EVALUATION OF THE RESOURCE ALLOCATION PROCESS TOWARDS AN HIV/AIDS WORKPLACE POLICY OF A PUBLIC SERVICE DEPARTMENT IN LIMPOPO, SOUTH AFRICA

by

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DECLARATION

"I declare that: **'Evaluation of the resource allocation process towards an HIV/AIDS workplace policy of a public service department in Limpopo, South Africa'** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of a complete reference."

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MOKGADI ROSE RAMALOKO **DATE**

ABSTRACT

The AIDS epidemic affects the capacity of the South African public service to deliver essential services. In response, the Department of Economic Development, Environment and Tourism in Limpopo implemented its HIV/AIDS workplace policy in 2003. This research evaluated the extent to which resources were allocated towards the implementation of the workplace policy, to effectively respond to the impacts of HIV/AIDS on the workplace.

A combined quantitative and qualitative approach was used. Data was collected through face-to-face interviews of 43 officers involved in the implementation of the workplace policy, using a semi-structured questionnaire.

The results indicated that the resources allocated for the workplace HIV/AIDS policy, namely budget, human resources and materials, were inadequate, with district offices being worse affected.

Key words: evaluation; resource allocation; workplace HIV/AIDS policy; public service; department; programme.

TABLE OF CONTENTS

CONTENTS **PAGE**

LIST OF FIGURES

Number **Page**

LIST OF TABLES

Number **Page**

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
API	AIDS Program Effort Index
ART	Antiretroviral treatment
ARV	Antiretroviral
CSW	Commercial Sex Worker
DFID	Department for International Development
DPSA	Department of Public Service and Administration
EAP	Employee Assistance Programme
EU	European Union
HIV	Human Immunodeficiency Virus
LEDET	Limpopo Economic Development Environment and Tourism
NAC	National AIDS Commission
OAU	Organization for African Unity
SADC	Southern African Development Community
SANAC	South African National AIDS Council
SAUVCA	South African Universities Vice Chancellors Association
SHIP	STD/HIV Intervention Programme
SMS	Senior management service
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection

UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing

CHAPTER 1

SITUATING THE RESEARCH PROBLEM

1.1 Introduction

The AIDS epidemic has been with us for almost 30 years, and its impact is felt in all sectors of society. In South Africa, as in other countries affected by the epidemic, workplace HIV/AIDS policies and programmes have been designed and implemented to address the impact of the epidemic in both government and private sector organisations. Human, financial and material resources have been allocated to these programmes to ensure their effective implementation and to mitigate the impact of HIV and AIDS on service delivery. Proper planning, monitoring and evaluation are essential to ensure that programmes and resources are well managed and accountability is maintained. These processes entail analysing the situation, setting programme aims and objectives, and identifying methods and indicators that will provide information about the process and impact of the programmes (Gosling & Edwards 2003).

While many countries, including South Africa, have made positive strides with the implementation of HIV/AIDS workplace programmes, the 99th Session of the International Labour Conference (International Labour Office 2010) emphasised the establishment of appropriate mechanisms for monitoring and undertaking research on developments, at the national and sectoral levels in relation to HIV/AIDS in the workplace. These mechanisms would contribute to sustained efforts and the ability to combat the spread and effects of the epidemic, both internationally and at country levels (International Labour Office 2010).

As the success or failure of an organisation depends largely on the resources allocated, as well as the utilisation thereof, there is therefore a need to examine the issues that affect it. Thus the need to assess and evaluate the resource allocation process for the

implementation of an HIV/AIDS workplace policy in the Department of Economic Development, Environment and Tourism in Limpopo was seen as crucial.

1.2 Background

The Department of Public Service and Administration (DPSA) in South Africa issued a directive in the Public Service Regulations (2001) as amended, instructing government departments to establish HIV/AIDS workplace programmes to mitigate and reduce the impact of HIV and AIDS on the public service, specifically its ability to provide and sustain services to the population and to achieve the transformation goals of government. The programmes were mainly aimed at preventing new HIV infections and changing high-risk behaviour (South Africa, DPSA 2002:1).

The Limpopo Provincial Administration commenced with the implementation of such HIV/AIDS workplace programmes in 2000 with the establishment of the Employee Assistance Programme (EAP) in the Office of the Premier (Raphahlelo MC, interviewed on 9 April 2009). Initially the programme focused on addressing employees' psychosocial problems that hampered performance and the implementation of occupational health and safety. Later HIV prevention, care and support programmes were integrated into the EAP; and the integrated model was rolled out in the ten provincial government departments. The issuing of a comprehensive Employee Health and Wellness Strategic Framework and associated policies by the Department of Public Service and Administration (DPSA) in 2008 gave further impetus to the implementation of workplace programmes in the public service (MC Raphahlelo, interviewed on 9 April 2009). According to the DPSA (South Africa, DPSA 2002:49), HIV/AIDS workplace policies should contain the following components:

- prohibition of unfair discrimination and provision of steps to promote non-discrimination on the basis of HIV and AIDS;
- commitment to promote voluntary counselling and testing (VCT);

- assurance of confidentiality regarding HIV and AIDS status;
- provision of HIV and AIDS education, awareness and prevention programmes;
- encouragement of openness and acceptance of people living with AIDS;
- provision of steps to assess and prevent the risk of occupational exposure to HIV, facilitation of access to VCT, and post-exposure prophylaxis for employees exposed to HIV due to an occupational accident;
- provision of the compensation for employees infected as a result of an occupational accident;
- allocation of responsibilities for HIV and AIDS;
- provision of a communication strategy on HIV and AIDS;
- provision for monitoring and evaluation of the policy (South Africa, DPSA 2002: 49).

The provincial government department in Limpopo approved its HIV/AIDS workplace policy in 2003. This policy, which is based on the national policy framework from the DPSA, made provision for the implementation of education, awareness and training, care and support programmes related to HIV/AIDS in the workplace. The policy was reviewed in 2007, and outlined key ethical aspects such as confidentiality, non-discrimination, prohibition of HIV testing, occupational exposure, employee benefits, dismissal, care and support for infected and affected employees. The programmes implemented by the Department as well as the roles and responsibilities of stakeholders are outlined. The programmes include prevention, therapeutic care and support interventions, with the following components:

- “awareness and education (HIV and AIDS and Sexually Transmitted Infections);
- voluntary counselling and testing; access to counselling and other forms of support;

- distribution and promotion of condoms and other promotional material;
- research to analyse the impact of HIV and AIDS in the workplace;
- universal precautionary measures; and
- peer education" (South Africa, Dept of Economic Development, Environment and Tourism 2007).

Stakeholders stated in the policy include the employer, managers and supervisors. Their roles and responsibilities are stated as follows:

- **The employer**

  This is the head of the Department, and has to:

  - "Establish a Departmental HIV/AIDS Committee which will develop an integrated strategy that caters for both internal and external customers.
  - Appoint a member of the senior management services to give guidance and leadership in the implementation of HIV/AIDS programme in the workplace.
  - Appoint HIV/AIDS coordinators and committees in each workplace to develop and implement workplace programmes based on this policy and the minimum standards stipulated by the Department of Public Service and Administration.
  - Commission a survey to establish baseline information on employees' knowledge, attitudes, practices and behaviours in relation to HIV/AIDS.
  - Ensure that the policy is communicated through regular workshops and meetings within the department" (South Africa, Dept of Economic Development, Environment and Tourism 2007).

- **Managers and supervisors**
    - "All managers and supervisors are responsible for implementing the programmes of this policy.
    - Managers and supervisors shall communicate the contents of this policy to staff members" (South Africa, Dept of Economic Development, Environment and Tourism 2007).

1.3 Problem statement, rationale, significance, purpose and objectives of the study

1.3.1 Problem statement

HIV and AIDS has a wide-scale impact on the global population. Sub-Saharan countries like South Africa are hardest hit, and the pandemic impacts not only on their populations but on the ability of their public services to provide basic services (South Africa, DPSA 2002:16). Public services are often directly affected by the impact of HIV and AIDS as it impacts on the supply of basic service delivery to the population and the increasing demand for these services, considering that people most affected by the epidemic are the urban and rural poor who rely on the government for essential services (South Africa, Public Service Commission 2006a:1). On the supply side, public services are affected when the infected employees eventually become chronically ill, with increased absenteeism and lowered productivity (Republic of South Africa 2008). On the demand side, the increasing high rate of morbidity and mortality from AIDS-related illnesses has led to the impoverishment of many households and subsequent increased reliance on service delivery from government (Martin 2003). This implies an increase in the national budget expenditure to absorb the growing demands created by the epidemic. This situation affects all sectors of the public service, particularly health, welfare and education (Whiteside 2005).

HIV and AIDS impact public service workplaces through increased morbidity and absenteeism, as infected employees become ill and take sick leave (South Africa, DPSA 2002:15); absenteeism resulting from employees taking leave to attend funerals of family members, friends, and colleagues or take leave to care for sick family members; lowered employee morale due to increasing work loads, fear of infection especially among health care workers (Colvin 2005), and deaths of colleagues (Louw 2006:99); increased cost of employee benefits and increased demand for services, specifically health and welfare services (South Africa, DPSA 2002:15).

The Department of Public Service and Administration (DPSA) in South Africa recognised this challenge and issued regulations and policy guidelines for government departments to implement programmes to manage the impacts of HIV and AIDS in the workplace (South Africa, DPSA 2002:105). Reporting, monitoring and evaluation are essential elements of the workplace programmes that are designed to assist in determining whether the existing support programmes are appropriate, cost-effective, effective and meet the set objectives (South Africa, DPSA 2002:105). In response to the DPSA directive, provincial and local government departments have developed and implemented policies and programmes to manage the impacts of HIV and AIDS in the workplace. Inputs such as finance, human and material resources should be allocated for the implementation of the workplace programmes in each government department as directed by the Public Service Regulations, 2001 (South Africa, DPSA 2002:25).

Notwithstanding the emphasis by the Public Service Regulations (2001) and DPSA (South Africa, DPSA 2002:105) on the importance of evaluation of HIV/AIDS workplace policies as operationalised in programmes, this aspect has not received much attention in the South African public service including the departments within the Limpopo Provincial Administration. This observation is supported by studies conducted by the Public Service Commission to evaluate HIV/AIDS workplace programmes and Employee Assistance Programmes (EAP) in the public service in South Africa. The studies revealed that monitoring, evaluation and reporting were among the most

neglected parts of the framework on managing HIV and AIDS in the workplace (South Africa, Public Service Commission 2006a:44; South Africa, Public Service Commission 2006b). According to Raphahlelo (interviewed on 9 April 2009), the evaluation of workplace policies in the Limpopo Provincial Administration remains a challenge, with only one out of ten provincial departments having formally evaluated their HIV/AIDS workplace policy. This failure by government departments to evaluate workplace policies renders departments unable to determine the nature, type and adequacy of inputs allocated for the implementation process.

It is against this background that the research to evaluate the resource allocation process for the effective implementation of an HIV/AIDS workplace policy of a public service department in Limpopo is deemed necessary. This study will entail an evaluation of the nature and type of resources allocated for the implementation of the policy. The resources include people, training, budget, facilities and equipment (Rehle, Saidel, Mills & Magnani [sa]:10).

1.3.2 Rationale and significance of the study

The AIDS epidemic affects the capacity of the South African public service to deliver essential services such as education, health, welfare and safety and security. In attempting to remedy the situation, public service departments have introduced the implementation of HIV/AIDS workplace policies and programmes which encompass prevention, treatment, care and support, human rights and access to justice and research, monitoring and surveillance programmes (South African National AIDS Council 2006). Few attempts if any have been made to measure the inputs, outputs, outcomes and impacts of these HIV/AIDS workplace policies and programmes introduced in the public service in South Africa (South Africa, Public Service Commission 2006a:44; Rehle *et al.* [sa]).

The workplace of the Limpopo Department of Economic Development, Environment and Tourism (LEDET) is also affected by the impacts of HIV and AIDS; and this is apparent based on the increased ill-health absenteeism, retirement and mortality, which have led to reduced levels of productivity and service delivery (South Africa, Dept. of Labour [sa]). The HIV/AIDS workplace policy for the Department (Limpopo Department of Economic Development, Environment and Tourism) was approved and implemented in 2003. This policy, which is based on the national policy framework from the DPSA, provided for the implementation of HIV/AIDS education, awareness and training, care and support programmes for employees. Resources such as finance, materials and human resources were allocated for the implementation of the policy as operationalised in the programme.

Evaluation of the resources allocated for the implementation of the HIV/AIDS workplace policy provides an understanding of the extent to which resources that are allocated for the policy implementation are efficient and to determine any gaps which might affect the implementation process adversely. Since the inception of the policy, no evaluation was done to determine the extent and adequacy of the allocated resources. According to Rehle *et al.* [sa], evaluation of programmes allow programme managers to make decisions on resource allocation for effective implementation.

Resource allocation is a critical aspect for the success of programme implementation. A study by the South African Universities Vice Chancellors Association (SAUVCA) in October 2000 found that the response of tertiary institutions to the AIDS epidemic was affected by the lack of financial, human, material and intellectual resources to handle the epidemic effectively (Volks 2004:166). Grants sought and received from the UK Department for International Development by individual universities led to an increase in HIV/AIDS services provided by these institutions (Volks 2004:166). This finding supports the assumption that lack of resources affects the implementation of programmes negatively.

This research therefore seeks to evaluate the resource allocation process and the extent to which the HIV/AIDS workplace policy in the Limpopo Department of Economic Development, Environment and Tourism (LEDET) is being implemented in response to the impacts of HIV and AIDS in the Department. The findings of the study will inform programme managers on how to strategically plan and allocate resources for effective implementation (UNAIDS 2004:4). The findings of the study will also benefit other public service departments and enable them to identify and allocate adequate resources for the effective and efficient implementation of HIV/AIDS policies and programmes in their workplaces in Limpopo.

1.3.3 Purpose and objectives of the study

The purpose of this research was to determine the extent to which resources were allocated towards the implementation of the HIV/AIDS workplace policy, so as to effectively respond to the impacts of HIV and AIDS on the workplace.

The aim of this research was to identify and describe the resources allocated for the effective implementation of the workplace HIV/AIDS policy and programme in the public service department.

Inputs (resources) for the implementation of the workplace policy were assessed and described according to the framework suggested by Rehle *et al.* [sa]. The specific objectives of the research were therefore to:

a) Describe the allocation, distribution and utilisation of financial, material and human resources for the implementation of the HIV/AIDS workplace policy in the Department;

b) Describe the nature of inputs, the types of support, the role of planning, the roles and responsibilities towards resource allocation;

c) Make possible recommendations to decision-makers on the planning, allocation and use of resources for the implementation of the HIV/AIDS workplace policy in the Department.

1.4 Research questions

This research intended to answer the following questions:

- What is the process followed in the allocation, distribution and utilisation of financial, material and human resources for the implementation of the HIV/AIDS workplace policy in the Department?
- What is the nature of inputs (resources), types of support, role of planning, roles and responsibilities towards resource allocation?
- Are the inputs (resources) adequate and equitably distributed between the provincial and district offices?

1.5 Brief description of the research process

A detailed discussion of the study method and approach is being provided in Chapter 3 of this report. Below is a summary of the study methods used:

1.5.1 Research design

This research used a combination of descriptive quantitative and qualitative design. Data was collected from a sample of 43 officers involved in the implementation of the workplace HIV/AIDS policy and programme, at head office and five district offices and service centres, using a semi-structured questionnaire.

1.5.2 Study population

The population for the study was all implementers of the HIV/AIDS workplace policy and programme in the Department of Economic Development, Environment and Tourism. According to TG Chabalala (interviewed on 21 December 2009), this group of implementers is made up of 45 officers based at the head office and district offices in Limpopo. Out of this population, 43 were available and willing to participate in the study.

1.5.3 Sampling

No sampling was used in this research because of the small size of the population. The entire population of 45 officers involved in the implementation of the workplace HIV/AIDS policy and programme was included in the study.

1.5.4 Data collection

Data was collected over a period of four weeks from a sample of 43 officers involved in the implementation of the workplace HIV/AIDS policy and programme, by means of an interview using a semi-structured questionnaire.

1.5.5 Data analysis

Analysis of the data was done with the aid of Statistical Package for Social Sciences (SPSS). Cross-tabulations and frequency analyses were conducted. Graphs and tables were used to display the data. The data analysis is described in more detail in Chapter 3.

1.6 Definition of key terms, concepts and variables

a) **Effective**: Successful. Producing an intended result (*Oxford Paperback Dictionary* 2001).

b) **Evaluation of a programme**: The assessment of the impact of a programme at a particular point in time (South Africa, DPSA 2002:4).

c) **Policy evaluation**: A collection of activities to determine the value of a specific programme, intervention or project, which enables the linking of particular outcomes to particular interventions (UNAIDS 2004:8).

d) **Inputs**: Resources put into the implementation of a policy or a programme, which include people, finance, equipment, facilities and training (http:///www.ifc.org/ifcext/aids.nfs/content/publications; Rehle *et al.* [sa]:18).

e) **HIV/AIDS policy**: A document setting out a department's or an organisation's position on the management of HIV/AIDS (South Africa, DPSA 2002:4).

f) **HIV/AIDS Workplace programme**: An intervention to address HIV/AIDS within the workplace (South Africa, DPSA 2002:4).

g) **Minimum Standards on HIV/AIDS**: Amendments to Part IV of Chapter 1 of the Public Service Regulations, 2001, as gazetted in the *Government Gazette – Regulation Gazette* No. 7384.

h) **Resource allocation**: Provision of financial, material and human assets for use in the provision of a service to customers (Lazenby 2007:84).

- **Human resources**: People with skills, knowledge, learning and thinking abilities (Venter 2006:155), who contribute to effective implementation of an HIV/AIDS workplace programme.

- **Material resources**: Supplies available for use in the implementation of an HIV/AIDS workplace programme; include condoms, promotional materials, educational materials, equipment and facilities.

- **Financial resources**: Money available for use in the implementation of a programme such as an HIV/AIDS workplace programme.

i) **Service stations**: Workplaces located in the local municipalities in the province. Employees in these service stations report to the district offices.

1.7 Outline of the chapters of the dissertation

The chapters of the study report are outlined as follows:

1.7.1 Chapter 1: Situating the research problem

It provides the context of the study and the reason the study is being conducted.

1.7.2 Chapter 2: Literature review

Literature review provides a critical analysis of the available literature and identifies the gaps in the literature in relation to the topic. It also provides a theoretical basis for the study.

1.7.3 Chapter 3: Research methodology

This chapter explains the method that was used in the study. It also explains why the approach chosen is appropriate for the investigation.

1.7.4 Chapter 4: Study results

In this chapter, the results of the study are provided and discussed.

1.7.5 Chapter 5: Summary, conclusion and recommendations

This chapter focuses on the summary, conclusion and recommendations of the study. Limitations and challenges experienced during the execution of the study are also highlighted.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The literature showed that there is a dearth of research on the evaluation of HIV/AIDS workplace policies and programmes in the public service in South Africa. Most of the research has focused on private sector organisations, which have adequate resources to design and implement comprehensive HIV/AIDS workplace programmes (Vass & Phakathi 2006:5). The lack of research has made understanding the type and the extent of resources allocated for the effective implementation of HIV/AIDS workplace policies and programmes in the public service difficult.

Public service departments have an important role to play in the provision of basic and essential services to communities. These include services such as education, health, welfare, safety and security. The HIV/AIDS epidemic impacts on the ability of public service departments to provide services due to increased morbidity and mortality among employees. As infected employees become ill and take sick leave, the provision of services in the departments in which they work is disrupted. The disruption is increased when employees retire prematurely due to incapacity and when others die. Increases in deaths lead to increased absenteeism as employees attend funerals for family members, friends and colleagues (South Africa, DPSA 2002:15). Due to its impact, the epidemic again increases the demand for public services by communities. As more people become ill they need health services, and orphans require welfare services (South Africa, DPSA 2002:15). The Department of Public Service and Administration (DPSA) recognised this challenge and issued regulations and policy guidelines mandating national and provincial departments to implement measures to mitigate this impact, i.e. programmes to manage HIV/AIDS in the workplace. Heads of departments were required to allocate the necessary human, material and financial resources for the effective implementation of these workplace policies and programmes. Reporting, monitoring and evaluation are some of the essential elements of the workplace

programmes that help to determine whether a programme is appropriate, cost-effective, efficient and meeting the set objectives (South Africa, DPSA 2002).

This chapter reviews the literature on the role of adequate resource allocation on the effective implementation of HIV/AIDS workplace policies and programmes. The review is divided into three sections: section 1 focuses on the development, implementation and evaluation of HIV/AIDS workplace policies and programmes within the South African public service; section 2 focuses on resource allocation for effective policy and programme implementation; and section 3 presents a theoretical perspective applicable to the study.

2.2 Development, implementation and evaluation of HIV/AIDS workplace policies and programmes

2.2.1 Development of HIV/AIDS workplace policies and programmes

Van der Waldt *et al.* (2002:165) define a public policy as a declaration of a course of action taken by the government to achieve societal aims and objectives. HIV/AIDS workplace policies were thus formulated in response to the problems presented by the disease to public service departments. The goals of these policies are to mitigate the development impact of the epidemic on the public service, specifically its ability to provide services to the populace and to achieve the transformation goals of government (South Africa, DPSA 2002:1). The development of these workplace policies and programmes for government departments was driven by DPSA with the assistance of subject experts and other stakeholders and interest groups (South Africa, DPSA 2002:1). Government departments in turn had to develop their own workplace HIV/AIDS policies based on the national policies.

2.2.2 Implementation of policies through programmes

Policy implementation is regarded as a crucial aspect of policy management, and according to the Presidential Review Commission (1998, cited in Van der Waldt *et al*. 2002:185), South African policies are well designed; however, the implementation thereof is problematic. Van der Waldt *et al.* (2002:185-189) consider several factors to be responsible for this problem. These include:

a) Failure to strategically plan and allocate resources for policy implementation. Planning and allocation of resources such as finance and skilled people are considered to be a prerequisite for successful policy implementation;

b) Lack of political and legal support. Political and legal support ensures the mobilisation of the necessary resources for policy implementation;

c) A conducive socio-economic environment is regarded as essential for successful implementation of policies, as it directly influences the availability of much needed resources.

Implementation of HIV/AIDS policies is also affected by resource planning and allocation. A study by the Public Service Commission (South Africa, Public Service Commission 2006a:54) found that the lack of financial resources was a major factor influencing the implementation of HIV/AIDS policies and programmes in the public service in South Africa. Another study found that departments with budgets for HIV/AIDS management were more successful in their provision of services (South Africa, Public Service Commission 2006b:33). Whiteside and Sunter (2000:120-121) agree that budgetary constraints and lack of competent human resources affected the effective implementation of HIV/AIDS programmes at provincial level in South Africa. These authors also state that materials such as condoms should be readily available for the prevention of HIV infections (Whiteside & Sunter 2000:138).

Failure to plan and allocate sufficient resources also had an adverse effect on the availability of antiretroviral (ARV) treatment in the Free State in 2008, during which time patients were turned away from health facilities without essential treatment (SABCTV, Morning Live 21 July 2011). This in turn affects the management of the disease and may contribute to poor outcomes for affected patients. Lack of funds, infrastructure and skilled personnel affected the roll-out of ARV sites in Limpopo, which would have assisted patients in affected areas (Dr Shilumane, 6 October 2009). These constraints have the potential to affect the realisation of the goals of the National Strategic Plan on HIV/AIDS and STI (2007-2011) to halve the number of new HIV infections and to put 80% of patients who need treatment on ARVs by the end of 2011.

According to the World Bank (2000), resources are necessary for the effective implementation of interventions to slow the HIV/AIDS epidemic. Having identified insufficient resources and inadequate capacity as barriers to HIV/AIDS programme implementation in Africa, the World Bank realised the need to provide increased financial resources, technical support and capacity building to bank country teams in an effort to intensify action (The World Bank 2000:23-29). DeJong (2003:130) identifies inadequate resources, namely finance and skilled staff, as the single greatest constraint on plans to scale up HIV/AIDS activities by non-governmental organisations (NGO).

In other countries such as Senegal, mobilisation of resources (human and financial) led to a decline in the prevalence rate. Although the country (Senegal) had similar HIV prevalence rates as South Africa in the early 1990s, the current rate is reduced to less than 2%. This is attributed to the successful mobilisation of resources for the implementation of an aggressive prevention programme (Lindauer 2004:177).

From the above discussion it is evident that resource allocation plays a crucial role in the effective implementation of HIV/AIDS programmes and ultimately in slowing down the epidemic.

2.2.3 Evaluation of policies and programmes (including HIV/AIDS workplace policies and programmes)

Evaluation is an essential aspect in the management of programmes. This type of research aids in determining whether programmes are needed, effective or whether they will be useful. Evaluation is done to support the implementation of interventions, for accountability purposes, to determine the efficacy of programmes, to improve programmes (Babbie & Mouton 1998:337; De Vos 2005:369; Gilliam, Barrington, Davis, Lacson, Uhl & Phoenix 2003:133; Neuman 2006; Singhal & Rogers 2003:339-340) and to promote the replication of successful interventions (http://www.ifc.org/ifcext/aids.nfs/Content/Publications).

Programmes can be evaluated at various levels, namely at process, impact and outcome levels. Process evaluation measures the quality of the programme and the extent to which it is being appropriately implemented. Impact evaluation measures the extent to which the programme has effectively produced changes in awareness, knowledge, attitudes, beliefs, intentions and targeted behaviours. Outcome evaluation examines specific programme outcomes and accomplishments. It is concerned with the extent to which the programme has had effects that benefit individuals and the organisation (http://www.ifc.org/ifcext/aids.nfs/Content/Publications; Gilliam *et al*. 2003:136).

Various types of evaluations appropriate to each stage of programme development are identified by different authors and entail community planning, intervention planning, process monitoring, process evaluation, outcome monitoring, outcome evaluation and impact evaluation. The ultimate goal of prevention programmes is the reduction of HIV transmission, and impact evaluation assesses the extent to which this is achieved

(Gilliam *et al*. 2003). Formative evaluation focuses on the implementation process and incorporates programme monitoring to determine whether the programme is implemented as planned. Summative evaluation focuses on the final outcomes and hence examines the effectiveness of a programme (Neuman 2006; http://www.ifc.org/ifcext/aids.nfs/Content/Publications).

Rossi *et al.* (2004, in De Vos 2005:369) presents an integrated model of programme evaluation which consists of seven phases, namely needs assessment (Neumann 2006), evaluability assessment, programme process monitoring, impact or outcome evaluation, efficiency evaluations, and utilisation evaluation, which determines the extent to which the programme was implemented (Neuman 2006).

According to Rehle *et al.* [sa], HIV/AIDS programmes should be evaluated at different phases using multiple and complementary evaluation approaches. These authors have outlined a framework for comprehensive programme evaluation which entails formative evaluation, process evaluation, effectiveness evaluation and cost-effectiveness analysis.

HIV/AIDS workplace policies, like other public policies, declare the intention of the government with regard to a particular problem, namely, the management of HIV/ AIDS in the workplace (De Coning 2000:11). These policies and programmes also have to be evaluated to assess progress towards achievement of stated objectives and goals (Cloete 2000:212).

IFC against AIDS [sa] suggests that a monitoring and evaluation framework for HIV/AIDS should have five components, namely inputs, outputs, processes, outcomes and impact. Inputs are resources put into the programme, outputs are activities or services that are provided by the programme, processes are concerned with the quality, unit costs, access and coverage of the activities or services, and outcomes refer to the

changes in behaviours or skills due to the implemented programme. Impacts refer to long-term effects such as changes in HIV/AIDS trends, AIDS-related mortality, social norms and the coping capacity in the community (Gilliam *et al.* 2003:136; http://www.ifc.org/ifcext/aids.nfs/Content/Publications; Rehle *et al*. [sa]: 18).

2.2.4 Evaluation of HIV/AIDS workplace policies and programmes in the public service in South Africa

In South Africa, although the minimum requirements for the management of HIV and AIDS require heads of departments to introduce measures for monitoring and evaluating the impact of workplace health promotion programmes among employees, and Treasury regulations require that comprehensive reporting, monitoring and evaluation should be done on all departmental functions with budgetary implications (South Africa, DPSA 2002:107), this aspect is neglected in most departments.

A study to evaluate HIV/AIDS workplace programmes in the public service in South Africa was undertaken by the Public Service Commission (PSC) in 2006. The objectives of the study were to determine the extent to which the public service was implementing the policy framework for managing HIV/AIDS in the Republic of South Africa, the progress on the establishment of Employee Assistance Programmes, their impact on providing services to people living with HIV, opportunities and threats regarding HIV/AIDS in the workplace and strategies to overcome them. The findings of the study revealed that, although some aspects of the policy framework were implemented in the public service, critical aspects such as monitoring, evaluation and reporting were among the most neglected parts of the framework on managing HIV/AIDS in the workplace (South Africa, Public Service Commission 2006a). Another study by the Public Service Commission in 2006 on the evaluation of Employee Assistance Programmes in the South African public service found that none of the departments included in the study had formally evaluated their HIV/AIDS prevention programmes (South Africa, Public Service Commission 2006b).

The failure by government departments to evaluate HIV/AIDS workplace programmes suggests that inputs (resources) are also not evaluated. Without credible information on which to base decision-making, planning for resource allocation will be affected. HIV/AIDS competes for scarce resources alongside other programmes (Whiteside & Sunter 2000:121). Failure to motivate for the allocation of adequate resources affects the effective implementation of the programme. This in turn affects outputs, outcomes and eventually impacts (UNAIDS 2004:3). This study is thus an attempt to address this challenge of failure to evaluate HIV/AIDS workplace programmes by government departments. Findings of the study will be communicated to the targeted government department in Limpopo so that future decisions on resource allocation may be based on credible, scientifically obtained information.

2.3 Resource allocation for effective policy and programme implementation

According to Edwards and Sharkansky (1978) and Van Horn and Van Meter (1977, cited in Hanekom, Rowland & Bain 1987:38-39,41), resources influence the implementation of policies and programmes. These authors identify inadequacy of funds and staff as some of the factors that make it difficult to realise the objectives of a policy. Cronjé (2004: 256) states that the successful implementation of a strategy or programme depends on the allocation of the most appropriate resources. This author further states that resources should be allocated in such a way that they support short-term objectives and long-term goals.

Failure to allocate the necessary resources was identified in Chirambo (2008:24) as a shortcoming during the review of the Southern African Development Community (SADC) strategic framework on HIV/AIDS for the period 2000-2004. This framework facilitated processes such as the definition and promotion of best practices, programme delivery, research and policy, capacity building and development of standards. According to SADC (2003, cited in Chirambo 2008:23), the framework was considered as lacking the skills and capacity to mainstream HIV/AIDS. Having realised these

shortcomings, the revised SADC strategic framework and plan of action 2003-2007 encompassed the vision to mobilise and coordinate resources for a multi-sectoral response to HIV/AIDS in the SADC region (Chirambo 2008:24). The World Bank (2000:25) had also identified insufficient resources and inadequate capacity to mount the necessary level of response as some of the barriers in the effort to reduce the HIV/AIDS epidemic.

Furthermore, literature has shown that the availability of resources has contributed to the effective implementation of HIV/AIDS workplace programmes in private sector organizations in South Africa (Vass & Phakathi 2006:5). Sasol, Anglo Platinum, Absa Group and Rand Water are examples of such private sector organizations that have implemented effective workplace programmes. Sasol, through its HIV/AIDS Response Programme (SHARP) provides access to counseling, testing and antiretroviral treatment; advocates behaviour change through education and promotes non-discrimination by raising awareness about HIV and AIDS and its impact. The SHARP initiative has been extended to employees and managers of the 220 franchisees and 178 deal-owned sites (AIDSguide 2009: 16-17). According to Page, Louw & Pakkiri (2006: 117) since 2003, about 17 000 Sasol employees have undergone voluntary counseling and testing and approximately 1213 have tested positive. The company provided antiretroviral treatment to employees thus improving their health status, productivity and reduced absenteeism (Page *et al* 2006: 117).

Anglo Platinum's HIV/AIDS workplace health programme extends though the organization's 9 mining operations and covers about 75 000 people. Seven HIV/AIDS coordinators have been appointed to implement the programme assisted by 1394 peer educators. The programme has had a remarkable achievement of 75% uptake of VCT among approximately 75 000 people (AIDSguide 2009: 39). Similarly, Absa Group has an integrated HIV/AIDS workplace programme that provides testing, counseling and treatment and 24/7 telephonic AIDS counseling. The Group also spent R4.7 million in 2007/ 2008 and funded 46 HIV/AIDS community based projects (AIDSguide 2009: 144).

The HIV/AIDS workplace programme at Rand Water has enabled the company to save R28, 7 million on HIV/AIDS related costs since it started (AIDSguide 2009: 59). The company achieved this success by identifying risks through situational, prevalence and knowledge, attitude and practices (KAP) surveys; assessment and management; policy development and communication; development and implementation of a strategic responsibility plan and stakeholder collaboration (AIDSguide 2009: 59).

Adequate resources allocation in the private sector organizations demonstrated by these companies, showed that effective implementation of workplace programmes is possible. The programmes have management commitment and employee and stakeholder participation and are likely to continue to be effective in meeting their desired objectives and strategic goals in mitigating the impact of HIV and AIDS in the workplace (AIDSguide 2009: 34-59).

In contrast to the situation in big private sector organizations, the implementation of HIV/AIDS workplace programmes in small and medium private sector organizations is adversely affected by the lack of resources. For example, a study by the Safety and Security Sector Education and Training Authority (SASSETA) to assess HIV/AIDS in the private security and legal services industries in South Africa revealed that although the HIV prevalence in the said sectors was 15.9% and 13.8% respectively and that the majority of employers (53.8%) considered HIV/AIDS to be a business concern, the companies spent very little on HIV/AIDS services. The small sizes of the companies and the fact that HIV/AIDS was not considered to be a major business concern were found to be affecting resource allocation for the implementation of the HIV/AIDS programmes in the workplaces surveyed (Simbayi et al 2007). Similar results were found by Vass & Phakathi (2006: 13) in a study of SMEs and Bakuwa (2010: 1076) in a study of factors hindering the adoption of HIV/AIDS workplace policies by private sector companies in Malawi. Both studies also found that management in these companies did not consider HIV & AIDS to be a business priority, and hence their reluctance an unwillingness to allocate adequate resources for the programme (Vass & Phakathi 2006:13, 89; Bakuwa 2010: 1076).

2.3.1 Human and financial resources

Resources identified as critical for effective implementation of policies and programmes include finance and human resources. According to Venter (2006:155), human resources, through their skills, knowledge, learning and thinking abilities, provide the necessary service for effective implementation of programmes. This view is supported by other authors such as Cronjé (2004:257), DeJong (2003:130), Lindauer (2004:177) and Volks (2004:168).

Whiteside and Sunter (2000:120) identified lack of competent human resources as a factor that affected the effective implementation of HIV/AIDS programmes at provincial level in South Africa. A study by Vass and Phakathi on managing HIV in the workplace by six small and medium-sized enterprises (SME) also found that the lack of capacity in human resources, among other factors, contributed to the constraints on the demand for HIV/AIDS services. This lack of capacity in human resources caused a lack of information or the inability to access information based on which the SMEs could initiate HIV/AIDS workplace programmes (Vass & Phakathi 2006:14).

The World Bank (2000:15) has found that few countries have sufficient human and financial resources to implement full-scale programmes in response to the HIV/AIDS epidemic. Because of this constraint, the bank planned to provide technical assistance to countries and expand existing management training programmes to include national leaders and staff dealing with the HIV/AIDS epidemic. Additional funds would be provided to bank country teams to ensure that adequate resources are available to intensify HIV/AIDS activities (The World Bank 2000:32).

Financial resources are key input for the effective implementation of HIV/AIDS programmes. In 1991 Thailand mounted an extensive and intensive prevention effort with an expanded budget. In 1988 government spending on HIV prevention was

US$180 000. By 1993 the budget was increased to US$44 million and in 1996 it was more than US$80 million. The government involved sectors such as Non-Government Organizations (NGOs), business, and communities to work together to promote condom use, reduce risky behaviour, change norms regarding commercial sex, improve treatment of sexually transmitted diseases (STDs) and provide care and support to those affected by HIV. This led to an increase in condom use in brothels from 14% to 90% by 1992. The number of new STD cases among men dropped from nearly 200 000 annually to about 20 000 in 1995. HIV prevalence among young male conscripts declined from 4% in mid-1993 to 1.9% by late 1996. The increase in the budget contributed greatly to the effectiveness of Thailand's response (The World Bank 1999:159, 276).

By investing about US$20 million in AIDS prevention programmes between 1992 and 1996, Senegal was able to intervene in the early phases of the epidemic (UNAIDS 1999, cited in Niang 2008:344). Senegal was the first country in sub-Saharan Africa in 1998 to develop a government-driven antiretroviral programme for the general public. Despite this commitment by the government, due to limited resources the programme has enrolled only 47% of people living with HIV/AIDS (Niang 2008:345).

2.3.2 Condoms

Materials such as condoms are crucial for prevention of HIV infection because increased condom use is associated with reduced HIV prevalence rates. According to the World Health Organization (WHO *et al.,* in Leone 2006:27), the use of male condoms is the most efficient tool available for the reduction of sexual transmission of HIV. In the absence of other prevention technologies such as HIV vaccines, condoms remain a crucial prevention tool to reduce the risk of HIV infection. Consistent and correct use of condoms that have been manufactured according WHO and UNAIDS quality assurance standards has been found to reduce the risk of HIV transmission (WHO *et al.*, in Leone 2006:27).

The World Bank (2000:93) has found that increasing condom use among all age groups contributed to a decline in the HIV prevalence in Uganda. This is according to surveys conducted in 1989 and 1995. Results of a study on the impact of increased condom use by men on adult HIV prevalence, early and late in the epidemic, showed that a moderate increase in condom use from 5% to 20% among men with commercial and casual sex partners, would reduce peak HIV prevalence from 30% to 20%. This study showed that by the end of a 30-year simulation, the early intervention to increase condom use prevented more than twice as many infections and three times as many deaths (World Bank 1999:77-78).

Cambodia introduced a massive “100 Percent Condom Program” in 1998. The programme was aimed at controlling the spread of HIV in the country and targeted the nation’s 20 000 commercial sex workers (CSWs). A nationwide mass media campaign was launched to market condom use by high-risk groups. Although the programme had a slow start, ultimately the country was able to increase condom use in brothels from 53% in 1998 to 78% in 1999. Due to the increased condom use, in 1998 syphilis dropped from 9% in CSWs to 1.2% in 2000. HIV prevalence among antenatal women also dropped from 3.2% in 1997 to 2.2% in 2000 (Singhal & Rogers 2003:112).

Whiteside and Sunter (2000:138) also support the provision of condoms for prevention purposes and recommend that they (condoms) should be readily available and of acceptable quality. Although raising condom use may lead to reduction in prevalence rates, the cost of condom use which includes not only the price but also the potential inconvenience and embarrassment of obtaining and using them, affects their use by people. By ensuring constant availability and increasing their social acceptability, condom use may increase, thereby reducing the transmission of HIV. Research by Van Vliet *et al.* (1997, cited in The World Bank 1999:141) showed that achieving a 90% condom use among sex workers resulted in a drop in HIV prevalence.

The Democratic Republic of Congo initiated an intervention that targeted condoms to commercial sex workers. The intervention resulted in an increase in regular condom use with clients from 10% to 68% in three years. This contributed to the decrease in the incidence of HIV from 11.7 to 4.4 per 100 person-years. This was accompanied by a decrease in the incidence of treatable STIs (Langa *et al.* 1994, cited in The World Bank 2000:14).

In Kenya a project to distribute condoms, educational materials and STI treatment to male truck drivers through a workplace intervention reported a 13% decrease in extramarital sex and a 6% decrease in visits to commercial sex workers. The incidence of STIs also declined (The World Bank 2000:14).

In 1991, Thailand mounted an extensive and intensive national prevention effort with an expanded budget. Government ministries, NGOs, businesses and communities worked together to promote condom use, reduce risky behaviour, change norms regarding commercial sex, improve STD treatment and provide care and support for people affected by HIV. Condoms were distributed freely to brothels and massage parlours, and sex workers and their customers were compelled to use them. From this intervention, condom use in brothels increased from 14% in 1989 to more than 90% in 1992. The number of new STD cases dropped from nearly 200,000 annually in 1989 to nearly 20,000 in 1995. HIV prevalence among young male conscripts entering the Royal Thai Army declined from 4% in mid-1993 to 1.9% by late 1996 (The World Bank 1999:159).

From the above discussion it is evident that consistent and correct condom use is effective in reducing the risk of HIV infection. Condoms must therefore be readily available in workplaces as part of HIV prevention programmes. They should be promoted to enable employees to overcome social and personal obstacles to their use. Female condoms should also be provided to ensure that women have more control over their own protection (WHO *et al*., in Leone 2006:28).

2.3.3 Training

Training is another input deemed valuable in the implementation of programmes. This is confirmed by the World Bank (2000:29) finding that inadequate capacity affects implementation of programmes in most African countries. The Bank regarded the training of managers at all levels and staff dealing with HIV/AIDS as a priority. The training was to focus on strategic planning, decision-making, and programme, human and financial resource management, with the objective of increasing the capacity to lead and implement HIV/AIDS programmes (The World Bank 2000:29).

In 1992 the Indian government, international donors, three local NGOs and sex workers from one of the largest red-light districts in Calcutta joined together to launch a STD/HIV Intervention Programme (SHIP). The programme trained sex workers to be peer educators, provided them with knowledge about STDs, the use of condoms, and negotiation skills. This approach was successful and led to an increase in condom distribution, and a decline in the number of abortions and STDs among the sex workers. The HIV prevalence among the sex workers remained at less than 1.5%. The programme's success was credited to the trained sex worker peer educators. They were trusted by other sex workers and were able to advocate for behaviour change. The programme has since been expanded into four other red-light districts in Calcutta and covers areas that include more than 80% of sex workers in the city (The World Bank 1999:256).

2.3.4 The role of international donors

International donors play an important role in providing resources for the implementation of HIV/AIDS programmes in developing countries. Workplace HIV/AIDS programmes can tap into such sources to request for the much needed resources. Through such donor funding, some countries were able to upscale AIDS prevention, treatment and care interventions. Zambia was able to increase its treatment programme as a result of donor funding. The number of people receiving Antiretroviral treatment (ART) increased

from 10 000 patients in 2003 to 60 000 patients in 2006. Although more patients still require treatment, the availability of donor funding has improved the situation (Elemu, Rubvuta & Muunga 2008:272).

In Malawi about 80% of the development budget and about 40% of the recurrent budget is donor supported. HIV/AIDS is currently the single largest donor-funded sector in the country, with the national AIDS Commission (NAC) having received more donor funding than any other institution in the country between 2004 and 2005 (Munthali, Chirwa & Mvula 2008:54). Tanzania also receives most of its national spending on HIV/AIDS from bilateral and multilateral foreign aid and international corporations. Zanzibar receives more than 80% of its funds for HIV/AIDS activities from the World Bank, the Global Fund, the United States and the United Nations (Kessy, Mallya & Mashindano 2008:224).

The World Bank (2000:23) has acknowledged the crucial role of resource allocation and planned to increase financial resources alongside technical support and capacity building in its plan to intensify action against AIDS. The ability of countries to utilise such donor funding is a challenge. In countries such as South Africa, the limited capacity to absorb such resources from donors has affected the overall execution of programmes (Chirambo 2008:24). Over-dependency on donor funding should however be guarded against, as it may affect the sustainability of programmes in the long term (Chirambo 2008:24).

2.3.5 The role of leadership

In the South African public service, the minimum standards on HIV/AIDS as contained in the amended Public Service Regulations, 2001, require a head of department to designate a member of the senior management service (SMS) with adequate skills, seniority and support to implement policy regarding HIV/AIDS and related diseases and to allocate adequate human and financial resources to implement said policy and

programme (South Africa, DPSA 2002:118). This requirement is to be executed in all public service departments to ensure that appropriate interventions are mounted in response to the impacts of the epidemic, such as increased morbidity and absenteeism, mortality, ill-health retirement, lowered staff morale, increased cost of employee benefits and increased demand for services such as health and welfare (South Africa, DPSA 2002:15). Regardless of the requirements of the Public service Regulations, 2001, stated above, a survey by the DPSA (South Africa, DPSA 2002:17) has found that leadership commitment and support from top and middle-management in both national and provincial departments to HIV/AIDS workplace programmes is varied and remains a key challenge.

The World Bank (2000:25) identified a lack of strong political commitment from some African leaders as a barrier to action in responding to the challenge of HIV and AIDS. Because of this lack of political commitment, HIV/AIDS is not considered a high priority and the necessary resources are not mobilised to control its spread and to care for their nations. In attempting to overcome this challenge, the World Bank planned to identify and mobilise influential leaders in sub-Saharan Africa to take action, and to raise the issue in international forums such as SADC, European Union (EU), the East African Community, the G8 and the Organization for African Unity (OAU). International and regional conferences and workshops on HIV and AIDS would be sponsored to bring together technical specialists from various sectors to address the impact of the epidemic, while international and African firms would be identified with the aim of mobilising the private sector to join the efforts to intensify action (The World Bank 2000:27).

Strong, high-level national leadership facilitated the decrease in HIV prevalence among women ages 15 – 24 attending prenatal clinics in certain regions of Uganda from 1990-1993 and 1994-1995 (Wawer *et al.* 1999, in The World Bank 2000:15). Through active and decisive leadership, Senegal was able to mount an aggressive prevention

campaign which helped the country to maintain one of the lowest HIV infection rates in sub-Saharan Africa, namely 1.77% (UNAIDS 1998, in The World Bank 2000:15).

In South Africa, The Department of Health alleged that nearly 14 million people have been counselled; more than 12 million have tested for HIV in the public sector and about 1.5 million were tested in the private sector since the launch of the voluntary HIV Counselling and Testing (HCT) campaign in 2010. In addition, the Department stated that the number of people on antiretroviral treatment increased from 923 000 in 2010 to 1.4 million in 2011 (www.southafrica.info). The South African Business Coalition on HIV and AIDS (SABCOHA) has also begun to establish a community fund which aims to make HIV Counselling and Testing (HCT) services available to vulnerable employees and industries, as well as their families and broader communities (The SABCOHA community fund, SABCOHA 2011).

From the above discussion it is clear that finance, training, materials and human resources are essential for policy and programme implementation. These resources have to be strategically planned and allocated if policy and programme objectives are to be realised. The availability of resources is however no guarantee that programmes will be effectively implemented. Elemu, Rubvuta and Muunga (2008:270) noted that, although additional resources were allocated for the implementation of the national HIV/AIDS programme in Zambia, the ability to absorb the increased funds and the capacity to utilise them effectively was a challenge. India had plenty of funds for its national HIV/AIDS programme. The country received US$84 million from 1994-1999 and US$107 million in 1999-2004 from the World Bank, US$123 million in 2001 from the Department for International Development (DFID), US$75 million from the U.S. Agency for International Development (USAID). Despite the availability of these funds, India's HIV/AIDS programme remained disorganised, of uneven quality and bogged down by red tape (Singhal & Rogers 2003:117). Nevertheless, failure to plan and allocate adequate resources for HIV/AIDS programmes will lead to implementation failure. The support of top management and leadership is key in this regard.

2.4 Challenges in resource allocation for effective policy and programme implementation

This section focuses on the challenges encountered by organisations with regard to resource allocation for effective implementation of workplace HIV/AIDS policies and programmes.

According to Connelly and Rosen (2004a; 2004b; 2004c, cited in Vass & Phakathi 2006:13), cost, communication and capacity are the three main barriers to the effective implementation of HIV/AIDS workplace programmes.

2.4.1 Cost

A study among SMEs found that HIV/AIDS is not regarded as a major business concern for workplaces and as such the willingness of management to allocate adequate funds for implementation of relevant programmes is generally low. This low willingness to pay for the HIV/AIDS programmes is also attributed to the fact that HIV and AIDS are not seen as a major cause for worker attrition and that employees can be readily and quickly replaced (Vass & Phakathi 2006:13, 89). Reliance on the general public service for HIV/AIDS services is another factor in the reluctance of management to fund workplace programmes (Vass & Phakathi 2006:13, 89). In his study among South African companies that provide ART to infected employees, George [sa] identified the cost of ART as one of the obstacles to the roll-out programme (http://www.redribbon.co.za/documents).

Namibian private sector organisations have organised HIV/AIDS-directed funds and developed workplace programmes. Despite these initiatives, Phororo (2003:24, cited by Hophood, Hunter & Kellner 2008:103) found that the perception that HIV/AIDS is not their responsibility, persisted. Smaller companies lack the resources to implement HIV/AIDS workplace programmes. Few Namibian parastatals implement workplace

programmes, while tertiary education institutions administered programmes for their students (AIDSBRIEF 2004b:12-13, in Hophood, Hunter & Kellner 2008:103-104).

In Zambia, private sector organisations have been supported to establish HIV/AIDS workplace policies and programmes. Lack of funds alongside the lack of partnerships for small organisations, and the lack of a multi-sectoral and interdisciplinary forum for strengthening public and private partnerships were identified as challenges for workplace HIV/AIDS activities in the country (Elemu, Rubvuta & Muunga 2008:310-311).

A study to analyse factors hindering the adoption of HIV/AIDS workplace policies by the private sector in Malawi found that the perception that HIV/AIDS was not a priority business issue and the lack of financial resources were significant factors hindering adoption. Other factors identified in the study are, amongst others, a lack of top management support and weak unionism (Bakuwa 2010:1077).

The heads of departments of the South African public service are required to allocate adequate human and financial resources for the implementation of HIV/AIDS workplace programmes (South Africa, DPSA 2002:118). This requirement is not implemented consistently in all departments, as evidenced by a study by the Public Service Commission (South Africa, Public Service Commission 2006a). The findings of this study revealed a great variation in the allocation of budgets and the provision of resources by departments. Those departments with adequate and specific budgets allocated towards HIV/AIDS policies and programmes were more successful in their implementation (South Africa, Public Service Commission 2006a:42). Similar findings were noted in a study to evaluate Employee Assistance Programmes in the public service in South Africa. This study found that those departments with specific budgets allocated towards HIV and AIDS management and with EAPs involvement in such programmes, had more success in their implementation (South Africa, Public Service Commission 2006b:33).

International donors play an important role in providing funds for the implementation of HIV/AIDS programmes in developing countries. Such funds can be used to address the challenge of cost in the implementation of workplace programmes. Countries such as Zambia, Malawi and Tanzania were able to upscale their national AIDS prevention, treatment and care interventions because of such donor funding (Munthali, Chirwa & Mvula 2008:54; Elemu, Rubvuta & Muunga 2008:272; Kessy, Mallya & Mashindano 2008:224).

2.4.2 Communication

Lack of communication about the necessary HIV/AIDS programmes to management in a workplace was found to be a factor in resource allocation. Personnel responsible for the design, implementation and management of HIV/AIDS workplace programmes should market and convince management about the required services and the value thereof to be able to solicit their support for resource allocation (Vass & Phakathi 2006:13).

In Senegal, the lack of information about the HIV situation in the work environment, and the lack of knowledge on the socio-economic impact of HIV/AIDS in companies have limited the efforts to reduce the effects of the epidemic on companies, workers, their families and communities. No studies of the stigmatisation, discrimination and legal responses have been undertaken. These would provide benchmark practices for employers and allow for adaptation of responses and measurement of their impact (Niang 2008:345).

The above findings suggest that, without credible information on which to base resource allocation decisions, adequate funding and resourcing for HIV/AIDS workplace policies and programmes may be compromised, resulting in ineffective implementation. Accurate and relevant data are crucial tools to convince leaders to increase their commitment to fight HIV and AIDS. Use of relevant data and modelling techniques will

assist leaders to visualise the impact of the epidemic based on which to take the necessary action (The World Bank 2000:25).

2.4.3 Capacity

The lack of information about the much needed HIV/AIDS workplace programmes, and the benefits and costs of providing them is a barrier to adequate resource allocation. Lack of skilled personnel to design, implement and manage HIV/AIDS workplace programmes is another factor negatively impacting the allocation of adequate resources (Vass & Phakathi 2006:13).

Resources should be allocated based on long-term goals, chosen strategy, structure and short-term objectives. Without skilled human resources to develop these plans based on the resources that are allocated, the effective implementation of HIV/AIDS programmes will be hindered (Cronjé 2004:256). The lack of capacity to utilise allocated funds was found to be a challenge in the implementation of the national HIV/AIDS programme in Zambia (Elemu, Rubvuta & Muunga 2008:270).

Inadequate capacity alongside the lack of strong political commitment, competing priorities and cultural norms or religious beliefs, was also identified by the World Bank (2000:25) as a major barrier to the implementation and sustenance of an expanded response in most African countries. The World Bank hence committed itself to address this barrier by strengthening the capacity of African governments, civil society and the private sector to mobilise and lead an effective response to the epidemic (The World Bank 2000:35).

The literature reviewed above suggests a positive relationship between adequate allocation of resources and effective implementation of policies and programmes. This study hence seeks to describe the resources allocated for the implementation of the workplace HIV/AIDS policy and programme in the Department of Economic Development, Environment and Tourism in Limpopo. The study will also measure the

perceptions of the managers and coordinators responsible for the implementation of the programme regarding the adequacy of the allocated resources. The role of planning and the roles and responsibilities towards resource allocation for the implementation of all aspects of the programme as stipulated in the policy will also be measured.

2.5 Theoretical perspective

2.5.1 The systems model

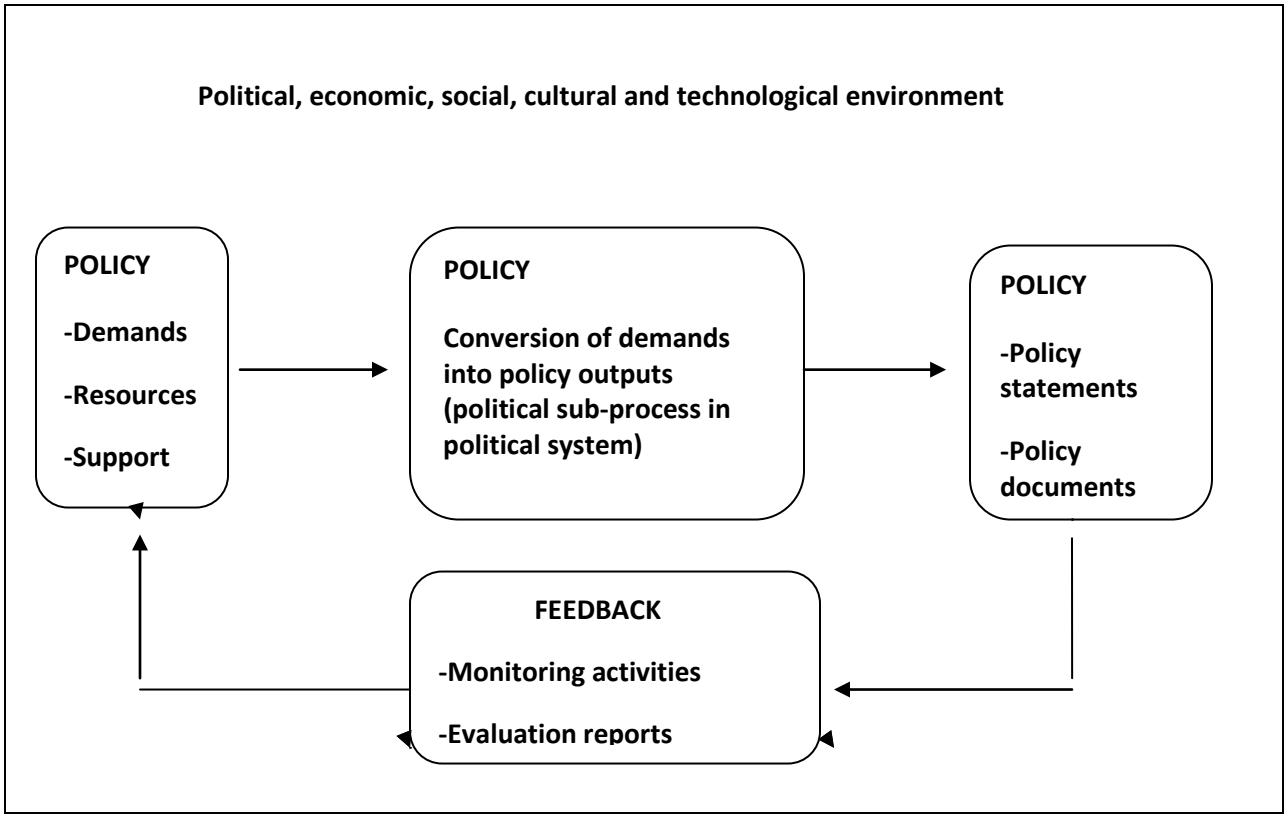
For the purpose of this research, the systems model is regarded as applicable. This model is selected because it considers the interaction between inputs, conversion, output and feedback in the process of policy analysis (Thornhill & Hanekom 1995:58).

According to the systems model, public policy is an output of the political system. Forces generated in the environment that affect the political system are viewed as inputs. These inputs include demands and needs of interest groups, resources and support for the policy. These demands enter the system through the political process and inform the policy and outputs thereof (Hanekom 1992 and Henry 1989, cited in De Coning & Cloete 2000:39). The environment is any condition outside the boundaries of the political system, while the political system entails that group of interrelated structures and processes which has the authority to allocate values for a society. Outputs of the political system constitute public policy (Dye 1992:42).

The concept of system implies an identifiable set of institutions and activities in society that function to transform demands into decisions that need the support of the society. The concept of system also implies the interrelatedness of elements of the system and that the system responds to environmental forces in order to preserve itself. Inputs into the political system are in the form of demands and support. Demands occur when individuals or groups, in response to a real or perceived environmental condition such as HIV and AIDS, act to affect public policy. In the case of HIV and AIDS, such public policy would be the promulgation of regulations for public service departments to

implement workplace programmes targeting employees of the departments. Support is rendered when public service departments implement such policy decisions, as the targeted department in Limpopo has done. To transform demands to the political system into outputs (policies), the system arranges settlements and ensures that these are enforced upon all parties concerned. Outputs may thus have a stabilising effect on the environment and the demands arising from it, and may also affect the nature of the political system (Dye 1992:43).

Figure 2.1: The systems approach to policy making



(Fox *et al.* 1991:31, in De Coning & Cloete 2000:40)

The systems model provides perspectives on the influence of the environment on public policy and vice versa, the effectiveness of the feedback process and the extent to which the results, impacts and consequences of policies are factored into the adoption of existing or new ones (Wissink 1990, cited in De Coning & Cloete 2000:39). The systems

approach thus acknowledges the cyclical nature of policy making, which is in harmony with the view put forward by UNAIDS (2004:3) in the framework for monitoring and evaluation. The framework identifies four major levels for monitoring and evaluation which are inputs, outputs, outcomes and impacts. According to UNAIDS (2004:3), results at one level are expected to flow towards results at the next level, leading to the achievement of the overall goal of the policy or programme. Gaps in this logical pathway will affect the flow towards the desired results.

This research is on evaluation of resource allocation for the effective implementation of an HIV/AIDS workplace policy in a public service department. According to the systems model, if the inputs such as finance, staff and materials are inadequate, the overall implementation process will be affected, as well as the outputs, outcomes and impacts. The workplace policy will therefore not achieve the desired results. Edwards and Sharkansky (1978) and Van Horn and Van Meter (1977) (cited in Hanekom, Rowland & Bain 1987:38-39, 41) state that resources influence the implementation of policies and programmes. These authors identify inadequacy of funds and staff as some of the factors that make it difficult to realise the objectives of a policy.

Dye (1992:349) further suggests that the allocation of inputs (resources) for policy implementation is also, according to the systems model, influenced by the socio-economic environment and the political system. Problems in the socio-economic system, e.g. the current economic downturn, affect the availability of resources for policy implementation. Failure to implement such policies may in turn trigger negative responses from interest groups, which may then affect the political system, and vice versa. The current service delivery protests that are taking place in the country in some provinces such as Gauteng and Mpumalanga are a case in point. Some of the reasons put forth by affected community leaders are that the government is failing to deliver services and infrastructure such as schools, houses and clean water (SABCTV2 20:30 News 15 October 2009). This suggests that the government failed to plan, allocate and monitor the implementation of some policies, and this is now in turn affecting the entire public policy environment (Van der Waldt et al. 2001: 167).

The systems theory was used to direct this study on evaluation of resource allocation of an HIV/AIDS workplace policy of a public service department in Limpopo, South Africa. This study looked at the allocation, distribution and utilisation of financial, material and human resources, the nature of inputs, type of support, role of planning, and the roles and responsibilities towards resource allocation. The theory informed the measurements in this study. The findings of the study highlight the extent to which the resources are allocated for the effective implementation of the workplace policy and programme. According to the systems theory, if the resources are not adequate, implementation will be negatively affected and ultimately the objectives of the policy may not be realised.

2.5.2 Social capital theory

Social capital refers to the social knowledge and connections that enable people to cooperate with one another in order to achieve their goals. It includes useful social networks, a sense of mutual obligation and trustworthiness, an understanding of the norms that govern effective behaviour and in general, other social resources that enable people to act effectively (Giddens 2006:674). Differences in social capital are a reflection of larger social inequalities, with men having more capital than women, and the wealthy more than the poor. Differences in social capital are also found among countries. The World Bank (2001, cited in Giddens 2006:674) indicated that countries with higher levels of social capital where business people have strong networks are more likely to have economic growth.

According to Putman (2000, cited in Giddens 2006:674), two types of social capital have been identified, namely, bridging social capital and bonding social capital. Bridging social capital is outward-looking and inclusive. It unifies people across social divides. Bonding social capital is inward-looking, exclusive and reinforces exclusive identities and homogenous groups (Giddens 2006:674). According to this research, people who

actively belong to organisations are more likely to feel engaged, have a sense of belonging and are able to make meaningful contributions. In the broader society, social capital provides people with a feeling of belonging, that they are a part of a wider community that includes people who are different from themselves. Although Putman (1995, 2000, cited in Giddens 2006:675) considers this kind of social capital as essential for effective corporate and civil citizenship, his study has found that it is on the decline. This is seen in the decline in organisational membership, democratic participation, neighbourliness and trust.

According to the principles of this theory, when there is a fall in social capital in an organisation, participation by people will decline. Levels of trust and engagement among people will also fall (Giddens 2006:677). This suggests that participation of management and employees in organisational programmes such as HIV/AIDS workplace programmes will decline, and the commitment of management to allocate resources to the programme will possibly be negatively affected. Participation in organisational structures such as HIV/AIDS committees will also possibly be negatively affected.

In an organisation with a strong social capital, especially the bridging type, employees are likely to feel connected and engaged, and will cooperate with one another to achieve common goals (Putman 2000, cited in Giddens 2006:675). Under such circumstances programmes for managing HIV/AIDS in the workplace are likely to be supported by management, unions and employees. Management support is likely to be accompanied by the allocation of resources that are necessary to ensure that programmes are effectively implemented. Studies by the World Bank (2000:15) have shown that support from all key stakeholders and strong partnerships among community groups contribute to the success of HIV/AIDS programmes. Senegal is an example in this regard. By enlisting all actors in a timely and aggressive prevention campaign, the leadership of the country was able to maintain one of the lowest HIV

infection rates in sub-Saharan Africa, at 1.77% (UNAIDS 1998e, cited in The World Bank 2000:15).

2.5.3 Social resources theory

The social resources theory proposes that having access to and using better social resources leads to successful instrumental action. In this context resources are goods, material as well as symbolic, that can be accessed and used in social actions. Valued resources refer to those resources that are considered to be important for maintaining and improving a person's chances of survival as they interact with the external environment (Lin [sa]).

Lin [sa] highlights two types of resources, namely personal and social resources. Personal resources entail those resources that belong to and are possessed by an individual, and include ascribed and achieved characteristics such as gender, age, race, religion, education, occupation, income and familial resources. Social resources are resources within one's social network and social ties. These include those resources in the possession of individuals but still accessible to ego through direct or indirect relationships and which enable ego to achieve certain goals (Lin [sa]).

According to the social resources theory, resources that are rooted in social connections play important roles in the interaction between social structure and individuals. According to this theory, individuals are able to access and use social resources to maintain or promote their own interests in a social structure that consists of social positions hierarchically related and ordered in terms of valued resources. Individuals access and mobilise these resources in various ways in order to achieve instrumental and/or expressive goals (Lin [sa]).

The main proposition of the theory states that having access to and using better social resources results in more successful instrumental action (Lin [sa]). In the case of resource allocation for HIV/AIDS policy and programmes, the proposition suggests that

access to a source with better social resources in terms of prestige, power and status is likely to lead to allocation of more resources (financial, human and material) for the implementation of the workplace policy and programme. The strength of position hypothesis states that the level of the original position is positively associated with access to and use of social resources. This implies that a given position in the hierarchical structure decides how one may get access to better social resources from within the social structure (Lin [sa]). In the context of resource allocation it suggests that the position of the HIV/AIDS programme implementer is positively related to the possibility of accessing better resources. This proposition is in harmony with the requirement by the Public Service Regulations, 2001 to have heads of departments designate a senior manager to manage the HIV/AIDS workplace programme, as such a manager will have the authority and seniority in the departmental hierarchical structure to access and mobilise resources required for the implementation of the programme (South Africa, DPSA 2000:118).

2.6 Conclusion

This chapter provided a review of the literature on the role of resource allocation in the effective implementation of HIV/AIDS workplace policies and programmes. From the reviewed literature it is evident that there is a link between adequate resources and successful implementation of workplace policies and programmes. The support and commitment of management have also emerged as a crucial factor in resource allocation. A theoretical perspective covering the systems model, theories of social capital and social resources, was also presented. This research endeavoured to determine whether these aspects played a role in the allocation of resources for the implementation of HIV/AIDS workplace policy in the targeted public service department.

The next chapter will outline the methodology that was followed in this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research method that was used in this study. It covers the type of study, the type and source of data, sampling, data collection techniques and data analysis. It also describes measures to ensure validity of the data gathering instrument, study limitations and ethical considerations.

3.2 Type of study

In order to achieve the objectives of this research, a combination of quantitative descriptive and qualitative approaches were used. Open-ended and closed questions were used to obtain information on the planning, allocation and utilisation of resources for the implementation of the HIV/AIDS workplace policy, looking specifically at the allocation of financial, material and human resources (Rehle *et al.* [sa]:18). This method enabled the measurement of the type and quantity of resources allocated, types of support, the role of planning and roles and responsibilities for the implementation of the programme, as well as the perceptions of programme implementers regarding the adequacy of allocated resources.

3.3 Type and source of data

Data for the study was obtained from primary sources which included officers who are implementing the policy in the Department. These implementers include HIV/AIDS managers who are based at head office, coordinators based in the five district offices and peer educators, and human resource (HR) and financial management officers based in both the head office and district offices.

Human resource officers are responsible for developing the organisational structure and job descriptions, job evaluation, recruitment, selection and appointment of personnel for the implementation of the workplace policy and programme. HR officers are also responsible for office allocation. Financial management officers are responsible for budget allocation for compensation of personnel and for the procurement of equipment, furniture and materials.

Data was also obtained from secondary sources, namely programme records that contain information about resources allocated for the implementation of the policy. Important records in this regard were records of training, budget allocation and utilisation, personnel placement, equipment, facilities and materials such as condom supply.

3.4 Sampling

Durrheim (1999:44) refers to sampling as a process of making decisions about which people, settings, events, behaviours and/or social processes to observe. The aim is to ensure representativeness of the population about which the researcher intends to draw conclusions.

The total sampling frame for this research consisted of all the implementers of the HIV/AIDS workplace policy and programme in the Department of Economic Development, Environment and Tourism. According to TG Chabalala (21 December 2009), this group of implementers is made up of 45 officers based at the Provincial office and district offices of the Department in Limpopo.

The entire population of 45 officers was included in the study in order to ensure representativeness, which is important in descriptive studies (Durrheim 1999:44). This decision was guided by Stoker (1985, in De Vos *et al.* 2005:196).

Criteria for their inclusion in the study were:

- Involvement in the implementation of the HIV/AIDS workplace policy and programme;
- Willingness to participate in the study;
- Employment by the public service department.

3.5 Data collection techniques

Data was collected by means of a semi-structured questionnaire designed by the researcher, having considered all the objectives of the study. Questions in the questionnaire were developed in line with the purpose and objectives and were therefore intended to answer the research questions.

The target group for the research consists of the implementers of the workplace HIV/AIDS policy and programme, and they are able to read and write, which is a requirement in the use of questionnaires. This target group is placed in the different workplaces of the Department in the districts and at head office.

3.5.1 Sources consulted in the design of the questionnaire

The designed questionnaire is divided into two sections. Section A consists of biographical information, and section B contains questions related to activities, support, management and role players for resource allocation. The questionnaire contains both structured and semi-structured questions. The semi-structured questions were used to supplement the structured ones, thus allowing the respondents to elaborate on their responses. The use of structured questions provided greater uniformity in responses and assisted to quantify the answers (Wimmer & Dominick 2006:182). The designed questionnaire is attached as Appendix 1.

Denscombe (2007) and Wimmer and Dominick (2006) were consulted for the design of the questionnaire. These sources provided information on the essential elements for

questionnaire design, including the type of data collected by questionnaire, length and construction of questions, advantages and disadvantages of questionnaires. The Department of Public Service and Administration (DPSA) (2002) guide for government departments on managing HIV/AIDS in the workplace was used for guidance to determine the resources that should be allocated for the implementation of HIV/AIDS policies and programmes. Questions were then developed in line with the provisions of the guide. This guide was deemed important as the research is on resource allocation for a workplace HIV/AIDS policy and programme in a government department, and the guide serves as an implementation standard for government departments.

3.5.2 Reliability and validity of the questionnaire

According to Denscombe (2007:296), validity refers to the accuracy and precision of an instrument. It also refers to the appropriateness to the research question to be investigated. Reliability is concerned with the consistency of an instrument to produce the same results on different occasions under the same conditions.

In the process of developing the questionnaire to be used for this research, existing instruments were used, namely the Unisa questionnaire on beliefs about HIV/AIDS, the Horizons Evaluating and Accrediting Workplace AIDS Programs in Thailand Company Evaluation Questionnaire, and the Futures Group International Policy Project – AIDS Program Effort Index (API). The latter two are standardised instruments that were used in other studies and were retrieved from AIDSQuest. Using these instruments in the development of the questionnaire enhanced the validity and reliability thereof. The Unisa questionnaire on beliefs about HIV/AIDS was part of the study material for the module PYC206-B/101, which the researcher completed while doing the HIV/AIDS Care and Counselling Certificate in 2003.

3.5.3 Pre-testing of the questionnaire

The questionnaire was pre-tested with a group of four implementers in the Department. They commented on:

- the wording of questions;
- the clarity of the questions;
- the length of time it took to complete the questionnaire; and
- the alternative answers provided on the questionnaire.

The comments from the participants were valuable and assisted the researcher to refine the questions. No questions were removed and the time needed to complete the questionnaire was acceptable. This activity enabled the researcher to identify potential problems, which were then addressed before the main study was undertaken (Kanjee 1999:298). Pre-testing the questionnaire thus enhanced its reliability and validity (Wimmer & Dominick 2006:58).

3.5.4 Data collection

Face-to-face interviews were used to collect data from respondents at the various workstations of the Department, namely at the provincial department in Polokwane and in the Capricorn District, Lebowakgomo (Sekhukhune District), Modimolle (Waterberg District), Giyani (Mopani District) and Thohoyandou (Vhembe District). Prior appointments were made with the respondents, during which the purpose and objectives of the study were explained to them. The process was undertaken and completed within a period of four weeks.

3.6 Data analysis and interpretation

All the questionnaires were numbered and the data collected was translated into numerical codes by the researcher and captured. Data obtained using the open-ended questions was used to support and explain some variables and to provide

understanding of the numbers. Analysis was done with the aid of the Statistical Package for the Social Sciences (SPSS). The following analyses were conducted:

- Cross-tabulations
- Frequency analyses

Charts and tables were used to display the data. More detailed data analysis is presented in Chapter 4 of the dissertation.

3.7 Ethical considerations

According to Durrheim and Wassenaar (1999:65), research designs should pay careful attention to ethical issues in order to protect the well-being and rights of research participants. The main ethical principles that were adhered to during this study are voluntary participation, protection from discomfort and harm, informed consent, confidentiality and anonymity. The Higher Degrees Committee of the Department of Sociology granted ethical clearance for the study (Appendix 2).

3.7.1 Voluntary participation

This principle requires the researcher to respect the autonomy of all individuals participating in the study and their freedom to withdraw from the study at any time (Durrheim & Wassenaar 1999:66). To uphold this right, the researcher explained the purpose and objectives of the study to the coordinator of the HIV/AIDS workplace programme in the Department and to the respondents through a meeting. The Department and respondents were advised that they were free to withdraw from the study at any time.

3.7.2 Protection from discomfort and harm

The researcher needed to secure the well-being of the respondents, be it physical, emotional, spiritual, social or legal well-being (Brink 1996:32). Since data collection for this study involved face-to-face interviews, the researcher tried not to cause harm to them by ensuring that the questions were carefully structured, and she informed them that she could be contacted if necessary, for clarifications. The respondents were treated with respect, consideration and courtesy (Durrheim 1999:67).

3.7.3 Informed consent

Informed consent is regarded as the process of gaining permission from research participants prior their involvement in the study. In this study, informed consent was obtained (Appendix 3) from all participants after thorough explanation of the study, the tasks expected of them and how the results would be used (Durrheim & Wassenaar 1999:66). Each respondent was required to understand the study thoroughly before getting involved, and was given an information letter which explained the purpose, procedures, risks and benefits of the study (Appendix 2).

The researcher wrote a letter to request permission to conduct the research in the Department of Economic Development, Environment and Tourism. The letter outlined the nature of the study, its purpose and objectives. Based on the explanations in the letter of request, the head of department granted approval for the research to be conducted (Appendix 4).

3.7.4 Confidentiality and anonymity

Anonymity refers to the researcher's act of keeping the subjects' identities a secret with regards to their participation in the study, and confidentiality is the researcher's responsibility to prevent all data gathered during the study from being divulged or made available to any other person (Brink 1996:34-35). The researcher provided assurances

about anonymity and confidentiality by ensuring that the respondents' names were not disclosed anywhere in the study and information about the respondents was kept confidential. The questionnaire required no identifying details. Only information essential for the study was sought, so as to reduce the risk of invasion of respondents' privacy (Durrheim & Wassenaar 1999:68).

3.8 Debriefing

This involves explaining to respondents, at the conclusion of the study, the nature and purposes of the study. It includes full disclosure of any deception that may have been part of the study (Durrheim 1999:67). The researcher, prior to the commencement and at the end of the interviews, explained to the respondents the nature and purpose of the study, that it was being undertaken to determine the extent to which adequate and appropriate resources were allocated towards the implementation of the HIV/AIDS workplace policy, to effectively respond to the impacts of HIV and AIDS on the workplace.

It was explained that the study aimed to identify, describe and evaluate the nature and types of resources allocated for the effective implementation of the workplace HIV/AIDS policy and programme, the types of support, role of planning, and the roles and responsibilities towards resource allocation in the public service department.

Respondents were informed that the study was being undertaken as part of the researcher's Master's degree and that the results would be published in the form of a dissertation that will be kept in the University library.

3.9 Conclusion

In this chapter, the research methods and design were explained. Data collection methods and the reliability and validity of the data collecting instrument, the

questionnaire, were explained. Chapter 4 will focus on data analysis and the interpretation of the results of the study.

CHAPTER 4

RESEARCH RESULTS

4.1 Introduction

In this chapter, the research results are presented by describing the respondents through a review of their backgrounds, role and extent of involvement in the implementation of the HIV/AIDS policy and programme, and participation in HIV/AIDS training. This is followed by a description of their perceptions regarding activities, support, management and role players for resource allocation for the effective implementation of HIV/AIDS policy and programme in the Department of Economic Development, Environment and Tourism in Limpopo.

4.2 Description of the respondents

As stated in the previous chapter, a combined quantitative and qualitative research design was used in this research. The population of the study consisted of forty five (45) officers involved in the implementation of the workplace HIV/AIDS policy and programme in the Department of Economic Development, Environment and Tourism. Out of the 45 participants, only 43 (96%) agreed to participate in the study and the other two respondents were unavailable. The interviewed respondents (n = 43) consisted of 15 males (5 from Head Office, 2 from Districts and 3 from service stations), and 28 females (10 from the head office, 3 from districts and 5 from service stations).

The next section consists of the results of the study.

4.3 Main results: Demographic details

4.3.1 Gender of respondents

Figure 4.1: The number of males and females

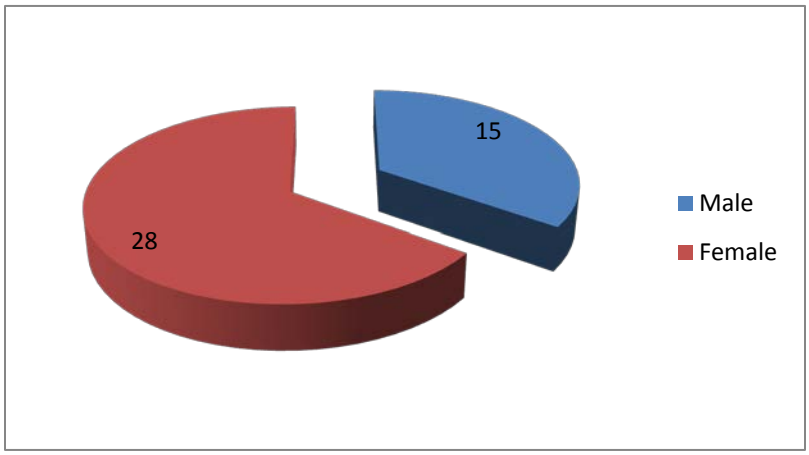


Figure 4.1 presents the gender distribution of the 43 respondents. From this figure it is clear that women were in the majority (28). This implies that the programme should focus on recruiting more males to implement the programme, because some men are more traditional and may feel more comfortable being assisted by a male than a female. The issue of HIV in some cultures is still regarded as “taboo” and women cannot address men when it comes to such issues.

4.3.2 Age of respondents

Figure 4.2: Age distribution of respondents

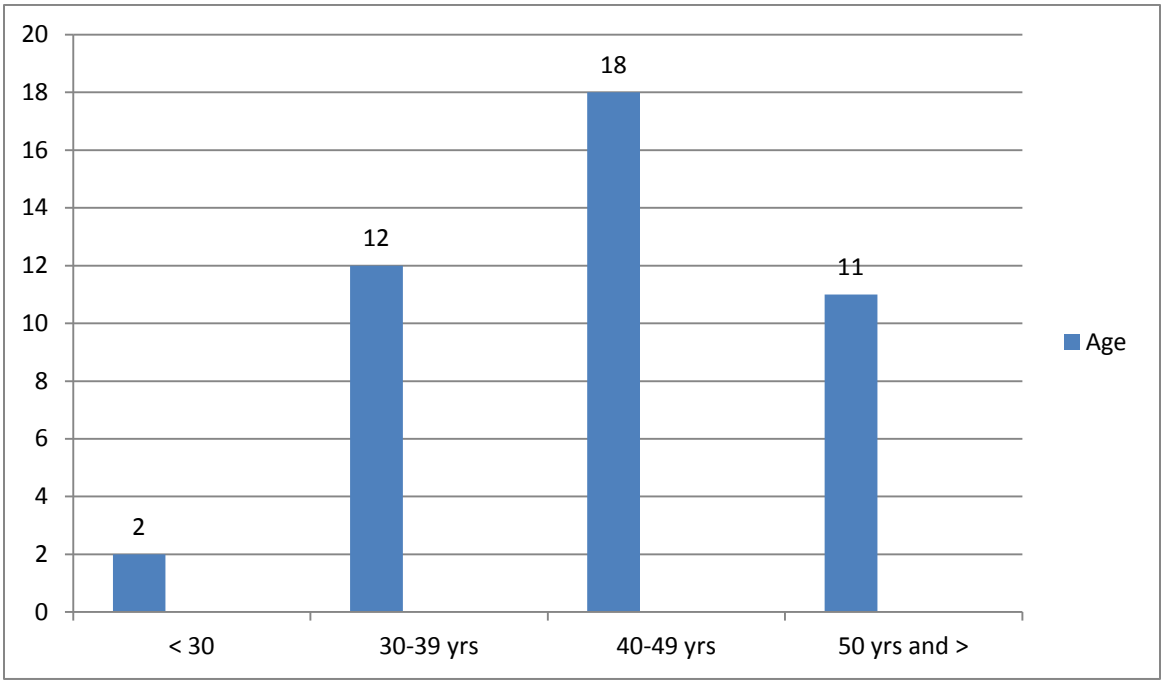
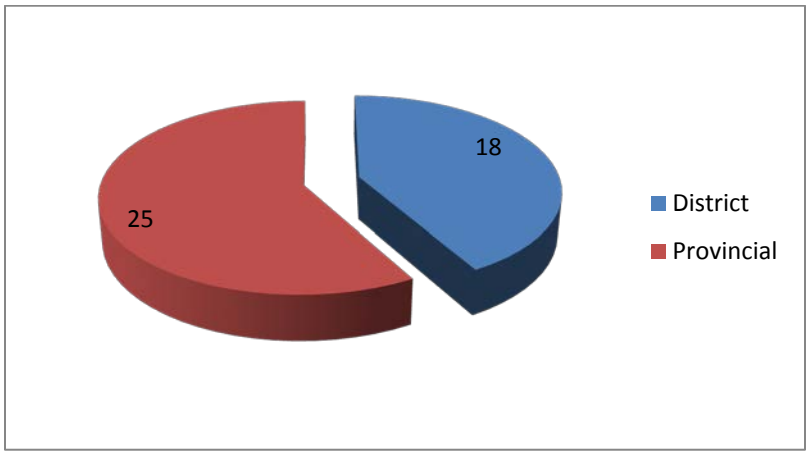


Figure 4.2 shows the age distribution of the 43 respondents. Only 2 of the respondents were younger than 30 years of age. The majority of the respondents were between the ages of 40 and 49 years (18), followed by the ages of 30-39 years (12), and 11 of the respondents were 50 years and older. This figure shows that all the respondents fell within the economically active and working group. A significant number of respondents were 50 years and older, which implies that the programme should ensure transference of skills before this workforce group retires.

4.3.3 The geographical location of respondents

Figure 4.3: Distribution of respondents' office location



The geographical location of respondents' offices is reflected in Figure 4.3. Of the 43 respondents, 25 were based at the provincial office and only 18 were based at the districts level. This distribution of personnel in terms of the programme implementers suggests that head office had more staff than the districts; however, it was found that, according to the geographical distribution of staff in the Department, the district had more staff (75%) than the head office (25%) (Ms Moselane, 21 February 2011). This suggests that the Department should prioritise the districts when allocating staff for the implementation of HIV/AIDS programmes.

4.3.4 Role classification in the programme

Figure 4.4: Distribution of role classification in the implementation of HIV/AIDS policy and programme

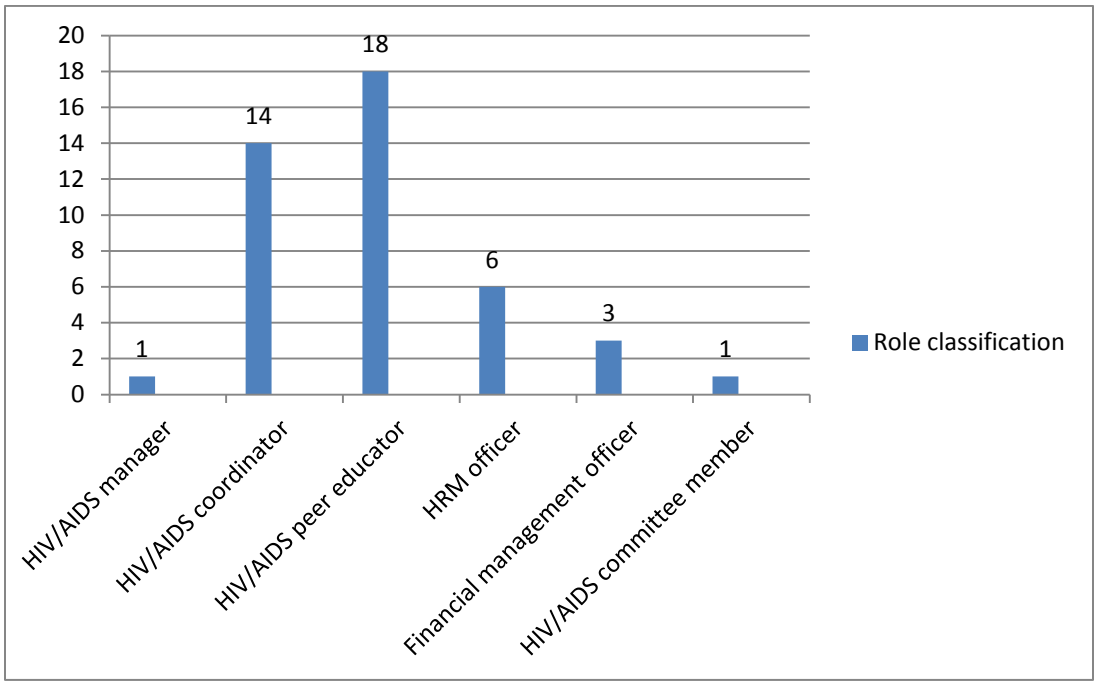


Figure 4.4 represents the role classification of the 43 respondents. HIV/AIDS peer educators have the highest number (18). The HIV/AIDS coordinator has 14, whereas the HRM officer has 6. This figure has implications for the implementation of the programme, given the total number of employees in the Department (1600 employees), and the ratio should be 1/100 employees. Given the above figures of implementers, the potential risk for burnout, workload and stress is high.

4.3.5 Length of employment in the Department

Figure 4.5: Period of employment in the Department

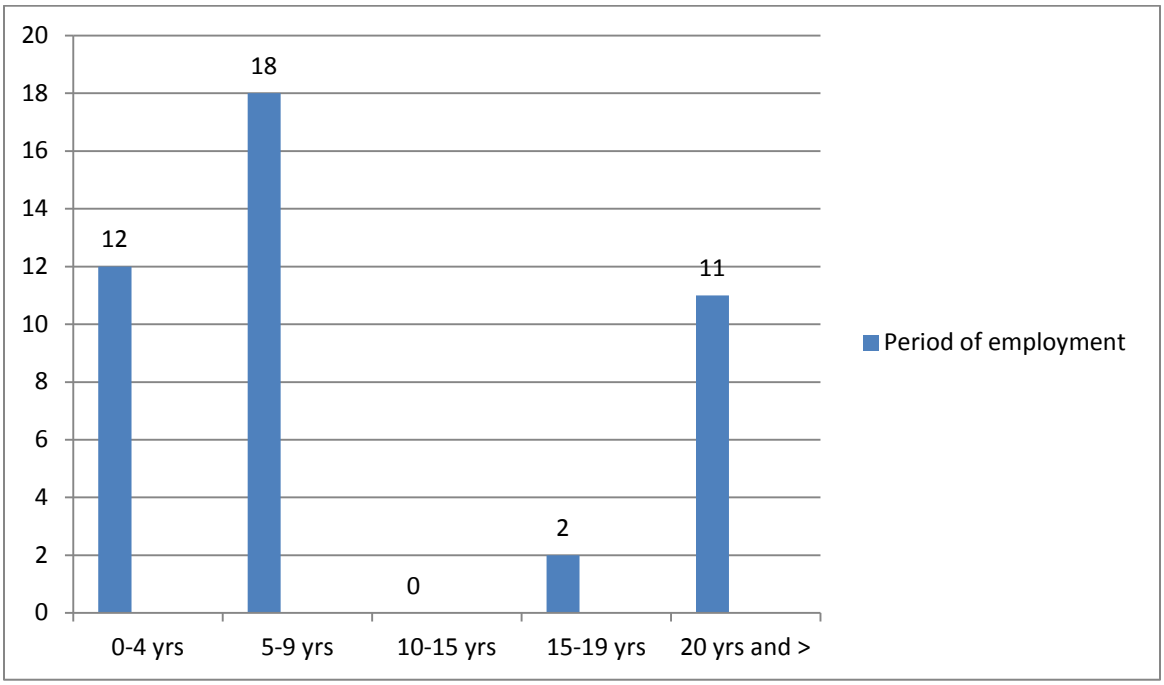
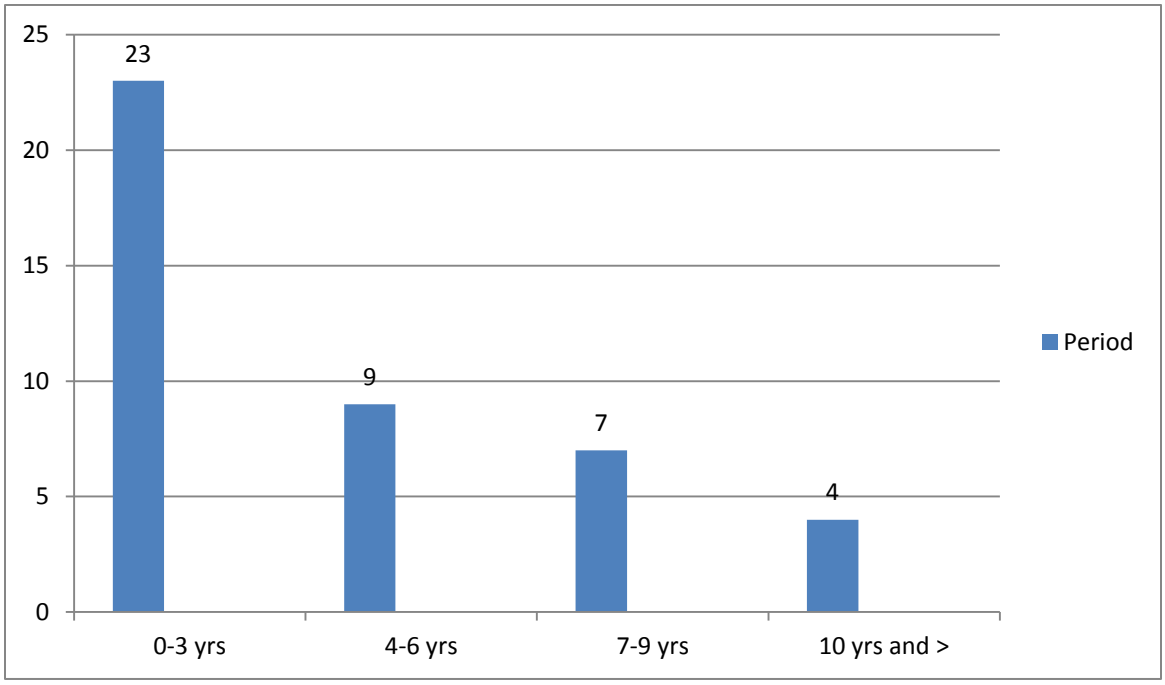


Figure 4.5 shows the distribution of length of employment in the Department of Economic Development, Environment and Tourism. The majority of the respondents (18) had been working in the Department for 5-9 years, suggesting that they were reasonably experienced.

4.3.6 Period working in the programme

Figure 4.6: Period working in the HIV programme



From Figure 4.6 it is clear that the majority of the respondents (23) had been working in the HIV/AIDS programme for 0-3 years. This means that the majority of programme implementers were new, compared to the four who had been working in the programme for 10 years and more.

4.3.7 Highest educational qualifications of respondents

Figure 4.7: Highest educational qualifications

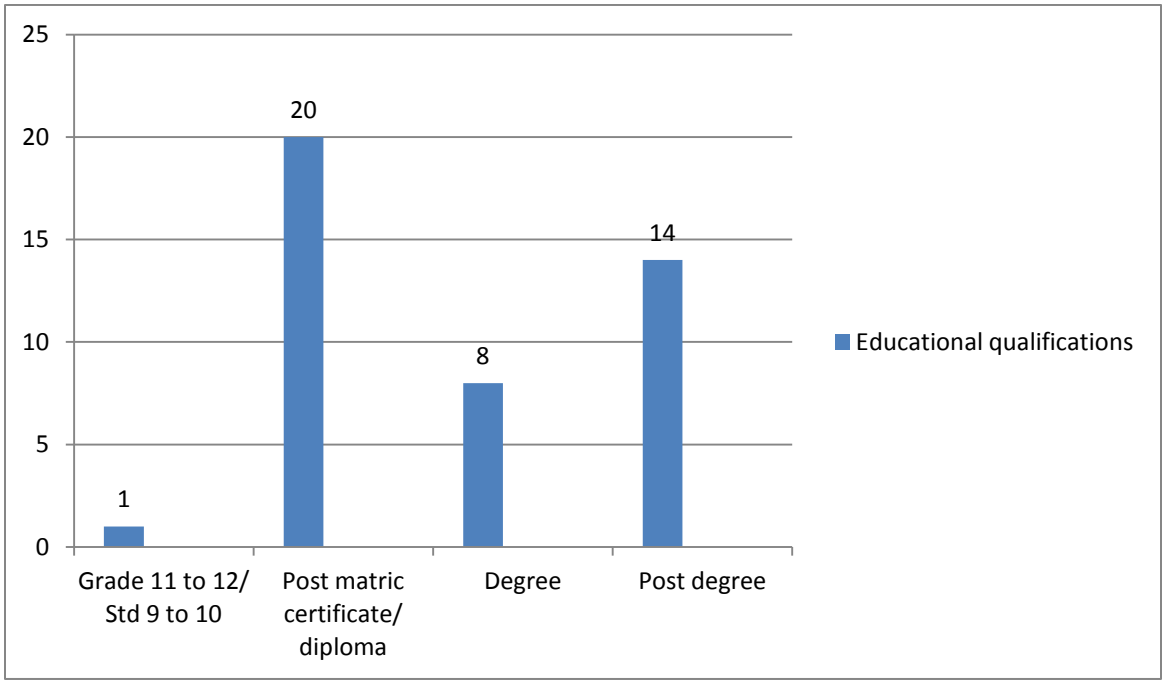
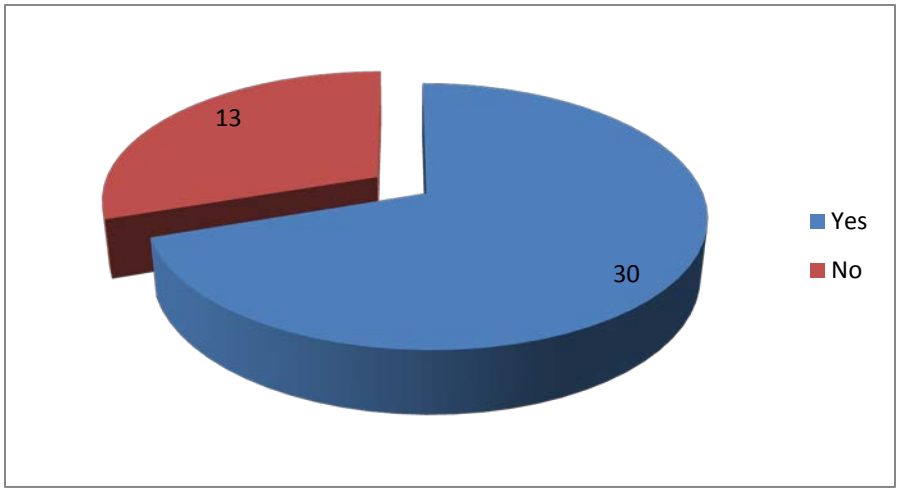


Figure 4.7 shows that out of the 43 respondents only one (1) had grade 11 to 12. Twenty (20) of the respondents had a post-matric certificate or diploma. Eight (8) had a degree and fourteen (14) had post-graduate degrees. This suggests that most of the respondents had formal qualifications. However it is not known whether the qualifications were related to HIV/AIDS and would assist them to implement the programme.

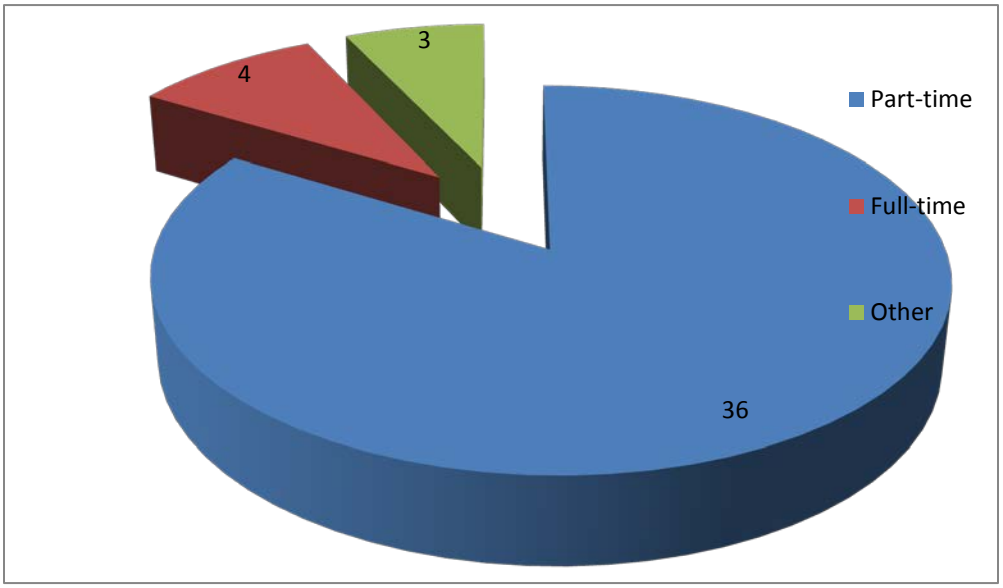
4.4 The perceptions and experiences of respondents

Figure 4.8: HIV/AIDS training received by respondents



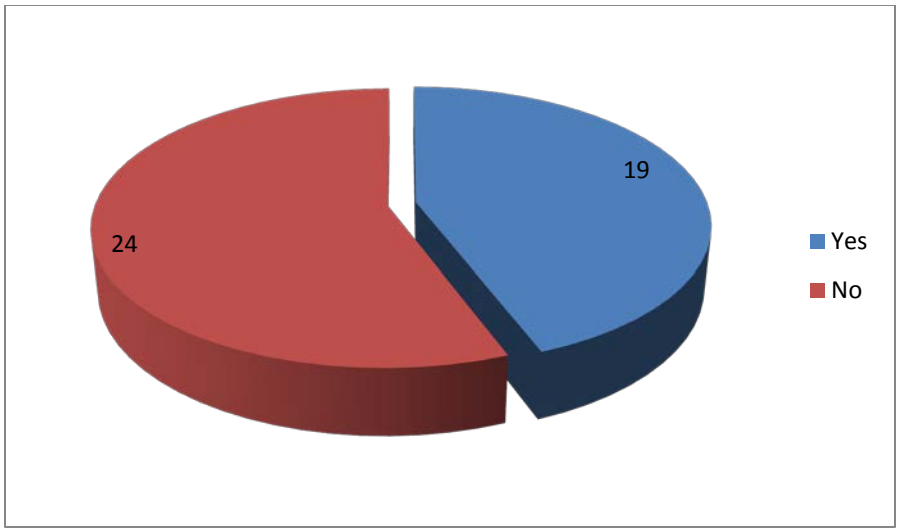
The above figure shows that out of 43 respondents, 30 had received HIV/AIDS training. Although the majority had been trained, it is a concern that 13 had not attended any training, as the implementation of such a programme would be negatively affected. Implementers of the workplace programme need to have basic information on HIV/AIDS prevention, management of infection, legal and ethical issues, care and support (South Africa, DPSA 2002:26).

Figure 4.9: Involvement in the implementation of the HIV/AIDS programme



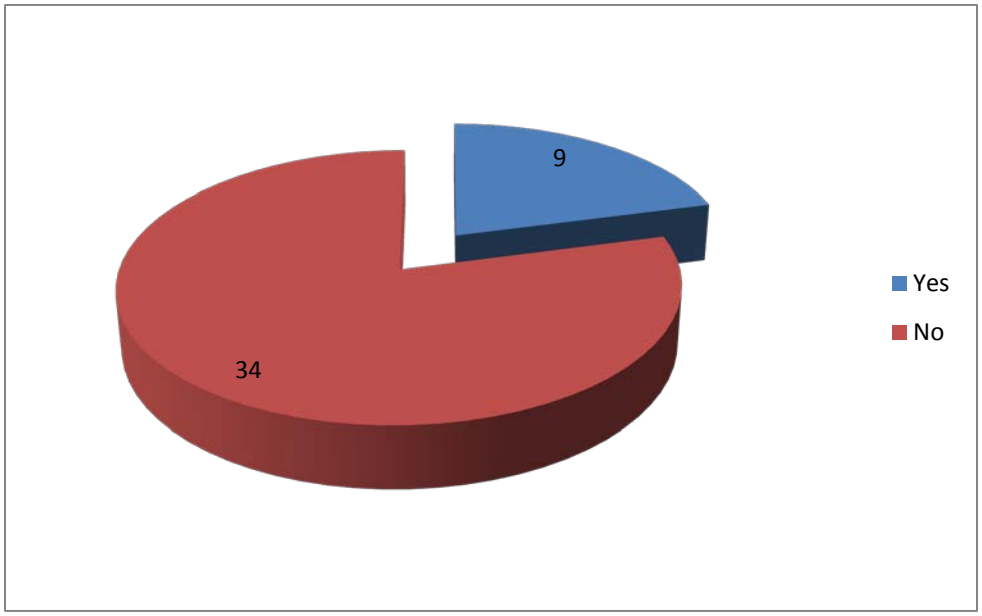
The above figure shows that the majority of the respondents (36) were involved in the implementation of the HIV/AIDS programme on a part-time basis. This would have implications for the effective implementation of such a programme. Dedicated, full-time employees with the necessary knowledge and skills to implement the programme are necessary for a successful response (South Africa, DPSA 2002:27).

Figure 4.10: Planning for resource allocation



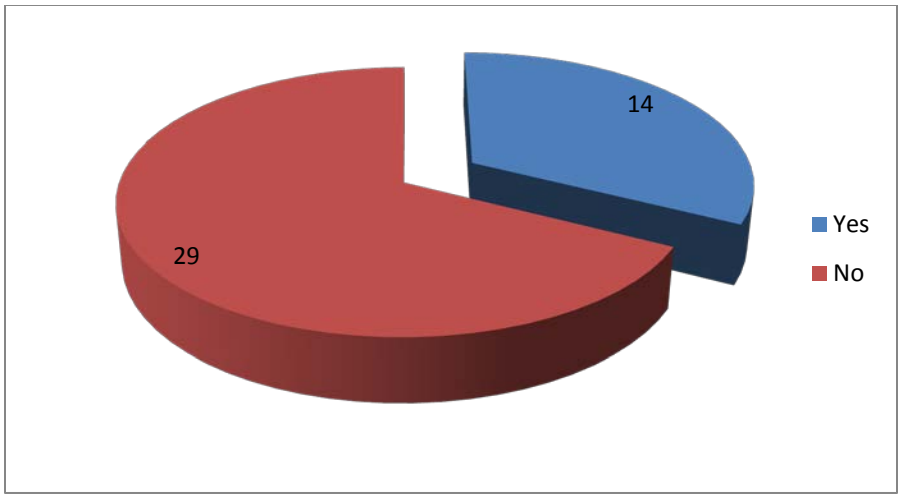
The above figure shows that the majority of respondents (24) were not involved in planning for resource allocation. This suggests that implementers' inputs were not sought during planning for resource allocation for the HIV/AIDS programme in the Department. Without inputs from the implementers of the programme, the type and amount of resources allocated and ultimately the success of the workplace programme may be negatively affected.

Figure 4.11: Budget



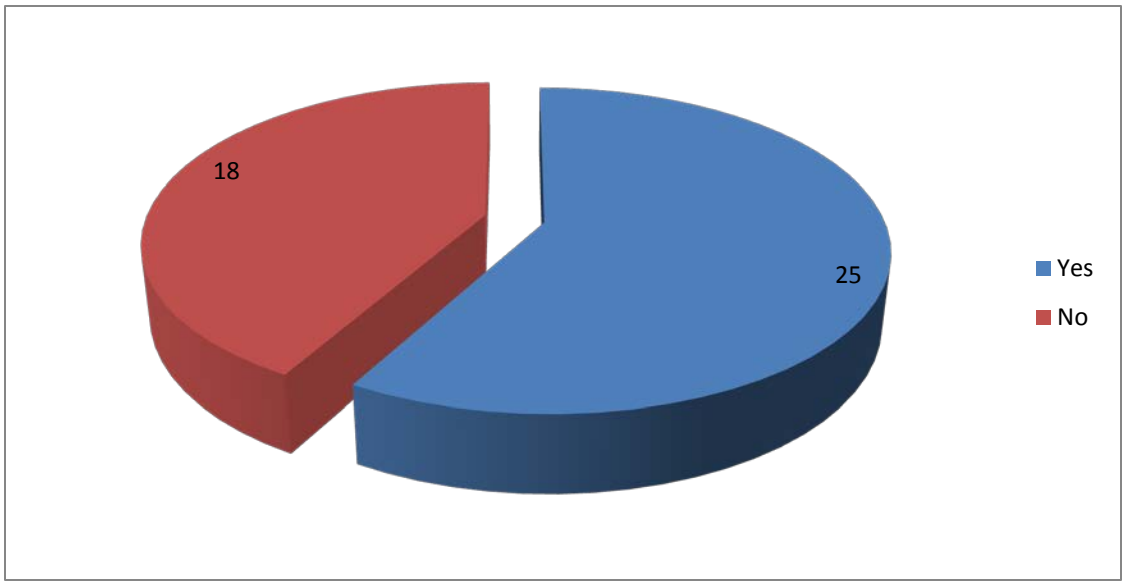
Out of the 43 respondents, the majority (34) were not involved in the budgeting, while only 9 were involved. Without adequate budget, the workplace HIV/AIDS programme cannot be effectively implemented. Implementers' inputs to the budgeting process will assist management to determine the type of activities that are carried out and the cost implications thereof. This would then inform the amount of budget required for the programme.

Figure 4.12: Human resources



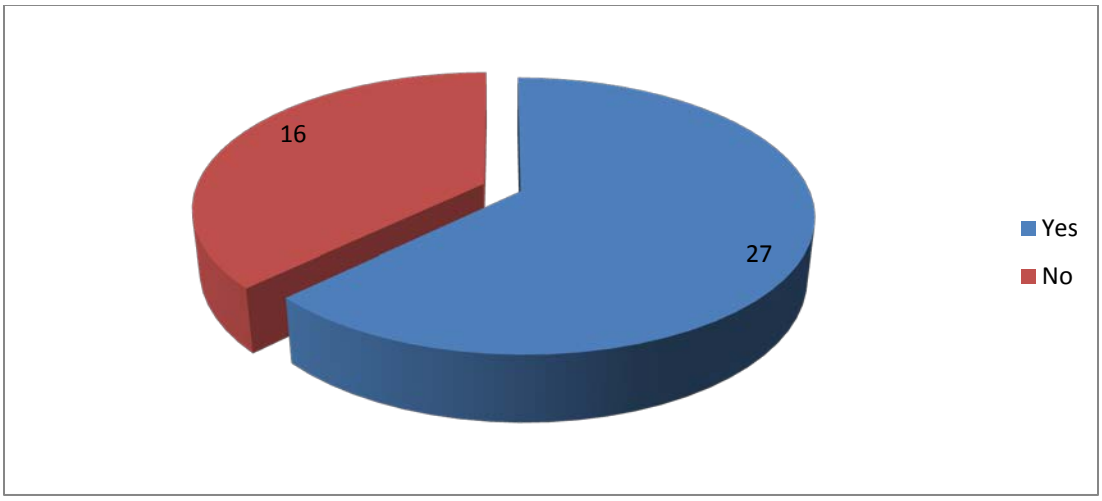
The majority (29) of the respondents were not involved in the allocation of human resources for the HIV/AIDS programme. Effective implementation of HIV/AIDS programmes is dependent on the availability of suitably knowledgeable and skilled people in the right numbers. If implementers are not involved in planning for the human resources, the management may end up planning without having the requisite information about the type and quantity of human resources required for the effective implementation of the programme. Involving the implementers and profiling their skills will assist management to identify gaps in the current implementers and plan accordingly.

Figure 4.13: Materials (condoms, posters, pamphlets, booklets)



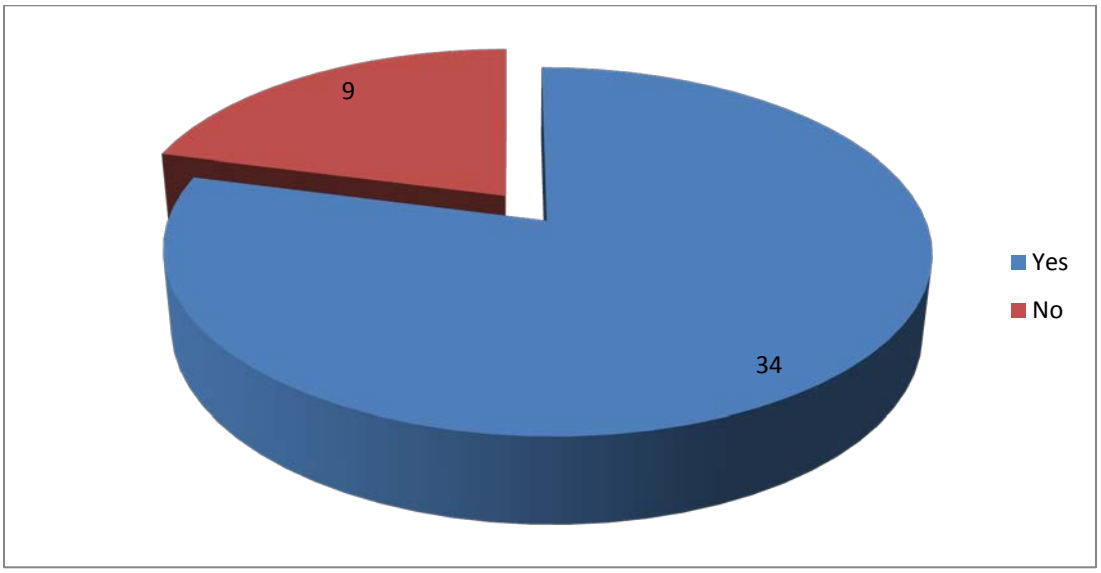
Again, the majority (25) of the respondents were involved in the allocation of materials. Involving implementers in the planning for required materials for the programme will assist management to identify the type, quality and quantity of materials necessary for the effective implementation of the programme.

Figure 4.14: Day-to-day utilisation of resources



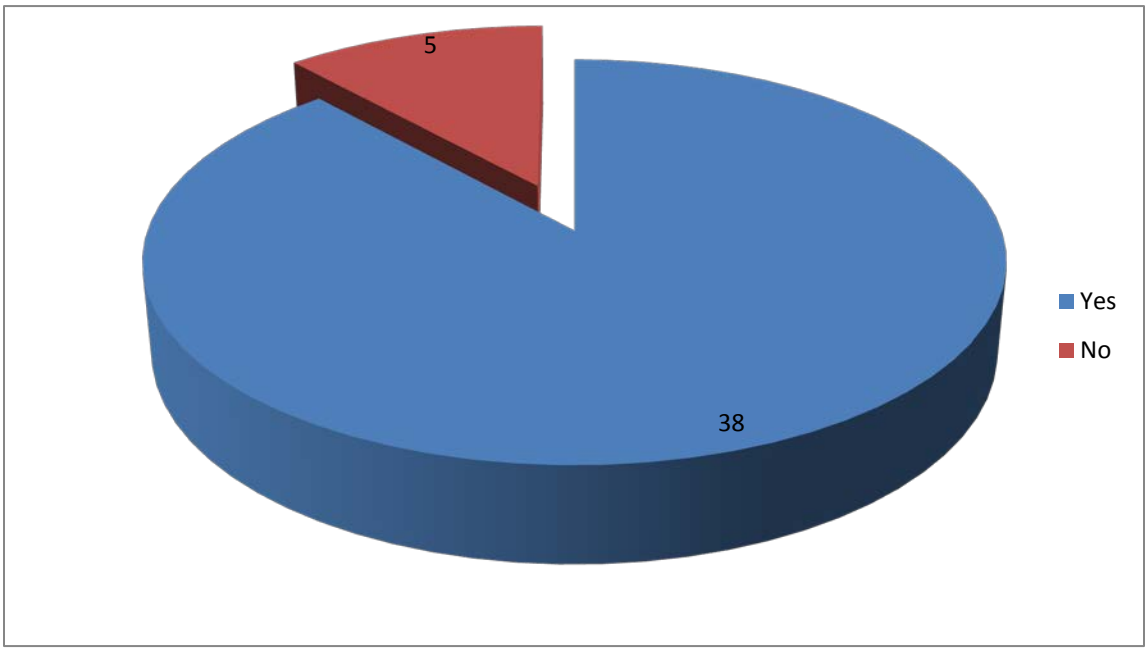
Out of the 43 respondents, 27 were involved in the day-to-day utilisation of resources, while 16 were not. By being involved in the day-to-day utilisation of resources, implementers will be able to identify any gaps that may affect the implementation process. The identified gaps would then form the basis of future planning for resource allocation.

Figure 4.15: Respondents receiving support for resource allocation activities



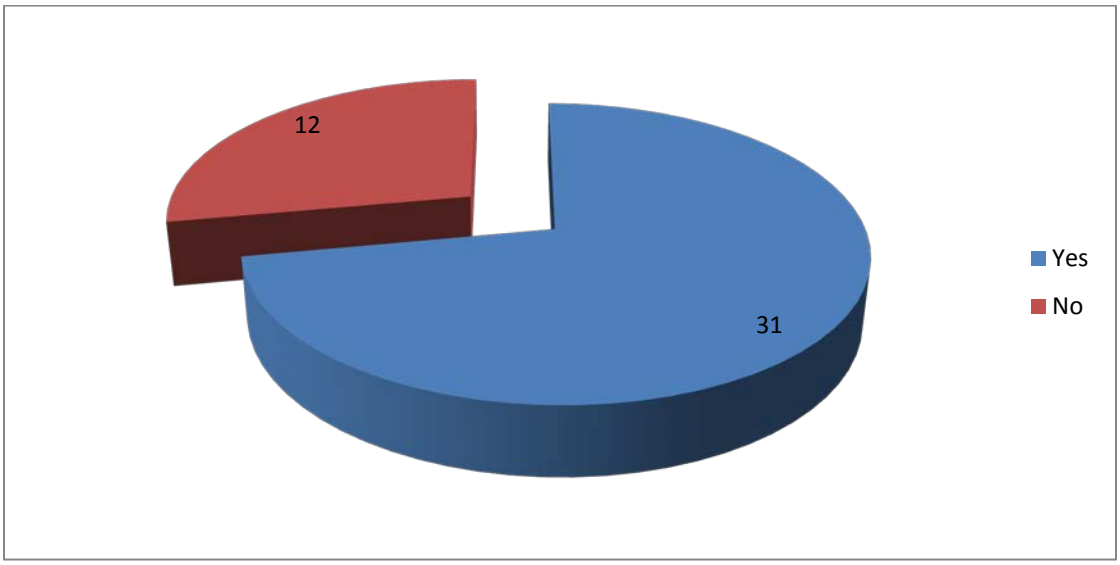
Out of the 43 respondents, 34 indicated that they had received support for resource allocation activities. This was a positive indication by implementers. Respondents (16) who were not involved in resource allocation were only involved in resource utilisation (Figure 4.14).

Figure 4.16: Respondents giving support for resource allocation activities



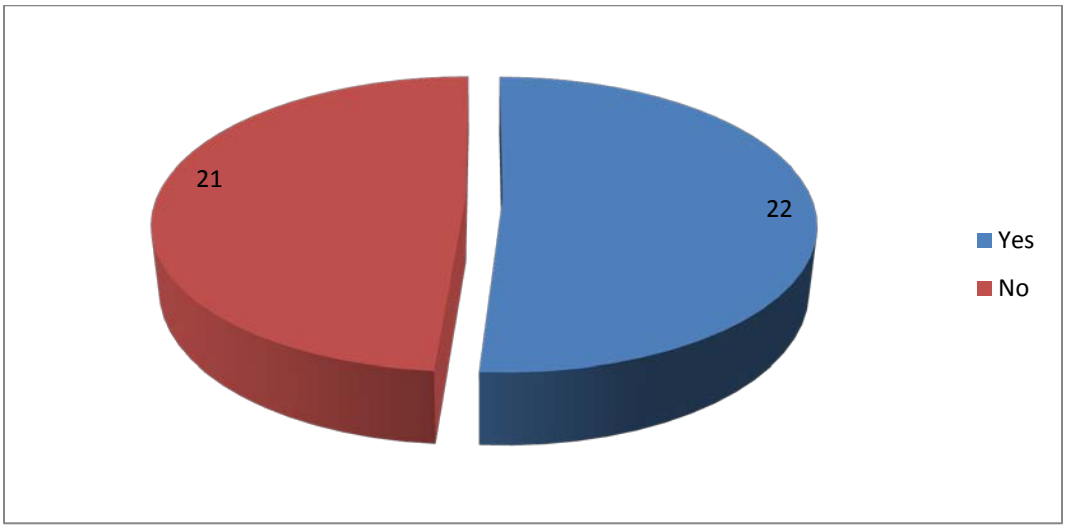
Although some respondents were not involved in resource allocation, they did support resource allocation activities, as evidenced by data in the above Figure, which shows that out of 43 respondents, 38 give support for resource allocation activities.

Figure 4.17: The workplace HIV/AIDS policy and programme implementation supported by the management of the Department



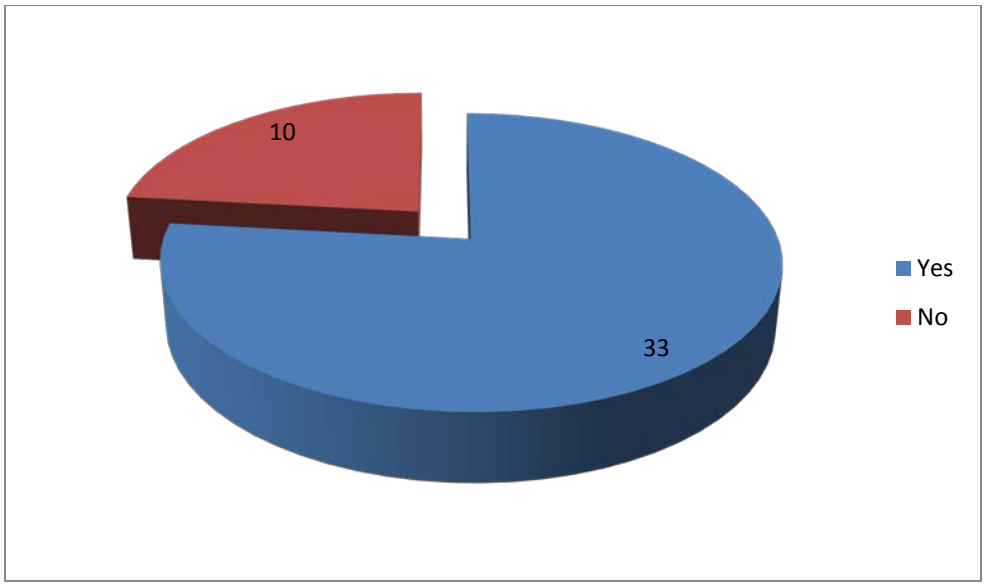
The majority (31) agreed that workplace HIV/AIDS policy and programme implementation was supported by the management of the Department. Management commitment and support are necessary for adequate funding and resourcing of HIV/AIDS workplace policies and programmes.

Figure 4.18: Management integrates HIV/AIDS issues into the Department's work



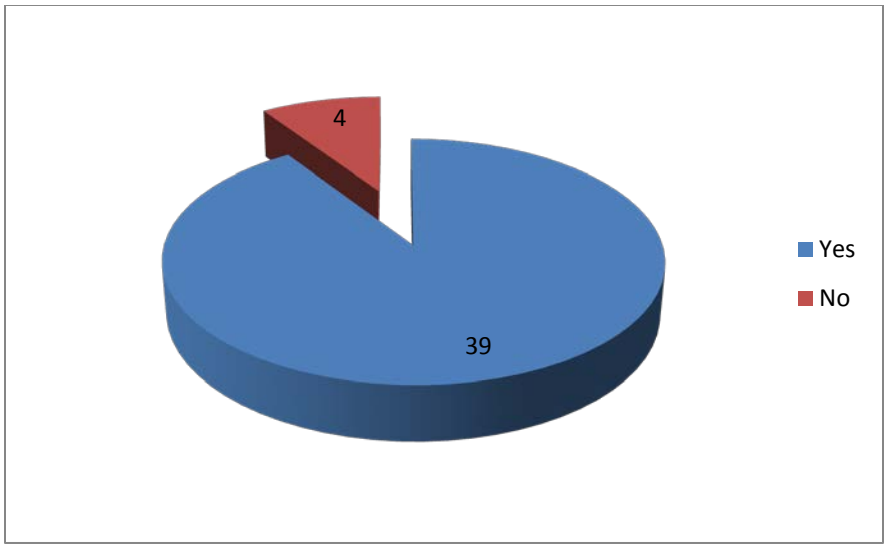
The respondents were divided in their view of management's support for the programme. Almost half of them (22) believed that management integrated HIV/AIDS issues into all aspects of the Department's work, while 21 disagreed.

Figure 4.19: Budget



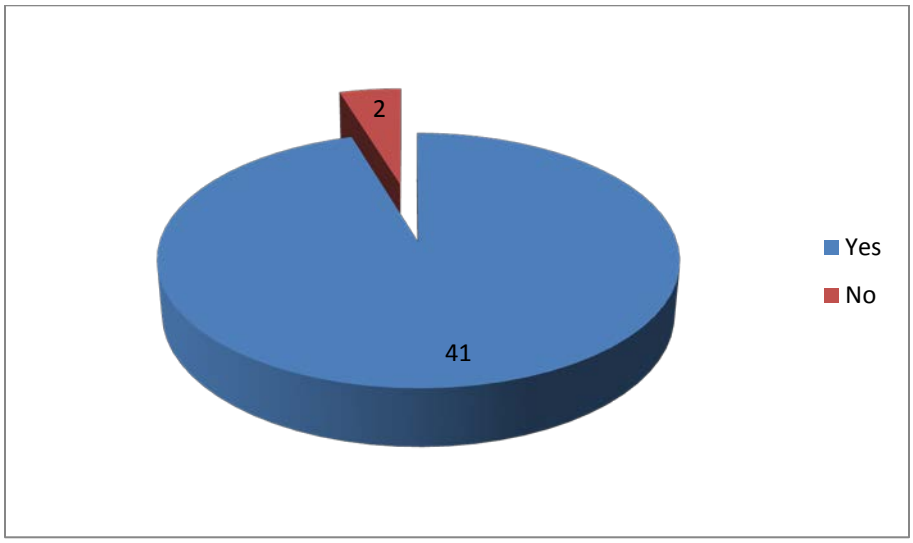
Out of the 43 respondents, 33 stated that management allocated budget for the implementation of the workplace policy and programme.

Figure 4.20: Human resources



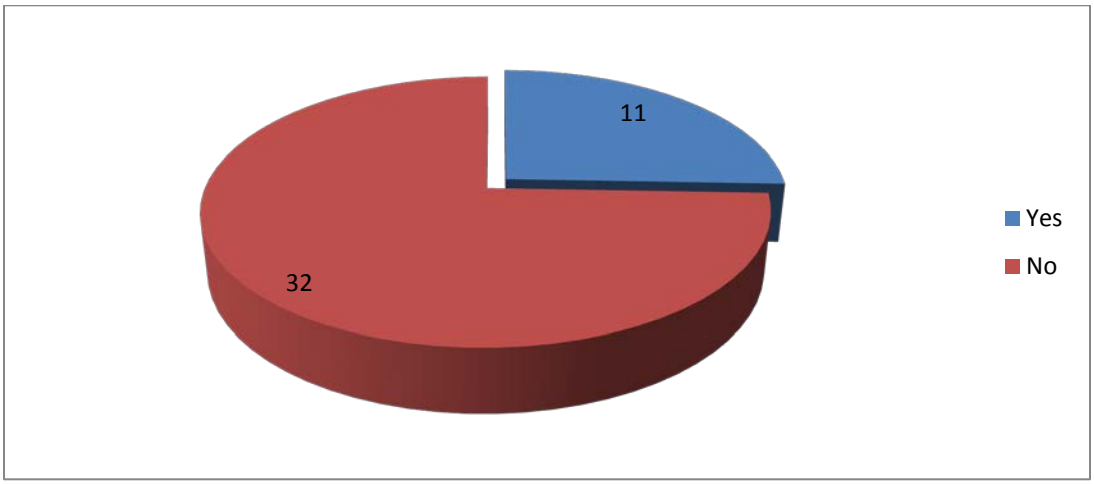
The majority (39) stated that management allocated human resources for the implementation of the workplace policy and programme.

Figure 4.21: Materials (condoms, posters, pamphlets, booklets)



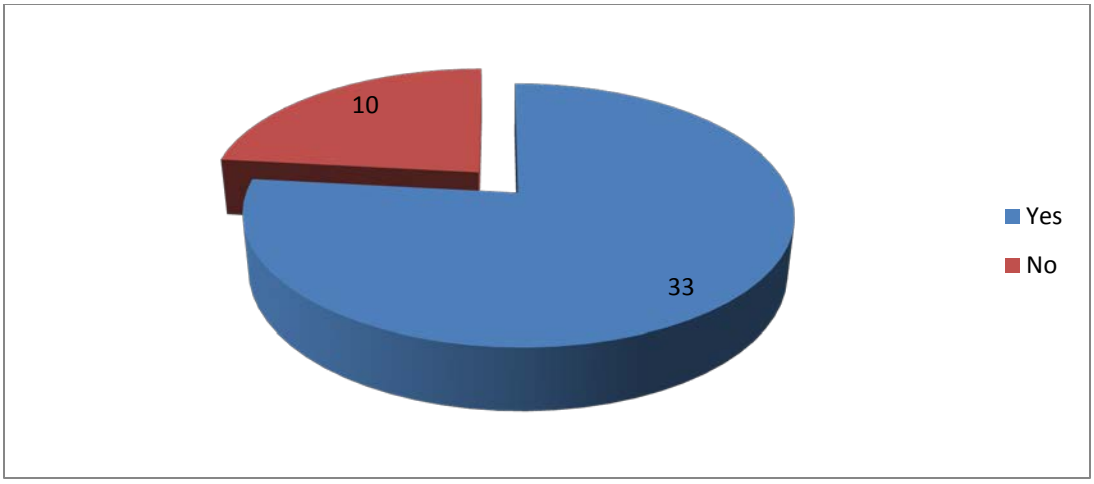
The majority (41) stated that management allocated materials such as condoms, posters, pamphlets and booklets for the implementation of the workplace policy and programme. Only 2 respondents disagreed.

Figure 4.22: Participation of management in the HIV/AIDS workplace committee



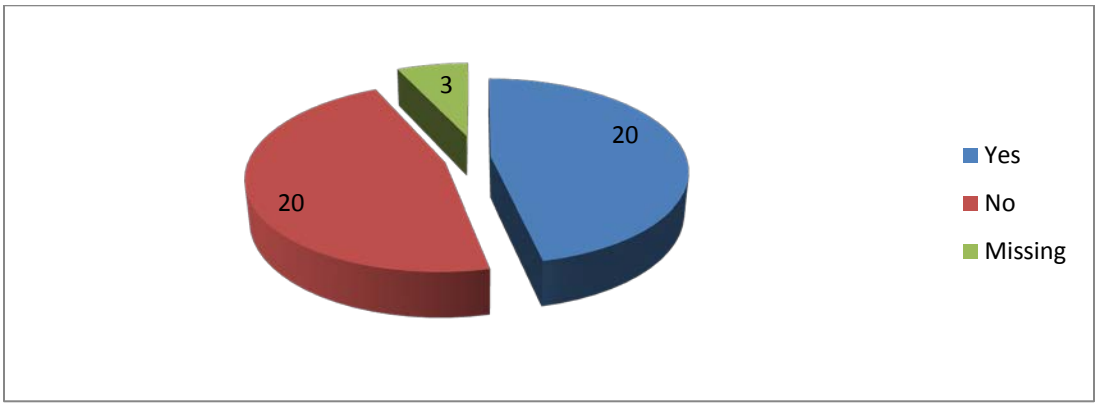
Thirty two (32) out of the 43 respondents stated that management did not participate in HIV/AIDS structures such as the workplace HIV/AIDS committee. As part of their commitment and leadership to managing HIV/AIDS in the workplace, management has to ensure that it is represented on the committee that oversees and monitors the implementation of the programme in the Department (South Africa, DPSA 2002:37). Failure by management to participate in the workplace committee is considered evidence of their lack of support and commitment to the programme.

Figure 4.23: Visibility and participation of management in the workplace programmes



Thirty three (33) out of the 43 respondents agreed that management participated in the workplace programme. This was seen as a positive action by respondents; however, management's visibility and participation need to be accompanied by their commitment in allocation of adequate resources such as budget, human and material resources, and representation of management on the workplace HIV/AIDS committee. Delegation of the responsibility for the workplace HIV/AIDS programme to junior staff is seen as a sign of abdication of responsibility by management.

Figure 4.24: The HIV/AIDS committee has the opportunity to report during management meetings



Twenty (20) out of the 43 respondents agreed that the HIV/AIDS committee had opportunity to respond during management meetings, while 20 disagreed. Some of the respondents were not part of the committee and were unsure whether the committee had the opportunity to report during management meetings. These are represented by the missing number above.

Table 4.1: Challenges experienced in relation to support for resource allocation

Challenges experienced	Number	Percentage (%)
Appointment of SMS member to oversee the implementation of the programme	14	32.6
Allocation of adequate budget (adequate to implement all programmes in a financial year)	7	16.3
The Department structure for the workplace programme is approved	35	81.4
Posts on the structure are filled with suitably qualified officers	29	67.4
Allocation of adequate human resources (with the skills and in the right quantity)	8	18.6
Establishment of a HIV/AIDS committee for the Department that is representative of all stakeholders, including trade unions	32	74.4

The above table indicates that the respondents had listed the allocation of adequate budget (7), the allocation of adequate human resources (8), and the appointment of a SMS member to oversee the implementation of the programme (14) as the key challenges experienced in relation to support for resource allocation. Thirty five (35) confirmed that the Department structure for the workplace programme was approved and posts were filled with suitably qualified officers (29). Thirty two (32) respondents

indicated that an HIV/AIDS committee for the Department that is representative of all stakeholders including trade unions, had been established.

Table 4.2: Role of management in resource allocation

Role of management	Number	Percentage (%)
Operational Plan	38	88.4
Financial Plan	36	83.7
Implementation Plan	35	81.4
Evaluation Plan	5	11.6
Other	2	4.7

Respondents considered the involvement of management to have been mainly in the development of operational plan (38), the financial plan (36), the implementation plan (35) and the evaluation plan (5) for the HIV/AIDS policy and programme. Although management was involved in the planning, the resources allocated on the basis of these plans were not adequate for the effective implementation of the programme in the Department. Some respondents were doubtful as to whether these plans were considered at all during resource allocation. Like other programmes in the Department, the workplace HIV/AIDS programme was affected by budget cuts.

Table 4.3: Crucial resources for the workplace HIV/ AIDS policy and programme

Crucial resources	Number	Percentage (%)
Budget	42	97.7
Materials (condoms, pamphlets, booklets, posters)	38	88.4
Human resources	41	95.3
Other	14	32.6

Budget was considered by 42 of the respondents to be a crucial resource for the implementation of the workplace HIV/AIDS policy and programme. This was followed by human resources (41), and materials (38). Other resources mentioned were training, office space, telephones and testing materials. Budget was considered a fundamental resource that affected other resources. If the allocated budget was adequate, other resources such as staff, materials, training, office space and testing materials could be procured. Resources at the district offices could also be improved.

Table 4.4: Adequate budget allocated to the provincial and district offices

Adequate budget allocated	Number	Percentage (%)
Within three months after the application	21	48.8
To serve the intended purpose	27	62.8
In the required quantities	5	11.6
Other (please specify)	37	86.0

Twenty seven (27) out of the 43 respondents indicated that the budget was allocated to serve the intended purpose; however, five (5) stated that it was inadequate for the implementation of the HIV/AIDS policy and programme. Without adequate budget, it is not possible to implement all aspects of the workplace HIV/AIDS programme as outlined in the policy.

Table 4.5: Adequate human resources allocated to the provincial and district offices

Adequate human resources allocated	Number	Percentage (%)
Within three months after the application	16	37.2
To serve the intended purpose	22	51.2
In the required quantities	3	7.0
Other (please specify)	39	90.7

Twenty two (22) of the respondents indicated that the human resources were allocated to serve the intended purpose. Three (3) indicated that these were not allocated in the required quantities. Without skilled and knowledgeable human resources in the right quantity to implement all aspects of the workplace HIV/AIDS policy and programme in all workplaces of the Department, the programme will not be effectively implemented.

Table 4.6: Adequate materials allocated to the provincial and district offices

Adequate materials allocated	**Number**	**Percentage (%)**
Within three months after the application	33	76.7
To serve the intended purpose	37	86.0
In the required quantities	31	72.1
Other (please specify)	12	27.9

From the above table it seems that materials allocated to both the provincial and district offices were adequate.

Table 4.7: Sources of funds for the workplace HIV/AIDS policy and programme

Sources of the funds	Number	Percentage (%)
Departmental budget	43	100.0
Private sector	0	0.0
International donors	0	0.0

All respondents indicated that the budget for the implementation of the workplace HIV/AIDS policy and programme was from the Department. The Department had not considered donor funding, which could assist in addressing the budget deficit for the workplace programme. This should however be a short-term solution. The Department should be able to finance its programme to ensure long-term sustainability.

Table 4.8: HIV/AIDS training is available to …

HIV/AIDS training is available to	Number	Percentage (%)
Managers	31	72.1
Coordinators	19	44.2
Peer educators	22	51.2
Other	6	14.0

Thirty one (31) out of the 43 respondents stated that training was available mainly to managers implementing the HIV/AIDS policy and programme. This was followed by peer educators (22) and coordinators (19). According to the results in Table 4.4, there was only one manager involved in the implementation of the workplace HIV/AIDS policy. Focusing the available training only on the manager is problematic, as it excludes the majority of the implementers. This will have negative consequences for the effective implementation of the programme, as it then suggests that the programme would be implemented by untrained people.

Table 4.9: Comments on where the Department needs improvement with regard to resource allocation for the HIV/AIDS workplace policy and programme

Comments on what the Department needs improvement with	Number	Percentage (%)
Training	26	60.5
Budget	34	79.1
Materials	8	18.6
Human Resources	32	74.4
Office space	2	4.7

The respondents indicated that the Department needed to improve mainly the allocation of budget (34), human resources (32) and training (26) for the HIV/AIDS workplace policy and programme. Some respondents (8) also stated the need to improve on materials such as condoms, posters, pamphlets and booklets. These resources are considered crucial for the effective implementation of the workplace programme and if increased, they will improve the implementation thereof.

TABLE 4.10: SUMMARY OF CHALLENGES EXPERIENCED DURING THE IMPLEMENTATION OF THE WORKPLACE HIV/AIDS POLICY AND PROGRAMME

Challenges experienced		Yes	No	Total
1. Management integrates HIV/AIDS issues into all aspects of the Department's work.		51.2	48.8	100.0
2. Management allocates resources for the implementation of the workplace policy and programme:	Budget	76.7	23.3	100.0
	Human resources	90.7	9.3	100.0
	Materials (condoms, posters, pamphlets, booklets)	95.3	4.7	100.0
3. Management participates in HIV/AIDS structures such as the workplace HIV/AIDS committee.		25.6	74.4	100.0
4. Management participates in the workplace programme e.g. management is visible during campaigns.		76.7	23.3	100.0
5. The HIV/AIDS committee has the opportunity to report during management meetings.		50.0	50.0	100.0
6. Other				

4.5 Cross-tabulations

4.5.1 Gender

Table 4.11: Office based by Gender

Office based	Gender		Total
	Male	Female	
Provincial	10	15	25
District	5	13	18
Total	15	28	43

The majority of the respondents were females (28), of whom 15 were based in the provincial office and 13 in the district offices. 25 of the total respondents were based at head office and 18 at the district offices. This finding suggests that most of the implementers of the policy and programme were based at head office, where only 25% of the total employees in the Department were based. Districts are thus less resourced with officers to implement the programme for the majority of employees.

Table 4.12: Role in the implementation of HIV/AIDS policy and programme by Gender

Role in the implementation of HIV/AIDS policy and programme	Gender		Total
	Male	Female	
HIV/AIDS manager	1	0	1
HIV/AIDS coordinator	4	10	14
HIV/AIDS peer educator	7	11	18
HRM officer	2	4	6
Financial management officer	1	2	3
HIV/AIDS committee member	0	1	1
Total	15	28	43

The highest number of implementers of the HIV/AIDS policy and programme were female (28) and peer educators (11). HIV/AIDS managers comprise only 2.3% (1) of implementers. According to the human resource office, the programme has 6 vacant positions of deputy managers – one for provincial office and 5 for district offices (Ms Moselane, 21 February 2011). These should be filled with suitably qualified and experienced people to ensure the effective implementation of the programme in the Department.

Table 4.13: Highest educational level attained by Gender

Highest educational level attained	Gender		Total
Grade 11 to 12/ Std 9 to 10	0	1	1
Post-matric certificate/ diploma	5	15	20
Degree	4	4	8
Post-degree	6	8	14
Total	15	28	43

The majority of the respondents were females with a post-matric certificate or diploma (15). Eight (8) of the respondents had a degree and 14 possess a post-degree qualification. This was a positive aspect; however, it is not known whether these qualifications were related to HIV/AIDS and contributed in the implementation of the workplace policy and programme.

Table 4.14: The number of respondents that received HIV/AIDS training by Gender

Have you received HIV/AIDS training?	Gender		Total
	Male	Female	
Yes	10	20	30
No	5	8	13
Total	15	28	43

Thirty (30) out of 43 respondents had received HIV/AIDS training while 13 indicated that they had not. Of those that had been trained, 20 were females. This was a positive finding, because training is a key factor that would affect the effective implementation of programmes.

Table 4.15: Involvement of respondents in the implementation of the HIV/AIDS programme by Gender

Your involvement in the implementation of the HIV/AIDS programme	Gender		Total
	Male	Female	
Full-time	1	3	4
Part-time	12	24	36
Other	2	1	3
Total	15	28	43

While the majority of the female respondents (28) were involved in the implementation of the workplace HIV/AIDS policy and programme, 24 were on a part-time basis. Only 4 respondents were involved on a full-time basis. This finding suggests that the human resources allocated for the implementation of the programme were inadequate and not able to implement all aspects of the programme as outlined in the Department's policy.

Table 4.16: Age group by Gender

Age groups	Gender		Total
	Male	Female	
Less than 30 years	1	1	2
30-39 years	5	7	12
40-49 years	5	13	18
50 years and higher	4	7	11
Total	15	28	43

Most of the female respondents fell within the age group of 40-49 years (13); males fell within the age groups of 30-39 years (5) and 40-49 years (5).

Table 4.17: Period working at the Department by Gender

Period working at the Department	Gender		Total
	Male	Female	
0-4 years	5	7	12
5-9 years	7	11	18
10-14 years	0	0	0
15-19 years	2	0	2
20 years and higher	1	10	11
Total	15	28	43

Eighteen (18) of the respondents had been working at the Department for 5-9 years. Out of this number, 11 were females while 7 were males.

Table 4.18: Period working in the HIV/AIDS programme by Gender

Period working in the HIV/AIDS programme	Gender		Total
	Male	Female	
0-3 years	8	15	23
4-6 years	3	6	9
7-9 years	4	3	7
10 years and higher	0	4	4
Total	15	28	43

Most of the respondents (23) had been working in the HIV/AIDS area for a period of 0-3 years. Of these respondents, 15 were females and 8 were males. 4 had been involved in the implementation of the programme for ten years and more. This finding suggests that the implementation of the workplace policy and programme had been going on for more than ten years in the Department; yet the allocation of full-time human resources was still a challenge.

4.5.2 Age group

Table 4.19: Role in the implementation of the workplace HIV/AIDS policy and programme by Age Group

Role in the implementation of HIV/AIDS policy and programme	Age group				Total
	Less than 30 years	30-39 years	40-49 years	50 years and higher	
HIV/AIDS manager	0	1	0	0	1
HIV/AIDS coordinator	0	0	7	7	14
HIV/AIDS peer educator	1	8	8	1	18
HRM officer	0	2	2	2	6
Financial management officer	0	1	1	1	3
HIV/AIDS committee member	1	0	0	0	1
Total	2	12	18	11	43

The majority of the respondents fell within the age group of 40-49 (18). These were mostly HIV/AIDS peer educators (8) and HIV/AIDS coordinators (7).

4.5.3 Period working in the Department

Table 4.20: Role in the implementation of the workplace HIV/AIDS policy and programme by Period working at the Department

Role in the implementation of HIV/AIDS policy and programme	Period working at the Department				Total
	0-4 years	5-9 years	15-19 years	20 years and higher	
HIV/AIDS manager	1	0	0	0	1
HIV/AIDS coordinator	2	7	0	5	14
HIV/AIDS peer educator	6	8	1	3	18
HRM officer	3	1	0	2	6
Financial management officer	0	1	1	1	3
HIV/AIDS committee member	0	1	0	0	1
Total	12	18	2	11	43

According to the above table, the majority of implementers (18) had been working in the Department for 5-9 years. Most of these implementers were HIV/AIDS peer educators (8) and coordinators (7). HIV/AIDS managers (1) were the least represented category.

4.5.4 Period working in the HIV/AIDS programme

Table 4.21: Role in the implementation of the workplace HIV/AIDS policy and programme by Period working in the HIV/AIDS programme

Role in the implementation of HIV/AIDS policy and programme	Period working in the HIV/AIDS programme				Total
	0-3 years	4-6 years	7-9 years	10 years and higher	
HIV/AIDS manager	0	0	1	0	1
HIV/AIDS coordinator	5	3	4	2	14
HIV/AIDS peer educator	13	4	1	0	18
HRM officer	4	0	0	2	6
Financial management officer	0	2	1	0	3
HIV/AIDS committee member	1	0	0	0	1
Total	23	9	7	4	43

The majority of the implementers (23) had been working in the programme for 0-3 years. This group was made up of peer educators (13), coordinators (5), HRM officers (4) and HIV/AIDS committee member (1).

4.5.5 Office based

Table 4.22: Role in the implementation of the workplace HIV/AIDS policy and programme by Office based

Role in the implementation of HIV/AIDS policy and programme	Office based		Total
	Provincial	District	
HIV/AIDS manager	1	0	1
HIV/AIDS coordinator	1	13	14
HIV/AIDS peer educator	14	4	18
HRM officer	6	0	6
Financial management officer	3	0	3
HIV/AIDS committee member	0	1	1
Total	25	18	43

The majority of the implementers were based at head office (25). Peer educators (14) constituted the largest category, followed by HRM officers (6). At the district offices the programme was implemented mainly by HIV/AIDS coordinators (13). Additional peer educators were required in the district offices as 75% of the employees of the Department were based there. When vacant positions are filled, districts should receive priority attention.

4.5.6 Highest educational level attained

Table 4.23: Role in the implementation of the workplace HIV/AIDS policy and programme by Highest educational level attained

Role in the implementation of HIV/AIDS policy and programme	Highest education level attained				Total
	Grade 11 to 12/ Std 9 to 10	Post-matric certificate/ diploma	Degree	Post-degree	
HIV/AIDS manager	0	0	0	1	1
HIV/AIDS coordinator	1	4	4	5	14
HIV/AIDS peer educator	0	11	2	5	18
HRM officer	0	3	1	2	6
Financial management officer	0	1	1	1	3
HIV/AIDS committee member	0	1	0	0	1
Total	1	20	8	14	43

Most of the implementers (20) had attained a post-matric certificate/ diploma. The majority of these were peer educators (11). Fourteen (14) implementers were in possession of post-degree qualifications. This group included the HIV/AIDS manager who was responsible for the implementation of the programme on a full-time basis and suggested a high level of knowledge and skills.

4.5.7 The number of respondents who received any HIV/AIDS training for their role in the implementation of the workplace HIV/AIDS policy and programme

Table 4.24: Role in the implementation of the workplace HIV/AIDS policy and programme: Have you received any HIV/AIDS training?

Role in the implementation of HIV/AIDS policy and programme	Have you received any HIV/AIDS training?		Total
	Yes	No	
HIV/AIDS manager	1	0	1
HIV/AIDS coordinator	14	0	14
HIV/AIDS peer educator	10	8	18
HRM officer	3	3	6
Financial management officer	1	2	3
HIV/AIDS committee member	1	0	1
Total	30	13	43

Thirty (30) of the implementers had received HIV/AIDS training. This training covered most of the coordinators (14) and peer educators (10). The HIV/AIDS manager had also attended training. This was a positive finding; however, 60.5% of the respondents in Table 4.9 indicated that more training was still required to ensure the effective implementation of the workplace policy and programme.

4.5.8 Involvement of respondents in the implementation of the HIV/AIDS programme

Table 4.25: Role in the implementation of the workplace HIV/AIDS policy and programme by involvement in the implementation of the HIV/AIDS programme

Role in the implementation of HIV/AIDS policy and programme	Involvement in the implementation of the HIV/AIDS programme			Total
	Full-time	Part-time	Other	
HIV/AIDS manager	1	0	0	1
HIV/AIDS coordinator	3	10	1	14
HIV/AIDS peer educator	0	18	0	18
HRM officer	0	5	1	6
Financial management officer	0	2	1	3
HIV/AIDS committee member	0	1	0	1
Total	4	36	3	43

According to the above table, 36 of the respondents involved in the HIV/AIDS programme were on a part-time basis, while 4 were involved on a full-time basis. This suggests that the majority of the implementers were having other responsibilities and only attended to the HIV/AIDS programme on a part-time basis. This shows that the programme was under-resourced and this would have dire implications for the effective implementation thereof. The Public Service Regulations (2001) require a head of

department to ensure that a workplace HIV/AIDS programme is adequately resourced; clearly, in terms of the above table, this has not been realised in the Department.

4.6 Conclusion

From the above analysis the researcher concludes that the workplace HIV/AIDS programme in the Department was implemented by female peer educators who were based at the head office. Their involvement was mainly on a part-time basis.

While some respondents indicated their involvement in planning for resource allocation for the HIV/AIDS policy and programme, their role was limited to the allocation of materials (condoms, posters, pamphlets, booklets) and the day-to-day utilisation of the resources.

With regard to the involvement and support of management for resource allocation, almost half of the respondents (22) considered management to be integrating HIV/AIDS issues into all aspects of the Department's work. Management was considered to be allocating resources, i.e. budget, human resources and materials for the workplace HIV/AIDS programme and to be visible during campaigns. Management was however considered as not participating in structures such as the workplace HIV/AIDS committee.

Although some aspects of the requirements of the Public Service Regulations (2001) on workplace HIV/AIDS were being implemented in the Department, the respondents had listed the allocation of adequate budget, adequate human resources and the appointment of SMS member to oversee the implementation of the programme as the key challenges experienced in relation to support for resource allocation.

The next chapter outlines the summary, conclusion and recommendations of the research.

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents discussions and conclusions drawn from the results. Recommendations on the planning, allocation and utilisation of resources for the implementation of the HIV/AIDS workplace policy in the Department are discussed. The purpose of this research was to identify and describe the resources allocated for the effective implementation of the workplace HIV/AIDS policy and programme in the public service department, specifically the Limpopo Department of Economic Development, environment and Tourism (LEDET).

The main objectives of this research were to:

- Describe the allocation, distribution and utilisation of financial, material and human resources for the implementation of the HIV/AIDS workplace policy in the Department;
- Describe the nature of inputs, the types of support, the role of planning, the roles and responsibilities towards resource allocation;
- Make possible recommendations to decision-makers on the planning, allocation and use of resources for the implementation of the HIV/AIDS workplace policy in the Department.

5.2 Summary of the results of the study

5.2.1 Allocation, distribution and utilisation of financial, material and human resources for the implementation of the HIV/AIDS workplace policy

The DPSA minimum standards on HIV/AIDS require a head of department to allocate adequate human resources and funding for the workplace HIV/AIDS programme (South

Africa, DPSA 2002:61). According to the results of this research, resources that are allocated for the implementation of the workplace HIV/AIDS policy and programme in the Department of Economic Development, Environment and Tourism include budget, human resources and materials. The allocation is done mainly by management and only 19 out of 43 respondents were involved in the planning process. This research showed that the distribution of resources is not equitable in the Department. Figure 4.3 shows that 25 of the implementers were based at the provincial office of the Department, while only 18 were distributed in the five districts. The majority of these implementers were peer educators (18) who were involved on a part-time basis. Their part-time involvement suggests that they had other responsibilities besides the implementation of the workplace HIV/AIDS policy and programmes. Only 4 out of 43 respondents were involved on a full-time basis. This result is also indicated in Table 4.5 where respondents stated that the human resources allocated were not adequate. According to the human resource office, out of 9 positions on the approved departmental structure for workplace HIV/AIDS programme, only 3 were filled. This suggests that there was shortage of staff which would affect the implementation of the workplace policy and programme negatively.

Effective implementation of programmes is dependent upon adequate allocation of resources. Although Elemu, Rubvuta and Muunga (2008:270) found that the availability of resources was not a guarantee that programmes would be effectively implemented, the inadequacy of resources has clearly negatively affected the implementation of the workplace HIV/AIDS programme in the Department of Economic Development, Environment and Tourism. This study has showed that allocated financial resources were also not adequate in both the provincial and the district offices. The allocated financial resources were not adequate to implement all programmes in a financial year (Table 4.4).

According to the systems model, if the inputs such as finance, staff and materials are inadequate, the overall implementation process will be affected as well as the outputs,

outcomes and impacts. The UNAIDS further states that monitoring and evaluation follow a logical pathway of results, with results at one level flowing towards results at the next level, ultimately leading to the achievement of the overall goal (UNAIDS 2004:3). It can therefore be argued that the HIV/AIDS workplace policy and programme of the Department will not achieve the intended results due to the inadequate resources. Edwards and Sharkansky (1978) and Van Horn and Van Meter (1977) (cited in Hanekom, Rowland & Bain 1987:38-39, 41) state that resources influence the implementation of policies and programmes. These authors identify inadequacy of funds and staff as some of the factors that make it difficult to realise the objectives of a policy. From the study responses, it is clear that there is shortage of funds, staff and materials necessary for the effective implementation of the workplace programme.

The results of the study further reveal that the available resources were skewed in favour of the provincial office rather than the district offices. This situation prevailed even though the provincial office had only 25% of the total employees of the Department, the rest of the 75% being distributed in the district offices. It can therefore be argued that the programme was directed at employees at the provincial offices, who were in a better position to access services from other nearby institutions such as hospitals and private sector organisations. The provincial office is located in Polokwane, the capital city of the province, which is an urban area with better public and private health facilities, while the district offices are in rural and outlying areas, with limited public and private facilities from which employees can access health services. The Department therefore needs to revise the distribution of available resources in relation to areas of greater need if the outcomes of the workplace programmes and the requirement of the DPSA minimum standards are to be achieved.

5.2.2 Nature of inputs, types of support, role of planning, roles and responsibilities towards resource allocation

Budget was considered by 42 out of 43 respondents to be a crucial resource for the workplace HIV/AIDS policy and programme. This was followed by human resources and materials (41 and 38 respondents respectively). Other resources mentioned were training and office space. The respondents indicated that the Department needed to improve mainly the allocation of budget (34), human resources (32) and training (26) for the HIV/AIDS workplace policy and programme. Some respondents (8) also stated the need to improve on materials such as condoms, posters, pamphlets and booklets (Table 4.9).

In the review of literature, finance and human resources were identified as critical for effective implementation of policies and programmes. Several authors including Venter (2006:155), Cronjé (2004:257), DeJong (2003:130), Lindauer (2004:177) and Volks (2004:168) agree that human resources, through their skills, knowledge, learning and thinking abilities, provide the necessary service for effective implementation of programmes. Whiteside and Sunter (2000:120) identified a lack of competent human resources as a factor that affected the effective implementation of HIV/AIDS programmes at provincial level in South Africa.

Financial resources were a key input for the effective implementation of HIV/AIDS programmes in 1991 in Thailand. By increasing the budget, the country was able to increase condom use, reduce STD prevalence and the HIV prevalence (The World Bank 1999:159, 276). In Senegal, by making a significant investment of about US$20 million in AIDS prevention programmes between 1992 and 1996, the country was able to intervene in the early phases of the epidemic, with positive results (UNAIDS 1999, cited in Niang 2008:344).

Materials such as condoms are important in the prevention of the spread of HIV. By increasing the supply of condoms for the workplace programme and promoting their correct and consistent use by employees, the incidence and prevalence of HIV may be reduced. From the review of the literature, such success was realised by countries such as Uganda (World Bank 1999:77-78), India (The World Bank 1999:256) and Cambodia (Singhal & Rogers 2003:112).

It can be concluded from these results that by expanding the resources such as funding, human resources, training and materials, allocated for the HIV/AIDS workplace programme in the Department, the implementation thereof may be more effective.

The DPSA Minimum standards on HIV/AIDS identify management responsibilities for workplace programmes. According to the standards, management has to show leadership and commitment to managing HIV/AIDS, develop a workplace HIV/AIDS policy, conduct risk assessment, integrate HIV/AIDS plans in the strategic planning of the Department, budget for the cost of HIV/AIDS and oversee and monitor HIV/AIDS programmes (South Africa, DPSA 2002:37). According to Vass and Phakathi (2006:86), the involvement of management in HIV/AIDS workplace programme lends it legitimacy and positions HIV/AIDS as a business issue requiring strategic action and resourcing. The position of management on the hierarchical structure of the Department put them in a strategic position to access and mobilise resources necessary for the implementation of the workplace programme. According to the social resources theory's strength of position proposition, level of position is positively associated with access to and use of social resources (Lin [sa]). The results of this study have however shown that management has not been able to mobilise adequate resources to ensure the effective implementation of the workplace programme.

While this study has shown that the resources allocated for the workplace programme are inadequate, management's support for the programme was regarded as significant by the respondents. Out of 43 respondents, 31 considered management to be

supportive of the workplace HIV/AIDS policy and programme. Thirty three (33) stated that management was participating during campaigns and that the HIV/AIDS committee was afforded opportunity to report during management meetings. Management was regarded as also supporting the programme through developing operational, financial and implementation plans. Resources such as budget, human resources and materials are also allocated by management, even though these are not adequate. Twenty two (22) respondents considered management to be integrating HIV/AIDS in the planning and implementation of other departments' programmes and projects.

Regardless of the perceived support from management, 11 out of the 43 respondents indicated that management was not participating in HIV/AIDS structures such as the workplace committee (Figure 4.22). The committee provides a platform for all stakeholders in the Department to be involved in the development, implementation, monitoring and evaluation of the workplace programme (South Africa, DPSA 2002:41). Unions are also not participating in the committee. This suggests that management and unions do not consider HIV and AIDS as a priority in the Department, requiring on-going support. According to the social capital theory, in an organisation with a strong social capital, especially the bridging type, employees are likely to feel connected and engaged, and will actively cooperate and participate with one another in pursuit of common goals (Putman 2000, cited in Giddens 2006:675). In such an organisational climate, organisational structures such as the workplace HIV/AIDS committee are likely to be supported with participation of all stakeholders, including management and unions. A strong and active workplace HIV/AIDS committee is then more likely to be in a position to lobby for the allocation of adequate resources for the effective implementation of the workplace HIV/AIDS policy and programme.

Leadership support and commitment are crucial in the response to HIV/AIDS. According to Singhal and Rogers (2003:105), Thailand and Uganda were able to achieve successful AIDS programmes because of the high level of leadership support and commitment. Studies by the Public Service Commission (South Africa, Public Service

Commission 2006a; 2006b) found a link between budget and leadership support. In those departments with supportive heads of departments or senior management members, appropriate funding was available for implementation of HIV/AIDS workplace policies and programmes (South Africa, Public Service Commission 2006a:42; 2006b:36). Leadership commitment and action enabled Senegal to intervene early in the outbreak of the HIV/AIDS epidemic. That has contributed to the country maintaining a low rate of HIV prevalence, which varied between 0,7% and 9% (EDS-IV 2005 & UNAIDS 2006, in Niang 2008:368). Lack of top management support was identified as one of the factors that hindered adoption of HIV/AIDS workplace policies in private sector companies in Malawi (Bakuwa 2010:1077). Absence of clear and decisive political leadership damaged prevention activity in South Africa (Barnett & Whiteside 2006:361).

With regard to the involvement of implementers in planning for resource allocation, 24 out of the 43 respondents indicated that they were not involved. This is supported by the results in Figure 4.11 and Figure 4.12, which reveal that most respondents were not involved in budgeting and the allocation of human resources. Respondents stated that they were mainly involved in the day-to-day utilisation of resources (Figure 4.14). This contradicts the results in Figure 4.15, which indicates that respondents received support for resource allocation activities.

The involvement of stakeholders is important in the success of HIV/AIDS programmes. The success of Uganda's national HIV/AIDS response was due to the country's leadership and the involvement of stakeholders such as religious leaders (Protestant, Muslim & Catholic). These leaders were brought into the process and played an important role. The leadership ensured that AIDS was on the agenda at all levels, and set up the National AIDS Prevention and Control Committee, which was later replaced by the Ugandan AIDS Commission. As a result of these strategies, Uganda was able to reduce the country's HIV prevalence (Barnett & Whiteside 2002:320).

From the above results it can be concluded that resource allocation in the Department is a management responsibility with minimum participation by the implementers and other role players such as the HIV/AIDS committee and union representatives.

5.3 Conclusion

Resources play an important role in the implementation of workplace HIV/AIDS policies and programmes. According to the results of this research, resources that are allocated for the implementation of the workplace HIV/AIDS policy and programme in the Department of Economic Development, Environment and Tourism include budget, human resources, materials and training. These resources are however not equitably distributed between head office and district offices, and are also not adequate to ensure the effective implementation of the workplace HIV/AIDS policy and programme in the Department.

From the literature review it was found that the lack of such resources, namely skilled human resources, condoms (Whiteside & Sunter 2000:120, 138), finance, training (DeJong 2003:130; The World Bank 2000:23) affects the effective implementation of HIV/AIDS programmes. According to the UNAIDS (2004:3), if the inputs such as finance, staff and materials are inadequate, the overall implementation process will be affected as well as the outputs, outcomes and impacts of such an HIV/AIDS programme. This is supported by the systems model which postulates that if the inputs such as finance, staff and materials are inadequate, the overall implementation process of a policy will be affected as well as the outputs, outcomes and impacts (Wissink 1990, cited in De Coning & Cloete 2000:39).

The researcher thus concludes from the results of this study that resources allocated for the implementation of the workplace HIV/AIDS policy and programme in the Department of Economic Development, Environment and Tourism are inadequate and the

workplace policy will therefore not be effectively implemented. The policy and programme will ultimately not achieve the intended results.

5.4 Recommendations

While the study attempted to address the gap in the lack of evaluation of the workplace HIV/AIDS policy and programme in the public service department, the overarching recommendation is, therefore, to create facilitating policies that will compel and support the leadership of government departments to implement workplace HIV/AIDS policies.

- Given the potential impact that HIV and AIDS may have on the capacity of the Department to deliver services, resource allocation should be approached strategically by the management of the Department. A bottom-up approach is recommended and the inputs of programme implementers need to be sourced and factored in the ensuing plans.

- Crucial resources identified in the study, namely budget, human resources, materials, training, equipment and facilities, should be strategically planned, allocated and monitored to ensure the effective implementation of the workplace programme.

- The Department should appoint a senior manager with adequate skills to support and implement the workplace programme as required by the Public Service Regulations (2001). Implementation of the workplace HIV/AIDS policy and programme will then be part of the performance plan of the senior manager, who will be in a position to lobby and motivate for the necessary resources.

- Vacant positions of HIV/AIDS deputy managers on the approved departmental structure should be filled with suitably qualified and experienced people. In this process, district offices should be prioritised as the shortage of resources is more pronounced in those areas.

- Implementers of the workplace programme need to be involved in and consulted during resource allocation activities. These implementers should be trained to ensure that they have the necessary knowledge, skills and capacity to implement the workplace programme. Training should not only focus on HIV/AIDS managers but should be extended to all implementers.

- An equitable distribution of resources between head office and the district offices need to be strengthened to ensure that employees in all workplaces are provided for. About 75% of employees are in the districts. This suggests that available resources should be targeted more at the districts in order to maximise the benefits.

- Donor funding should be considered as an option for resourcing the workplace HIV/AIDS policy and programme. This study found that the budget for the workplace HIV/AIDS policy and programme is from departmental voted funds. Donor funding could be a short-term solution as over-dependency on such funding may affect the sustainability of programmes in the long term (Chirambo 2008:24).

- The Public Service Regulations (2001) require the participation of unions in the workplace HIV/AIDS committee. According to the findings of this research, this category is not represented in the workplace committee in the Department. It is therefore recommended that members of the unions be invited to participate in the planning and implementation of workplace policies. They may assist in lobbying and advocating for the necessary resources from management and from their own organisations. Unions can assist to maximise the potential for good communication with the employees (South Africa, DPSA 2002:41).

- Capacity building as one of the major concerns of the implementation of most policies and programmes needs to be regarded as crucial. The need to significantly increase and strengthen capacity building regarding research and methodologies to be used during the monitoring and evaluation of the workplace HIV/AIDS programmes, is crucial. Tackling research questions in the field of HIV and AIDS, especially in the workplace, calls for skilled individuals; and therefore collaborative partnerships with research institutions and scholars in the field should result in enhancing capacity and rendering skills to government officials.

- Opportunities for the involvement of other stakeholders and other departments to share experiences and lessons learned will contribute towards strengthening the provincial capacity to continuously and effectively implement the workplace programmes.

- More research that involves larger samples is required to confirm the findings of this study. The research should include beneficiaries and stakeholders of the workplace programme.

5.5 Limitations of the study

The study was limited to the Department of Economic Development, Environment and Tourism in Limpopo and therefore the findings may not be generalised to other government departments or private sector organisations.

5.6 Challenges and lessons learnt while executing this study

- The lack of information on evaluation of workplace HIV/AIDS policies and programmes in the public sector was a serious challenge while executing the review of literature. The researcher resorted to using available literature on national HIV/AIDS programmes in different countries, which seemed to be applicable to workplace programmes.

- Research on the evaluation of workplace HIV/AIDS programmes, particularly public sector workplace HIV/AIDS programmes, seems to be limited. Executing this study was therefore an exciting experience which will hopefully contribute to knowledge creation in the field and assist other researchers in the future.

- Conducting research is a challenging exercise that requires self-discipline, commitment and time management. Support from fellow students, my study supervisor and lecturers was invaluable and contributed toward the completion of the research.

- Studying the literature and executing the research have increased my awareness of the scope of the HIV/AIDS pandemic, and the responses of different countries to the disease.

- Some of the anxiety-provoking challenges for me during the research was the issue of access, availability and willingness of participants for the study. The support and guidance of my supervisor helped in this regard.

- Interacting with the study participants has helped me to grow emotionally, to be more sensitive to issues affecting other people, to respect others more and to realise that everyone, including people living with HIV, have internal resources to cope with their problems. The participants' motivation to implement the workplace programme despite the limited resources was an inspiration to me.

- The knowledge and skills gained during the research will hopefully enable me to advance in my career. I also intend to share the findings of the research with other professionals in relevant conferences and seminars.

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APPENDIX 1

QUESTIONNAIRE ON RESOURCE ALLOCATION FOR HIV/AIDS WORKPLACE POLICY AND PROGRAMME IN THE DEPARTMENT OF ECONOMIC DEVELOPMENT, ENVIRONMENT AND TOURISM, LIMPOPO.

My name is Mokgadi Ramaloko and I am a second-year Master of Arts in Social Behaviour Studies in HIV/AIDS student at UNISA. I am conducting research for academic purposes in partial fulfilment of the said degree.

Would you kindly complete this questionnaire in order to help me to identify the resources allocated for the implementation of the workplace HIV/AIDS policy and programme in the Department of Economic Development, Environment and Tourism in Limpopo? The purpose of this research is to identify and describe the resources allocated for the effective implementation of the workplace HIV/AIDS policy and programme in this department. This research is also an attempt to close the gap in the lack of evaluation of the workplace HIV/AIDS policy and programme in the department.

All information provided will be treated with strict confidentiality. Under no circumstances will the information affect your work in the department. Please be honest in your answers and do not give me answers that you think I want.

This questionnaire will take about 20 minutes to complete. Please take your time to answer.

Section 1: Biographical information

Please supply information about yourself. Place an X in the appropriate block or circle the number that corresponds with your answer.

1.1 Age (in complete years):……

1.2 Gender:

1 Male	2 Female

1.3 Where are you based?

1 Provincial office	2 District office

1.4 What is your role in the implementation of HIV/AIDS policy and programme?

HIV/AIDS manager	1
HIV/AIDS coordinator	2
HIV/AIDS peer educator	3
HRM officer	4
Financial Management officer	5
HIV/AIDS Committee member	6
Other (specify)	7

1.5 Number of years you have been working at this department ……

1.6 Number of years you have been working in the HIV/AIDS programme ……..

1.7 Highest educational level attained

Grade 7/ Std 5 or lower	1

Grade 8 to 10/ Std 6 to 8	2
Grade 11 to 12/ Std 9 to 10	3
Post-matric certificate/ diploma	4
Degree	5
Post-degree	6

1.8 Have you received any HIV/ AIDS training?

1 Yes	2 No

1.9 Your involvement in the implementation of the HIV/AIDS programme is mainly

1 Full time	2 Part time	3 Other (please specify)

Section 2: Activities, Support, Management and Role Players for Resource Allocation

2.1 Level of involvement in HIV & AIDS resource allocation activities

You as a role player are involved in the following activities for resource allocation:
(Please tick the relevant boxes)

Activity		**Yes**	**No**
2.1.1 Planning for resource allocation			
2.1.2 Allocation of resources	Budget		
	Human resources		
	Materials (condoms, posters, pamphlets, booklets)		
2.1.3 Day to day utilisation of resources			
2.1.4 Other **(please specify)**			

2.2 As a role player do you receive support for resource allocation activities?	Yes	No

Please elaborate

_____
_____
_____

2.3 As a role player do you give support for resource allocation activities?	Yes	No

Please elaborate

_____
_____
_____

2.4 Support

2.4.1 The workplace HIV/AIDS policy and programme implementation is supported by the management of the department.	Yes	No

Please elaborate

_____
_____
_____

2.4.2 Please indicate the nature of support provided by management for resource allocation for HIV & AIDS policy and programme: **(Tick the relevant boxes)**

		Yes	No
1. Management integrates HIV/AIDS issues into all aspects of the department's work.			
2. Management allocates resources for the implementation of the workplace policy and programme:	Budget		
	Human resources		
	Materials (condoms, posters, pamphlets, booklets)		

3. Management participates in HIV/AIDS structures such as the workplace HIV/AIDS committee.		
4. Management participates in the workplace programme e.g. management is visible during campaigns.		
5. The HIV/AIDS committee has the opportunity to report during management meetings.		
6. Other **(explain)**		

2.4.3 Challenges experienced in relation to support for resource allocation:

Public Service Regulations require a Head of Department to designate a member of the SMS with adequate skills, seniority and support to implement a workplace programme. Are the following provisions adhered to in the department? ***(You may choose more than one option if applicable)***	Appointment of SMS member to oversee the implementation of the programme	1
	Allocation of adequate budget (adequate to implement all programmes in a financial year)	2
	The department structure for the workplace programme is approved	3
	Posts on the structure are filled with suitably qualified officers	4
	Allocation of adequate human resources (with the skills and in the right quantity)	5
	Establishment of a HIV/AIDS committee for the department which is representative of all stakeholders including trade unions	6

2.5 Role of management in resource allocation

2.5.1 Resource allocation decision-making is based on the following plans ***(You may choose more than one option if applicable)***	Operational Plan	1
	Financial Plan	2
	Implementation Plan	3
	Evaluation Plan	4
	Other (please specify)	5

Please elaborate

_____
_____
_____
_____

2.5.2 Which resources are crucial for the workplace HIV/ AIDS policy and programme? ***(You may choose more than one option if applicable)***	Budget	1
	Materials (condoms, pamphlets, booklets, posters)	2
	Human resources	3
	Other (please specify)	4

Please elaborate

_____
_____
_____

2.5.3 Adequate budget is allocated to both the provincial and district offices ***(You may choose more than one option if applicable)***	Within three months after the application.	1
	To serve the intended purpose	2
	In the required quantities	3
	Other (please specify)	4

2.5.4 Adequate human resources is allocated to both the provincial and district offices ***(Choose more than one option)***	Within three months after the application.	1
	To serve the intended purpose	2
	In the required quantities	3
	Other (please specify)	4

2.5.5 Adequate materials are allocated to both the provincial and district offices ***(You may choose more than one option if applicable)***	Within three months after the application.	1
	To serve the intended purpose	2
	In the required quantities	3
	Other (please specify)	4

2.5.6 What is the source of the funds for the workplace HIV/AIDS policy and programme? ***(You may choose more than one option if applicable)***	Departmental budget	1
	Private sector	2
	International donors	3
	Other (please specify)	4

2.5.7 To whom of these officers implementing the HIV/AIDS policy and programme is workplace (HIV/AIDS) training available? ***(You may choose more than one option if applicable)***	Managers	1
	Coordinators	2
	Peer educators	3
	Other (please specify)	4

2.6 Comments (What would you like the department to improve with regard to resource allocation for the HIV/AIDS workplace policy and programme?):

_____
_____
_____
_____
_____
_____
_____
_____
_____

Thank you for your participation.

APPENDIX 2 : INFORMATION LETTER

Dear respondent

My name is Mokgadi Rose Ramaloko and I am working as an Employee Health and Wellness coordinator in the department of Economic Development, Environment and Tourism at head office in Polokwane. I am currently a graduate student at the University of South Africa and have to complete a research dissertation as part of my Master's degree. I would like to conduct an interview with you as an officer involved in the implementation of the HIV/AIDS policy and programme in the department. During the interview I want to ask you a few questions about the resource allocation process for the implementation of the HIV/AIDS workplace policy and programme in the department.

A face-to-face, semi-structured interview will be conducted in your workplace. I will be using a questionnaire on which to capture your answers. You will not have to answer any questions that you do not wish to answer. The interview will take 20 to 30 minutes.

As you are an officer involved in the implementation of the HIV/AIDS policy and programme in the department, you are a very important source of information for my study. There are 44 other respondents in this study, but they are going to be interviewed at different times than you. With this letter, I invite you to participate in this study. If you agree to take part in the study, you have to fill in the consent form and hand it over to me. After I have received a copy of this signed consent letter from you, an appointment for the interview will be made. Your identity will be kept confidential and will not be revealed in the final dissertation.

There are no expected risks, compensation or other direct benefit to you as a participant in this interview. You are free to withdraw your consent to participate and may stop your participation in the interview at any time without consequences. If you have any questions please contact me at 0828893794 or email address: ramalokomr@ledet.gov.za.

Yours sincerely

MR Ramaloko

APPENDIX 3: INFORMED CONSENT FORM

Evaluation of the resource allocation process towards an HIV/AIDS workplace policy of a public service department in Limpopo, South Africa

I confirm that I have read and understood the information letter that I have received, explaining to me the purpose, procedures, risks and benefits of the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I am participating willingly. I have had time to ask questions and have no objection to taking part in the study. I understand that, should I wish to discontinue with the study, my withdrawal will not affect my working conditions in the department.

Name _____ (Please print)

Signature _____ Date _____

Investigator's name _____ (Please print)

Investigator's signature _____ Date _____