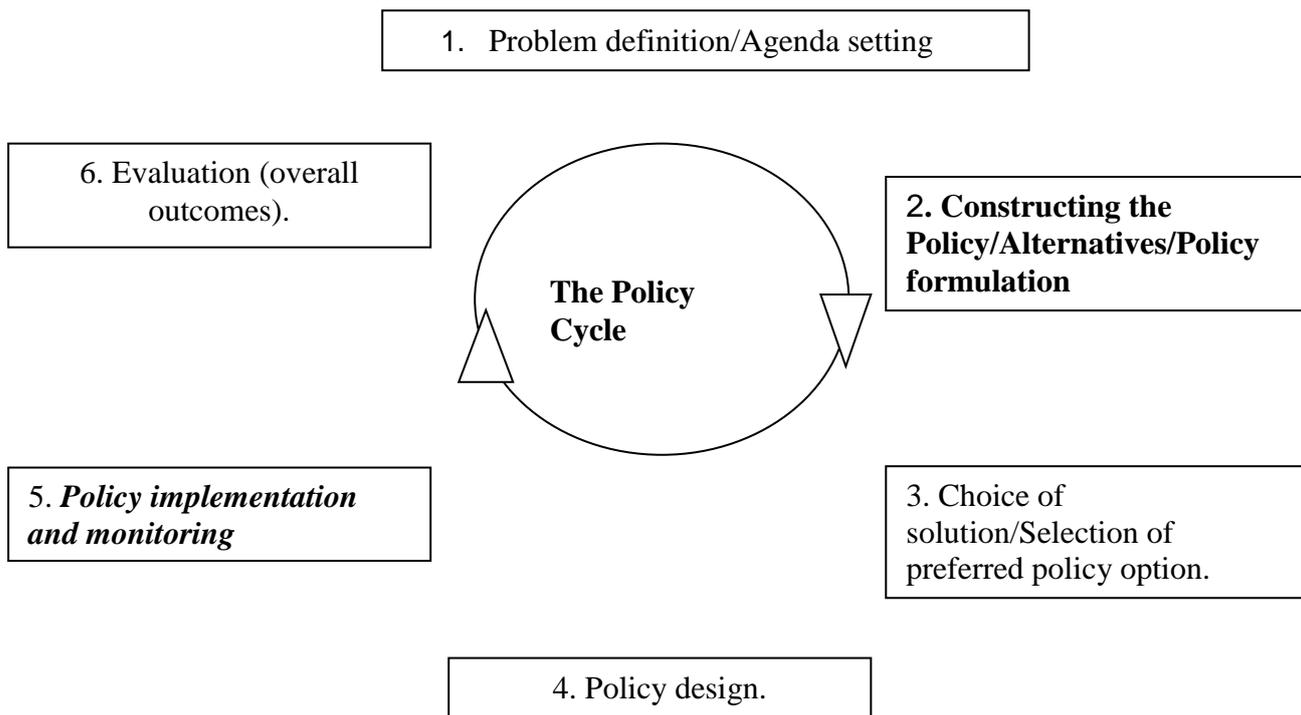
Source: Court 2005:5

- <u>Policy formulation</u>

A policy is a "purposive course of action followed by an actor or set of actors" Court (2005:3). This goes beyond political statements, documents or legislation to include activities on the ground, that is, gaps between policy and practice.

MacDonald & George (2002:13) states that, no single policy is relevant to all situations – thus each organization needs to develop a policy according to their specific needs and conditions.

Resources to refer to, for Policy development on HIV and AIDS in the workplace may include;

   i.   South African Code of Good Practice: Key aspects of HIV and AIDS and Employment (2000) and the Technical Assistance Guidelines (2001).

  ii.   Southern African Development Community (SADC) Code on HIV and AIDS, and employment (1999).

 iii.   International Labour Organization (ILO) Code of practice on HIV and AIDS and the world of work (2001).

  iv.   AIDS Law Project (ALP) Code (Stevens et. Al. (2004).

Ideally, the policy should be a product of consultation and collaboration between all stakeholders in the organization – it should be owned by management and employees. Hence it is regarded as a living document that should not be filed away once it has been developed and implemented.

- <u>Policy implementation</u>

Fixsen, Naoom, Friedman, and Wallace (2005:5) defines implementation as a "specified set of activities designed to put into practice any activity or programme of known dimensions". It is the process of putting a plan into action with the aim of achieving intended results. HIV and AIDS policy implementation strategies include among others; situational analysis surveys; education and awareness, prevention, and treatment plans (ILO, 2001:5). Evaluation on the other hand, is a process of determining the value or worth of an intervention or other initiative towards the ultimate goal- by making decisions about adopting, rejecting or revising the innovation. It is a process often making use of assessment data in addition to many other data sources. Effectiveness is thus defined as, the degree to which something is successful in producing a desired result, Oxford online-dictionary (www.oxforddictioneries.com). Policy implementation and evaluation are stages in the policy cycle as shown in figure 1.1 above, and this research undertook a process evaluation of the implementation stage within the policy cycle.

1.3.4   <u>Perceptions of policy implementation strategies and interventions</u>

An HIV and AIDS workplace policy is a written document that sets out an organization`s position and practices as they relate to HIV and AIDS (Health Policy Initiative, 2009:7). An HIV and AIDS policy;

- Provides the framework for action to reduce the spread of HIV and AIDS and manage its impact on the workplace.

- Guides managers and supervisors on how to manage HIV and AIDS in a consistent manner and informs employees about their responsibilities, rights and expected behaviour.

- It further sets standards for communication about HIV and AIDS and let employees know what assistance is available to them (Health Policy Initiative, 2009:7).

The HIV and AIDS workplace policy outlines how the organization is going to manage the epidemic, while the HIV and AIDS workplace programme outlines how the principles within the policy will be transformed into practice to realize the policy objectives, (Health Policy Initiative, 2009:11).

1.4.   RESEARCH DESIGN AND METHODOLOGY

The study was a qualitative research that employed process evaluation to assess the implementation of the workplace HIV and AIDS policy in Sappi-Ngodwana mill in Mpumalanga.

The study is based on the relativist paradigm, that is, the researcher studies human behaviour and activities in everyday or natural settings through the interpretations of their experiences of social phenomena and services- in this case being the policy implementation. According to De Vos, Fouche, and Delport (2005:363), relativism means the ability to perceive the world from more than one frame or paradigm. This (relativism) therefore entails that the researcher engages various forms and sources of information to understand the phenomenon under study. In this case the research participants' views, the assessment of the policy documents were frames of reference for the study.

1.4.1   The Case Study

According to Creswell (1998, in De Vos et al, 2005:272), a case study can be regarded as an exploration or in-depth analysis of a "bounded system" (bounded by time and/or place), or a single or multiple cases or over a period of time. The case being studied may refer to a process, activity, event, programme, or individual or multiple individuals. In this study Sappi-

Ngodwana mill was the case under study, which was bounded by place in relation to its HIV and AIDS management programme.

The exploration and description of a case takes place through detailed, in-depth data collection methods involving multiple sources of information that are rich in context (De Vos et al, 2005:272). These methods alluded to above, may include interviews, documents, observations or archival records. The product of this research is an in-depth description of a case or cases (De Vos et al 2005:272).

1.4.2 The Qualitative research

Qualitative research is a form of social inquiry that focuses on the way people interpret and make sense of their experiences and the world in which they live (Patton and Cochran, 2002: 2). A qualitative research approach is especially appropriate to the study of those attitudes and behaviours best understood within their natural setting (Babbie, 2010:270). This method generates data primarily in the form of words – the common data collection methods are different types of individual interviews (general or key informants); group discussions (focus group); observation; and reports and other written data (Patton and Cochran, 2002:11). Qualitative data is generated and analysed inductively to generate categories and explanations of experiences (Gilson, Hanson, Sheikh, Agyepong, Ssengooba, and Bennett, 2011:2). Thus the study provided empirical evidence as presented by research participants.

1.4.3 Process evaluation

Process evaluation verifies what the programme/policy is, and whether it is being implemented as designed (Bliss and Emshoff, 2000:1). To conduct process evaluations on how well services are delivered, data need to be gathered on the content of interventions and their delivery systems (Coyle; Boruch; and Turner, 1989:16). The study evaluated the

implementation of the HIV and AIDS policy at Sappi-Ngodwana mill. Furthermore it sought to understand the interpretation and understanding of such a policy by the policy actors/implementers and other stakeholders, with regard to its implementation. Because the research purpose is not to generalize the findings to every business/company - the study took a basic research stance wherein it focused on evaluating the implementation process in the view to improve the delivery of the programmes within Sappi-Ngodwana mill.

1.4.4 Sampling

Sampling, according De Vos et al (2005:193), means taking any portion of a population or universe as representatives of such a population or universe.

The study employed a purposive sampling procedure. Purposive sampling is a nonprobability sampling technique in which the units to be observed are selected on the basis of the researcher`s judgement about which ones will be the most useful or representative (Babbie, 2010:193). In this study the sample included key role players and stakeholders at Sappi-Ngodwana.

1.4.5 Data collection

Two sources of information were consulted in this study: Key role players and stakeholders within Sappi-Ngodwana mill as well as documents, that is, the company's workplace HIV and AIDS policy, strategic implementation and intervention plans.

1.4.5.1 Participant interviews

Semi-structured interview guide was designed and disseminated to key informants. Semi-structured interview guide allowed the researcher to probe and make follow up questions to issues of interest during the interview (De Vos et al, 2005:292). Semi-structured interviews

are defined as those face-to-face interviews organised around areas of particular interest, while still allowing considerable flexibility in scope and depth (De Vos et al, 2005:292).

1.4.5.2 Document analysis

The researcher objectively analysed documented information as sources of data in the study. These included the workplace HIV and AIDS policy as well as the strategic implementation plan of the policy at Sappi-Ngodwana mill.

1.4.6 <u>Data analysis</u>

De Vos et al (2005:333) defines data analysis as a process of bringing order, structure and meaning to the mass of collected data. Marshall and Rossman (1999, quoted in De Vos et al, 2005:333) define qualitative data analysis as a search for general statements about relationships among categories of data. In this study, Data obtained from interviews with key informants was summarised into key point summary (KPS) (Schreider, Hall, Hernandez, Hindes, Montez, Pham, Rosen, Sleigh, Thompson, Volpe, Zeveloff, and Steckler, 2009:8). Salient respondents` quotes were categorised under themes that were derived from both, the research questions and participants` responses.

Document analysis followed a data-driven analysis (Namey, Guest, Thairu, and Johnson, 2007:138). Wherein the researcher read the Sappi-Ngodwana mill`s HIV and AIDS policy and implementation plans and using benchmark HIV and AIDS policy frameworks such as one developed by ILO, analysis assessed in comparison the content and structure of the policies.

1.5.   DEFINITION OF KEY TERMS, CONCEPTS AND VARIABLES

HIV and AIDS:

- HIV- Human Immuno-deficiency Virus is an infection in humans which makes it difficult for a person to fight other infections and illnesses ultimately leading to AIDS (UNAIDS, 2011:16).

- The various illnesses that happen when HIV has damaged the immune system are called AIDS- Acquired Immune Deficiency Syndrome (UNAIDS, 2011:6).

South Africa has seen the impact of HIV and AIDS among the working class 15-49 years with just over 16% being infected by the virus (Statistics South Africa, 2011:5). The HIV and AIDS epidemic has a profound impact on growth, income, and poverty - with more industries losing employees due to the pandemic. The high staff turnover and loss of experienced employees reduces the productiveness of companies and society at large (Van Dyk, 2008:461).

HIV and AIDS Policy: A policy is a "purposive course of action followed by an actor or set of actors" Court (2005:3). This goes beyond political statements, documents or legislation to include activities on the ground. In this study focus is specifically on workplace HIV and AIDS policy. A workplace HIV and AIDS policy is a written document that sets out the organization`s position and practices as they relate to HIV and AIDS, Health Policy Institute (2009:7).

Implementation: Fixsen, Naoom, Friedman, and Wallace (2005:5) defines implementation as a "specified set of activities designed to put into practice any activity or programme of known dimensions". It is the process of putting a plan into action with the aim of achieving intended

results. In this study policy implementation refers to the actions taken to facilitate the plans and strategies outlined in the Sappi-Ngodwana mill workplace HIV and AIDS policy.

<u>Evaluation</u>: this is the process undertaken for the purpose of determining the impact of some social intervention, such as a programme aimed at solving a social problem (Babbie 2010:363). Babbie (2010) further states that evaluation helps in determining the value or worth of a programme, intervention, or other initiative, towards the ultimate goal making decisions about adopting, rejecting, or revising the innovation. Furthermore it is an inclusive term or process often making use of assessment data in addition to many other data sources.

<u>Process evaluation</u>: is 'the assessment of policies, materials, personnel, performance, quality of practice or services, and other inputs and implementation experiences' (WHO, 2000:8). Process evaluation, also known as implementation evaluation, focuses on how a specific programme operates and is designed to answer the questions of what is done, when, by whom, and to whom (WHO, 2000:8) Green and Krueker (1999, quoted in Linnan and Steckler, 2002:4) state that process evaluation can provide answers to 3 important questions listed below:

- Why was the programme/policy developed?

- How is this programme/policy operated?

- Is the programme/policy operated as intended?

Thus it verifies what the programme or policy is and whether it is being implemented as designed.

1.6   ETHICAL CONSIDERATIONS

In a social inquiry, the researcher needs to pay attention to some salient issues such as the ethics. This is an important aspect in social research since it involves human subjects Babbie (2010:75). As researchers we try to maintain an appropriate balance between our responsibilities to society as a whole and our responsibilities to the individual participants (or human subjects), such as between the social commitment and the conduct of our research De Vos et al (2005:118). Ethical behaviour is a crucial foundation to this professional research. Below are some of the ethical considerations employed in this research study;

1.6.1 Informed consent and voluntary participation

This research project requires that participants in this research project give their informed consent; this includes signing of formal consent forms by participants, however a verbal consent was to be considered adequate in some instances. The researcher will initiate the participant of the study and provide adequate information about the study and the process as well as the implications it may have. This will ensure that the participant makes an informed decision and thus, voluntarily participates in the study having been advised of the purpose of the study, the type of information being collected, and how information will be used (Tutorial letter 101/0/2012:13). A copy of the consent form participants had to sign in attached in Appendix A.

1.6.2 Avoiding harm

The researcher employed all means to avoid harm of any form to respondents, as this could jeopardize the credibility of the study. Considering the nature of the proposed study avoidance of harm was of priority as it would have severe impact on the individual participants and the company under study as well. Issues of HIV and AIDS are sensitive and cause damage to individuals affected if such information is not handled careful. This means

that the information gathered for this research study will only be accessed and used by the researcher and/or other people directly involved in the research, for the purposes of this study.

It was also of importance to protect the interests of respondents in this study by maintaining their anonymity considering that some responses may be critical of the company`s stance and approach to HIV and AIDS management. The research paid further attention to maintaining a positive image of the company under study by reporting the findings of the research in a scientific manner and in so doing will continue to consult with the company before publishing any information.

1.6.3 Privacy and Confidentiality

The researcher also endeavours to report back to respondents in appropriate ways. The research put emphasis on anonymity wherein the participant`s identity will remain unknown throughout the study (when such a need arises) including in the findings report write up. However since the researcher had a physical contact with the participants the prominent aspect of protection of privacy will be the issue of confidentiality. Confidentiality implies that the researcher ensures and assures the participant that identifying information will not be made available to anyone who is not directly involved in the study (Tutorial letter 101/0/2012:14). Among other ethical considerations these will form the most important ones.

1.7   CHAPTER OUTLINE

Chapter 1 provides an outline of the research study, that is, the background, purpose, and the conceptualization of key terms in the study. Chapter 2, provides a review of current relevant literature on HIV and AIDS policies, implementation strategies and intervention processes as well as the theoretical framework underlying this study. In Chapter 3 the research design and

the methodology are discussed. This includes the population, sampling procedures, data collection and data analysis. Chapter 4 presents the data analysis and, presentation and interpretation of gathered information. Lastly, Chapter 5 presents a summary of the key findings and concludes with a discussion of the recommendations for the development of Sappi-Ngodwana Mill`s HIV and AIDS workplace policy and further research.

1.8   CONCLUSION

This chapter provided an outline of the research study. The next chapter discusses the literature review and theoretical framework that guided the research process.

CHAPTER 2: LITERATURE REVIEW

2.1. INTRODUCTION

This chapter presents the theoretical framework and literature review. It provides a discussion of research on workplace HIV and AIDS interventions.

2.2. THEORETICAL FRAMEWORK

The function of theory in research is to identify the starting point of the research problem and to establish the vision to which the problem is directed, thus this search for theoretical understanding and its translation into meaningful practice is what is done when developing a theoretical or conceptual research framework (Sinclair, 2007:39). This research study adopts a systems perspective or systems thinking as a theoretical framework. Systems' thinking is an approach to problem solving that view "problems" as part of a wider, dynamic system (WHO 2009:19). It involves much more than a reaction to present outcomes or events. It demands a deeper understanding of the linkages, relationships, interactions, and behaviours among the elements that characterize the entire system (WHO 2009:33). Health systems are variously defined. At its core, a health system is a means to an end – a system which exists and evolves to serve societal needs with components that can be utilized as policy instruments to alter the outcomes (Hsiao 2003 cited in Atun 2012:iv4). In this study 'Sappi-Ngodwana mill' will be the "system" composed of "stakeholders/parts" that is 'general employees, management, HIV and AIDS committee, labour representatives' etc. who interact within the company with regard to "HIV and AIDS" (system problem):

Understanding the fundamental characteristics of systems is crucial to seeing how systems work. Managing uncertainties associated with, say, water, security, health etc., invites growing relevance from the field of complexity sciences that everything is connected

(Reynolds 2013:218). Systems` thinking is an important way to assess and manage new risks and uncover risks that were previously unidentified.

A systems` thinking framework suggests an important interplay between understanding and practice – thinking that is continually informed, moulded and (re)shaped by ongoing reflective practice. Thus the three core aspects of systems thinking in practice are – understanding, engagement, and reflection.

According to Reynolds and Holwell (2010:17) any systems approach intervention fulfils three generalised interrelated purposes, and these are;

- Making sense of or simplifying (in understanding) relationships between different entities associated with a complex situation.

- Surfacing and engaging (through practice) contrasting perspectives associated with complex situations. Thus the success of any systems approach is dependent on the context of use.

- Exploring and reconciling (with responsibility) power relations, boundary issues and potential conflicts amongst different entities and/or perspectives.

Soft systems methodology is an approach to organisational process modelling. The primary use of soft systems methodology is in the analysis of complex situations where there are divergent views about the definition of the problem (Reynolds and Holwell 2010:20). Soft systems thinking approaches assume that knowledge can be obtained from interpreting human thoughts and feelings through debates. Thus problem situations in organisations are subjective since stakeholders have different worldviews (Jokonya 2014:1535). While hard systems assumes that problem situations in organisations can be understood using cause and

effect relationships, and relies on such relationships to resolve them. The author further asserts that, programme managers are to balance therefore the hard and soft systems approach to achieve efficiency and flexibility in organisations` problem solving situations.

That is to say using this systems theory paradigm, the researcher begins to understand how Sappi (as a system) functions in relation to HIV and AIDS workplace policy implementation. It further provides an insight as to what makes the system (Sappi) produce good or poor results and also look at how to shift the operation of the system for better outputs (WHO 2009:40). The conventional evaluation of inputs, outcomes and impacts can only take us to so far, often failing to illuminate the key determinants and contexts that explain overall success or create certain difficulties (WHO 2009:34). The conventional evaluation, often neglect the wider system synergies and emergent behaviour that might, in the end, be more instructive in terms of the systems strengthening necessary to achieve the goals.

However on the other hand, the systems thinking approach/framework goes beyond this "input-blackbox-output" paradigm to one that considers inputs, outputs, initial, intermediate and eventual outcomes, and *feedback, processes, flows, control and contexts* (to which the latter constitute the process evaluation subject area) (WHO 2009:34).

Process evaluation is defined by the Center for Disease Control (2008:4), as the systematic collection of information on a programme/policy`s inputs, activities, and outputs as well as the context and other key characteristics. Given that all evaluations are necessary simplifications of real-world complexity, systems thinking helps to determine how much- and where to simplify. Because process evaluation focuses on the context of the programme, it therefore links with the systems perspective that revolves around how system stakeholder

networks are included, composed and managed, and how context shapes this stakeholder behaviour (WHO, 2009:44). Different stakeholders (peer educators; managers/supervisors; PLWHA, etc.) may each see the purpose of the system (Sappi HIV and AIDS management structure) differently, giving a series of perspectives that can offer new insights into how the system works, why it has problems, how it can be improved, and how changes made to one component of the system influence the other component (WHO, 2009:44).

2.3. LITERATURE REVIEW

2.3.1 HIV and AIDS worldwide

The estimated number of people living with HIV worldwide is about 33 million, and Sub-Sahara Africa is the region worst affected by HIV and AIDS (UNAIDS, 2008:5). Various research studies indicate that although Sub-Saharan Africa has approximately 10% of the world population, it is however, home to about 70% of all people living with HIV globally (UNAIDS, 2008:9). The ILO estimates that at least 26 million people infected with HIV worldwide are the working age group of 15-49 years and are in the prime of their working lives (Lisk, 2002:3).

Ten years after the landmark UN General Assembly Special Session on HIV and AIDS (UNGASS), progress was reviewed at the 2011 meeting. New declaration and commitments were adopted at the 2011 UN General Assembly High Level Meeting on AIDS. The 2011 declaration builds on two previous political declarations: the 2001 Declaration of Commitment on HIV and AIDS and the 2006 Political Declaration on HIV and AIDS (South African, Department of health, 2012:7).

The 2011 declaration reflected global consensus on a comprehensive framework to achieve Millennium Development Goal (MDG) 6:- halting and beginning to reverse the HIV epidemic by 2015. It recognized the need for multi-sectorial action on a range of fronts and addressed global, regional and country-level responses to prevent new HIV infections, expand health care access and mitigate the epidemic`s impact (South African, Department of health, 2012:7). While these declarations have been adopted only by governments, their version extends far beyond the governmental sector to private industry and labour groups, faith-based organizations, non-governmental organizations and other civil society entities, including organizations representing people living with HIV (South African, Department of health, 2012:7).

According to Global Business Coalition on HIV/AIDS, business in Africa is leading the world in implementing HIV and AIDS workplace programmes. Workplace programmes refer to a range of company based interventions including the institution of an HIV and AIDS policy; voluntary counselling and testing (VCT), prevention awareness and education, and antiretroviral therapy (ART) provision, (Mahajan et al 2007:s1).

There were more than 700 000 fewer new HIV infections globally in 2011 than in 2001. Africa has cut AIDS-related deaths by one third in the past 6 years (South African, Department of health, 2012:2). However much remains to be done to reach targets on the declarations as we enter into the final years of working towards the Millennium Development Goals (MDGs).

2.3.2 HIV and AIDS in South Africa

South Africa has the fastest growing HIV prevalence rate in the world and the AIDS epidemic will directly threaten the economic development and social security of the country (SALGA [sa]:15).

Statistics South Africa, (2011:5) estimated 5.7 million people were living with HIV and AIDS in South Africa in 2009, the highest number of people living with HIV and AIDS in any country. An overview of other Southern African countries show that, Botswana had 38% HIV prevalence, Zimbabwe had 34 %, Swaziland had 33%, and Lesotho had 31% prevalence in 2003, while South Africa had an HIV prevalence of 22% at the same period, Times (2003 quoted in SALGA ([sa]:14). Although several other countries in the region have higher HIV prevalence rates proportionate to their population, South Africa has a larger number of people living with HIV compared to other countries.

South Africa`s generalized HIV epidemic is defined as being hyper-endemic due to high rate of HIV prevalence and the modes and drivers of HIV transmission. Heterosexual sex is recognized as the predominant mode of HIV transmission in the country followed by mother-to-child transmission, and drivers of the epidemic include migration, low perceptions of risk, and multiple concurrent sexual partnerships (Republic of South Africa, 2012:30). Mpumalanga province boarders with Mozambique and Swaziland, and as such there are high volumes of migrant people (workers) in the region.

The direct measurement of HIV incidence is extremely challenging, and there is currently no consensus in South Africa on the best method for incidence measurement, though there are ongoing efforts within the research community to reach consensus on the best tools and methodologies for measuring HIV incidence. Two methodologies are currently employed in

the country, namely; the annual antenatal HIV prevalence survey; and the various population or household based surveys (Republic of South Africa, 2012:30).

South Africa`s total HIV prevalence is 10.6% and about 16.6% of the HIV positive being youth and adults between the ages of 15-49, (Statistics South Africa, 2011:5). Compared to the National HIV prevalence of 17.9%, South Africa has 21.5% HIV prevalence in the adult and working population that is 15-49 years as reported by Haacker (2004:46). For 2011 an estimated 10.6% of the total population is HIV positive, while in 2009, Statistics South Africa (2011:5) estimated the HIV prevalence at 10.9%. Although the history of the HIV response in South Africa has been seriously impeded before and in the last few years the country has become home to the world`s biggest programme of HIV treatment (Treatment Action Campaign, 2010:10).

Mpumalanga province has shown an increase in HIV infection from 32.1% in 2006 and to 34.6% in 2007, to 35.5% in 2008. However estimates for 2010 show 35.1% prevalence (South Africa, Department of Health 2012:11). HIV prevalence among males is highest among the 30-34 years age group where 25.8% of men were found to be HIV positive in 2008. While on the other hand it is reported a 42.6% of HIV prevalence among women between the ages 30-34 years. Thus HIV prevalence remains disproportionately high for females overall in comparison to males.

Interventions such as the South African National Strategic Plan 2007-2011 and 2012-2016, aims to lessen the impact; reduce the infection rate; and increase the treatment of those already infected with HIV and AIDS. Reports suggest that the life expectancy in South Africa has risen vastly since 2005; transmission between mothers to child had been reduced to 3.5%

by 2010 as per review of National Strategic plan 2007-2011. The strategic plans further encourage various sectors of the South African society to play a part towards HIV and AIDS response.

2.3.3 HIV and AIDS policy implementation strategies and interventions

2.3.3.1 HIV and AIDS policy: What it is?

A policy is a purposive course of action followed by an actor or set of actors, Anderson (1984 quoted in Court, 2005:3). In this research study focus is on HIV and AIDS workplace policy. Thus an HIV and AIDS workplace policy is a written document that sets out the organization`s position and practices as they relate to HIV and AIDS (Health Policy Initiative, 2009:7).

There is no obligation to have a policy and/or what criteria to follow in South Africa; however an HIV and AIDS policy ought to comply with the relevant legal statutes of the country and also be aligned with international codes of good practices on HIV and AIDS issues. No single policy is relevant to all situations; therefore each organization needs to develop a policy according to their specific needs and conditions. An HIV and AIDS workplace policy must be a product of consultation and collaboration between all stakeholders in the organization – it should thus be owned by management and other employees at large.

Often organizations develop policies but fail to move to the implementation phase. A possible explanation for this can be the inabilities of organizations to operationalize HIV and AIDS policies into effective programmes; the lack of knowledge; skills and resources, especially in small and medium-sized organizations. The problem is often that the policy is not understood

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or communicated to employees. Other reasons might be that the policy does not provide for clear responsibilities for implementation or that the development of the policy is seen to delay the development of action programmes (Grant, Strode, and Smart, 2002).

2.3.3.2 <u>National Guidelines and frameworks for HIV and AIDS policy development</u>

In South Africa, national legislation related to labour and health establishes safeguards against discrimination in the workplace and institute health-related rights (Mahajan 2007:s3). These legal apparatus applies to HIV and AIDS in the workplace, and is expected to inform firm-level HIV and AIDS workplace policies. Although labour legislations and other legal apparatus establishes groundwork for companies to develop HIV and AIDS policy, further guidance on operationalizing the legal provisions and developing comprehensive programmes is offered by the South African Code of Good Practice on HIV/AIDS and Key Aspects of Employment (2000) and the HIV/AIDS Technical Assistance Guidelines (2001) as discussed below;

- *The South African Code of Good Practice on HIV/AIDS and Key Aspects of Employment (2000) (alias the "SA Code" herein)*

The "SA Code" has been developed as a guide to employers, trade unions and employees in addressing aspects of HIV and AIDS in the workplace. Furthermore the code seeks to assist with the attainment of the broader goals of:

- Eliminating unfair discrimination in the workplace based on HIV status;
- Promoting a non-discriminatory workplace in which people living with HIV/AIDS (PLWHA) are able to be open about their HIV status without fear of stigma or rejection;
- Promoting appropriate and effective ways of managing HIV in the workplace;
- Creating a balance between the rights and responsibilities of all parties, and

- Giving effect to the regional obligations of the Republic of South Africa as a member of the SADC.

▪ *The South African HIV/AIDS Technical Assistance Guidelines (2001)*

The Department of Labour and the Commission of Employment Equity, in association with the Department of Health and the ILO, recognized the need to assist employers, employees and trade unions in the management of HIV and AIDS in the workplace. They designed Technical Assistance Guidelines (TAG) that provide implementation guidelines on how to respond to the scourge of HIV and AIDS and its impact on the workplace.

The effective management of HIV and AIDS in the workplace requires an integrated strategy that includes, amongst others, the following elements;

1. An understanding and assessment of the impact of HIV and AIDS on the workplace, and

2. Long and short term measures to deal with and reduce this impact, including;

   - An HIV and AIDS policy for the workplace

   - A prevention programme

   - A wellness programme, and

   - Management strategies to deal with the direct and indirect costs of HIV and AIDS (TAG 2001:39).

The specific objectives of the TAG are to;

- Help employers and trade unions to implement the "SA code"

- Provide detailed guidance and information on the process in which the principles in the "SA code" can be translated into day-to-day practice; and

- Identify best practices to respond to the impact of HIV and AIDS in the workplace.

The principles embodied in the "SA code" and the TAG have been drawn from both National

and International law as well as best practices in the management of HIV and AIDS in the workplace and these are discussed below.

2.3.3.3 <u>Steps for policy development and implementation</u>

Step 1: HIV and AIDS committee is set up with representatives of top management, supervisors, workers, trade unions, Human resource department, PLWHA, and other relevant stakeholders.

Step 2: Committee decides its terms of reference and decision making powers and responsibilities.

Step 3: Review of national laws and their implications for the enterprise, this should go beyond any specific laws on HIV and AIDS and could include anti-discrimination laws for example, and relevant ILO conventions.

Step 4: Committee assesses the impact of the AIDS epidemic on the workplace and the needs of workers by carrying out a confidential baseline study- this will be important for planning a programme and for monitoring the effectiveness of the response.

Step 5: Committee establishes what health and information services are already available, both in the workplace and in the local community in order to avoid duplication of services.

Step 6: Committee formulates a draft policy that contains commitment to non-discrimination, covers prevention and care and takes account of best practices.

Step 7: Committee draws up a budget, seeking funds from outside the company if necessary and identifies existing resources. Budgetary constraints should however not halt the policy implementation.

Step 8: Committee establishes plan of action, with timetable and lines of responsibility to implement policy.

Step 9: Policy and plan of action are widely disseminated through.

Step 10: Committee monitors the impact of the policy and revises it, as necessary. The HIV and AIDS epidemic is evolving rapidly, and so is the response. Workplace policies and programmes must not stand still (SALGA [sa]:63).

2.3.3.4 International laws and frameworks that guide HIV and AIDS intervention

The international codes that have been used to inform and develop the South African Code of good practice on HIV and AIDS and key aspects of employment and other intervention strategies include:

- *The Southern African Development Community (SADC), Code of Good Practice on HIV/AIDS and Employment (1997).* The SADC region is severely affected by the AIDS epidemic. Hence the member states developed this code with the purpose to guide individual states on the most effective and humane ways to respond to issues of HIV and AIDS in the workplace.

- *United Nations International Guidelines on HIV/AIDS and Human Rights (1998).* The guidelines resulted from a request made by the Commission on Human Rights which underlined the need and the imperative to provide guidance to States on how to take concrete steps to protect human rights in the context of HIV.
  As the epidemic has evolved, the lessons learned from it confirm that the protection of human rights in the context of HIV reduces suffering; saves lives; protects the public health; and provides for effective response to HIV (UNAIDS 2006:7).

- *The International Labour Organization (ILO) Code of Practice on HIV/AIDS and the World of Work (2001).* This code is instrumental in helping to protect the spread of

the epidemic, mitigate its impact on workers and their families and provides social protection to help cope with the disease. It covers key principles such as, the recognition of HIV and AIDS as a workplace issue; non-discrimination in the employment; gender inequality, screening and confidentiality, social dialogue, prevention; and cure and support as the basis for addressing the epidemic in the workplace (ILO 2001: iii).

2.3.3.5 <u>Intervention strategies: Core elements of HIV and AIDS workplace policy</u>

Having a written policy assists in ensuring fair and consistent treatment of staff. There is no one-size-fits-all policy, but there are some basic principles and strategies to follow. Below are some of the main strategies that constitute the policy as found in various literatures;

- <u>Prevention and education programmes</u>

In the absence of a vaccine or cure, information and education are vital components of an HIV-prevention programme. This then refers to raising awareness and educating people about HIV and AIDS as a measure to combat its spread. Awareness programmes include information, education and communication activities that address the facts and fictions of HIV transmission and promote preventive measures, while at the same time seek to de-stigmatize the disease. Awareness activities inform employees about the risks and educate them about ways to minimize their exposure (International Financial Corporation, 2002:9). Activities in this regard include, peer education; and condom distribution among others.

- <u>Voluntary Counselling and Testing (VCT)</u>

An alarmingly high percentage of those infected in the developing world are unaware of their HIV status (International Financial Corporation, 2002:11). From a behaviour change and

treatment perspective, this knowledge (HIV status) is critical. VCT has proven effective in promoting prevention for those who test negative and behaviour change for those who test positive.

▪ Care and treatment programmes

Beyond awareness and prevention activities, some companies may choose to offer more comprehensive medical care, treatment and support programmes for employees suffering from HIV and AIDS or other opportunistic diseases stemming from the weakened immune system of AIDS patients. Provision of drug therapies and medical monitoring of HIV and AIDS patients can keep employees working, and maintain their quality of life for as long as possible. Care and support programmes may also include counselling on coping skills, work difficulties, and depression, and can link people to support networks (International Financial Corporation, 2002:16).

▪ Monitoring and Evaluation

Monitoring is an important part of any corporate HIV and AIDS programme because it enables a company to measure its progress against its stated goals and make informed decisions about the effectiveness of various interventions relative to costs (International Financial Corporation, 2002:18). Effectiveness may be measured in terms of both quantitative and qualitative indicators, assuming that good baseline data exists or has been collected at the start of the programme to enable comparison.

2.3.3.6 Advantages of HIV and AIDS workplace policy

According to Colvin, Connolly, and Madurai (2007:s1), obtaining data on the epidemiology of HIV and drafting an HIV and AIDS workplace policy, allows an organization to conduct

human resource and cost-impact planning. An HIV and AIDS policy;

- Provides the framework for action to reduce the spread of HIV and AIDS and manage its impact on the workplace.

- Guides managers and supervisors on how to manage HIV and AIDS in a consistent manner and informs employees about their responsibilities, rights and expected behaviour.

- It further sets standards for communication about HIV and AIDS and let employees know what assistance is available to them (Laas, 2009:2).

- Enables the company to anticipate treatment and support requirements; facilitates the implementation of prevention measures; and allows the impact of the HIV workplace interventions to be monitored over time (Colvin et al. 2007:s1).

2.3.4   The Case Study: Sappi workplace and HIV and AIDS

Sappi is a multi-national forestry, pulp and paper corporation that also operates in South Africa. The Ngodwana Mill in Mpumalanga is one of the biggest Sappi mills in Southern Africa which employs about 1700 permanent and contract employees – including subcontractor companies operating under their auspices. The composition of Sappi`s employees as outlined in the sustainability report, show an average of 80% male and 20% female representation (Sappi, 2012: 57). This percentage composition ratio is reported throughout all rankings that are Top management, Senior management, Professional qualified, Junior management, Semi-skilled and Unskilled.

Recognising that wellbeing has a direct impact in productivity and job satisfaction, Sappi states that there are employee wellbeing programmes (EWPs) in place at all operating units.

Sappi (2012:53) states that they "enhance productivity and ability to service global markets by creating a workplace;

- That is safe and healthy

- In which diversity is encouraged and valued,

- Where employees are provided with ongoing development opportunities so that they can develop to their full potential.

On that note, it is stated in the Sappi Group sustainability report (2012:62) that health and safety committees are in place at all operations and employees are consulted about the development and review of policies and procedures and changes that affect workplace safety or health through these committees.

In Southern Africa, employee wellbeing programmes include annual wellness risk assessments conducted at each mill and prevention or outreach programmes are conducted to mitigate identified risks. HIV and AIDS tops the list of identified risks in South African mills and as such prevention and treatment has been the company`s main intervention strategies (Sappi, 2012:68). The company further state that, extensive work has been undertaken to manage and minimize the risk and impact HIV and AIDS poses to their employees and the business. As such integrated response strategies focus on risk assessment, prevention and treatment, and empowering employees through knowledge sharing and awareness.

Although the company reports HIV and AIDS intervention dating back to the 1990s, an HIV and AIDS policy document in Sappi-Ngodwana mill was drafted into paper in 2003 and has been amended and updated in 2010 and 2011 as recorded.

Testing for HIV serves as an entry point for both prevention and treatment. Taking an HIV test is arguably the single most influential driver for behaviour change and therefore, Sappi has extensive voluntary testing programmes at their mills (Sappi, 2012:69).

The company reports that they subscribe to the core labour standards of the International Labour Organization, which promote;

- Freedom of association

- Non-discrimination

- Abolition of forced and child labour

The company also uphold the principles of the Universal Declaration of Human Rights and have used these principles as the basis for human rights policies – this includes the HIV and AIDS workplace policy (Sappi, 2012:71). This study therefore evaluated the implementation of the company`s HIV and AIDS policy in line with planned intervention/implementation strategies and guidelines therein.

2.3.5 Previous research findings on HIV and AIDS interventions in workplaces

Data from voluntary HIV testing in the workplace among Southern African firms indicate prevalence in the range of 12-24% (Mahajan et al, 2007:s2). Even as companies are informed by a growing body of literature on workplace prevalence and the information of costs, they do not benefit from a similar body of literature for understanding the various dimensions and impact of employer-sponsored HIV and AIDS workplace programmes. It is further stated that, little is known about the prevalence and operational challenges of workplace programmes. Even less is known about how best to monitor and evaluate the efficacy of such programmes in complicated environments such as the workplace or employer-sponsored offsite programmes (Mahajan et al, 2007:s2).

Lessons emerging from instances of low innovation adoption within health systems, suggest that when addressing health problems, reductionist and linear approaches that provide technical solutions alone are not adequate to mount effective responses to health problems. But are influenced by complex health systems, socio-political context within which the health systems are embedded and the innovation adoption system (Atun 2012:iv6).

A research paper that looked at the response of large corporations to HIV and AIDS, notes that the corporate sector is just beginning to wake up to the risks posed to business operations by HIV and AIDS – and has still to awaken to its wider responsibilities, which arise from its influence over the conditions that encourage HIV and AIDS prevalence and undermine possibilities for mitigating its effects (Brendell, 2003:4). That is to say companies view the effects of HIV and AIDS from economic rather than social perspective. Furthermore Brendell`s findings reveal that; in general, managers of the majority of transnational corporations that were studied, do not appear to regard HIV and AIDS as a serious problem for their companies (Brendell, 2003:9). The above findings may seem outdated as the sectors have acknowledged their responsibilities towards HIV and AIDS; however Brendell`s findings may still have a big influence in the implementation of policies.

A survey done by South Africa Business Coalition on HIV and AIDS (SABCOHA) in 2004, confirmed that most organizations do not have programmes beyond basic education and awareness. One of the reasons for this pointed to the absence of monitoring and evaluation of existing workplace HIV and AIDS policies thus no transformation of services. The results of 2004 Bureau for Economic Research/ South Africa Business Coalition on HIV and AIDS (BER/SABCOHA) survey indicated that only 26% of the organizations had an HIV and AIDS workplace policy in place. However these finding results are from a survey which

therefore does not provide details on whether these organizations with policies do implement them and how the policies where formulated in relation to the needs. This study took a step further from the above results and conducted a process evaluation on the implementation of an HIV and AIDS workplace in this case Sappi-Ngodwana mill as a case study, producing in-depth empirical evidence on the interventions processes.

According to a research conducted by Magwaza (2009:64), employees were asked if management (commanders) viewed HIV and AIDS as a core part of the business of SAPS, and 72.9% of the respondents did not know whether commanders played a significant role in this regard, while 19.1% felt that commanders are not doing enough to support the implementation of the programme. It was of interest in this research study to uncover the roles and inputs of policy implementers at Sappi-Ngodwana mill. In the same study by Magwaza, less than 46% of respondents affirmed that HIV and AIDS awareness-creating programmes in the workplace reduce the number of new HIV infections among employees. While 14% were of the opinion that awareness programmes are not curbing the spread of HIV and another 40% of the respondents were unsure about the effects of such interventions (Magwaza, 2009:65). However it is noted that the researcher (Magwaza) utilized a structured (tick-in) questionnaire to gather the above information; no qualitative information was sourced from respondents regarding their responses. Therefore this study sought to cover this knowledge gap by canvassing perceptions of Sappi-Ngodwana`s HIV and AIDS policy role-players and stakeholders about the implementation and effectiveness of the HIV and AIDS workplace policy in qualitative form.

SALGA ([sa]:21) state in their findings that, those municipalities with developed HIV and AIDS policies endorsed the principle of non-discrimination on the basis of HIV status,

however, most policies lacked guidelines on key strategies and implementation plans. Furthermore, it is reported that, a number of municipalities (workplaces) have prevention programmes in place such as awareness and active condom distribution campaigns. Only a selected few municipalities have integrated HIV and AIDS prevention into existing programmes and barely any municipality has formally evaluated their prevention programmes. This finding shows that companies may be formulating and implementing policies without monitoring and evaluation strategies.

Mahajan et al (2007:s2) asserts that evidence regarding prevention programmes and policies in the workplace is particularly limited and what is available has not been systematically examined. It is from this view point at which this research study is stemmed and thus seeks to contribute in the development of literature on HIV and AIDS workplace policy and interventions through its findings. Therefore a broader and more sophisticated analysis of the context, health system elements, institutions, problem perception and the innovation characteristics within these will enable better understanding of the short- and long-term effects of a health system/policy. One way to reduce policy resistance is to adopt systems thinking to look at all interacting elements within the complex adoptive health system in a holistic manner to devise effective responses (Atun 2012: iv7).

2.4   CONCLUSION

This chapter discussed the theoretical approach and literature review informing this research study. The review of literature on HIV and AIDS workplace policy and related field provided the researcher with some benchmark understanding of the HIV and AIDS workplace policy development and implementation. Although, there is no legal obligation to have an HIV and AIDS workplace policy in any company – it will seem in literature that a majority of

companies have acknowledged that HIV and AIDS is everyone`s business, and not only a public health or social problem since it has significant economic effects on companies. Hence companies such as Sappi Group commit their resources towards HIV and AIDS intervention efforts.

Literature provides legal statutes and frameworks that guide HIV and AIDS policy development and implementation, and these include the South African Code of good practice on HIV and AIDS and key aspects of employment, the Technical Assistance Guidelines on HIV and AIDS; and the International Labour organization code of good practice on HIV and AIDS and the world of work. These tools provide technical assistance to companies that seek to design HIV and AIDS intervention strategies. The next chapter outlines the research design and methodology.

CHAPTER 3: METHODOLOGY

3.1.   INTRODUCTION

This chapter discusses the research design and methodology. It outlines the research approach and methods including the population, sampling, and data collection and analysis.

3.2.   RESEARCH DESIGN AND METHODOLOGY

3.2.1 The case study

A case study is an exploration or in-depth analysis of a bounded system, or a single/multiple phenomenon over a period of time with the aim to describe or explain the object of study Creswell (in De Vos et.al 2005:272). The research study is a process evaluation of the Sappi-Ngodwana pulp and paper mill`s workplace HIV and AIDS policy implementation. Sappi-Ngodwana mill was the case under study in this research.

Considering that case study results are not to be generalised to the entire Sappi group of companies, the study considered the Ngodwana mill as a case study in exploring and describing how this particular mill implements its HIV and AIDS policy. Sappi-Ngodwana mill provided conducive characteristics of a case as it is bounded by place in its HIV and AIDS intervention with regard to the larger global Sappi system.

3.2.2 Process Evaluation

 Process evaluation is defined by the Center for Disease Control (2008:4), as the systematic collection of information on a programme/policy`s inputs, activities, and outputs as well as the context and other key characteristics. As this research sought to evaluate the implementation process of an HIV and AIDS workplace policy, it therefore employed process evaluation techniques to gather qualitative data. Process evaluation verifies what the programme and/or policy is, and whether it is being implemented as designed (Bliss and

Emshoff 2000:1). To conduct process evaluation on how well services are delivered, data need to be gathered on the content of interventions and their delivery systems (Coyle et. Al., 1989:16). Suggested methodologies therefore include direct observations, surveys, and record keeping systems.

3.2.3 The qualitative approach

 A qualitative research is a form of social inquiry that focuses on the way people interpret and make sense of their experiences and the world in which they live (Babbie, 2010:270). It is especially appropriate to the study of those attitudes and behaviours best understood within their natural setting (Babbie, 2010:270). Qualitative research is characterised by its aims, which relate to understanding some aspect of social life, and its methods which (in general) generate words, rather than numbers, as data for analysis (Patton and Cochran, 2002:2). The common data collection methods are different types of individual interviews (general or key informants); group discussions (focus group); observation; and reports and other written data (Patton and Cochran, 2002:11). Qualitative research methods generally seek to understand the experiences and attitudes of participants- and thus aim to answer the questions about the "what", "how", and "why" of a phenomenon under study (Patton and Cochran 2002:3).

This research study focused on the interpretation by the policy actors and significant stakeholders at Sappi-Ngodwana mill of the HIV and AIDS workplace policy implementation process, from a relativist paradigm. According to De Vos, Fouche, and Delport (2005:363), relativism means the ability to perceive the world from more than one frame or paradigm. This (relativism) therefore entails that the researcher engages various forms and sources of information to understand the phenomenon under study. In this case the research participants'

views, the assessment of the policy documents were frames of reference for the study.

3.3.   POPULATION AND SAMPLING

This section discusses the population and   the sampling employed in this research.

3.3.1 Population of study

Sappi Southern Africa employs a total of 6724 workers in its 5 mills and 4 sales offices. For the purposes of this study the researcher focused on one mill as a target population, and in this case Ngodwana mill in Mpumalanga which is one of the biggest mills in South Africa. Sappi Ngodwana mill is home to about 1700 employees ranging from professional, skilled, unskilled workers, to subcontractors operating under their umbrella. Because this was a qualitative research study that sought to evaluate the implementation process of the HIV and AIDS workplace policy through the experiences and interpretation of actors/implementers-thus the researcher collected data from purposively selected key informants within Sappi Ngodwana mill as explained in the sampling technique below.

3.3.2 Sampling technique

Sampling, according to De Vos et al (2005:193), means taking any portion of a population as representatives of such a population. We study the sample in an effort to understand the population from which it was drawn. The size of the sample will be influenced by the relative homogeneity or heterogeneity of the population and the desired degree of reliability for the purposes of the investigation (De Vos et al, 2005: 195). Because this study was a basic-process evaluation research a sample size was not a major influence; however the researcher put emphasis on covering the views of all the possible hierarchies/ levels of personnel in the company`s HIV and AIDS policy role-players and stakeholders (considering that the HIV and AIDS management committee ideally comprises of selected personnel from management

down to general workers of a company).

In this process the researcher was of the assumption that, ideally an HIV and AIDS management committee is comprised of all categories of work levels. Thus the sampling process was only based on the HIV and AIDS committee of Sappi-Ngodwana mill not the entire company population. Therefore categories such as the peer educators, union representatives and PLWHA were assumed to be representative of general worker level of company employees.

The study employed purposive sampling procedure. Purposive sampling, is a nonprobability sampling technique in which the units to be observed are selected on the basis of the researcher`s judgement about which ones will be the most useful or representative (Babbie, 2010:193). The sampling strategy suited the study because it allowed the researcher to select relevant key informants into the sample based on their role in the Sappi-Ngodwana mill`s HIV and AIDS management system.

3.3.2.1. A profile of participants

A sample of 11 purposively selected participants was interviewed in this study. Representation was made of all categories of HIV and AIDS key role-players in the company as outlined in the policy documents. The various role-players` representation was important based on the assumption that they will provide differing perceptions and experiences of the workplace HIV and AIDS issues. The table below gives an outline of the participants interviewed;

Table 3.1: A profile of participants

Participant	Category/ Role (company HIV and AIDS management)
P1	Peer educator
P2	Health practitioner (treatment)
P3	Employee wellbeing officer (Coordinator)
P4	Community liaison officer
P5	Contractor companies link person (HR)
P6	Human resources consultant
P7	Line managers/supervisors` representative
P8	Contractors peer educator
P9	Peer educator
P10	Union representative (full time shop steward)
P11	PLWHA representative (Peer educator)

3.4. DATA COLLECTION

This section discusses the data collection procedure utilized in the research. It locates the sources of information used, the tools used to gather data as well as the techniques employed.

3.4.1   Participant interviews:

Various sources of information were consulted in this study. The Sappi-Ngodwana mill`s management, HIV and AIDS committee, labour representatives, peer educators, and PLWHA formed the key informants of the study. A relevant sample (as described in the sampling technique above) was drawn for the purposes of this study. Specific key informants within Sappi-Ngodwana Mill`s HIV and AIDS management role-players and stakeholders were selected considering their direct involvement in HIV and AIDS policy implementation process.

Qualitative studies typically employ unstructured or semi-structured interviews, also known as in-depth interviews (De Vos et al, 2005:292). According to Mack, Woodsong, MacQueen, Guest, and Namey (2005:2), in-depth interviews are optimal for collecting data on individuals` personal histories, perspectives, and experiences, particularly when sensitive topics are being explored.

3.4.2 Semi-structured interview guide

A Semi-structured interview guide was designed and disseminated to a sample of key informants in in-depth interviews. Semi-structured interview guide allow the researcher to probe and make follow up questions to issues of interest during the interview with key informants.

Semi-structured interviews are defined as those face-to-face interviews organised around areas of particular interest, while still allowing considerable flexibility in scope and depth (De Vos et al, 2005:292). Field and Morse (1995, quoted in De Vos et al, 2005:292), state that guided interviews are ideal for obtaining comprehensive and comparable data – because all respondents have been asked the same questions, responses can be coded and tabulated.

According to Rubin (in De Vos et al, 2005:293), semi-structured interviews comprise three kinds of questions;

1. Main questions – the researcher prepares a handful of main questions with which to begin and guide the conversation.

2. Probe- when responses lack sufficient detail, depth or clarity, the interviewer puts out a probe to complete or clarify the answer or to request further examples and evidence.

3.	Follow-up questions- these pursue the implications of answers to the main questions.

That is to mean the researcher pays attention to arising topics or issues of interest during the interviews that will contribute to the study. The interviews with key informants were conducted mainly in English; however the researcher anticipated and respected the needs and language preferences of the participants. Therefore some interviews were conducted in vernacular (SiSwati) and then translated into English.

According to De Vos et al (2005:297), "a questionnaire written to guide interviews is called an interview schedule or guide. This provides the researcher with a set of predetermined questions that might be used as an appropriate instrument to engage the participant and designate the narrative terrain. In this study, the researcher designed a set of broad questions that were used to guide the interviews with key informants, from which probing and follow-up questioning, techniques were based (see Appendix B).

De Vos et al (2005:298), mention that a tape (digital) recorder allows much fuller record than notes taken during the interview. Making use of a tape/digital recorder means that the researcher can concentrate on how the interview is proceeding and where to go next. Therefore in this study, the researcher made use of a digital voice recorder to ensure data capturing.

### 3.4.3	Document analysis

Documents were consulted as sources of information, that is, the company workplace HIV and AIDS policy and strategic plans on HIV and AIDS intervention (implementation plan). The researcher objectively analysed relevant documented information as sources of data for

this research. In this study, the workplace HIV and AIDS policy as well as the strategic implementation plan of the policy at Sappi-Ngodwana mill were relevant documents to study. Although access to the above mentioned documents may be available to public through various avenues provided by Sappi, the researcher found it appropriate to make a formal and official requests for these documents (HIV and AIDS policy and Strategic intervention plans on HIV and AIDS), from the HR manager for credibility purposes.

3.5.   DATA ANALYSIS

A qualitative data analysis was adopted to for the purpose of discovering underlying meanings and patterns of relationships (Babbie, 2010:394). De Vos et al (2005:333) refer to data analysis as a process of bringing order, structure and meaning to the mass of collected data. Marshall and Rossman (in De Vos et al, 2005:333) define qualitative data analysis as a search for general statements about relationships among categories of data.

For the purposes of this research study, data collected through interviews with individuals, and document study, was analysed using the inductive analytical approach. Since the study evaluates and describes a phenomenon (implementation of an HIV and AIDS policy), the analysis of data identified themes that derive from the participants` stories. However the main themes of data analysis were drawn from the interview questions, from which sub-themes and categories emerged. This entails that an open coding process was employed by the researcher and sub-themes drawn from the data and categorized. Therefore this study combined both a data-driven and theory-driven approach in analysing gathered information.

By data-driven approach, the researcher carefully reads and re-reads the data; looking for keywords, trends, themes or ideas in the data that will help outline analysis, before any analysis take place (Namey et al, 2007:138). Whilst a theory-driven approach is guided by

specific ideas or hypotheses the researcher wants to assess. The researcher may still closely read data prior to analysis, but his or her analysis categories have been determined a priori without consideration of the data (thus the themes emergent from questions) (Namey et al, 2007:138).

The following evaluation framework was useful in analysing the data;

Table 3.2: Evaluation framework

Key components of evaluation	Some key research questions	Qualitative indicators	Data source
Process (**Inputs**): This component addressed adequacy and ascertained if the intervention is working as expected within and across the sub-systems.	- What are the pillars/focal points of the policy? - What strategies are employed to implement the policy? - Who are main role-players in implementing the policy?	- Stakeholder participation, within Sappi-Ngodwana Mill towards HIV and AIDS intervention. - Reports on activities progress. - Strategies/activities of implementing policy.	- In-depth interviews - Documents reviews
Contexts (**Activities**): This aspect of evaluation explained whether the observed effects are due to the intervention? It is also essential for the eventual transferability of the results by documenting circumstances in which the intervention operated- what effects the intervention in this context produced, and for whom the effects were observed (WHO 2009:60).	- What are the challenges faced in implementing the policy? - Are there external stakeholder partnerships with regard to HIV and AIDS policy? - What changes and developments are there in the HIV and AIDS management system?	- Perceptions about HIV and AIDS in the company (Sappi-Ngodwana Mill). - Types of trainings and/ or capacity building provided in relation to policy and interventions on HIV and AIDS. - Changes or development of policy and intervention strategies.	- In-depth interviews - Documents reviews - Attendance registers
Effects (**Outputs**): This component is the most conducted and understood. It basically describes and/or quantifies the intervention`s outputs as well as its impact on effective coverage, quality of service. It deals with issues that correspond with the overall goals/outcomes of the programme (WHO 2009:60).	- In your opinion what has been achieved thus far in implementing the policy?	- Perceptions of stakeholders (role-players) in Sappi-Ngodwana HIV and AIDS policy implementation. - Results achieved	- In-depth interviews
Economic (**Outputs**):	- How are resources allocated with regard	- Perceptions of company	- In-depth

This measured the intervention`s cost-effectiveness by looking at incremental costs of implementing the intervention. Thus it addressed efficacy concerns (WHO 2009:61).	to HIV and AIDS policy implementation? - Is the intervention a good use of resources?	management (HR), HIV and AIDS committee. - Budget for HIV and AIDS intervention and prioritization of activities.	interviews.

Source: WHO (2009:61)

3.5.1   Data Analysis of Participant Interviews

The researcher employed manual data analysis, meaning that no computer software was used in this regard. Data gathered through a tape recorder was transcribed into hard copy and analysed together with interview notes. After data was organized and converted, the researcher read the transcripts in their entirety several times. It is stated that, the more the researcher reads and interacts with the data, the more patterns and categories begin to emerge (De Vos et al, 2005:337). Using the evaluation framework and the research questions therein, the researcher drew themes under which the participants` responses were categorised. By reading through the gathered data, the researcher could group related responses under one common theme and thereafter interpreted the information in relation to previous research literature and policy implementation strategies within the company.

3.5.2   Data Analysis of documents.

The research analysed policy documents with the view to familiarise with its contents. Using the internationally recognised benchmarks such as the ILO policy templates, the researcher looked at the purpose, its components, and strategies of Sappi`s HIV and AIDS policy. This understanding of the policy was then used by the researcher to interpret the interview data as it described the implementation process.

3.6.   PILOT STUDY

A pilot study is defined as, "a small study conducted prior to a larger piece of research to determine whether the methodology, sampling, instruments and analysis are adequate and appropriate" (De Vos et al, 2005:206). A sample was selected to serve in the pilot study to test the interview questions and the wording of these questions. Three participants (day 1 of interviews) from the sample population participated in the pre-test that was used to pilot the data collecting instrument (semi-structured interview guide) from which minor changes (appropriate siSwati terminology) were adopted going into the following interviews with other participants.

3.7.   MEASUREMENT OF VARIABLES

Reliability is a matter of whether a particular technique applied repeatedly to the same object, yields the same results each time (Babbie, 2010: 180). One limitation of the qualitative research is that it tends to be subjective and impressionistic, and might pose difficulties when categorizing and interpreting data (Psychology press, 2004:3).

 To ensure reliability in this study:

- A pre-test pilot study was conducted to assess the data collection tool;
- The findings from an interview data was compared with those from documented information within the company relating to HIV and AIDS.
- The researcher used the same interview guide with the same questions to each participant, which ensured uniformity of questions asked during individual interviews.

Validity on the other hand refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration (Babbie 2010:153). That is, comparing and cross -checking the consistency of information derived at different times and

by different means within qualitative methods (Patton, 1999:1195). For this study validity was ensured by;

- Comparing observational data, and documented information with interview data

- Comparing the perspectives of people from different points of view, that is policy designers` view vis-a-vis policy role-players` view. For example in this study, the researcher compared views of HIV and AIDS committee members interviewed (as planners of intervention strategies), and the views of peer educators (as implementers of the planed strategies).

- Validating information obtained through interviews by checking program documents and other written evidence that can corroborate what interview respondents report.

3.8. CONCLUSION

This chapter presented the methodologies employed by the researcher in planning the study; identifying the target population and sampling thereof; the collection and analysis of data approaches utilised in the study. The research was a qualitative process evaluation study which used a purposive sampling procedure to identify its participants. In so doing, attention was paid to certain ethical considerations such as confidentiality and avoiding harm of participants, among others. Thus qualitative data was gathered through in-depth interviews with key informants. Such transcripts were analysed together with other relevant policy and programme documents. Data analysis followed an inductive analytical approach wherein a data-driven and theory-driven approach was used to identify themes and categorising findings as presented in chapter 4 below.

CHAPTER 4: FINDINGS

4.1. INTRODUCTION

This chapter presents the analysis and interpretation of the data collected from 11 participants through in-depth interviews as well as documented information from Sappi`s HIV and AIDS policy and related documents.

Taking Sappi-Ngodwana Mill as a case study, this research aimed to answer the following questions:

- What are the HIV and AIDS policy implementation strategies and intervention processes employed at Sappi-Ngodwana Mill?

- What are stakeholders' perceptions of the effectiveness of the HIV and AIDS policy implementation strategies and intervention processes?

- What strategies can be employed to address the weakness of the Sappi-Ngpdwana Mill`s policy implementation and interventions processes?

4.2. THE FINDINGS

Themes and categories were derived from both questions and the participant`s responses and thereby operationally defined and explained in relation to collected data. The themes that emerged are summarised in table 4.1 below.

Table 4.1: Themes

Research aim/question	Interviews: Themes/Categories	Documents: Themes/Categories
Implementation strategies (data from documents and interviews with stakeholders)	a) Prevention and awareness b) Treatment c) Training d) Confidentiality and non-discrimination	a) Objectives and principles b) Programme components c) Implementation
Intervention processes (data from interviews with stakeholders)	a) HIV testing (incentivised) b) Big 5 health promotion c) Peer education	a) system factors b) employee-beneficiary related factors
Weaknesses of implementation and intervention strategies	a) System change b) Defaults on treatment and ignorance	

In this chapter only findings from questions 1, 2 and 3 are discussed in detail. The findings from the interviews are discussed first, followed by the findings from the documents.

4.2.1 Findings from the interviews

The findings from each question are discussed in line with the themes indicated in table 4.1 above.

Research question 1: What are the HIV and AIDS policy implementation strategies and intervention processes employed at Sappi-Ngodwana Mill?

In the implementation plan for the year 2010 to present, the aim of Sappi-Ngodwana mill`s HIV and AIDS programme is to prevent new infections and to treat those infected by HIV. The company states that in order to manage the impact of HIV and AIDS, individuals needed

to know their HIV status. From this stand point one finds that prevention and treatment takes precedence in Sappi`s HIV and AIDS interventions.

There are four themes that emerged from the research data in relation to implementation strategies in the company and these are as presented in the discussion below.

a) Prevention and awareness:

HIV prevention is defined as "using a number of methods to reduce or eliminate the risk of HIV being passed from one person to another" (International Financial Corporation, 2002:9). The objective of Sappi-Ngodwana mill is to introduce individual awareness and prevention programmes to contain and prevent the spread of HIV. The company`s HIV and AIDS policy implementation strategy divides prevention into 3 phases;

1. Primary prevention, which are activities aimed to ensure that those (employees) that are free of HIV stay that way (lifestyle, education, universal precautions etc.). This was confirmed by P3 in the following statement;

P3 stated that, "some of the duties of peer educators are to raise awareness to employees about HIV and AIDS. And they also do condom distribution. Condoms are put in places where employees can freely access them such as the toilets…"

This statement shows that primary prevention of HIV and AIDS is implemented at Sappi-Ngodwana mill. Peer educators are the responsible personnel in this regard.

2. Secondary prevention which are activities that screen for early signs of risk or subclinical disease (HIV testing, screening for early symptoms) and aim to minimise progression to avert disease (Pre-HAART, PEP, prevention of MTCT).

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P2 stated that, "we do HCTs, that is HIV testing to employees…we do not only do HIV testing, but we also monitor those we have tested and provide continuous counselling and support groups so we build relationships with those at risk… HIV testing in the company, take note, it is not done for statistics reasons but with the aim to assist employees and improve prevention efforts…"

Sappi-Ngodwana provides platforms for employs to be assisted as early as possible. The company uses professional personnel like full time employed qualified nurses to implement these crucial preventive services. It will seem again that HIV awareness in the company has internalised into line managers/supervisors who are also always on the lookout for employees who show early symptoms. This is found in the response given by P4 when he stated that;

"…all managers and supervisors are trained, and these are the first line of contact with employees. Also there is this principle of being a family (Sappi family)…so as the supervisor gets concerned or gets concerns raised by other co-workers, he organises a group visit to the clinic…wherein there are mechanisms and systems that are used to show the worker of concern that his/her health is deteriorating so that he/she can then later seek help…for example, there is a blowing game we play there, then if one fails to blow the ball, it will call for close monitoring of such an employee…"

3. Tertiary phase, which are the activities that aim to minimise progression of disease to incapacity, disability or death (ARVs, and disease management). This was alluded to by various research participants who revealed that treatment was part of prevention.

P1 stated that the HIV and AIDS policy in the company*, "…enforces treatment to infected employees and gives guidelines on how to deal with defaults* (on treatment)…"

This response speaks to disease management – wherein it shows that Sappi-Ngodwana mill has a plan to curb treatment defaults which when not managed can exacerbate the disease on

infected employees.

P2 gave examples of treatment as a prevention wherein they stated that, *"...two employees have recovered from very low CD4 counts ... 11 CD4 counts and 23 CD4 counts in 2012, to 483 CD4 counts and 346 CD4 counts, respectively, as at present..."*

The above assertion was also confirmed by the researcher in the treatment monitoring data tool that uses codes to identify patients (hence researcher cannot identify the patients). It therefore shows that disease management through early provision of ARVs proves to be a preventive measure in HIV and AIDS intervention.

b) Treatment

Workplace treatment programmes represent an alternative to the oversubscribed public sector ART rollout programmes and may enable employers to reduce their overall labour costs (Mahajan et al, 2007:s7). An evaluation of workplace care and treatment programmes should be carried out through the lens of the service provider model. Mahajan et al (2007:s7) states that, an analyses of large firms in South Africa have revealed three dominant models of treatment and care;

1. Employer-provided,
2. Medical aid scheme, and,
3. Independent disease management programmes.

In employer-provided model, an employer internally finances and delivers treatment for HIV-positive employees through a "closed" medical aid scheme, company clinic or both. From the collected data several respondents asserted to the above model wherein;

P2 stated that *"...some of them (employees) do not have medical aid, but the company is giving medication for free...some people take the first line treatment which cost over a thousand Rands..."*

P1 also stated that, *"...the HIV role-players in the company explain to people (employees) that treatment is free of charge within company..."*

The above statements by the respondents attest to the point that Sappi-Ngodwana mill provides HIV medication or treatment through the company clinic and such medication is catered for within the company budget. On that note P2 further state that;

"...we have never had a time where we run out of medication or funds to buy medication for employees on the treatment programme...the budgets are set in a way that it caters for new patients – be it blood testing or new patients enrolling in the treatment programme..."

Sappi-Ngodwana mill's standard operating procedure (SOP) on Management of Adherence to Treatment outlines that, "adherence to treatment is the most important issue affecting the success of ARV treatment. Poor adherence is the most common reason for treatment failure…and as such it is procedure at Sappi-Ngodwana mill that treatment should not be commenced until the patient has fully come to terms with his/her HIV diagnosis and accepts the concept and importance of adherence.

Thus P2 reported in line with the above mentioned standard, that, *"it is standard procedure or pre-requisite that an HIV-positive employee, who is to be registered in the treatment programme, undergoes a pre-ART education class..."* It will seem that, this is viewed as a critical aspect of the treatment programme within Sappi-Ngodwana mill, as it is aimed to reduce treatment defaults and encourage adherence thereto.

Therefore the study finds that Sappi-Ngodwana mill utilises mainly the employer-provided model in the treatment of its HIV infected employees. The reason may be that, there has been no local community health institution (clinic or hospital) to render such services in

Ngodwana area. Also one may point to this approach by Sappi-Ngodwana that the company is committed to the wellbeing of its employees and as such ensures that even those without medical aid receives appropriate health care. This commitment is not only at socio-political level but also financial and business oriented to which we find that HIV and AIDS intervention more importantly treatment and care has an adequate budget allocation.

c) Training

Ignorance and incorrect information are two among other factors that contribute to the spread of HIV and AIDS. Therefore Sappi-Ngodwana mill views education and training as an important pillar within their HIV and AIDS intervention policy and strategies. Education and training in the HIV and AIDS programme, is to build on employees` awareness by developing their knowledge and skills to personally respond to the epidemic (Sappi HIV and AIDS policy, 2003).

In the gathered data, the researcher uncovers that respondents speak to issues of training. Also the implementation guideline on the policy (HIV and AIDS) state that the HIV and AIDS programme co-ordinator must "ensure that the policy is communicated to all staff…"

On the above aspect, P3 stated that, *it is standard procedure that every new employee in the company undergoes induction or orientation training facilitated by the EWB officer*. EWB is aimed at striving for a healthy, productive, informed workforce and will ensure continuous support for the community through aligned initiatives. Therefore all employees are trained on the company policies which include the HIV and AIDS policy.

P4 reported that "…*there is a company called SANCA that comes to train peer educators…and also HIV intervention is tasked to those on the ground with employees, like the supervisors- who are trained to handle these matters"*.

P3 further stated that; *"…just recently we have appointed a new service provider for training*

of peer educators, and that is formal training not the monthly (internal) one…"

P8 also highlighted on the issue of training by stating that; *"peer educators have monthly trainings and there is a topic of the month system, for example it can be stress or alcohol…"*

The Employee Wellbeing Supervisory training- SOP (2011) for Sappi-Ngodwana mill also indicate in support of the above respondent`s point that; "the supervisor is a key role-player to the success of the company EWB programme as they are in daily contact with the employees…hence they are exposed to the HIV and AIDS policy and programme trainings".

P6 stated that, *"we have training session for supervisors… and peer educators are definitely trained by EWB officer…"*

P7 reported that, *"…Sappi sends role-players for trainings and courses on HIV and AIDS…not so sure probably once a year at least…"*

P2 also reported that, *"currently there is a workshop, where sisters (medical practitioners) are attending on the 6th June 2014…they will discuss and plan for the implementation of some of these things…"*

All the above respondents therefore asserts to the importance and availability of training and capacity building within Sappi-Ngodwana mill`s response to HIV and AIDS epidemic. However the findings from this data is that most of the trainings referred mostly to peer educators and also to supervisors – while when you go through the challenges stated by respondents one finds that there is a need to ensure that all role-players involved in the implementation of the policy be exposed to ongoing trainings. This point more specifically to the line managers who were often reported to be ignorant and reluctant to attend HIV and AIDS related meetings or even release some of their staff who are role-players.

Furthermore in the question relating to any changes that have been made to the policy in the

recent years, the researcher found that a majority of role-players who were interviewed confessed to have not read or gone through the policy documents in a long while. This must be seen as a need that all role-players ought to undergo re-cap and capacity building on new developments on the policy and strategies.

d) Non-discrimination and Confidentiality

Sappi Ngodwana mill`s HIV and AIDS Management Policy (2003) states that the role of the HIV and AIDS committee is to "promote the creation of a supportive and non-discriminatory working environment". In this regard the HIV and AIDS management programme standards states that - based on the Employment Equity Act – no person may unfairly discriminate against an employee or an applicant for employment on the basis of their HIV status.

P11 reported in confirmation of the above, stating that*, "one of the main pillars of the policy is that it protects employees from segregation…the policy sets to protect the infected employees, wherein if an employee talks about you and segregates you about this thing (HIV)…someone can be fired if such an incident is reported to management. Therefore this policy is strong on that issue".* By segregation, the respondent refers to issues of discriminating one person based on his or her status within the company.

P5 stated that, *"the policy talks about how HIV positive people are not allowed to be discriminated against…"*

P2 attest to how strong the company policy is on implementing this aspect of non-discrimination by stating that, *"…since I have been employed here at Sappi-Ngodwana mill, I have never had or heard of any issues concerning discrimination among employees…and this shows that people are now accepting and are informed about HIV and AIDS…"*

Furthermore the HIV and AIDS management standard in Sappi-Ngodwana mill asserts that,

all persons with HIV and AIDS have the legal right to confidentiality. Thus P3 reported that, *"…confidentiality is an important, very important aspect as well…"*

P4 reported that the policy, *"…stipulates how one has to go about with disclosure of information in relation to confidentiality…"* On this note the same respondent further highlighted that, there were changes made on the confidentiality clause in the company policy, wherein the respondent stated that prior the company would send employees for testing and thus release statistics of such activities to the entire company population- "*and this caused employees to start pointing fingers at each other with suspicions and assumptions, since they could figure out who may have gone for HIV testing at that particular period…therefore the change was that HIV testing be done internal and such statistics be released only to the committee…"*

In summary, workplace programmes refer to a range of company based interventions including the institution of an HIV and AIDS policy; voluntary counselling and testing (VCT), prevention awareness and education, and antiretroviral therapy (ART) provision, (Mahajan et al 2007:s1). The findings indicate that the implementation strategies at Sappi-Ngodwana mill follow those of the internationally recognised standards as outlined by institutions like ILO and other benchmarking agencies.

Research question Question 2: What are stakeholders' perceptions of the effectiveness of the HIV and AIDS policy implementation strategies and interventions process?

Policy implementation at Sappi-Ngodwana mill follows a set standard procedure and implementation plan. The discussion below is an outline of emergent intervention processes or activities from collected data.

<u>a) HIV testing</u>

The provision of VCT (HIV testing) is an integral component of a comprehensive workplace HIV and AIDS response. HIV testing represent the primary access for employees to HIV education and risky behaviour modification as well as to care and treatment programmes once a diagnosis is made (Mahajan et al, 2007:s6). Sappi-Ngodwana mill thus provides HIV testing as one of its main intervention strategies. The HIV and AIDS management programme standard procedure document at Sappi-Ngodwana mill state that, "no employee or applicant for employment may be required by the company to undergo an HIV test in order to ascertain their HIV status…" The above statement therefore alludes to the company`s adherence to national and international legal frameworks that guide issues of HIV and AIDS- it promotes the right and principle of voluntary counselling and testing (VCT) for HIV.

P7 stated that, *"...one of our main strategies or activities to implement the policy plans is VCT for the entire employees…testing (HIV) is done at our medical centre"*

P2 reported that *"the company conducts medical surveillances and HCTs, which is HIV testing…"*

Some research have shown poor uptake of HIV testing in the workplaces, this due to various factors- and one common factor being employees` distrust on an employer`s motivation to conduct testing. This research study uncovers such sentiments in the respondents` data, wherein P4 stated that,

"...we advocated for the change in terms of releasing statistics to the entire company population…people could start to point at each other on who went for HIV testing and who could be HIV positive. And also some employees would relate such statistics to recruitment- to say when the company recruits, say, 20 learner artisans…you would hear employees say this means there is 20 HIV positive employees who will die…"

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The above report may point to factors that limit VCT uptake. However Sappi-Ngodwana mill seems to be progressive in handling issues of HIV and AIDS intervention. The research participants reveal that the company strategies evolve with the dynamics that come about with the epidemic, as outlined below;

P2 reported that, *"...we do HIV testing and not only stop there, but we do monitoring, we do support groups, we do continuous counselling...and on yearly basis – like now, we are running a programme- we bought incentives whenever you come test (for HIV) we give you something, just to motivate them...our intention is not to give them that something (incentives) but motivate them to come and test so that we do something about their status- not statistics purpose but give the medication and monitor..."*

Another respondent, P4 further attested to the strategy of incentivising the VCT service as a motivation to employees to make use of the service provision in the company, by stating that; *"...for example, just now-last week it was decided that the company will buy 12 tickets in June...and the first 12 people who will test for HIV will go to Joburg to watch Pumas. They will get tickets, provided transport and accommodation by company..."* The same respondent further reported that; *"...the company sets targets for itself on this strategy (VCT). For this year the target is 500 per year, and so far from January to March (2014), 140 people are reported to have been tested for HIV – and in those, 3 are new (first time to test for HIV)"*

HIV testing as it is said is a voluntary and confidential service - this study finds that Sappi-Ngodwana strives to maintain the values and principles (voluntary-confidentiality-non-discrimination among others) in providing this service. The company has for years made sure that HIV testing is not an isolated service to remove stigma on it and this we see through the

widely reported *"Big 5 health promotion"*. The "Big 5" will be discussed in detail below as a sub-category- but on this point data shows that the Big 5 is a comprehensive health assessment or check-up which encompasses 5 major ailments or chronic diseases including HIV. This approach or strategy reduces the stigma related to HIV and AIDS.

b) Big 5 health promotion

A number of respondents referred to the "Big 5" as one of the main intervention strategies or activities in the company`s HIV and AIDS. The "big 5" is a health promotion campaign that is described to be comprehensive and holistically assesses Sappi-Ngodwana mill`s employees on 5 major health conditions, viz; Weight (BMI); Cholesterol; Blood sugar; Blood pressure; and HIV. According to the company`s implementation plan- this big 5 campaign stems on 3 pillars or principles;

1   Know your status regarding the big 5 conditions

2   Treatment adherence

3   Ongoing monitoring and support (to employees).

Thus P4 reported that, *"We have the big 5 health promotion, where we go for HIV, TB, and sugar (testing) every year… for the past 6 to 7 years we have been running this programme except for last year (2013). Now the problem, it looks like there is no value…"*

P1 stated that, *"…from time to time, we call all the workers and deal with the big 5. And when we deal with the big 5…it was a realised that people no longer come for testing, we then came up with incentives to promote these services – some would win a stove or something like that if they test…"*

P6 stated that, *"there is campaigns such as the big 5…we haven't done it the past year (2013)… it provides voluntary testing for employees in the mill not after hours at the medical centre…"*

P3 thus mentioned the big 5 campaign and in so doing highlighted its very purpose and success therein, wherein the respondent said; *"...we test for big 5 conditions and HIV was part of those (conditions)... the reason for this was to help people to dis-stigmatise (HIV), and I think it went very well..."*

Therefore the big 5 seems to have been an extended arm by the company to ensure that health services especially HIV and AIDS objectives are extended to the employees with the objective to maintain confidentiality of tests and thereby reducing stigma on employees seeking HIV services. This study therefore finds this approach of grouping the tests for various health conditions as has been an innovation that may have helped the company reduce stigma towards HIV as well as grow the employees` confidence to take up HIV testing. Although the strategy seems to have been suspended at Sappi-Ngodwana mill, such reasons were not uncovered in this study, however it will be of importance to have another study that will do a data comparison on the uptake of HIV testing between the BIG 5 years and the years after the suspension thereof. This will help inform the company on the prominence or otherwise of this activity/strategy.

c) Peer Educators

According to Mahajan et al (2007:s6), peer educators are credited with being one of the main forces behind HIV and AIDS education, awareness, and behavioural training programmes in the workplaces. The potential contribution of peer education programmes to enabling HIV prevention in the workplace has been championed by many stakeholders – Sappi-Ngodwana mill as such. Below is an outline of the gathered research data that emerged in relation to peer educator system as an HIV and AIDS intervention strategy in the above mentioned mill.

P11 reported that, in implementing the policy *"...the company involves employees-that is why*

we have peer educators who are the ones who make sure that all the activities to organise and spread information about this (HIV and AIDS) gets to people…"

P10 stated that as far as they can remember in the formulation of the policy- *"…I heard an announcement that there is need for these people called peer educators…"*

P5 reported that, *"…I know in terms of education, what is available is that we use peer educators. We have now also managed to get some peer educators from the contractor companies` side…"* The respondent thus emphasises that peer educators are viewed as the main medium of educating the employees and surrounding communities about the epidemic.

P4 mentioned in this subject of peer educator system that, *"the policy states that there should be peer educators…not by sections (in the company) but, they should be voluntary- not someone who will be appointed… and there is a company called SANCA that provide trainings to peers…"*

Because HIV and AIDS is a changing phenomenon with ongoing studies to develop intervention thereof, it is important that such important personnel like peer educators undergo ongoing trainings. Thus P11 asserts that, *"…peer educators have training each and every month…"*

P1 reported that, *"the policy makes mention that every section (in the company structure) there is a peer educator…and (outlines) how peer educators are to be identified, as well as training is to be provided to the identified peer educators"* The respondent further stated that these (peer educators) are people who are popular in their sections, people who do not lie and with credibility.

Based on the respondents` information above the study found that peer educators have been a part of the policy implementation at Sappi-Ngodwana mill from the onset of the programme- that is, since the adoption of the HIV and AIDS policy. Such peer educators are also carefully

accorded the role after which they have met the criterion. Furthermore peer educators undergo formal educational training which is in 3 stages.

In summary, it is clear that the company (Sappi-Ngodwana) has had some successes in implementing its treatment programme. Such is in line with what P1 stated that, "*Sappi recognises the efforts made by government on HIV and AIDS issues and as such we play our role in this system of intervention*" The respondent further mentioned that, the company incline their strategies with those of the government and this is found in the response outlined below;

> "*...when Motsoaledi (Minister of Health) took over, we saw positive changes in treatment at government level, and thus our company followed in that foot step – hence we have changed and improved treatment drugs here as well...*"

This assertion was also supported by P2 who stated that

> "*...immediately after we knew (learnt) about the one-tablet treatment from the government, we swiftly began to prescribe it to some of our patients who had side effects from the other combination treatment...and I should say this has been a successful achievement in managing the conditions of our patients...*"

The researcher thus finds that the company recognises that HIV and AIDS is an ever developing phenomenon both as an epidemic and also on the new information and knowledge from ongoing research. Therefore they welcome and take up new findings into consideration. This is a strength presented by Sappi as a system. The systems theory states that one strength

or characteristic of a system is its ability to evolve with environmental changes and adapt to its functional capabilities (Gilson 2012:34).

Research question 3: <u>What strategies can be employed to address the weakness of the Sappi-Ngpdwana Mill`s policy implementation and interventions processes?</u>

With regard to policy implementation and intervention processes, the researcher found several responses from data that pointed to certain weaknesses in the system. One systemic weakness found in the data gathered was that reported by P8 that, *"some contractor companies do not have or want to have their own policy on HIV and AIDS – for example our company does not have and they have not responded positively on my request (to have our own policy)..."* Viewed from a systems approach, this aspect of the findings present a weakness in the Sappi`s HIV and AIDS intervention since these contractor companies are part of the entire Sappi-Ngodwana system. From a systems theory if one part is dysfunctional it renders the entire system to be dysfunctional thereby. This is the same sentiment shared by P2 who stated that, *"the biggest challenge we have at this stage of HIV and AIDS intervention is related to contractor companies, whose employees are not fully covered by the provisions of the Sappi policy. Furthermore it seems Sappi does not have those powers to enforce these contractor companies to have such things as HIV and AIDS policies in place".*
One finds there is a feeling that, while Sappi-Ngodwana mill is taking big strides with innovations and developments of its HIV and AIDS response efforts, some of their partners (contractor companies) are not following suit. This seems to be a threat that stagnant progress therein.

P8 reported that a challenge that points to system weakness, by stating that, *"as contractor*

companies, some of the managers do not pay attention or understand HIV and AIDS intervention" The participant further stated that, *"...some are afraid to go test – you find someone would fall sick until death not wanting to test- people are just stubborn..."*

P9 made reference to system weaknesses that pose as a challenge in the implementation process, stating that; *"not all of the management agree to existence of HIV and AIDS as a problem in the company- they do not attend meetings, or do not release certain employees (HIV and AIDS role-players) to come for meetings...some (managers) are just too ignorant of this whole issue (HIV and AIDS)..."*

In summary, qualitative analyses of stakeholders other than company management offer an important insight into the development and quality of policies (Mahajan et al, 2007:s4). The findings indicate that some managers within Sappi-Ngodwana mill`s HIV and AIDS management system are not fully committed to the HIV and AIDS objectives and activities. Further to that, contractor companies do not have their own policies on HIV and AIDS intervention. Studies have shown that, HIV and AIDS management is most successful if there is full buy-in from all managers within a company (Brendell, 2003:9). Thus the EWB officer has to continue engaging with managers to ensure a positive stakeholder-ship.

4.2 2 Findings from documents

The findings from each question are discussed in line with the themes indicated in table 4.1 above.

Research question 1: What are the HIV and AIDS policy implementation strategies and intervention processes employed at Sappi-Ngodwana Mill?

a) <u>Objectives and principles</u>

The <u>objective</u> of the HIV and AIDS policy in Sappi is to clarify Sappi`s strategy for the management of the HIV and AIDS epidemic.

The <u>principles</u> of this policy are that;

- Employees and their representatives will be consulted on the content and implementation of this policy.

- Employees with HIV / AIDS will be protected against unlawful discrimination and practices.

- Employee benefits will be determined by the rules and requirements of the relevant funds and schemes which may change from time to time, and

- Reasonable precautions will be taken to ensure confidentiality regarding the HIV status of any employee.

b) <u>Programme components as per policy (Sappi-Ngodwana)</u>

The policy document states that, the HIV and AIDS programme at Sappi-Ngodwana mill will provide employees access to;

1 Information and education

2 A variety of preventive measures

3 Guidance on the appropriate management of HIV related infections/diseases, risk behaviours and other diseases that may impact on the HIV and AIDS epidemic or HIV and AIDS individual.

4 Appropriate support and counselling services to employees affected by the disease and where reasonably possible their families (Sappi HIV and AIDS policy, 2003).

<u>c) Implementation</u>

In the study of the policy document, the researcher found - with regard to implementation, that Sappi-Ngodwana mill will appoint an HIV and AIDS programme co-ordinator and working group to;

- Ensure that the policy is communicated to all staff.

- Monitor and evaluate the company`s HIV and AIDS programme.

- Advise management regarding programme implementation and progress.

- Liaise with local AIDS service organizations and other resources in the community.

- Promote the creation of a supportive and non-discriminatory working environment.

In summary, according to ILO (2001), an HIV and AIDS workplace policy ought to include provisions in the following areas;

1. The protection of the rights of those affected by HIV and AIDS. This includes issues of dealing with stigma and discrimination.

2. Prevention through information, education and training. In the absence of vaccine and cure, information and education are vital components of an AIDS prevention programme. Because the spread of the disease can be limited by informed and responsible behaviour, practical measures such as condom distribution are also important means of supporting behaviour change within the workplace community.

3. Care and support for workers and their families. It is in the interest of both the enterprise and the employees if infected individuals are assisted to remain at work as long as possible.

Using the above provisions as benchmark in this study, the researcher`s findings from both interview data and document study (HIV and AIDS policy and strategies) show that Sappi-Ngodwana mill`s HIV and AIDS workplace policy is composed of, and implements a

comprehensive strategy that covers all components of HIV and AIDS interventions.

Research question 2: <u>What are stakeholders' perceptions of the implementation strategies and intervention processes?</u>

There are challenges that were raised by participants with regard to implementation and intervention of HIV and AIDS within Sappi-Ngodwana mill. These challenges pose as weaknesses of the implementation process – such as the system changes, and employee/beneficiary related factors. The discussion below outlines the findings in relation to the participants` perceptions of the HIV and AIDS policy implementation at Sappi-Ngodwana mill. These findings are categorised under 2 broad themes; System factors and beneficiary related factors.

a) System factors

Other research studies have shown that there are factors affecting the overall quality of peer education programmes in the workplace. These factors include among others, the quality of training of peer educators, sufficient time allotment for education sessions, and adequate buy-in from local union officials and line managers (Mahajan et al 2007:s6). The above previous findings are also picked up in this research data, wherein;

P3 reported that, *"…challenges…is our peer educators system, let me say, in the beginning when HIV issues got known, peer educators were only linked to HIV, but I think that time has passed…we looked at our target group, 90% of our employees are educated people and I feel- it is my feeling that this peer educator system is more applicable to illiterate people…we have looked at other previous research studies on peer educators system in this regard and the only latest information we get is 7 years old, so we do not know what is the current system*

and we start to see the peer educators broader, not just HIV but wellness peer educators. But our challenge is in terms of our shifts, people are very busy as they work 12 hours shifts…people are not available…"

In relation to the above assertions, the study finds that there is a feeling of having exhausted the ideas and activities regarding peer education within the company. Peer educators who participated in the study report dissatisfaction and low morale shared among the entire group, while on the other hand there is need to revamp the peer educators` system, with limited ideas or which direction to take. This challenge may stem from the system change, wherein the company made a business decision to adopt the new 12 hours' work shifts, and such a change in one part of Sappi-Ngodwana mill as a system is affecting the functioning of other parts of the system – in this case being the peer educators. Therefore there is a need to understand and address the challenges that affect the current peer educators` system, mainly rejuvenating the motivation and commitment and thus adopt new approaches.

P5 stated that *"some of the challenges we face is that of line managers being ignorant…you find that you call for peer educators` meeting or activity and no one or a few comes- that, not because they do not want but managers would say no we are too busy…"* It will seem that the respondent finds the management as a pullback factor in the implementation of the HIV and AIDS management system within the company.

One respondent (P11) highlighted a challenge peer educators are experiencing in the current year since the company restructured the working shifts stating that, *"…peer educators undergo monthly trainings, however the new shifts are disturbing- just like today we should be having our training, but it was cancelled because most people are committed…"*

Furthermore the same respondent (P11) stated that *"the release of funds or lack thereof, has killed the morale of peers, because you find that we have activities planned, such as when there are soccer tournaments by the grounds and we wish to go there and do something – preach this gospel (HIV and AIDS), but not get financial support…"*

P2 pointed to the issue of the work shifts that were newly adopted in the company as posing a challenge or reflecting the current weakness in the treatment programme of HIV and AIDS in the company. The respondent stated that, *"currently they are working 12 hour shift, the shift change is a challenge- I can only expect that patient to see me within 30 minutes before he boards the bus, because a majority of people stay far away. They work only 6 days in a month (excluding night shifts- which we are not at work) – so if I miss him in those 30 minutes, you will see him next month…so patients skip appointments and medication. So sometimes we come weekends without overtime pay, just for our people..."*

There is feeling among respondents who are tasked with implementing intervention strategies, that the changes that have been adopted in the company have disrupted activities related to HIV and AIDS management.

b) Employee/Beneficiary related factors

The implementers raise the challenge related to implementation that employees/beneficiaries of the policy are sometimes not receptive of the services. P9 pointed to employee issues by mentioning that, *"...employees in general are ignorant- people do not listen to our message, even if you approach people on a 1-on-1, they feel like you are labelling them as HIV positive…"*

P1 mentioned that there are several challenges faced in the implementation of the programme

more importantly with treatment, wherein he stated that;

"There is denial among our people, you will have a guy who is now recovering – but speedily you see this person changing… because he is taking imbiza (traditional medicines). Furthermore the other challenge on this matter is that we work with the elderly as well…old people who still believe nothing beats traditional medicines, so to change such mind-sets is difficult."

P2 highlighted in support of treatment implementation- a common trend that has been picked among patients. The participant reported that *"…people don't finish medication – with chronic medication, there is a trend…once one feels better they just stop treatment. So that is why we have a "buddy" system to encourage each other (to take treatment) out there…"* The respondent further stated that as a measure to the uncovered trend on treatment, over and above the buddy system, *"we offer training – divided into 3 stages. You go through pre-ART training, adherence to treatment training and the side effects of default. Whenever we see a patient we do not assume they are taking their medication, thus we even go to the extent of highlighting the side effects of stopping or defaulting treatment before the disease is stabilised…"*

P4 stated regarding treatment challenges that, *"…over and above our culture, you find that this person is here (at Ngodwana mill) and they do everything by the book on their treatment - come weekend off, they go home…everything is left here"* By this the respondent asserts that some employees keep their conditions (HIV status) as a secret to their families. The respondent further stated that, *"…the other thing there is this trend – one gets into treatment programme say 2009 and every time they take leave say around June – so in all the years following, you start to see problems such as treatment defaults every year during the months*

of his annual leave. That's when we realise that for some, this medication is only when they are in Ngodwana and they don't take it along when they go home…" This response by the above respondent show that the company has good monitoring and evaluation systems that manages to pick up trends and activities of the implementation of the company policy.

P11 stated that, *"most employees are still ignorant of the HIV and AIDS issues. You find that most employees still have the fear to go for testing or even when one has tested HIV positive- they do not go for treatment…"* This may point to behaviour change information delivery within the company, which needs to change and improve with times. However the respondent further mentioned that, *"…as peer educators we vowed to be persistent to talk about and raise awareness about HIV and AIDS issues to encourage people to seek help or know their status…"* One finds that, peer educators are determined to undertake their duties regardless of rejection or ignorance encountered and as such they recognise that awareness raising requires ongoing activities with the same message.

P4 reported that, *"resistance from employees is the challenge. This resistance is linked to culture. People deny that there is HIV, they treat it as a foreign thing to their culture…hence they don't seek help even if the symptoms are there, that they may be HIV positive- it is denial issues…"* The respondent points to issues of myths and cultural belief are some of the factors that affect intervention processes at Sappi-Ngodwana with regard to HIV and AIDS.

 In summary, as the researcher went through the policy documents, one aspect that was not picked up clearly was the monitoring and evaluation systems in the Sappi-Ngodwana system. The HIV and AIDS policy document does not make reference to monitoring and evaluation. However in the interviews data the study found that monitoring and evaluation is done by all

stakeholders. This was viewed as a weakness of the policy document and as such a review be made on the policy to include a monitoring and evaluation framework and systems. This will help to make it a mandatory and enforceable part of the policy implementation.

The systems perspective, a vital aspect is how system stakeholder networks are included and how context shapes this stakeholder behaviour (WHO, 2009:44). Different stakeholders may each see the purpose of the system or intervention differently, and also show how changes made to one component of the system influence the other components. In this regard, the study interviewed different stakeholders in the Sappi-Ngodwana`s HIV and AIDS management system and they expressed various perceptions about the processes and developments therein. The findings show that there were changes in the company`s operations structure in terms of the business side, and this affected the HIV and AIDS management stakeholders, more so the peer educators whose activities have been disrupted by the current work shifts. On the contrary, one stakeholder expressed dissatisfaction with the whole peer educators` system (even before the affecting changes), highlighting issues of relevance and impact. Thus the respondent advocated for a change to a new approach to peer education. However such a new approach is not known at this stage. A stakeholder consultative engagement seems to be a requirement to improve this part of the Sappi-Ngodwana mill`s HIV and AIDS management system.

4.3 Summary: finding from interviews and documents

Qualitative analyses of stakeholders other than company management offer an important insight into the development and quality of policies (Mahajan et al, 2007:s4). This study engaged various stakeholders in Sappi-Ngodwana mill`s HIV and AIDS management system. They expressed opinions on the policy and its implementation programmes. There was

general consensus that the company`s policy caters for the needs of its employees infected or affected by HIV and AIDS by meeting the expected standards as per benchmarks.

Going through the policy document, the researcher could not find the monitoring and evaluation strategy of the policy. This is in line with findings from a survey of Southern African firms in 2005 which stated that, "few monitoring and evaluation methods for workplace prevention programmes were identified". This is perhaps not surprising given the difficulty of determining the efficacy of prevention programmes in any setting (Mahajan et. Al 2007:s5).

4.4 CONCLUSION

This chapter presented the findings from the interviews and documents. The next chapter analyses the findings in detail, discusses their implications of the HIV and AIDS interventions and provides recommendations for further research.

CHAPTER 5: CONCLUSION

5.1.   INTRODUCTION

This study was set out to conduct a process evaluation on the implementation of an HIV and AIDS policy at Sappi-Ngodwana mill. This chapter provides a synthesis of the research findings. It also presents suggestions for future research and recommendations for policy and programmes will be presented.

5.2.   IMPLICATIONS OF HIV AND AIDS POLICY IMPLEMENTATION AND INTERVENTIONS

5.2.1 Research question 1:   What are the HIV and AIDS policy implementation strategies and intervention processes employed at Sappi-Ngodwana mill?

The research found that Sappi-Ngodwana mill follows the ideal framework (IOL and other international standards) on HIV and AIDS policy and implementation strategies. The implementation strategies/policy components presented in the findings (chapter 4) as was outlined in the respondents` data collected, shows a general adherence to these international benchmark frameworks. Wherein the study found that the company has activities on *prevention* (awareness and education, VCT, behaviour change information, condom distribution); *treatment* (pre-ART, employer-based provision of medication to infected employees); and also uphold the principles of *confidentiality and non-discrimination* through activities such as VCT for HIV, the Big 5 health promotion – that promoted the above mentioned principles thereby reducing stigma. The results that the company has achieved thus far in the management of HIV and AIDS may be linked to the structure of the policy and implementation strategies that are informed by tried and tested frameworks and systems.

According to International Financial Corporation (2002:7), typically companies have two objectives in understanding a workplace HIV and AIDS programme, that is; to limit the incidence of new infections among staff and the surrounding community – through changing behaviour and increasing the use of preventive measures; and to manage the impact of existing infections – through improving medical care and support to persons affected by HIV and AIDS and other infectious diseases. This is a learning process for many companies, which means that good practice approaches are continually evolving (IFC, 2002:1).

The research also showed that Sappi-Ngodwana mill mainly utilises the employer-provided model" in providing treatment medication for HIV infected employees. In so doing, this has ensured that every HIV positive employee has easy access to medication within close proximity. This also serves to keep employees healthy and fit for their duties while maintaining the business and productivity of the company. This approach/model is seen as one of the strengths of Sappi-Ngodwana mill in implementing the HIV and AIDS policy as it encourages the buy-in and commitment of company management as they become an involved part of the intervention system through budgetary and monitoring systems. Mainstreaming HIV and AIDS into the company budget is one of the strengths of Sappi`s policy interventions.

Looking at the profile of the research participants (although it may not be conclusive), the study found that the HIV and AIDS intervention team constitute a comprehensive representation of all stakeholders within the Sappi-Ngodwana mill`s social system. The committee comprises of general workers, contractor companies` employees, skilled/professional staff, as well as management. Therefore the structure and composition of the "HIV and AIDS" (EWB) committee and the implementation team presents a strength of

the policy programme implementation as it seems to involve all levels of Sappi-Ngodwana mill`s employees and thus manages to reach all levels of the company personnel. Although it is not clear how Sappi-Ngodwana`s policy was formulated, ILO (2001:4) state that, if the policy does not take the form of a negotiated agreement, a short clause could be added whereby management and worker representatives pledge their full support to the policy. This is an aspect that Sappi-Ngodwana mill could explore to ensure stakeholder commitment more especially on the few managers/supervisors who were reported to be unsupportive.

The study found that Sappi-Ngodwana mill`s HIV and AIDS policy implementation changes (evolves) with the phenomena and/or with the development of knowledge. The data showed that, implementers and planners are always on the lookout for new ideas and information. Innovations such as the BIG 5 that assisted in dealing with stigma and encouraged HIV testing; developments/improvements on treatment such as the immediate adoption of the single pill doze; the monitoring systems that track the progress of diagnosed employees – are all intervention activities among others that came out of research data. This was seen as one of the strengths of the intervention process as it ensures that the company strategy does not remain stagnant and fruitless. The above finding is in line with the assertion by Bureau for Economic Research and South African Business Coalition on HIV and AIDS (2004:52) that, the reality of the epidemic demands that not only policies and HIV and AIDS programmes be in place, but also that they should be effective and evolve with changes in the company and the effects of the epidemic.

In implementing the HIV and AIDS policy Sappi-Ngodwana mill uses a standard framework that include all components of HIV and AIDS intervention strategies. The company`s EWB-HIV and AIDS committee constitute of a balanced representation of all hierarchical levels

among employees and this assists in the dissemination of information to beneficiaries. Intervention strategies are reported to evolve with the dynamics of HIV and AIDS and this shows that the company is committed in ensuring the wellbeing of its employees. However certain challenges are encountered such as the current work shifts that seem to have unsettled a number of HIV and AIDS activities more importantly the peer educators` activities. In this finding, the researcher finds the prominence of process evaluation of a programme implementation on a systems perspective, wherein WHO (2009:39) states that many programmes and evaluations still ignore the fundamental characteristics of systems, often considering the individual parts in isolation rather than as part of a dynamic whole. This perspective pays attention to how the component parts act, react and interact with each other in an often counter-intuitive process of connectivity and change. Thus the peer educators` challenge can be eluded to be a system effect which requires a systems thinking solution.

5.2.2 Research question 2: What are stakeholders' perceptions of the effectiveness of the HIV and AIDS policy implementation strategies and intervention processes?

The study found that, the changes in the company`s work shifts has had somewhat negative impact on the HIV and AIDS intervention system and to beneficiaries. Although the change to 12 hours work shift was reported to have been a good business decision – in this study it was found to be disrupting meetings and activities related to peer educators and other HIV and AIDS role-players in the company. Also the shifts have seen service beneficiaries (employees) such as those on treatment programmes having limited time or even unable to access the medical personnel adequately. Therefore a business decision may be affecting the wellbeing of some employees with regard to HIV and AIDS services.

The study further found that there has been a shift of approach on HIV and AIDS

intervention. According to research data, the company has adopted a more holistic approach – in place of the previously known "committee for HIV and AIDS" and solely addressing issues of HIV and AIDS, there is now talk of "employee wellbeing" (EWB) which addresses a vast other psycho-social (emotional, social, economic issues) and health issues, therein including HIV and AIDS. Some studies have shown that HIV and AIDS is not just a health problem and as such may not be dealt with only from the health point of view alone. Gunduz (2006:50) states that, "HIV and AIDS is not just a public health problem". Devastating the workforce, aggravating poverty, making more and more children into AIDS-orphans, the pandemic could even diminish the achievements of developments of the last 50 years. United Nations played its part in this changing mind set, by introducing the concept of "human security" and by discussing HIV and AIDS in African at the Security Council in January 2000 (Gunduz, 2006:50). It is this view that Sappi-Ngodwana mill has had a paradigm shift to include other aspects of human development and wellbeing into the HIV and AIDS management. Therefore this approach by Sappi-Ngodwana should be seen a positive shift as it brings together a comprehensive programme of activities. However the immediate impact of this approach has been uncovered in this study, wherein it found that this shift has brought uncertainties or confusion in the structure and direction of the peer education system- that is why we found responses that pointed to a need of a new system or approach for peer educators. As the programme coordinator is at catch 22 with regard to the peer educators` system, the peer educators themselves seem to feel unsupported and thus losing morale on the ground work.

In summary, there were mixed viewpoints that were expressed by policy stakeholders in the company as they reported both positives and negatives of the system. The developments that are reported to have been adopted by Sappi with regard to business improvement are seen by

HIV and AIDS policy implementers as a hindrance/disruption to their policy implementation activities due to time constraints. While on the other hand, the HIV and AIDS management system on its own has evolved to a holistic approach which is a positive in terms of managing the whole dynamics of the epidemic which include more than just health issues but psychological/emotional wellbeing-economic-social and physical wellbeing.

5.2.3 Research question 3: What strategies can be employed to address the weaknesses of the Sappi-Ngpdwana mill`s policy implementation and interventions processes?

A policy evolves and develops with changes in the environment and context in which it operates. This therefore calls for new implementation strategies that go with changes. The study found several challenges and developments within Sappi-Ngodwana mill`s HIV and AIDS management system. With regard to the 12 hours work shifts, it is suggested that all stakeholders involved in the HIV and AIDS management be consulted and thereby review the activities implementation strategies.

The findings showed that Sappi-Ngodwana mill has challenges with contractor companies who do not have their own HIV and AIDS management system and/or policy. Furthermore Sappi has no powers to enforce such companies to have their own workplace policies. Education and awareness seems to be the strategy to engage the contractor companies` management. It will be of importance to invite these managers into the EWB/HIV and AIDS committee to which they will learn the importance of having an HIV and AIDS policy and programme.

Monitoring and evaluation is one aspect of an HIV and AIDS policy. Monitoring is an important part of any corporate HIV and AIDS programme because it enables a company to measure its progress against its stated goals and make informed decisions about the

effectiveness of various interventions relative to costs (International Financial Corporation 2002:18). However Sappi-Ngodwana`s policy does not make reference to this aspect. Although extensive monitoring and evaluation data is collected by stakeholders, it could be to no use if there are no systems and framework of how and where such data may be used. Furthermore without a monitoring and evaluation strategy there is no mandatory and enforcement of such an activity on stakeholders. Thus it is suggested that a monitoring and evaluation framework/strategy be put in place within the HIV and AIDS workplace policy as an important component.

5.3.   LIMITATIONS AND STRENGTHS OF THE STUDY

The limitations and strengths of this research study are discussed below.

5.3.1   Limitations

- The reliance on qualitative data excluded valuable quantitative data that could have revealed the impact and effectiveness of the process at this stage of implementation, had the study been a mixed design approach. However for this level of study and time limitations - this could not be an option. Furthermore the company undertakes HIV prevention surveys every 4 years, thus it was of importance to have a solely qualitative study to support the more quantitative data produced through these surveys.

- With regard to data collection, the research tool (interview schedule) was designed in English and thus questions had to be translated into vernacular (SiSwati). The researcher is not fully proficient in SiSwati and this may have changed the tone and stance of questioning. However the analysis of data showed that the responses gave adequate and relevant information regardless. It is thus suggested that first the researcher determine the level of education and preferred language of respondents

before conducting a study. Where possible, a professional translator be consulted to produce a set of the research questions in the respondents' preferred language..

5.3.2   Strengths

- This study was strengthened by the 100% response rate of participants. All participants honoured the appointments and thus responded to all questions as asked. Furthermore the sample representation was a strength, as it catered for all categories of the main role-players implementing HIV and AIDS workplace policy at Sappi-Ngodwana mill.

5.3.3   Reflection on insider-outsider role of researcher

- It is becoming increasingly important for social and behavioural researchers to clarify their personal motivation for their research, especially for those utilising qualitative methodologies that require reflexivity (Breen 2007:165). Generally insider-researchers are those who choose to study a group which they belong, while outsider-researchers do not belong to the group under study.

In this study, the researcher occupied both the insider and outsider role. As an outsider – the process of gaining entry into the company (Sappi-Ngodwana) to conduct the study was a challenge of negotiating through the red tape process. Thereafter the researcher built a rapport with the employee well-being (EWB) officer who was the contact person in the company for the entire research process. The contact person assisted the researcher in the process of sampling and arrangement of interviews and venues with participants. It is when the researcher realised at that stage he occupied an insider role as viewed/perceived by many participants. Therefore considering these two scenarios, one may acknowledge that this may have had a bearing in the responses of participants who would- based on their perception about the position of

the researcher – withhold certain opinions. However this did not adversely affect the study outcome considering the epistemological basis of the systems thinking framework, which pays attention to these varying perceptions.

5.4.   SUGGESTIONS FOR FURTHER RESEARCH

This study produced valuable qualitative findings on the implementation of Sappi-Ngodwana mill`s workplace HIV and AIDS policy. It will be helpful to follow up these findings with empirical quantitative findings on the impact assessment of this policy implementation. Preferably a triangulation of both qualitative and quantitative methods will provide more comprehensive results. It is therefore suggested that future research on process evaluation studies adopt a mixed design approach.

5.5.   RECOMMENDATIONS FOR POLICY AND PRACTICE

The study has used empirical findings to show that Sappi-Ngodwana mill`s HIV and AIDS workplace policy is in line with sector standards and international frameworks and guidelines (IOL, South African HIV and AIDS Technical Guidelines). However there are challenges relating to programme implementation, to which the following recommendations were to be made for policy and practice development;

5.5.1 <u>For Sappi-Ngodwana mill</u>:

- It is recommended that, the policy role-players/implementers must have yearly workshops on HIV and AIDS workplace policy to acquaint them or recap on the reviews and/or make suggestions for reviews based on practice. This recommendation is made based on the finding that most of the respondents attested to not have read

through the policy documents for over some years, while the researcher found that there are reviews that have been made in the recent time.

▪ Furthermore it is recommended that a new peer educators` programme of activities be designed in line with the current work shifts and the fairly new holistic EWB approach. Such a design be then made in consultation with a sector expert on HIV and AIDS management. This recommendation is made based on the finding that there seemed to be a loss of moral on the peer educators as well as the need for a new system of doing things by the coordinator.

5.5.2 For other companies:

- Taking lessons from Sappi-Ngodwana mill`s successes and previous research studies that found that most corporate companies have workplace policies for HIV and AIDS management, but do not implement them- thus other companies also ought to have a living HIV and AIDS policy and programmes that are run by passionate and informed employees (committees). Furthermore such a policy programme should not operate in a vacuum but be mainstreamed into company business, and align with national government`s HIV and AIDS goals and strategies.

- It is recommended that companies utilises employees who have voluntarily and publicly declared their status (PLWHA) - in committees and decision making bodies with regard to HIV and AIDS interventions.

5.6. CONCLUSION

While previous research studies on corporate companies` interventions on HIV and AIDS have shown that some companies have existing draft policies which are however not implemented – this study found that Sappi-Ngodwana mill has a living HIV and AIDS

workplace policy that generally follows relevant guidelines and frameworks. There were challenges that were found in the current Sappi-Ngodwana mill`s system and these included among others; the system changes such as work shift changes, transformation from HIV and AIDS focused committee to a more holistic EWB committee which engulfs HIV and AIDS issues therein. Recommendations and suggestions were made suit to identified challenges, viz; redesigning programme activities in line with system changes (work shifts for example), revamping the peer educators` system. Furthermore a suggestion for future research on similar study ought to follow a mixed design approach for more detailed results.

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APPENDIX A: Informed consent form

The purpose of the study is to evaluate the implementation of the workplace HIV and AIDS policy interventions at Sappi-Ngodwana Mill. The study also seeks to explore ways in which identified challenges can be addressed.

- You will be asked to contribute in this research study by providing your perceptions as answers to questions asked in the interview session with the researcher. The information will be tape recorded and/or written down for reference purposes later on by the researcher. Any information gathered will be used solely for the purposes of the study. Tapes will be destroyed immediately after transcription.

- There will be no cost to you if you participate in this study

- There are not direct personal benefits for your participation either.

- Your participation is voluntary. Refusal to participate or withdrawal of your consent or discontinued participation in the study will not result in any penalty or loss of benefits or rights to which you might otherwise be entitled. The researcher may at his discretion remove you from the study for any of a number of reasons. In such an event, you will not suffer any penalty or loss of benefits or rights to which you might otherwise be entitled

- You will not receive any monetary compensation for your participation in this study.

- Your anonymity will be maintained during data analysis and publication/presentation of results by any or all of the following means: (1) You will be assigned a number as names will not be recorded. (2) The researchers will save the data file and/or any video or audio recordings by your number, not by name. (3) Only significant members (researcher and supervisors) of the research will view collected data in

detail. (4) Any recordings or files will be stored in a secured location accessed only by authorized researchers and destroyed after analysis is completed.

- The UNISA Research Ethics Committee has approved the procedures of this study.

If you have any questions about this study, you should feel free to ask them now or anytime throughout the study by contacting: -

- The researcher: Zibusiso Muregi (0833472497; 48581054@mylife.unisa.ac.za)

- The research supervisor: Prof. MMK, Lephalala (012 429 6396; lephammk@unisa.ac.za)

- Should you wish to raise a query about the study with UNISA Research Committee you may contact them.

Consenting

I understand the nature of this study and agree to participate. I received a copy of this form. I give the researcher permission to present this work in written and/or oral form for teaching or presentation to advance the knowledge of science and/or academic without further permission from me provided that my name or identity is not disclosed.

I …………………………………………………….. (full names), hereby agree to voluntarily participate in this research study. I confirm that I am well informed about the purpose of the research and I am prepared and willing to be a participant.

……………………………………….   ……………………………………..

Participant`s signature   Date

…………………………………….   ……………………………..

Researcher   Date

APPENDIX B: Interview guide

<u>Introduction</u>

I am a student at UNISA, studying towards a Master of Arts degree in Social and Behaviourial studies in HIV and AIDS. As a prerequisite to attaining the degree, I am to undertake a research project for a dissertation of limited scope. I hereby undertake an evaluative study of the workplace HIV and AIDS policy in Ngodwana pulp and paper Mill – and in so doing I request to engage with you as a purposively selected participant with regard to your role in the policy implementation and development in this company. I therefore request a few minutes (20 – 30 minutes) of your time to go through a set of questions in this semi-structured interview schedule.

<u>Demographic information (participant)</u>

Sex: M ☐

          F ☐

Age: ☐

Designation: …………………………………………..

<u>Questions</u>

Process:

    1. When was the HIV and AIDS policy formulated and passed in the company?

2. What are the main pillars/focus of this policy?

3. Who do you consider as the role-players (implementers) of this policy?

4. How is the company HIV and AIDS policy implemented, What are the strategies used?

Context:

1. (Part of policy implementation is its accessibility…) How accessible is the HIV and AIDS policy to company employees? What avenues are used to make it accessible?

2. What challenges are faced by the company (Sappi) in the implementation of the HIV and AIDS policy? How are these challenges addressed?

3. Describe any developments or changes in the HIV and AIDS policy and/or in its implementation in the past 5 years?

4. Working in a multi-skilled team, possibly with external stakeholders' support - what opportunities are presented to your company/team with regard to policy development and implementation?

5. How is the policy monitored and evaluated in the company? What tools are used to record monitoring and evaluation information of this policy?

Effects:

1. In your opinion what has been achieved by implementing the HIV and AIDS policy in this company?

Economic:

1. Does the HIV and AIDS policy implementation present a good use of company resources? How so?

2. How much budget allocation is this policy/programme catered for in the company financial year? Adequacy of budget?

Is there any other information you may provide that we did not cover in this interview that will contribute in this research study?

Conclusion

We have come to the end of this interview; I believe we covered the salient aspects of this research. I thank you for your time and participation in this research study.