AN EVALUATION OF AN HIV AND AIDS MANAGEMENT SYSTEM (HAMS) IN A RICHARDS BAY COMPANY, KWAZULU-NATAL: A CASE STUDY

Joseph Odetokun

Dissertation submitted in fulfilment of the requirements for the Degree in Masters of Technology in Nursing in the Faculty of Health Sciences at the Durban University of Technology

Supervisor : Dr MN Sibiya

Co-Supervisor : Mr M Kgware

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Declaration

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

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Signature of student

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Date

Approved for final submission

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Dr MN Sibiya

RN, RM, D Tech: Nursing

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Date

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Mr M Kgware

Master's in Public Law

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Date

Abstract

Background

In South Africa, HIV and AIDS workplace programmes have been implemented for more than two decades without any audited and certifiable standards. In 2007, the South African National Standard launched South African National Standard (SANS 16001) 16001 to assist, encourage and support companies to implement minimum standards for HAMS. Companies are now expected to use this standard to improve HIV and AIDS Management System. It therefore, becomes imperative for companies to establish workplace HAMS in line with the set standard. To determine to what extent the company's HAMS has been aligned to the SANS 16001, an evaluation of the current management system in relation to the new SANS 16001 system is needed.

Aim of the study

The aim of the study was to evaluate the implementation of the HIV and AIDS Management System in a Richards Bay Company.

Methodology

A single case study using a quantitative research design was used to evaluate HAMS in a Richards Bay Company. The sample consisted of all consenting participants who were selected from key position holders in accordance with the requirements of SANS 16001: 2007 and the general workers. These key position holders were comprised of senior managers, middle managers and those employees who play an important role in implementing HAMS. Two different sets of questionnaires were used to collect data. One questionnaire was used to collect data from the managers because they were key role players in HAMS. The second questionnaire was used to collect data from the general workforce. The data from the questionnaire was captured and subsequently analysed using the version 9 of SPSS.

Results

There was evidence that the company was committed to continuous improvement regarding HIV and AIDS management as indicated by both key position holders and the general workforce.

Dedication

This research study is dedicated to all individual who struggle daily to improve the lives of people infected with HIV and making positive effort to mitigate the spread of HIV.

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Glossary of terms

Epidemic: It is number of cases of a disease in a community in excess of the background incidence of disease during a particular season and time period (Katzenellenbogen, Joubert and Abdool Karrim, 1997: 196).

HIV and AIDS Management System: It is part of an organization's management system used to develop and implement its HIV and AIDS policy and manage its HIV and AIDS determinants (Standards South Africa, 2007: 3).

HIV and AIDS Policy: It is an overall intention and direction of an organisation related to its HIV and AIDS management performance as formally expressed by top management Standards South Africa, 2007: 4).

Incidence cases: These are the number of new cases reported during a specified period in a defined population (Katzenellenbogen, Joubert and Abdool Karrim, 1997: 15).

Prevalence cases: These are the number of people who have a particular disease at a specific time (Katzenellenbogen, Joubert and Abdool Karrim, 1997: 15)

South African National Standard (SANS 16001) 16001: This standard was developed to assist, encourage and support organizations to implement minimum standards for an HIV and AIDS management (Standards South Africa, 2007: i).

List of acronyms

Acronym	Full word
AIDS	Acquired Immune Deficiency Syndrome
AMS	AIDS Management System
APIME	Assessment, Plan, Implementation, Monitoring and Evaluation
ARVs	Anti-Retro Viral treatment
BER	Bureau for Economic Research
DOH	Department of Health
EAP	Employees Assistance Programme
HAMS	HIV and AIDS Management System
HCT	HIV Counselling and Testing
HIV	Human Immune Deficiency Virus
HPI	Health Policy Initiative
HSEC	Health Safety Environment and Compliance
HSRC	Human Sciences Research Council
ILO	International Labour Organisation
KZN	KwaZulu-Natal
NOSA	National Occupational Safety Association
NSP	National Strategic Plan (for HIV and AIDS)
PHC	Primary Health Care
SABS	South African Bureau of Standard
SANAC	South Africa National AIDS Committee
SANS	South African National Standard
SHE	Safety Health and Environment
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV and AIDS
WHO	World Health Organization

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND TO THE STUDY

HIV and AIDS continue to be a public health burden. According to the report of the UNAIDS (2010), in 2009 there were an estimated 2,6 million people who became newly infected with HIV. This is nearly one fifth (19%) fewer than the 3,1million people newly infected in 1999, and more than one fifth (21%) fewer than the estimated 3,2 million in 1997, the year in which annual new infections peaked. This report further indicated that the HIV incidence has fallen by more than 25% in 33 countries between 2001 and 2009 of which 22 of these countries are in sub-Sahara Africa. In sub-Saharan Africa, where the majority of new HIV infections continue to occur, an estimated 1,8 million people became infected in 2009; considerably lower than the 2,2 million people infected with HIV in 2001. This trend reflects a combination of factors, including the impact of HIV prevention efforts and the natural course of HIV epidemic. With an estimated 5,6 million people living with HIV in 2009, South Africa's epidemic remains the largest in the world (UNAIDS, 2010).

The vast majority of people living with HIV and AIDS in Africa are between the ages of 20 and 49 – in the prime of their working life (Smith, 2008). Smith further argues that "HIV and AIDS damage business by squeezing productivity, adding costs, diverting productive resources, and depleting skill". He further states that a study in several Southern African countries has estimated that with the combined impact of AIDS-related absenteeism, productivity declines, health care expenditures increase, and recruitment and training expenses cut profits by at least 6-8%.

The International Labour Organization [ILO] (2010) has recognized HIV and AIDS as a global crisis and described HIV and AIDS as a condition which constitutes one of the

most formidable challenges to development and social progress. The first key principle of the ILO code of practice is the recognition of HIV and AIDS as a workplace issue. The global workforce has lost 28 million economically active people to AIDS. It was estimated that 48 million workers died of AIDS in 2010 and 74 million will die in 2015 (ILO, 2010).

1.2 OVERVIEW OF SOUTH AFRICAN NATIONAL STANDARD

In South Africa, HIV and AIDS workplace programmes have been implemented for more than two decades without any audited and certifiable standards (Standards South Africa, 2007). The standard further states that since the emergence of HIV and AIDS, corporate companies have been involved in the management of HIV and AIDS. Different companies managed the disease in their own way without any standard of monitoring or evaluation. The South African Bureau of Standard (SABS) Approval Committee approved the development of a national HIV workplace standard and the development process began on 20th July 2006 with wide representation from government, private sector, and higher education and research institutions. All present agreed that the development of a South African National Standard was a good idea and that the AIDS Management Standard (AMS) 16001 would be used as a starting point. A working draft was prepared and submitted to the working group. The final draft was sent out to the working group for comment and voting. The AMS 16001: 2003, the standard for HAMS specification document was initially developed and published for the mines by National Occupational Safety Association (NOSA) and De Beers Botswana (DEBSWANA). The AMS provides guidelines for the effective management of HIV/AIDS by South African businesses (AIDS Management Standard, 2002). This led to the development of the South African National Standard (SANS 16001) 16001 (Standards South Africa, 2007).

SANS 16001 was launched by the South African National Standard (a division of SABS) (Standards South Africa, 2007). It was based on the International Organization for Standard (ISO) 9001 and ISO 14001. The aim of having the national standard to assist, encourage and support companies to implement minimum standards for HAMS with a philosophy of continual improvement towards best practice. It also recognizes that its success depends on commitment from all levels and functions of the organization, especially from top management.

1.3 ESTABLISHMENT OF HIV AND AIDS MANAGEMENT SYSTEM

According to the National Strategic Plan (2012), South Africa has a generalized HIV epidemic, with some of the highest rates of tuberculosis (TB) infection and disease burden in the world. However, there are certain geographic areas, as well as among some key populations that are more infected than others (Department of Health, 2011). Among these key populations that are at higher risk for HIV infection includes: young women between the ages of 15 and 24 years, people living in informal settlements, migrant workers, young people who are not attending school, people with the lower socio-economic status and alcohol abuse. It is very significant to understand that employees directly or indirectly form part of the above mentioned high risk groups (Evian, 1998). Evian further argues that HIV and AIDS affect the economically active.

According to the Biennial Report 2006, the HIV prevalence rate in women was highest between ages 25 and 29 (33%) and in men, the prevalence was highest between ages 30 and 34 (27%) (South African Government Information, 2006). It could be seen that for any institutions or establishments to be in control of its future, HIV and AIDS seriously remain workplace issues and serious intervention is required. The national HIV and syphilis prevalence survey (the ante natal survey) released in August 2008 places KZN prevalence rate at 37,4% - the highest in South Africa (South African

Government Information, 2006). The Biennial Report 2006 found that up to 40% of companies reported that HIV and AIDS were having a negative effect on profits. The findings from the national HIV and syphilis prevalence survey concur with these findings in that only 13% of the companies surveyed with a workforce of less than 100 employees had a company policy to deal with HIV and AIDS (National Department of Health, 2010). Although the survey indicated that larger companies had policies in place, they did not implement them effectively. The starting point of any establishment in the management of HIV and AIDS is the formulation of the HIV and AIDS policy (Standards South Africa, 2007). According to Vass (2008), intervention in the South African private sector is largely led by corporate companies with extensive access to financial resources, information and knowledge networks. The existence of a policy does not necessarily reflect effective governance, but it does indicate a written commitment to a set of principles and procedures, which they point out, is an essential step in the management of HIV and AIDS (ILO, 2001).

The South African Code of Good Practice: Key aspect of HIV and AIDS and Employment (Department of Labour, 2000) promotes the development of workplace-based HIV and AIDS programmes to facilitate the protection of employee rights and the delivery of HIV and AIDS prevention programmes, care, treatment and support. However, the successful attainment of these objectives required appropriate institutional and governance capacity within the workplace. It is expected that HIV and AIDS management is comprehensive care that deals with issues of prevention, early detection, monitoring and management of opportunistic infections.

The Code further states that workplace HIV and AIDS policies and programmes can play a vital role in raising awareness around HIV, preventing HIV infection and caring for people living with HIV. Easy access to condoms, treatment of minor ailments such as sexually transmitted infections and continuous awareness and testing for early HIV

infection should be part of the report on the management of HIV and AIDS. The Code's primary objective is to set out guidelines for employers and trade unions to implement so as to ensure individuals with HIV infection or AIDS are not unfairly discriminated against in the workplace (International Labour Organisation [ILO], 2001). The Code's secondary objective is to provide guidelines for employers, employees and trade unions on how to manage HIV and AIDS within the workplace. According to Tedstrom (2009), the fight against HIV and AIDS cannot be won without the corporate sector stepping up and playing an active role in management.

Even though the HIV and AIDS treatment programmes detail workplace-based HIV and AIDS management emphasis, according to (Standards South Africa, 2007), should now gear towards the HIV and AIDS Management System (HAMS) which discusses management on prevention, early diagnosis, treatment and support. According to a study that was conducted by Charalambous et al. (2007) on evaluation of workplace-based HIV treatment programmes in South Africa, the findings, when compared to those reported for developed countries, revealed virological results among individuals retained in the treatment programme. The authors recommended further research studies to improve retention. The findings of this study agree with Evian's (1998) research in which it was stated that essential primary care, coupled with care for sexually transmitted infections (STIs) and for TB can be cost effectively provided by on-site clinics at the workplace. Such services will reduce the burden of HIV on the company by reducing the time the employees need to spend away from work seeking health care elsewhere. On-site clinics can also purchase commonly used medicines at reduced cost and make use of nurse clinicians and so further reduce the cost.

1.4 PROBLEM STATEMENT

KZN province continues to report an increase in HIV prevalence from 38,7% in 2008 to 39,5% in 2009 (National Department of Health, 2010). Richards Bay is situated in the north of KZN and is one of the fastest growing economic towns in the country. Without drastic intervention in dealing with HIV and AIDS, the impact on businesses will no doubt be very significant. It is, therefore, necessary that companies have a sound HAMS. Previous to SABS launching the SANS 16001, there was no standard management system for HIV and AIDS. Companies are now expected to use this standard to improve their HAMS. It therefore, becomes imperative for companies to establish workplace HAMS in line with the new standard. To determine to what extent the company's HAMS has been aligned to the SANS 16001, an evaluation of the current management system in relation to the new SANS 16001 system is needed.

1.5 AIM OF THE STUDY

The aim of the study was to evaluate the implementation of HAMS in a Richards Bay Company.

1.6 OBJECTIVES OF THE STUDY

The objectives of the study were to:

- To evaluate the implementation of HAMS in a Richards Bay company
- To assess the level of alignment of the existing company HAMS to the national standard

1.7 SIGNIFICANCE OF THE STUDY

According to the UNAIDS (2010), the vast majority of people living with HIV and AIDS in Africa are between the ages of 20 and 49. This age group represents the economically viable sector of life. UNAIDS (2010) also highlighted the top 20 causes of death in South Africa and AIDS related death was found to be the highest cause of death. Lass (2008) outlined the way in which HIV and AIDS have a serious impact on businesses such as absenteeism, low productivity, high labour cost, low customer base and low morale. All these were said to dramatically affect labour, setting back economic and social progress.

There was no standardised HAMS in South Africa until 2007 when the SABS launched the SANS 16001 (Standards South Africa, 2007). As a result, some companies did not have HAMS, instead had company-specific HIV and AIDS programmes. According to this standard, the management of HIV and AIDS in the workplace needs to be a comprehensive care that covers prevention, early diagnosis, treatment and support. The government provides information on setting up workplace HIV and AIDS policies and programmes as detailed in the Code of Good Practice. One of the key issues that companies need to be thinking about in relation to HIV and AIDS policies is recognition that they are serious workplace issues that require top priority (Standards South Africa, 2007).

It therefore becomes imperative for companies to establish workplace HIV and AIDS management systems in line with the new standard. This company that has been chosen to be researched is believed to have aligned its HAMS to the new standard. To determine to what extent the company's HAMS has been aligned to the SANS 16001: 2007, an evaluation of the current management system in relation to the new SANS 16001 system is needed.

1.8 CONCLUSION

This chapter introduced the reader to the background of the study, and clarified the concept related to HAMS. This chapter has highlighted the problem statement and clarified the purpose of the study. The next chapter will focus on relevant literature that was reviewed in order to gain more insight and understanding and to support the relevance of the study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Chapter one covered the background and rationale for the study. It focused on the HIV and AIDS management at the workplace. This chapter entails the critical analysis on HIV management. The chapter further discusses the theoretical framework underpinning this study.

2.2 GLOBAL TRENDS ON HIV AND AIDS

The annual number of new HIV infections has been steadily declining since the late 1990s and there are fewer AIDS-related deaths due to the significant scale up of antiretroviral therapy over the past few years (UNAIDS, 2010). Although the number of new infections has been falling, levels of new infections overall are still high, and with significant reductions in mortality the number of people living with HIV worldwide has increased. Overall, growth of the global AIDS epidemic appears to have stabilized.

World Health Organisation (WHO) defines health as “a state of complete physical, mental and social well-being, and not merely the absence of disease?” (WHO, 1948). Neira (2010) the defined a healthy workplace as one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace by considering the following, based on identified needs.

The study states these needs as:

- Health and safety concerns in the physical work environment;
- Health, safety and well-being concerns in the psychosocial work environment, including organization of work and workplace culture;
- Personal health resources in the workplace; and
- Ways of participating in the community to improve the health of workers, their families and other members of the community (Neira, 2010).

In his study, Neira (2010) reflects how the understanding of occupational health has evolved from an almost exclusive focus on the physical work environment to inclusion of psychosocial and personal health practice factors. The workplace is increasingly being used as a setting for health promotion and preventive health activities – not only to prevent occupational injury, but to assess and improve people's overall health. Furthermore, he added that another increasing emphasis is on workplaces that are supportive and accommodating of older workers and those with chronic diseases or disabilities.

As stated before, the vast majority of people living with HIV and AIDS in Africa are between the ages of 20 and 49 – in the prime of their working life (UNAIDS, 2010). According to UNAIDS (2003), HIV and AIDS damage business by squeezing productivity, adding costs, diverting productive resources, and depleting skill. He further states that a study in several Southern African countries have estimated that the combined impact of AIDS-related absenteeism, productivity declines, health care expenditures, and recruitment and training expenses could cut profits by at least 6-8%.

The International Labour Organization (2001) recognized HIV and AIDS as a global crisis and described HIV and AIDS as a condition which constitutes one of the most formidable challenges to development and social progress. The first key principle of the ILO code of practice is the recognition of HIV and AIDS as a workplace issue. This principle dictates that HIV and AIDS should be treated as any other serious illness or condition in the workplace because the workplace, being part of the local community, has a role to play in the wider struggle to limit the spread and effects of the epidemic.

The South African government has being leading the awareness on HIV and AIDS, notably using the World AIDS day as a platform. In 2009, the theme was “I am responsible, we are responsible and South Africa is taking responsibility”. The 2009 World AIDS Day heralded a new era in the country’s collective effort in the response to HIV and AIDS. The theme encouraged everyone in South Africa from individuals, communities, businesses and government to take personal and collective responsibility to stop new infections, provide care and support to those living with HIV and to ensure access to treatment for all people in need. The HIV and AIDS and Sexually Transmitted Infection Strategic Plan for South Africa 2007- 2011 have key objectives to;

- Halve new HIV infections by 2011
- Ensure that 80% of people living with HIV have access to treatment.

The South African government had, as its theme for World AIDS Day 2010, 'Universal Access and Human Rights'. Global leaders pledged to work towards providing universal access to HIV and AIDS prevention, treatment and care, thus recognizing these as fundamental human rights.

The theme was “Getting to Zero,” which essentially meant “Zero New HIV Infections, Zero Discrimination and Zero AIDS Related Deaths” (South African Government Information, 2009). From 2009 to 2011, the South African government moved from encouraging people to being more responsible, to increasing access to ARVs and finally, towards zero new HIV infections.

2.3 HIV AND AIDS IN KZN

KZN is situated on the east coast of South Africa with different cultures-Zulu, Indian, English and the Afrikaans speaking. KZN is the second most populous province in South Africa with a total population of 10 449 300 million accounting for 21,4% of the total South African population. The report added that South Africa has one of the highest HIV prevalence rates in the world, and KZN is the worst afflicted province, it is estimated that KZN has an HIV prevalence rate of 25,8% of the total five and half million people living with HIV in South Africa. KZN is experiencing the most severe HIV pandemic in the country (KZN Provincial Report, 2010).

Thurlow, et al. (2009), in their study on growth and poverty in KZN and South Africa concluded that KZN together with the rest of South Africa suffers from severe unemployment and poverty and more so, the province has one of the highest HIV prevalence rates in the world. The result of their study indicated that HIV and AIDS undermine economic growth in South Africa. HIV and AIDS lower the growth rate by 1,6 and 1,42 percentage points per year in KZN and RSA, respectively. Cumulatively, these losses mean that the KZN economy will be 43% smaller in 2025 than it would have been in the absence of HIV and AIDS. The rest of the county’s economy will be 37% smaller. These findings reveal that HIV and AIDS place a significant burden on future economic development in KZN and the rest of the South Africa, and underline the need for policies and investments to curb the pandemic.

According to Lurie et al. (2003) in their study on migrant and non-migrant men and their partners, migration was an independent risk factor for HIV infection among men. The study found out that workplace interventions were urgently needed to prevent further infections. High rate of HIV was found among rural women, and the migration status of the regular partner was not a major risk factor for HIV. It was concluded that rural women lack access to appropriate prevention and intervention, regardless of their partner's or partners' migration status.

Welz et al. (2007) in their study on the prevalence of HIV infection in rural KZN, concluded that effective monitoring of the HIV epidemic in South Africa and elsewhere in Africa should include efforts to strengthen sentinel surveillance in rural areas and strategies for the surveillance of migrants and mobile individuals who are at an increased risk of HIV and may be missed by cross-sectional surveys.

2.4 ASSESS-PLAN-IMPLEMENT-MONITOR-EVALUATE (APIME) MODEL

The theoretical framework underpinning this study is the Assess-Plan-Implement-Monitor-Evaluate (APIME) model. See Figure 2.4.1. The APIME model is similar to the Deming Cycle, a well-known quality management systems methodology with four steps, Plan-Do-Check-Act (Standards South Africa, 2007: 4).

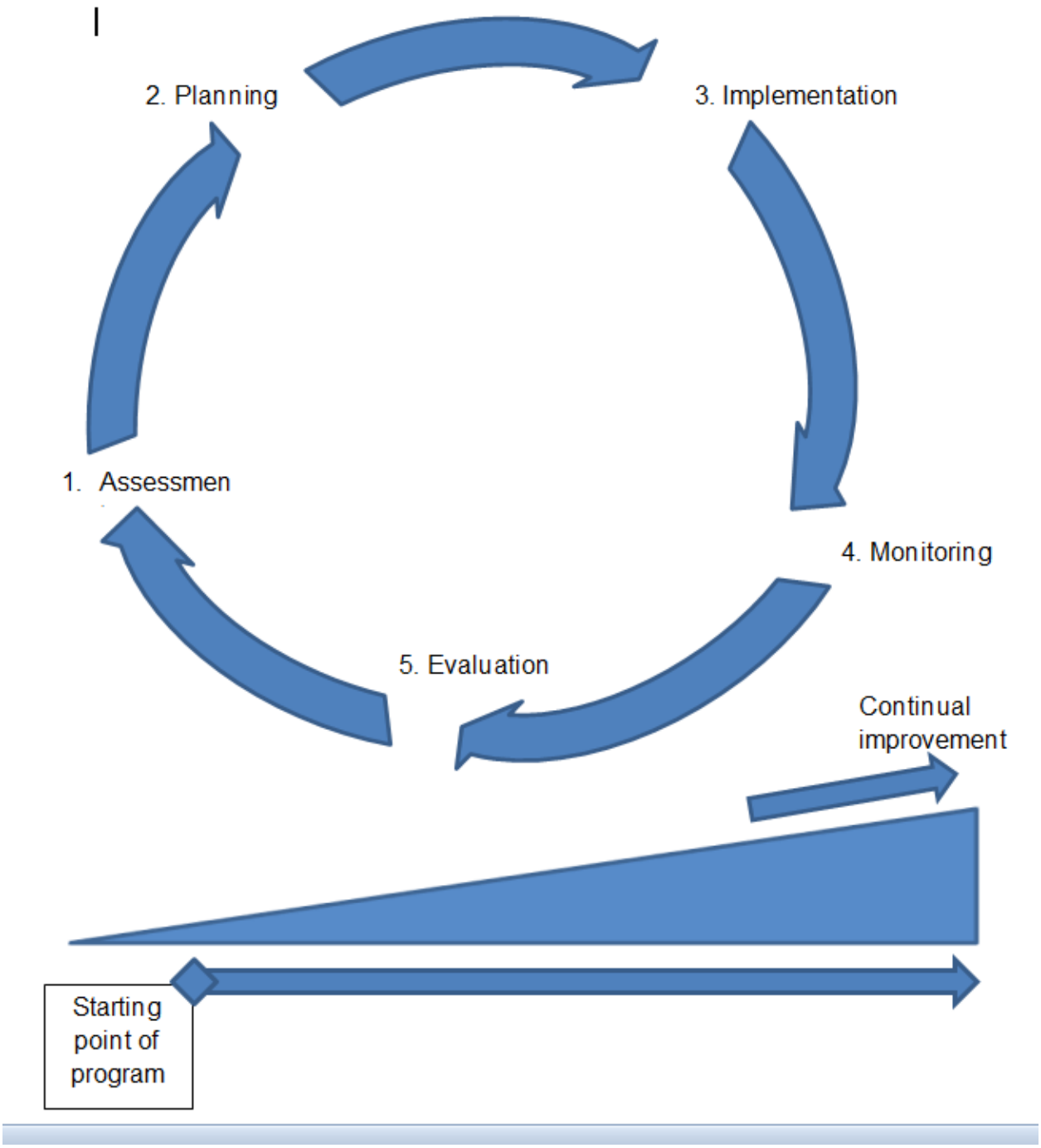

Figure 2.4.1: Assess-Plan-Implement-Monitor-Evaluate (APIME) (Standards South Africa, 2007)

2.4.1 Elements of the APIME Model

The five key elements of this model, whose co-ordination is necessary for successful implementation of HAMS, include (Standards South Africa, 2007):

2.4.1.1 Assessment

This refers to the *assessment* of organisational vulnerability and susceptibility to HIV and the identification of HIV determinants. The tools that could be used for assessment include organisational situational analysis, needs assessment, impact surveys and prevalence surveys.

2.4.1.2 Planning

This refers to the development of HIV and AIDS policy, procedures, processes, targets, objectives and success criteria based on the assessment of vulnerability, susceptibility and HIV determinants and country legislation.

2.4.1.3 Implementation

This entails the *implementation* of the statements of intent contained within the HIV and AIDS policy; implement the processes to achieve the stated targets, objectives and success criteria and to comply with the country legislation.

2.4.1.4 Monitoring

This refers to the *monitoring* and measurement of the processes against the HIV and AIDS policy, targets, objectives, legal and other requirements as well as maintenance and reporting of the results.

2.4.1.5 Evaluation

This involves the *evaluation* of the achievement of targets and objectives for efficiency.

2.4.2 Justification for using the APIME model

The APIME model was selected as theoretical framework for this study because the general guidelines of HAMS were based on the APIME model. Within each element of the APIME model, the researcher provided rich information derived from the findings of the study. The researcher also applied all the five elements of the model to guide the focus of the study and each element was used as building blocks for developing questionnaires that were used to collect data.

According to SANS 16001: 16001, the HIV and AIDS management system can be introduced at any point in the implementation of the organization's HIV programme; no matter how mature the programme is, it will assist in identifying the gaps and in continual improvement (Standards South Africa, 2007). The standard further identifies one of the elements of HIV and AIDS management in the workplace as the assessment of those employees that has already been infected with HIV and their management to live a productive life relatively like any other person through healthy life style, good nutrition and provision of ARV as may require.

2.5 WORKPLACE MANAGEMENT OF HIV AND AIDS IN THE SOUTH AFRICAN CONTEXT

Over the decade, employers in the private and public sectors of South Africa have been increasingly concerned about the impact that the HIV epidemic may have on their operations (Colvin, et al., 2007). They stated further that the potential impact of HIV-related mortality and morbidity includes decreased productivity, rising production costs and a higher employee turnover. The conclusion in their study on the epidemiology of HIV in South African workplaces that the HIV prevalence within an organization was not entirely explained by the race, age and sex structure of the workforce. This indicated that there were some other factors that was associated with the organization and has an impact on HIV prevalence.

Van der Merwe, (2007) states that the rising incidence of HIV proves that prevention programmes were only partially effective and that a new strategy is needed. The basis of the new strategy should be an integrated approach to health. This author further states that wellness programmes typically include various segments, such as traditional wellness, employees' assistance programmes (EAPs), Primary Health Care (PHC) and occupational health. This author argues that wellness must address: physical need, psychological need, social need, a specific 'life skill' programme for all employees, to form the basis for lifestyle changes, spiritual needs, occupational health services, and lifestyle modification.

Woods et al (2008) reported that there was a challenge in providing HIV training to health professionals. The HIV pandemic in Southern Africa has overwhelmed health services in the public sector and presents awesome challenges to the authorities responsible for providing nurses and doctors with the knowledge and ability to manage the many facets of patient care. These authors further state that the ideal method of training would be one that is cheap, decentralised, and enables teams of health care

workers to manage and take responsibility for their own continuing education with only limited outside support.

Woods, Cope and Eley (2008) argue that the emphasis should be on learning rather than teaching. These authors state that this exercise should be conducted locally without the need for former teachers. However, they advised regional facilitators to introduce and supplement the training programme with encouragement and some input would be beneficial. The course content must address real needs and provide practical answers to common or important clinical problems. If possible the training course should reflect current clinical practice and assist the participants to improve their knowledge, learn new skills and correct negative attitudes. They concluded that the goal was to improve the standard of patient care by stimulating and supporting professional growth, while also providing a sense of competence and career satisfaction.

According to a study by Watson, (2011), the nurses' role in the management of HIV services, to effectively manage HIV services in lower, middle income countries it would be a critical mistake to view the nurses' role as merely that of a workforce issue. Nurses can and must play a larger role on higher levels of health care where they can provide informed information regarding the policies developed and decisions made for advancements in the management of HIV services.

Watson (2011) further states that nurses must also be more involved in policy development, especially if those policies relate to how they should manage HIV services at primary level and importantly nurses must be developed and supported in taking up leadership roles in the fight against HIV and AIDS. The study recommended that nurses should actively engaged in an awareness and understanding of the current

internal and external influences that's having an impact on their work environment. The nurses should be more involved in research initiatives and actively participate in collaborative initiatives on both national and international level to ensure that they know about and adhere to the best available clinical practice guidelines and standards.

Smith (2002) stated that the social and economic impact of the disease was intensified by the fact that HIV and AIDS kills primarily young and middle-aged adults during their most productive years. Smith also argued that it was difficult to generalize about the cost and benefits to companies of implementing workplace programme to address HIV and AIDS because there are so many variables to consider. He gave an example that a business operating in an existing high prevalence region or locality where the epidemic is well-advanced may have a very different cost-benefit scenario than a business located in an area where HIV prevalence is relatively low but increasing. The former may see care and treatment for its workforce as a priority whereas, for the latter, an education and prevention campaign would bring cost-effective benefits.

2.6 CONCLUSION

The literature review presented in this chapter reviewed literature on globalization trends regarding HIV and AIDS as well as HIV and AIDS in South Africa with the management in the workplace and the prevalence HIV and AIDS in KZN. This chapter also presented statistics of HIV in KZN The magnitude of the prevalence rate in KZN calls for more research to mitigate the effect of HIV in the province. In chapter 3, the research design and methods will be described.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The preceding chapters explained the problem, aim and significance of the study, and discussed the literature review. This chapter describes the research design and methodology, including the population, sample, data collection and analysis, validity and reliability, and ethical considerations.

3.2 RESEARCH DESIGN

According to Polit and Beck (2008: 765), a research design is the overall plan for addressing a research question, including specifications for enhancing the study's integrity. A single case study using a quantitative research design was used to evaluate HAMS in a Richards Bay Company. Case studies are used by researchers in order to thoroughly explore a programme, an event, an activity, a process or one or more individuals, but families, groups, institutions and other social units may also be the focus (Yin, 2009; Polit and Beck, 2008). A case study design was chosen for this phase because it allowed the researcher to evaluate the implementation of HAMS in one company within the context of the research. Case studies have shown to be very useful in health and social sciences and are used when exploring the how and why of a situation when variables cannot be controlled (Yin, 2009).

3.3 CASE STUDY PROTOCOL

This section of the study outlines the case protocol which was used to guide this study. According to Yin (2003), the case protocol has to include (a) an overview of the case project, (b) project objectives, (c) data collection procedures, and (d) guide for the report (Yin, 2003: 69). The presence of the case study protocol is another way to increase the

reliability of the case study (Yin, 2003). This case study protocol was used to guide the study and is based on the first phase of the study. The protocol was designed as follows:

Part 1: Overview of this case study project

Part 2: Project objectives

Part 3: Access to sites and data collection procedures

3.3.1 Part 1: An overview of the case study

The company operates in the mineral export sector, and it is situated in Richards Bay with a staff complement of about 487 workers. It is one of few companies that still provide comprehensive health care services such as primary health care on site to all employees despite the fact that almost all employees are on medical aid to which the company contributes 50% of the cost for each employee. Comprehensive health care as a strategy for ensuring the availability of a range of services was identified as a common theme among provincial and local authority nurses. This is in keeping with the principles of PHC and the PHC package for South Africa, which state that the clinic should render a comprehensive integrated PHC services (Dennill, et al., 1999; Department of Health, 2001).

3.3.2 Part 2: Project objectives

The objectives of the study were to:

- To evaluate the implementation of HAMS in a Richards Bay company
- To assess the level of alignment of the existing company HAMS to the national standard

3.3.3 Part 3: Access to sites and data collection procedures

Part 3 is discussed below under the following headings a) sampling process, b) data collection and c) data analysis.

3.4 SAMPLING PROCESS

The sample consisted of all consenting participants who were selected from key position holders and the general workers in accordance with the requirements of SANS 16001 (Standards South Africa, 2007). These key position holders were comprised of senior managers, middle managers and those employees who play an important role in implementing HAMS. The general workforce has no specific role in implementing HAMS.

3.4.1 Key position holders

The following key position holders participated in this study:

- **Selection of one Senior Manager**. According to the requirement HAMS, the most senior person is appointed to assist the company to effectively manage the HIV and AIDS risk to the company; General Manager (HSEC) was designated to manage (HSEC) issues including HIV and AIDS;

- **Selection of one HIV and AIDS coordinator**. He/she is responsible for maintenance of the HAMS and the project plan objectives, targets and continual improvement. Maintenance and updating of the HAMS success indicators. She provides administrative and programme support to the HIV and AIDS Programme Manager;

- **Selection of two Occupational Health Nurses**. They ensure that the HIV and AIDS policy is communicated and perform counselling and testing according to legislation. The two nurses formed part of management as they provide managerial function;

- **Selection of union representative**. There are two main union representatives and six alternative union representatives. Two main union representatives and two from alternative representatives participated in the study;

- **Selection of all HIV and AIDS peer educators**. There are 15 peer educators functioning to persuade their peers to increase health seeking behaviour and to reduce risky behaviour. Eight peer educators participated in the study;

- **Selection of all Safety and Health Environment (SHE) representatives**. SHE representatives are required to include HIV and AIDS related risks in their scope of practice. There are about twenty five SHE representatives in the company. Eleven representative participated in the study;

- **Selection of all First Aiders**. There are 25 appointed and trained first aiders within the organization. The First Aider's role is risk management mitigation by avoiding becoming infected with HIV whilst carrying out first aid duties and to prevent others from becoming infected with HIV after an incident or accident. Six First Aiders participated in the study. They were less utilized in the company because of onsite clinic staff; and

- **Selection of all HIV and AIDS Committee Members**. There are about 15 members of the committee which represents all levels of employees within the organization with regards to HIV and AIDS issues and to assist the HIV

coordinator with decision making regarding interventions. Out of these, seven HIV and AIDS committee members participated in the study.

3.4.2 General Workers

Random selection of 104 participants from the general workforce participated in the study. The company had a staff complement of about 487 workers at the time of study. There are five departments, and from each department, workers were selected using a simple random sampling method. Each participant volunteered to be part of the study and signed a consent form that details their right to or not to participate in the study.

3.5 PILOT STUDY

A pilot study is a small-scale or 'trial run' used by researchers to test instruments for effectiveness in a larger study, using the same topic (Polit and Beck, 2008: 13). A pilot study was conducted on a smaller version of the proposed study to refine the methodology or the data collection process. A pilot study was conducted on two managers and two general workers. The participants were required to read through the letter of information and to answer the questionnaires. The questionnaires were thus judged in terms of their readability, simplicity and whether the instructions to the questionnaires were simple and easy to understand. In addition, the pilot assisted in determining the length of time that it took to complete the questionnaires (average 15-20 minutes. The results revealed that the participants had clear understanding of the questions. There were minimal changes that were made on the questionnaires and these did not affect the proposed study. The pilot participant data were excluded from the final data set.

3.6 DATA COLLECTION

The respective participants were the key role players in the application of the HAMS. Two different sets of questionnaires were used to collect data. One questionnaire was used to collect data from the managers because they were key role players in HAMS (Appendix 3). The second questionnaire was used to collect data from the general workforce (Appendix 4). A trained research assistant was used to administer and collect the questionnaires in order to ensure that the participants were not intimidated by the presence of the researcher who is an Occupational Health Nurse in the company; so this overcomes researcher bias. The questionnaires were self-administered, distributed by trained research assistant during team meetings and collected after the meeting

3.7 DATA ANALYSIS

The data from the questionnaire was captured and subsequently analysed using the SPSS, version 9. Descriptive statistics such as proportions, median, mode and inter-quartile range were used to summarize the data. Tables and bar graphs were used to present the results. In order to test whether the response options were chosen equally or whether some were chosen more than others, a chi-square goodness-of-fit test was applied to the data. Under the null hypothesis, all options were chosen with equal frequency. Thus a significant result means that some options were selected significantly more often than others.

3.8 VALIDITY AND RELIABILITY

Validity and reliability are important criteria by which a questionnaire is evaluated in relation to its adequacy and quality (Polit and Beck, 2008). These authors define validity as the ability of the instrument to measure the truthfulness of the construct under scrutiny. According to De Vos et al. (2005: 160), validity of a questionnaire measures the concept in question and that this concept is accurately measured. Polit and Beck (2008) define reliability as the degree of consistency or dependability with which an instrument measures an attributes.

3.8.1 Content validity

Content validity examines the extent to which the questionnaire includes all the major changes relevant to the construct being measured (Burns and Grove, 2007). For this study, the researcher used the SANS 16001 as guidelines in formulating the questionnaire. The content of the questionnaire was valid because it went through a pilot study and on the face of it; the questions seemed to reflect the idea behind the questions being asked. This also ensured content validity of the study in that the findings were unbiased and well-grounded since the information was gathered from participant that voluntarily accept to participate in the study.

3.8.2 Internal validity

Polit and Beck (2005: 295) define internal validity as the “extent to which it is possible to make an inference that the independent variable is truly causing or influencing the dependent variable”. These authors further argue that it would be better if researchers could identify threats to validity and devise means to control them so that the findings of the study could be more convincing. Therefore, to rule out the possibility of the threat to validity, two different sets of questionnaires were used to collect data. One

questionnaire was used to collect data from the managers because they were key role players in HAMS. The second questionnaire was used to collect data from the general workforce. A trained research assistant was used to administer and collect the questionnaires in order to ensure that the participants were not intimidated by the presence of the researcher who is an Occupational Health Nurse in the company; so this overcomes researcher bias.

3.8.3 External validity

External validity is the "extent to which relationships hold true over variations in people, conditions and settings" (Polit and Beck, 2008: 301). This means the degree to which the findings of a study can be generalised beyond the study context and setting. This study can therefore, be generalised to a larger population because both levels employees, that is management and general workforce participated in this study.

3.8.4 Reliability

Polit and Beck (2008: 764) define reliability as the degree of consistency or dependability with which an instrument measures an attribute. The pilot study was conducted to refine questions so that they extracted the information expected without being misunderstood.

3.9 ETHICAL CONSIDERATION

Procedures to ensure that the researcher complies with the fundamental principles for protecting the study participants were ensured. Permission to conduct the study was sought from the Durban University of Technology Faculty Research Committee (Appendix 1) and the company (Appendix 2). The study was only commenced after the

study design, procedures and questionnaires had been approved by Durban University of Technology Faculty Research Committee and the company (Appendix 3). All the participants were required to sign an Informed Consent Form (Appendix 4). The participants were given a choice to opt out of the study and also to withdraw from the study at any point if they wished to do so without it having an effect on their future employment. To ensure anonymity and confidentiality, the questionnaires were identified with codes. The participants could not be linked to the questionnaires because they were requested not to write their names on them.

3.10 CONCLUSION

This chapter on the methodology has given a detailed outline of all the phases of sampling, data collection and data analysis. The next chapter will report on the presentation of results.

CHAPTER 4

PRESENTATION OF RESULTS

4.1 INTRODUCTION

The previous chapter outlined the methodology adopted in conducting the study. This chapter presents the results of the study. As stated in chapter 1, the objectives of the study were to evaluate the implementation of HAMS in a Richards Bay Company and to assess the level of alignment of the existing company HAMS to the national standard SAN.16001: 2007. Chapter two presented the literature review on the world trend, Africa trend and in particular the South Africa trend in the impact of HIV and AIDS and most particularly the state of HIV and AIDS in this province of KZN which is the epicentre of HIV and AIDS in South Africa. The previous chapter outlines the methodology adopted in conducting the study. The samples consisted of consented participants who were selected from key position holders in accordance with the requirement of SANS 16001 and the general workforce. Two set of questionnaires were used to collect data. One was used for the key position holders regarded as the managers managing the HAMS. The second questionnaire was used for the general workforce. This chapter will present the result of this study. A chi-square goodness-of-fit test was applied to the data. Under the hypothesis, all options were chosen with equal frequency. Thus a significant result means that some options were selected significantly more often than others. The section below presents the results of the two groups of participants. The first section presents the results of the key position holders and the second section deals with results of the general workforce.

4.2 THE RESULTS OF THE KEY POSITION HOLDERS

The data from the questionnaires was captured and subsequently analysed using the SPSS, version 9. Descriptive statistics such as proportions, median, mode and inter-quartile range were used to summarize the data. Table, bar graphs and pie charts were

used to present the results. In order to test whether the response options were chosen equally or whether some were chosen more than others, a chi-square goodness-of-fit test was applied to the data. Under the null hypothesis, all options were chosen with equal frequency. Thus a significant result means that some options were selected significantly more often than others.

Question 1: There has been adequate assessment of the following:

4.2.1 Assessment of numbers infected

Table 4.2.1: Assessment of numbers of employees infected with HIV

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	2,5	2,5	2,5
Agree	22	55,0	55,0	57,5
Not sure	17	42,5	42,5	100,0
Total	40	100,0	100,0	

According to 22(55,0%) participants, there was adequate assessment of employees that were infected with HIV, while 1(2,5%) believed, no adequate assessment and 17(42,5%) were unsure. This indicates that assessments were done as the way of assessing was to encourage all employees to do HIV test. The 17(42,5) who were not sure were probably not clear about what the assessment entailed.

4.2.2 Assessment of scope of HAMS

Table 4.2.2: Assessment of scope of HAMS

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	2,5	2,5	2,5
Agree	30	75.0	75,0	77,5
Not sure	9	22,5	22,5	100,0
Total	40	100,0	100,0	

Out of the 40 participants, 30(75,0%) participants confirmed that there was assessment of scope of HAMS while 1(2,5%) participant indicated that there was no assessment of scope of HAMS and 9(22,5%) participants were unsure. The scope of HAMS should be defined in HIV and AIDS policy. The response shows that there was assessment of scope of HAMS.

4.2.3 Assessment of needs of the company to support workers with HIV and AIDS

Table 4.2.3: Assessment of needs of the company to support workers with HIV and AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	2,5	2,5	2,5
Agree	36	90,0	90,0	92,5
Not sure	3	7,5	7,5	100,0
Total	40	100,0	100,0	

Out of the 40 participants, 36(90, 0%) participants confirmed that there was adequate assessment by the company to support workers living with HIV and AIDS, while 1(2,5%) participant indicated that there was no assessment by the company and 3(7,5%) participants were unsure. This is a positive indication that there was adequate assessment of need of company to support worker living with HIV.

4.2.4 Assessment of the needs of the company regarding management of HIV and AIDS beyond the workplace

Table 4.2.4: Assessment of the needs of the company regarding management of HIV and AIDS beyond the workplace

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	3	7,5	7,5	7,5
Agree	27	67,5	67,5	75,0
Not sure	10	25,0	25,0	100,0
Total	40	100,0	100,0	

Out of the 40 participants, 27(67,5%) participants indicated there was adequate assessment regarding management of HIV and AIDS beyond the company, while 3(7,5%) participants disagreed and 10(2,5%) were unsure. This indicates that above average number of participants felt that assessment was done beyond the workplace.

4.2.5 Assessment of employees who might be exposed to HIV infection due to the presence of the business and its practices

Table 4.2.5: Assessment of employees who might be exposed to HIV infection due to the presence of the business and its practices

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	3	7,5	7,5	7,5
Agree	25	62,5	62,5	70,0
Not sure	12	30,0	30,0	100,0
Total	40	100,0	100,0	

Out of 40 participants, 25(62,5%) participants confirmed that employees who might be exposed to HIV infection were adequately assessed, while 3(7,5%) participants were not in agreement and 12(30,0%) participants were unsure. This indicates that the assessment was done adequately.

4.2.6 Assessment of the needs of the company to protect HIV negative employees

Table 4.2.6: Assessment of the needs of the company to protect HIV negative employees

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	3	7,5	7,5	7,5
Agree	32	80,0	80,0	87,5
Not sure	5	12,5	12,5	100,0
Total	40	100,0	100,0	

Out of the 40 participants, 32(80,0%) participants indicated adequate assessment was done to protect HIV negative employees, while 3(7,5%) participants indicated that inadequate assessment was done and 5(12,5%) participants were not sure of any assessment of the needs of the company to protect HIV negative employees. There was indication that assessment was done but some employees interpretation may difference. The assessment outcome which may include training employees on sexual harassment, assertive training, clear procedure on any company operation, provision of health care services needs to be understood by all employees.

Summary of question 1

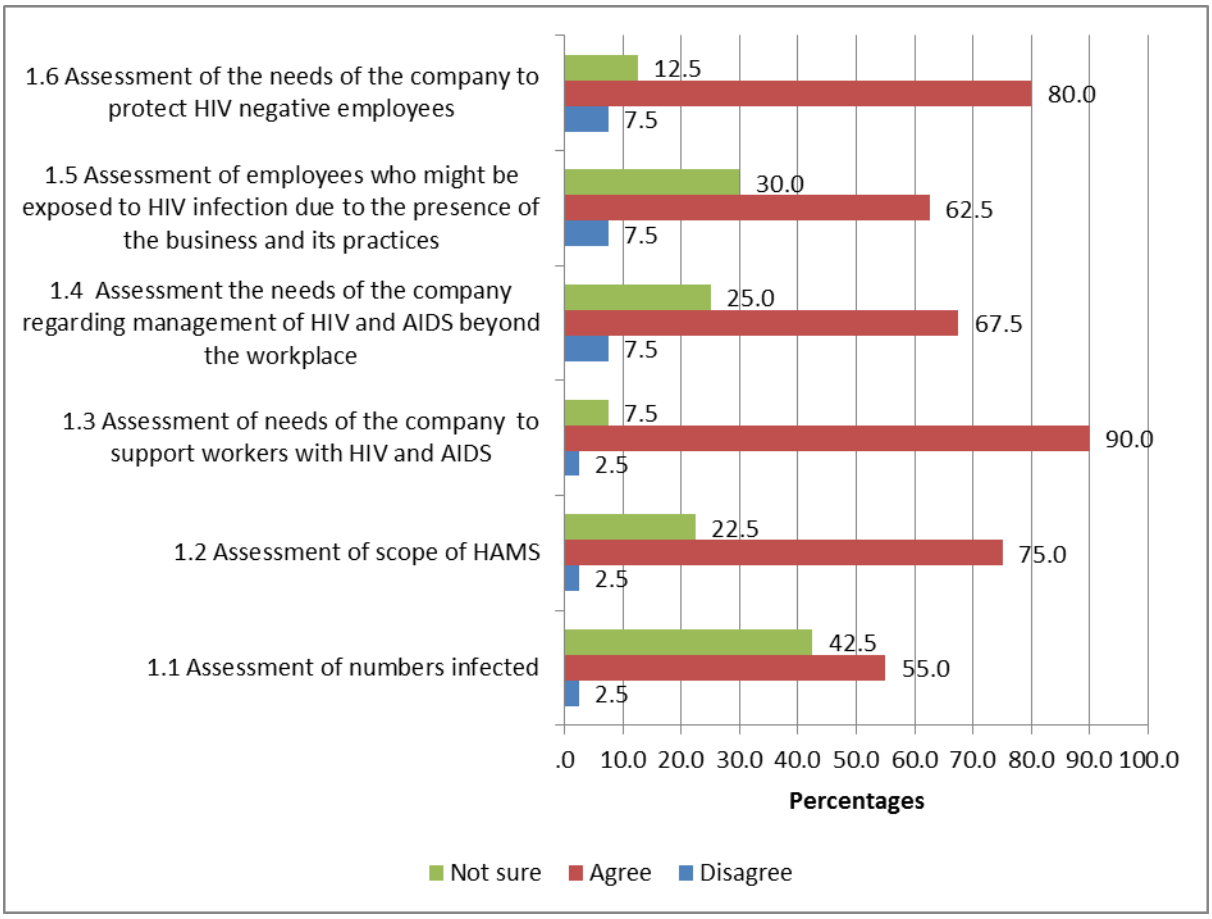

Figure 4.2.1: Summary of question 1

Analysis shows that for each question, response options were not chosen equally ($p<.0005$, for each case). Clearly, significantly more participants selected 'Agree' for all questions except for 1.1 where fewer than expected selected 'Agree'.

Question 2: Policy on HIV and AIDS

4.2.7 Availability of HIV and AIDS policy

Table 4.2.7: The Company has a policy on HIV and AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	28	70,0	70,0	70,0
No	11	27,5	27,5	97,5
Not sure	1	2,5	2,5	100,0
Total	40	100,0	100,0	

Of the 40 management participants, 28(70, 0%) participants indicated that there was HIV and AIDS policy, while 11(27, 5%) participants indicated that there was no policy in place and 1(2, 5%) participant was not sure. The results indicate that the policy on HIV and AIDS was available but it seems the communication and easy availability of the policy was a concern.

4.2.8 Formulation of the HIV and AIDS policy

Table 4.2.8: The HIV and AIDS committee is particularly responsible for the formulation of the HIV and AIDS policy

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	20	50,0	50,0	50,0
No	7	17,5	17,5	67,5
Not sure	13	32,5	32,5	100,0
Total	40	100,0	100,0	

Out of 40 participants, 20(50,0%) participants indicated that the committee formulated the policy, while 7(17,5%) indicated that it was not the committee that formulated the policy and 13(32,5%) participants were unsure. This indicates that 20(50,0%)=(7(17,5%)+13(32,5%) of participants were unaware of who formulated the HIV and AIDS policy.

4.2.9 Approval of HIV and AIDS policy

Table 4.2.9: The HIV and AIDS policy is approved by the CEO

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	26	65,0	65,0	65,0
No	8	20,0	20,0	85,0
Not sure	6	15,0	15,0	100,0
Total	40	100,0	100,0	

Out of the 40 participants, 26(65,0%) participants indicated that the policy was approved by the CEO while 8(20,0%) participants indicated that it was not approved by the CEO and 6(15,0%) participants were unsure. This indicates that not all members of the the management team were aware of who approved the policy. The policy should have the signature and designation of who approved it (Standards South Africa, 2007.

4.2.10 Display of the HIV and AIDS policy

Table 4.2.10: The HIV and AIDS policy is displayed for all employees to see

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	26	65,0	65,0	65,0
No	11	27,5	27,5	92,5
Not sure	3	7,5	7,5	100,0
Total	40	100,0	100,0	

A total of 26(65,0%) participants confirmed that the policy was displayed for all employees to see, while 11(27,5%) participants indicated no display and 3(7,5%) were unsure. This indicates that policy display was not noticed by 14(35,0%)=11(27,5%)+3(7,5%) of the participants. There is a need to verify the policy display to see the nature of display and the communication concerning the policy.

4.2.11 Record keeping

Table 4.2.11: Records necessary for the smooth running of the HIV and AIDS management system are kept

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	21	52,5	53,8	53,8
	No	8	20,0	20,5	74,4
	Not sure	10	25,0	25,6	100,0
	Total	39	97,5	100,0	
Missing	System	1	2,5		
Total		40	100,0		

Of the total participants, 21(52,5%) participants indicated that the records of HIV and AIDS management system were kept, while 8(20,0%) participants did not believe that the records were kept and 10(25, 0%) participants were unsure. The results indicate that almost half of 40 participants 18(45,0%)=8(20,0%)+10(25,0%) were not aware of record keeping system regarding HIV and AIDS.

4.2.12 Involvement of employees in the development and review of the HIV and AIDS policy and procedures

Table 4.2.12: Employees are involved in the development and review of the HIV and AIDS policy and procedures

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	15	37,5	37,5	37,5
No	8	20,0	20,0	57,5
Not sure	17	42,5	42,5	100,0
Total	40	100,0	100,0	

Out of 40 participants, 15(37,5%) participants indicated the involvement of employees in policy and procedures development, while 8(20,0%) indicated no involvement of the employees and 17(42,5) participants could not confirm whether or not the employees were involved. This indicates, that of 40 members of the management team who were responsible for HAMS, 25(62,5%)=8(20,0%)+17(42,5) participants indicated no involvement of employees in the development of policy and procedures.

4.2.13 Representation of employees in decision-making

Table 4.2.13: Employees are represented when decisions are made on HIV and AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	22	55,0	55,0	55,0
No	9	22,5	22,5	77,5
Not sure	9	22,5	22,5	100,0
Total	40	100,0	100,0	

On the question on the employees' representation in HIV and AIDS decisions making, 22(55,0%) of the participants confirmed that employees were represented, while 9(22,5%) indicated no employees' involvement and 9(22,5%) participants were unsure. This indicates that almost half of participants 18(45,0%)=9(22,5%)+9(22,5%) did not believe that employees were represented in decision making.

Summary of question 2

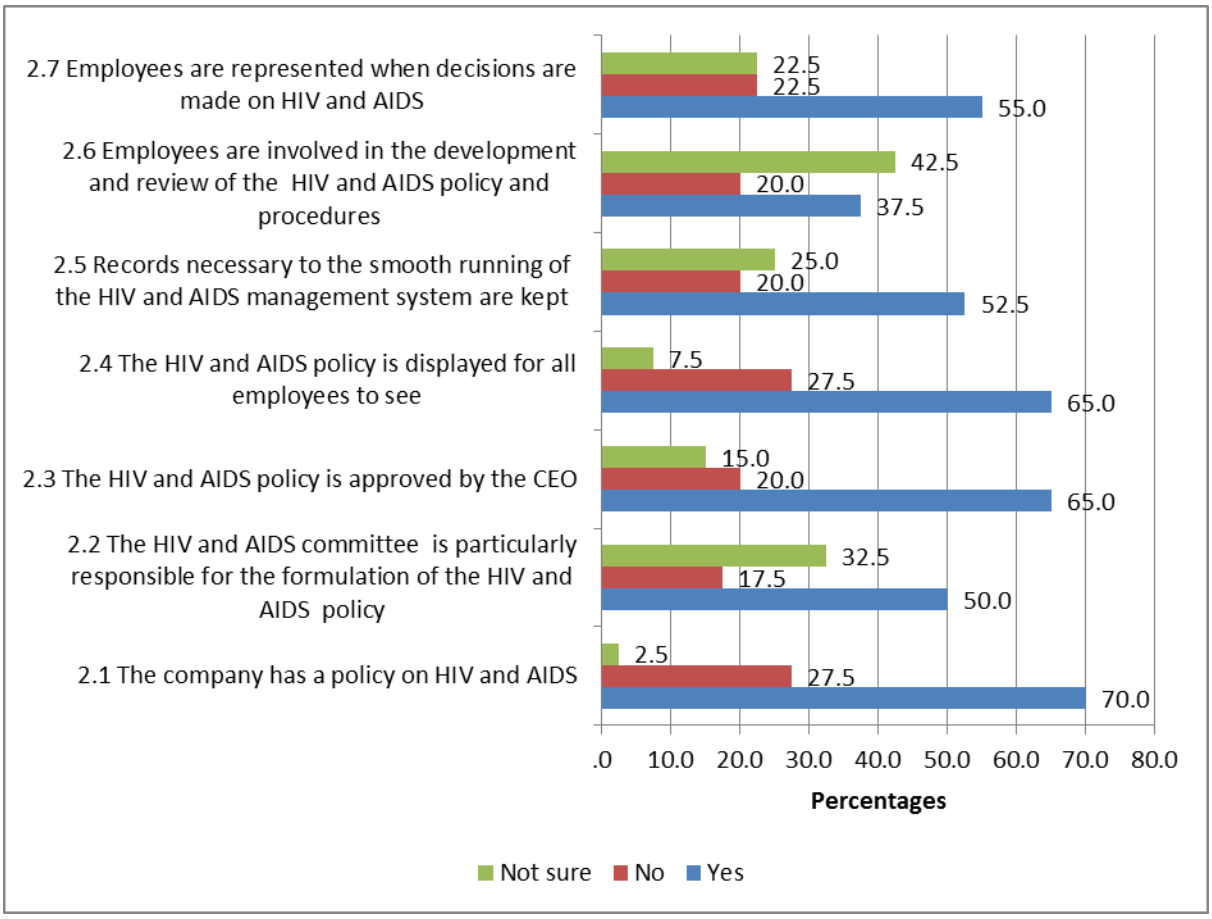

Figure 4.2.2: Summary of question 2

Analysis shows that for each question, except Q2.6, response options were not chosen equally. Significantly more participants selected 'Yes' for each of these questions. The associated p-values are: <.0005 (2.1), 0.042 (2.2), <.0005 (2.3), <.0005 (2.4), 0.023 (2.5) and 0.015 (2.7). There is no significant difference to the frequency of choice for response options in Q2.6.

Question 3: Policy on HIV and AIDS

4.2.14 Commitment to the prevention of work-related exposure to HIV and AIDS

Table 4.2.14: Policy adequately addresses a commitment to the prevention of work-related exposure to HIV and AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Agree	36	90,0	90,0	90,0
Not sure	4	10,0	10,0	100,0
Total	40	100,0	100,0	

Out of 40 participants, 36(90,0%) participants confirmed that the policy adequately addressed a commitment to prevention of work-related exposure to HIV and AIDS, while 4(10,0%) participants were unsure. This indicated that policy adequately addressed a commitment to prevention of work-related exposure to HIV and AIDS.

4.2.15 Commitment to the provision of information, education, communication (IEC) and behaviour change

Table 4.2.15: Policy adequately addresses a commitment to the provision of information, education, communication (IEC) and behaviour change

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	2	5,0	5,0	5,0
Agree	33	82,5	82,5	87,5
Not sure	5	12,5	12,5	100,0
Total	40	100,0	100,0	

Out of 40 participants, 33(82,5%) participants indicated that the policy adequately addressed commitment to the provision of IEC and BBC, while 2(5,0%) participants believed it did not adequately address a commitment and 5(12,5%) participants were unsure. This indicates that the policy adequately addressed a commitment to the provision of IEC and behaviour change.

4.2.16 Commitment to non-discrimination in all areas of the organization

Table 4.2.16: Policy addresses a commitment to non-discrimination in all areas of the organization

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	2,5	2,5	2,5
Agree	34	85,0	85,0	87,5
Not sure	5	12,5	12,5	100,0
Total	40	100,0	100,0	

Discrimination is a major fear of HIV intervention in the workplace Out of 40 participants, 34(85,0%) participants indicated that the policy addressed a commitment to non-discrimination in all areas of the organization, while 1(2,5%) participant indicated that the policy did not address the commitment and 5(12,5%) participants were not sure. This indicates that the policy addressed a commitment to non-discrimination in all areas of the organization. There was indication that few participants were not aware of the policy content.

4.2.17 Commitment to promote the prevention of HIV transmission

Table 4.2.17: A commitment to promote the prevention of HIV transmission

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	2,5	2,5	2,5
Agree	38	95,0	95,0	97,5
Not sure	1	2,5	2,5	100,0
Total	40	100,0	100,0	

Of the participants, 38(95,0%) confirmed that the policy is committed to promotion and prevention of HIV transmission, while 1(2,5%) and another 1(2,5%) indicated no commitment and non-awareness, respectively. This indicates that the policy is committed to promotion and prevention of HIV transmission.

4.2.18 Commitment to confidentiality on HIV and AIDS issues

Table 4.2.18: A commitment to confidentiality on HIV and AIDS issues

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	2,5	2,5	2,5
Agree	36	90,0	90,0	92,5
Not sure	3	7,5	7,5	100,0
Total	40	100,0	100,0	

Confidentiality is another major issue in workplace HIV and AIDS management. It was worth noting that 36(90,0%) of the participants indicated that the policy was committed to confidentiality on HIV issues, while 1(2,5%) participant implied that the policy did not and 3(7,5%) participants indicated that they were not sure if the policy was committed to confidentiality on HIV issues. This was an indication that those 5% of participants were not clear of policy commitment.

4.2.19 Commitment to comply with applicable legal requirements

Table 4.2.19: A commitment to comply with applicable legal requirements

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	2,5	2,5	2,5
Agree	35	87,5	87,5	90,0
Not sure	4	10,0	10,0	100,0
Total	40	100,0	100,0	

The above table indicates that 35(87,5%) of the participants reported that the policy was committed to and complied with applicable legal requirements, while 1(2,5%) participant was not aware of the policy commitment and 4(10,0%) participants were unsure. This indicates that the policy was committed to comply with applicable HIV and AIDS legal requirements.

Summary of question 3

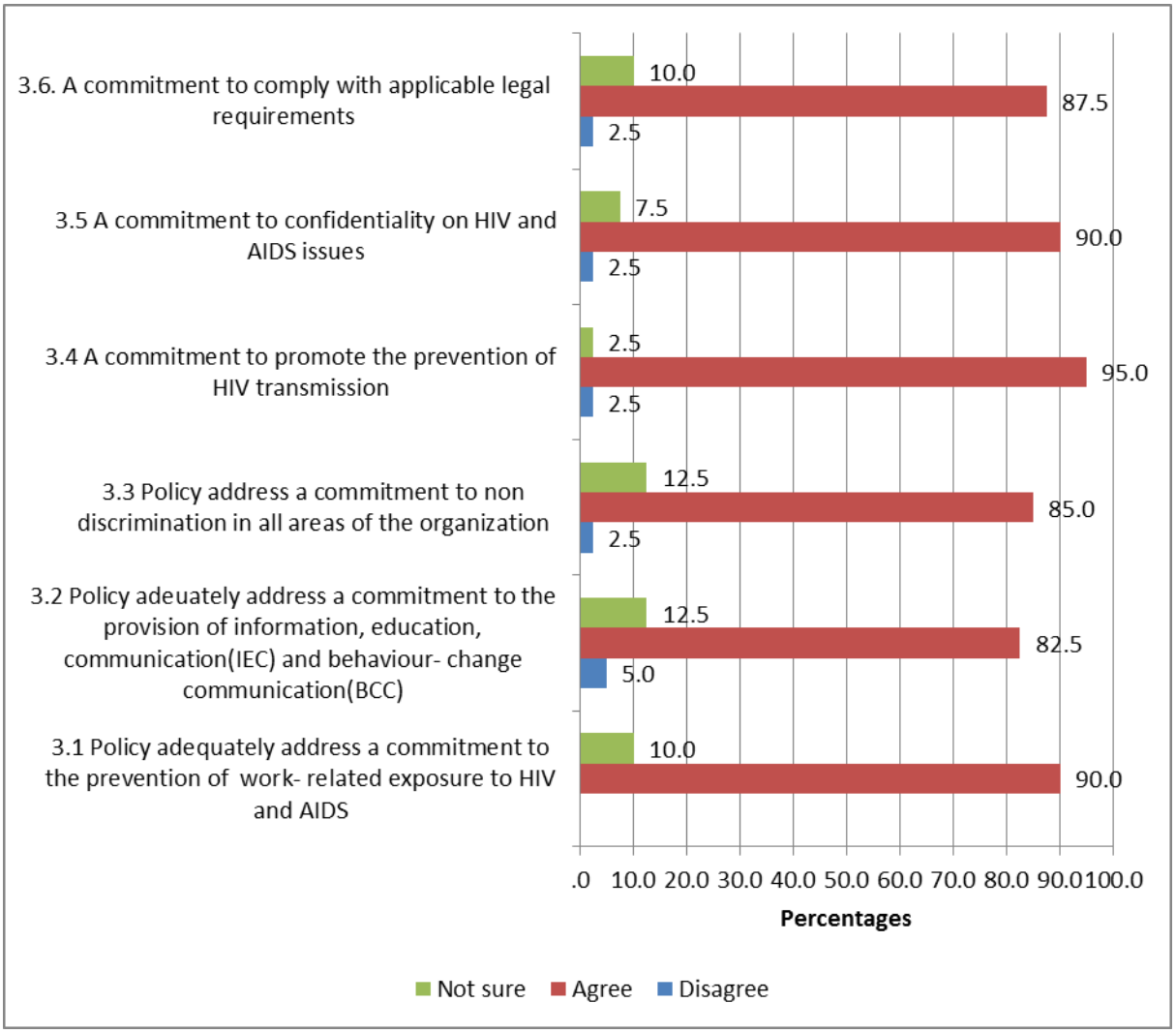

Figure 4.2.3: Summary of question 3

Analysis shows that for each question, response options were not chosen equally ($p<.0005$, for each case). Clearly, significantly more participants selected 'Agree' for all questions.

Question 4: HIV and AIDS: Managers' roles and responsibilities

4.2.20 Delegation of the General Manager by the CEO as the person responsible for HAMS

Table 4.2.20: THE General Manager (SHEC) is delegated by the CEO as the person responsible for HAMS

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	23	57,5	57,5	57,5
No	6	15,0	15,0	72,5
Not sure	11	27,5	27,5	100,0
Total	40	100,0	100,0	

On the question on HIV and AIDS roles and responsibilities, 23(57,5%) of 40 participants were aware that the General Manager was delegated by the CEO as the responsible person for HAMS, while 6(15,0%) participants were not aware and 11(27,5%) participants were unsure who the responsible person was. This indicates that roles and responsibility were not clearly understood by all the HAMS management team as 17(42,5%)=6(15,0%)+11(27,5%) participants were not aware of role structure.

4.2.21 Chairing of the HIV and AIDS Committee meetings

Table 4.2.21: The General Manager (SHEC) chairs the HIV and AIDS Committee meetings

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	19	47,5	47,5	47,5
No	6	15,0	15,0	62,5
Not sure	15	37,5	37,5	100,0
Total	40	100,0	100,0	

Out of 40 participants, 19(47,5%) participants were aware of SHEC manager as the chairperson for HIV and AIDS committee, while 6(15,0%) did not know who chaired the committee and 15(37,5%) participants were unsure. This indicates that the roles and responsibilities were unclear to more than half of participants.

4.2.22 The HIV and AIDS committee meetings

Table 4.2.22: The HIV and AIDS committee meets regularly to deliberate HIV and AIDS issues

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	26	65,0	65,0	65,0
No	6	15,0	15,0	80,0
Not sure	8	20,0	20,0	100,0
Total	40	100,0	100,0	

Of the 40 participants, 26(65,0%) participants were aware of the regular committee meetings to deliberate on HIV and AIDS issues, while 6(15,0%) were not aware of the regular committee meetings and 8(20,0%) participants were unsure. This indicates that majority of the participants were aware that committee meets regularly but 14(35,0%) participants were unaware of the regular committee meetings.

4.2.23 Co-ordination of the HAMS activities

Table 4.2.23: The Occupational Health Manager at the clinic co-ordinates the activities of HAMS

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	25	62,5	62,5	62,5
No	6	15,0	15,0	77,5
Not sure	9	22,5	22,5	100,0
Total	40	100,0	100,0	

Out of 40 participants, 25(62,5%) participants were aware that the Occupational Health Manager co-ordinated the activities of HAMS, while 6(15,0%) participants were not aware and 9(22,0%) participants were not sure. This indicates that significant number of HAMS team were not aware of who co-ordinated the HAMS within the company.

4.2.24 Peer educators meetings

Table 4.2.24: Peer educators meet regularly

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	27	67,5	67,5	67,5
No	8	20,0	20,0	87,5
Not sure	5	12,5	12,5	100,0
Total	40	100,0	100,0	

On the question on peer educators meeting, 27(67,5%) participants were aware of regular of the meetings, while 8(20,0%) participants indicated that there were no regular meetings and 5(12,5%) participants were unsure. This indicates that 13(32,5%) of the participants who were members of the HAMS team were not aware of peer educators regular meetings.

4.2.25 HIV and AIDS counselling and testing

Table 4.2.25: Nurses provide HIV and AIDS counselling and testing on a daily basis or at least regularly

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	33	82,5	82,5	82,5
No	6	15,0	15,0	97,5
Not sure	1	2,5	2,5	100,0
Total	40	100,0	100,0	

On the question on nurses' provision of HIV and AIDS counselling and testing, 33(82,5%) participants confirmed a daily or at least regularly counselling and testing at the workplace, while 6(15,0%) participants reported that there was no regular testing and 1(2,2%) were not sure. This was an indication that counselling and testing services were available on regular basis at workplace.

4.2.26 HIV and AIDS roles and responsibilities

Table 4.2.26: HIV and AIDS roles and responsibilities have been defined

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	26	65,0	65,0	65,0
No	6	15,0	15,0	80,0
Not sure	8	20,0	20,0	100,0
Total	40	100,0	100,0	

Of the 40 participants, 26(65,0%) indicated that HIV and AIDS roles and responsibilities were defined, while, 6(15,0%) participants indicated the roles and responsibilities were not defined and 8(20,0%) were not sure. This indicates that role and responsibilities were defined but unclear to some as 14(35,0%)=6(15,0%)+8(20,0%) articipants were unable to confirm this.

4.2.27 Documentation of the HIV and AIDS roles and responsibilities

Table 4.2.27: HIV and AIDS roles and responsibilities have been documented

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	29	72,5	72,5	72,5
No	5	12,5	12,5	85,0
Not sure	6	15,0	15,0	100,0
Total	40	100,0	100,0	

On documentation of roles and responsibilities, 29(72,5%) participants indicated presence of documentation of HIV and AIDS roles and responsibilities, while 5(12,5%) participants indicated that there was no documentation and 6(15,0%) participants were unsure if there were documents or not. This indicates there was documentation of HIV and AIDS roles and responsibilities but 11(27,5%)=5(12,5%)+6(15,0%) participants were not aware of these documents.

4.2.28 Communication of the HIV and AIDS roles and responsibilities

Table 4.2.28: HIV and AIDS roles and responsibilities have been communicated

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	28	70,0	70,0	70,0
No	6	15,0	15,0	85,0
Not sure	6	15,0	15,0	100,0
Total	40	100,0	100,0	

On communication of roles and responsibilities to employees, 28(70,0%) participants confirmed that these were communicated, while 6(15,0%) participants indicated that there was no communication and 6(15,0%) participants were unsure. This indicates there was relatively good communication of roles and responsibilities to employees.

Summary of question 4

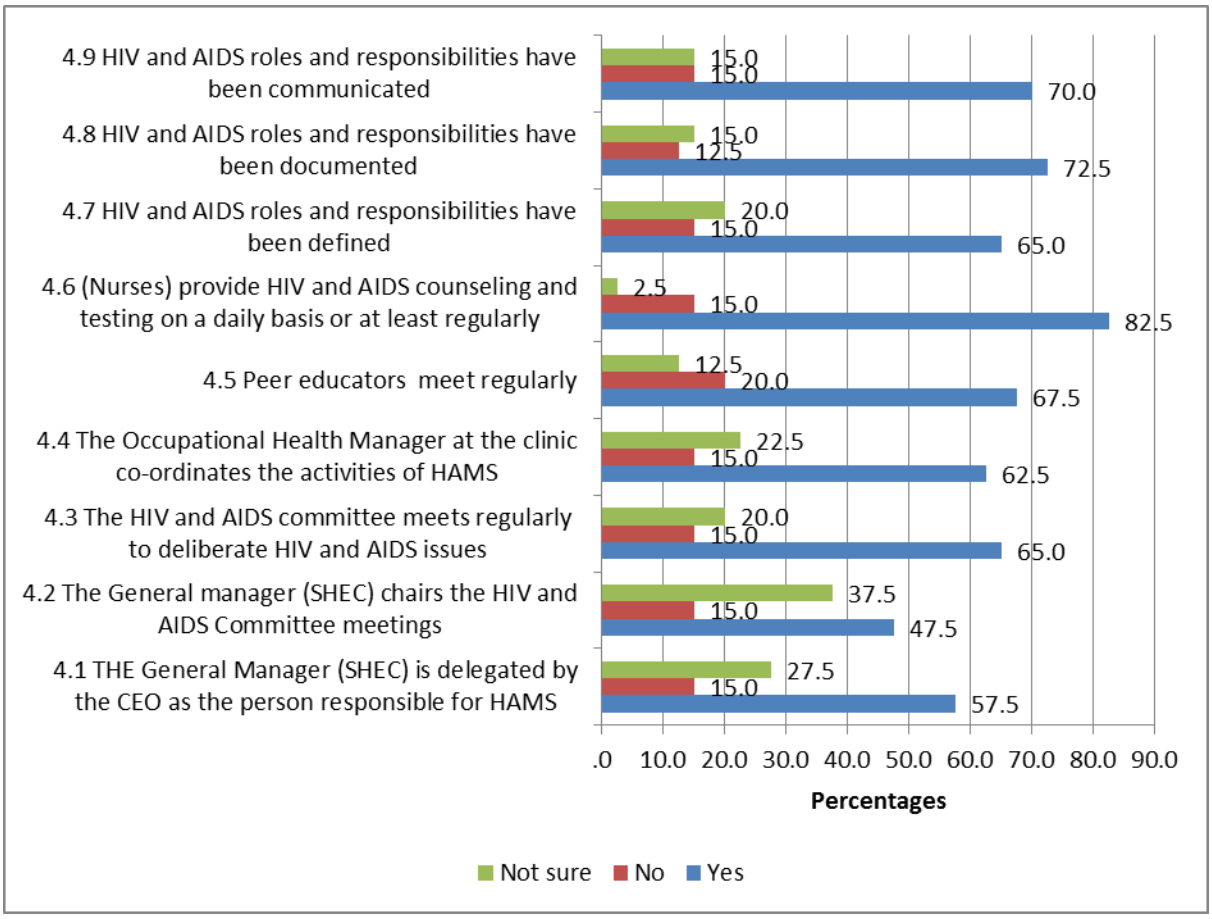

Figure.4.2.4: Summary of question 4

Analysis shows that for each question response options were not chosen equally. Significantly more participants selected 'Yes' for each of these questions, except Q4.2, where fewer than expected selected 'No'. The associated p-values are: 0.003 (4.1), 0.036 (4.2), <.0005 (4.3 – 4.9).

Question 5: Communication and availability of relevant documents

4.2.29 HIV and AIDS objectives and targets

Table 4.2.29: HIV and AIDS objectives and targets exist

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	21	52,5	52,5	52,5
No	7	17,5	17,5	70,0
Not sure	12	30,0	30,0	100,0
Total	40	100,0	100,0	

Of the 40 participants, 21(52,5%) confirmed the existence of HIV and AIDS objectives and targets, while 7(17,5%) participants indicated that there were no objectives and targets and 12(30,0%) participants were unsure. This indicates that almost half of the participants' management team were not aware of objectives and target.

4.2.30 Availability of documents at points of use

Table 4.2.30: Relevant versions of applicable documents are readily available at points of use

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	20	50,0	50,0	50,0
No	4	10,0	10,0	60,0
Not sure	16	40,0	40,0	100,0
Total	40	100,0	100,0	

Of the 40 participants, 20(50,0%) confirmed that the documents were readily available at point of use, while 4(10,0%) indicated unavailability of the documents and 16(40,0%) participants were not sure. This means that half of participants did not agree that the documents were readily available and these were members of management team who are expected to ensure the availability of these records.

4.2.31 Communication of relevant information on legal and other requirements

Table 4.2.31: Relevant information on legal and other requirements are communicated to employees

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	21	52,5	52,5	52,5
No	8	20,0	20,0	72,5
Not sure	11	27,5	27,5	100,0
Total	40	100,0	100,0	

Out of the total participants, 21(52,5%) of participants indicated that relevant information on legal and other requirements were communicated to employees while 8(20,0%) participant indicated that there was no communication and 11(27,5%) were unsure. This indicates that information on legal and other requirements were not properly understood or communicated to all employees.

4.2.32 Availability of an action plan from annual strategic and operational planning

Table 4.2.32: An action plan from annual strategic and operational planning is readily available

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	14	35,0	35,0	35,0
No	7	17,5	17,5	52,5
Not sure	19	47,5	47,5	100,0
Total	40	100,0	100,0	

Of the participants, 14(35,0%) indicated that there was availability of an action plan from annual strategic and operational planning and was readily available, while 7(17,5%) participants indicated that the action plan was not available and 19(47,5%) participants were unsure. This indicates that 26(65,0%)=7(17,5%)+19(47,5%) of participants were not aware of any action plan.

4.2.33 Availability of the HIV and AIDS targets and objectives

Table 4.2.33: HIV and AIDS targets and objectives and success criteria are readily available

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	19	47,5	47,5	47,5
	No	7	17,5	17,5	65,0
	Not sure	14	35,0	35,0	100,0
	Total	40	100,0	100,0	

Of the 40 participants, 19(47,5%) indicated that HIV and AIDS targets and objectives and success criteria were available, while 7(17,5%) indicated that it was not available and 14(35,0%) were not aware of the document. This indicates that majority of the HIV management team were not aware of the document.

4.2.34 Communication of the HIV and AIDS Policy

Table 4.2.34: The HIV and AIDS Policy is communicated to all employees

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	31	77.5	77,5	77,5
No	8	20.0	20,0	97,5
Not sure	1	2.5	2,5	100,0
Total	40	100.0	100,0	

On policy communication to all employees, 31(77,5%) of participants confirmed that policy was communicated to all employees, while 8(20,0%) indicated that there was no communication and only 1(2,5%) participant was not sure. This indicates that the policy was communicated but, for communication to be effective all participants should confirm communication to all employees.

Summary of question 5

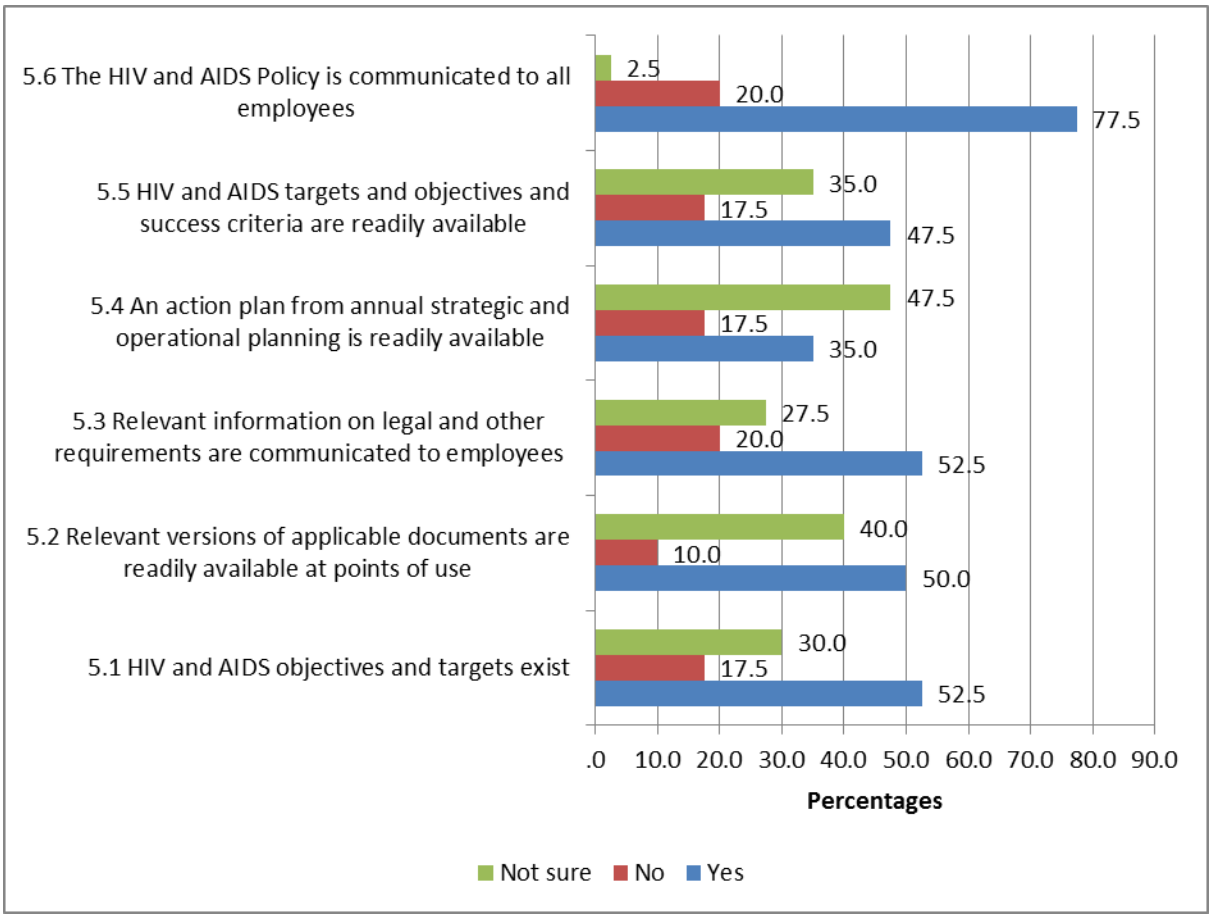

Figure 4.2.5: Summary of question 5

Analysis shows that for each question, except Q5.4 and Q5.5, response options were not chosen equally. Significantly more participants selected 'Yes' for questions 5.1, 5.3 and 5.6. For Q5.2 fewer than expected selected 'No'. The associated p-values are: 0.023 (5.1), 0.006 (5.2), 0.031 (5.3) and <.0005 (5.6).

Question 6: Within the company, there is adequate availability of the following:

4.2.35 Availability of general information, education and communication about HIV and AIDS

Table 4.2.35: General information, education and communication about HIV and AIDS to all employees

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	2	5,0	5,0	5,0
Agree	38	95,0	95,0	100,0
Total	40	100,0	100,0	

Of the 40 participants, 38(95,0%) confirmed adequate availability of general IEC about HIV and AIDS to all employees, while only 2(5,0%) indicated inadequate availability. This was very good indication that IEC was communicated to all employees

4.2.36 Availability of condoms

Table 4.2.36: Condoms for every worker at all times

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	2,5	2,5	2,5
Agree	37	92,5	92,5	95,0
Not sure	2	5,0	5,0	100,0
Total	40	100,0	100,0	

Regarding condoms availability to all employees, 37(92,5%) of the participants indicated that condoms were available, while only 1(2,5%) participant indicated that they were not available and 2(5,0%) participants were not sure. This is an indication that condoms were available for all workers.

4.2.37 Counselling of HIV positive employees

Table 4.2.37: Counselling of HIV positive employees

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	2,5	2,5	2,5
Agree	38	95,0	95,0	97,5
Not sure	1	2,5	2,5	100,0
Total	40	100,0	100,0	

Of the participants, 38(95,0%) confirmed counselling for all HIV positive employees, while only 1(2,5%) indicated that there was no counselling available and only 1(2,5%) participant was not sure. This was another very good indication that counselling was available for HIV positive employees.

4.2.38 Regular testing for HIV

Table 4.2.38: Regular testing for HIV

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	2	5,0	5,0	5,0
Agree	38	95,0	95,0	100,0
Total	40	100,0	100,0	

Out of 40 participants, 38(95,0%) confirmed regular testing for HIV available at workplace, while 2(5,0%)of participants indicated that there was no regular testing. This indicates a very good effort to encourage testing as this is only entrance to HIV and AIDS management.

4.2.39 Facilities for the diagnosis and treatment of HIV and AIDS

Table 4.2.39: Facilities for the diagnosis and treatment of HIV and AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	3	7,5	7,5	7,5
Agree	33	82,5	82,5	90,0
Not sure	4	10,0	10,0	100,0
Total	40	100,0	100,0	

On the facilities for diagnosis and treatment of HIV and AIDS, 33(82,5%) of participants indicated presence of facilities at workplace, while 3(7,5%) indicated that there were no facilities, and 4(10,0%) were unsure. This indicates that there were facilities within the workplace for diagnosis and treatment of HIV and AIDS.

4.2.40 Care and support

Table 4.2.40: Care and support from the company for employees with HIV and AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	2,5	2,5	2,5
Agree	34	85,0	85,0	87,5
Not sure	5	12,5	12,5	100,0
Total	40	100,0	100,0	

Out of 40 participants, 34(85,0%) confirmed care and support from the company for employees with HIV and AIDS, while only1(2,5%) participant indicated that there was no care and support and 5(12,5%) were not sure. This indicates that there were care and support from the company for employees with HIV and AIDS.

4.2.41 Community assistance

Table 4.2.41: Community assistance in respect of HIV and AIDS through corporate social investment

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	4	10,0	10,0	10,0
Agree	28	70,0	70,0	80,0
Not sure	8	20,0	20,0	100,0
Total	40	100,0	100,0	

Out of 40 participants, 28(70,0%) indicated that there were community assistance through corporate social investment, while 4(10,0%) indicated that there was no assistance and 8(20,0%) participants were unsure. This indicates that there was community assistance in respect of HIV and AIDS.

4.2.42 Assistance following accidental exposure to HIV infection

Table 4.2.42: Immediate assistance following accidental exposure to HIV infection

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	2	5,0	5,0	5,0
Agree	25	62,5	62,5	67,5
Not sure	13	32,5	32,5	100,0
Total	40	100,0	100,0	

Out of 40 participants, 25(62,5%) indicated that there was immediate assistance available following accidental exposure to HIV infection, while 2(5,0%) indicated that there was no immediate assistance available and 13(32,5%) were unsure. This indicates that there was immediate assistance available but not employees were aware of it.

4.2.43 Post exposure prophylaxis (PEP) treatment

Table 4.2.43: Post exposure prophylaxis (PEP) treatment in the event of accidental exposure of an employee

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	2	5,0	5,0	5,0
Agree	27	67,5	67,5	72,5
Not sure	11	27,5	27,5	100,0
Total	40	100,0	100,0	

On availability of treatment in the event of accidental exposure of an employee to HIV, 27(67,5%) of participants indicated availability, while 2(5,0%) indicated that there was no treatment post exposure available and 11(27,5%) were not sure. This indicates that there was availability of post exposure prophylaxis but very significant numbers of participants management team 13(32,5%) were not aware.

4.2.44 Treatment of minor illness on a daily basis

Table 4.2.44: Treatment of minor illness on a daily basis

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	3	7,5	7,5	7,5
Agree	37	92,5	92,5	100,0
Total	40	100,0	100,0	

Out of 40 participants, 37(92,5%) confirmed that there was treatment of minor illness on a daily basis at workplace, while 3(7,5%) participants indicated that there was no treatment on daily basis. This indicates that there was treatment on daily basis. This is best practice to deal with HIV and AIDS related issues.

Summary of question 6

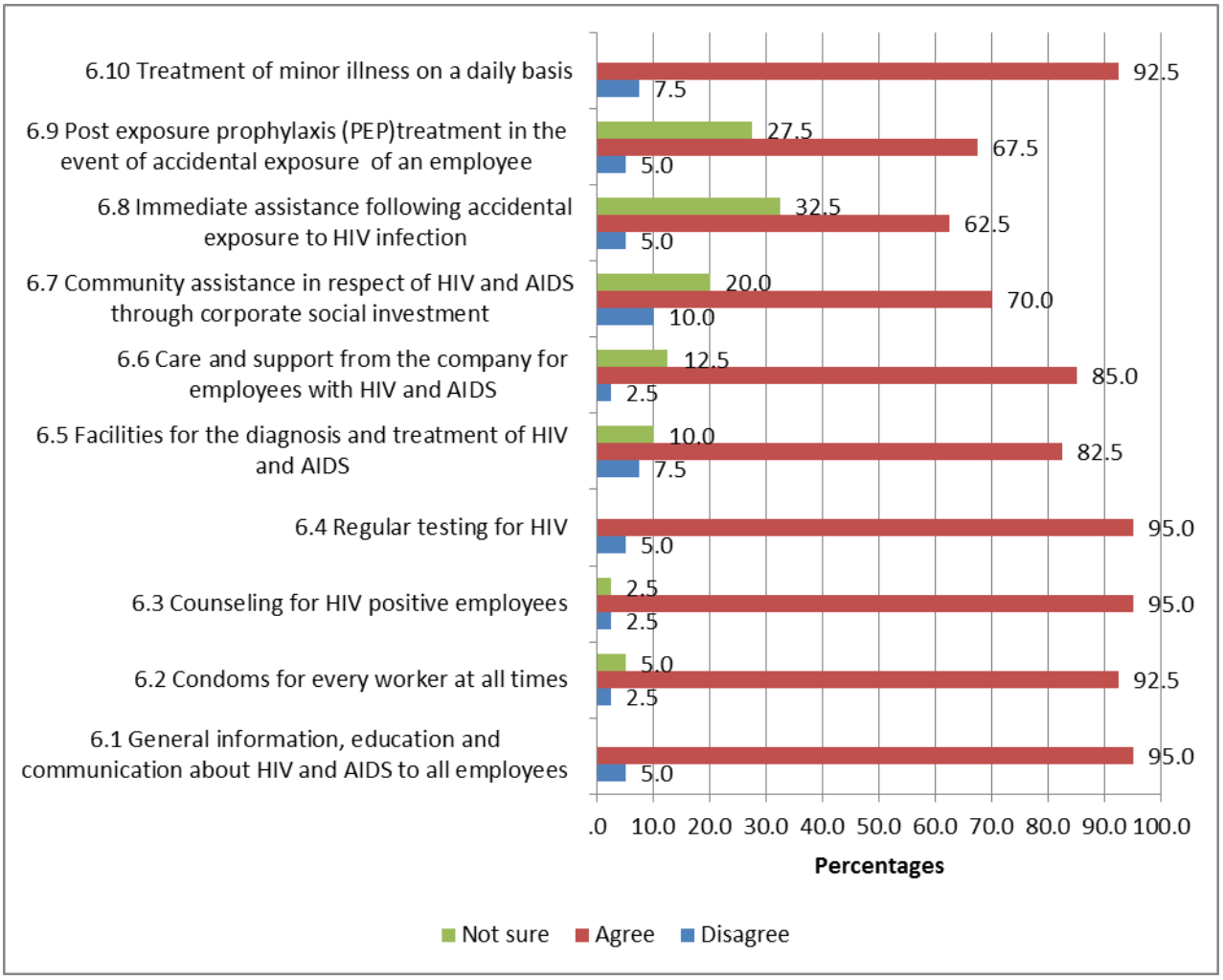

Figure 4.2.6: Summary of question 6

Analysis shows that for each question, response options were not chosen equally ($p<.0005$, for each case). Clearly, significantly more participants selected 'Agree' for all questions.

Question 7: Adequate training with respect to HIV and AIDS in the following areas:

4.2.45 Awareness education for employees

Table 4.2.45: Continuous awareness education for employees

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	2,5	2,5	2,5
Agree	36	90,0	90,0	92,5
Not sure	3	7,5	7,5	100,0
Total	40	100,0	100,0	

On continuous awareness of HIV and AIDS education for all employees, 36(90,0%) of participants confirmed continuous awareness education, while only 1(2,5%) participant indicated that there was no continuous awareness education and 3(7,5%) participants were unsure. This indicates that awareness education was in place.

4.2.46 Training for Managers on HIV and AIDS management

Table 4.2.46: Training for Managers on HIV and AIDS management

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	5	12,5	12,5	12,5
Agree	26	65,0	65,0	77,5
Not sure	9	22,5	22,5	100,0
Total	40	100,0	100,0	

Out of 40 participants, 26(65,0%) indicated that there was training for managers on HIV and AIDS, while 5(12,5%) indicated that there was no training, and 9(22,5%) participants were unsure. This indicates that there was training, but the nature and frequency of training need to be established.

4.2.47 Training for peer educators

Table 4.2.47: Training for peer educators

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	3	7,5	7,5	7,5
Agree	34	85,0	85,0	92,5
Not sure	3	7,5	7,5	100,0
Total	40	100,0	100,0	

Out of 40 participants, 34(85,0%) confirmed that there was training for peer educators, while 3(7,5%) indicated that there was no training, and 3(7,5%) of the participants were unsure. This indicates that there was training as majority confirmed.

4.2.48 Training for HIV and AIDS committee members

Table 4.2.48: Training for HIV and AIDS committee members

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	2	5,0	5,0	5,0
Agree	33	82,5	82,5	87,5
Not sure	5	12,5	12,5	100,0
Total	40	100,0	100,0	

Out of 40 participants, 33(82,5%) confirmed that the HIV and AIDS committee members were trained, while 2(5,0%) indicated that there was no training and 5(12,5%) participants were not sure. This indicates that they were trained. The content of training, when last they were trained could not be determined by the question.

4.2.49 Training for Occupational Health Nurses

Table 4.2.49: Training for Occupational Health Nurses

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	2,5	2,5	2,5
Agree	33	82,5	82,5	85,0
Not sure	6	15,0	15,0	100,0
Total	40	100,0	100,0	

Out of 40 participants, 33(82,5%) were of the opinion that the occupational health nurses were trained, while 1(2,5%) indicated that there was no training and 6(15,0%) participants were unsure. This indicates that the majority of the participants believed the nurses were trained. This was good indication that they trust the services rendered by the nurses as this was the only way for them to evaluate whether they were trained or not. It is of important to confirm from nurses the nature of HIV training they had.

4.2.50 Training of first aiders

Table 4.2.50: Training of first aiders in dealing with HIV infection prevention, care and management

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	6	15,0	15,0	15,0
Agree	30	75,0	75,0	90,0
Not sure	4	10,0	10,0	100,0
Total	40	100,0	100,0	

Out of 40 participants, 30(75,0%) confirmed that the first aiders were trained in dealing with HIV infection, prevention, care and management, while 6(15,0%) indicated that they were not trained and 4(10,0%) were unsure. This indicates that first aiders were trained in dealing with HIV infection prevention, care and management.

Summary of question 7

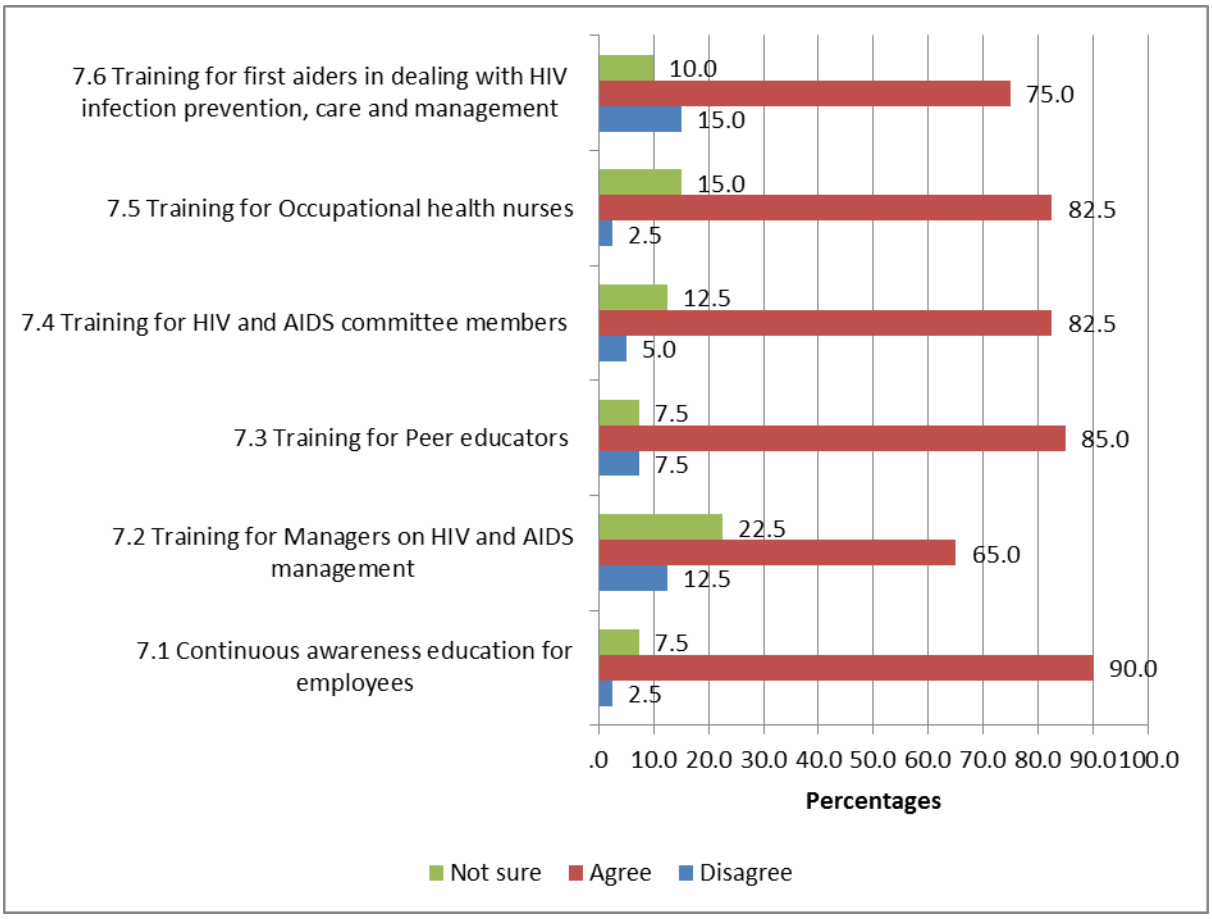

Figure 4.2.7: Summary of question 7

Analysis shows that for each question, response options were not chosen equally ($p<.0005$, for each case). Clearly, significantly more participants selected 'Agree' for all questions.

Question 8: Adequate monitoring and evaluation is evident by the following processes:

4.2.51 Periodic review of the HIV and AIDS Policy document

Table 4.2.51: Periodic review of the HIV and AIDS Policy document

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	2,5	2,5	2,5
Agree	21	52,5	52,5	55,0
Not sure	18	45,0	45,0	100,0
Total	40	100,0	100,0	

On adequate monitoring and evaluation evident, 21(52,5%) of participants indicated that there was periodic review of the HIV and AIDS Policy document, while 1(2,5%) indicated that there was no periodic review, and 18(45,0%) participants were unsure. This indicates that there was periodic review but the number of participants who were unsure 18(45,0%) was an indication that periodic review was uncertain. Those participants who indicated review may had generalized or assumed since the policy and procedures in the company were all subject to review periodically. Examination of the HIV and AIDS policy is necessary to confirm the review.

4.2.52 Commitment to continuous improvement regarding HIV and AIDS management

Table 4.2.52: Commitment to continuous improvement regarding HIV and AIDS management

	Frequency	Percent	Valid Percent	Cumulative Percent
Agree	32	80,0	80,0	80,0
Not sure	8	20,0	20,0	100,0
Total	40	100,0	100,0	

Out of 40 participants, 32(80,0%) indicated that there was continuous improvement regarding HIV and AIDS management, and 8(20,0%) were unsure. This indicates that there was commitment to continuous improvement to HIV and AIDS management.

4.2.53 Internal audits on HIV and AIDS management

Table 4.2.53: Internal audits on HIV and AIDS management

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	7	17,5	17,5	17,5
Agree	16	40,0	40,0	57,5
Not sure	17	42,5	42,5	100,0
Total	40	100,0	100,0	

On the internal audits, 16(40,0%) of participants, indicated that there were internal audits on HAMS, while 7(17,5%) indicated that there was no internal audit and 17(42,5%) participants were unsure. This was an indication that majority of HAMS team 24(60,0%)=7(17,5%)+17(42,5%) were not aware of internal audit. This indicates no internal audits. This need to be verify from HAMS co-ordinator.

4.2.54 External audits on HIV and AIDS management

Table 4.2.54: External audits on HIV and AIDS management

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	3	7,5	7,5	7,5
Agree	13	32,5	32,5	40,0
Not sure	24	60,0	60,0	100,0
Total	40	100,0	100,0	

The results revealed that 13(32,5%) reported that there were external audits on HAMS, while 3(7,5%) indicated that there was no external audit and 24(60,0%) participants were not sure. This indicates that majority of participants 27(67,5%)=3(7,5%)+24(60,0%) could not confirm any external audit on HAMS.

4.2.55 Keeping of HIV and AIDS records and documents

Table 4.2.55: HIV and AIDS records and documents are kept up to date

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	1	2,5	2,5	2,5
	Agree	27	67,5	67,5	70,0
	Not sure	12	30,0	30,0	100,0
	Total	40	100,0	100,0	

Of the 40 participants, 27(67,5%) indicated that HAMS records were kept up to date, while only 1(2,5%) participant indicated that records were not kept up to date and 12(30,0%) participants were not sure. This was evidence that HAMS records and documents were kept up to date.

4.2.56 Periodic review of HIV and AIDS management

Table 4.2.56 Periodic review of HIV and AIDS management

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	3	7,5	7,5	7,5
Agree	26	65,0	65,0	72,5
Not sure	11	27,5	27,5	100,0
Total	40	100,0	100,0	

On the question on the periodic review of HAMS, 26(65,0%) confirmed that there were periodic review of HAMS, while 3(7,5%) indicated that there was no periodic review and 11(27,5%) of the participants were not sure. This was an indication that there was periodic review of HAMS.

4.2.57 Action against non-conformities

Table 4.2.57: Relevant corrective actions against non-conformities

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	1	2,5	2,5	2,5
Agree	22	55,0	55,0	57,5
Not sure	17	42,5	42,5	100,0
Total	40	100,0	100,0	

Of the 40 participants, 21(52,5%) indicated that relevant corrective actions were taken against non-conformities to HAMS, while 1(2,5%) indicated that there was no relevant corrective action, and 17(42,5%) of the participants were not sure. This was an indication that there was corrective action but it is also worth noting that 18(45,0%)=1(2,5%)+17(42,5%) of the participants were unaware or not sure if there were corrective actions that were put in place.

4.2.58 Periodic review of success criteria, objectives and project plan targets

Table 4.2.58: Periodic review of success criteria, objectives and project plan targets

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	2	5,0	5,0	5,0
Agree	21	52,5	52,5	57,5
Not sure	17	42,5	42,5	100,0
Total	40	100,0	100,0	

Of the 40 participants, 21(52,5%) confirmed that there was periodic review of success criteria, objectives and project plan targets, while 2(5,0%)did not agree with this, and 17(42,5%) of the participants were unsure. This was an indication that there was a periodic review but almost half of participants 19(47,5%)=2(5,0%)+17(42,5%) were not aware or not sure if the periodic review of success criteria, objectives and project plan was available.

Summary of question 8

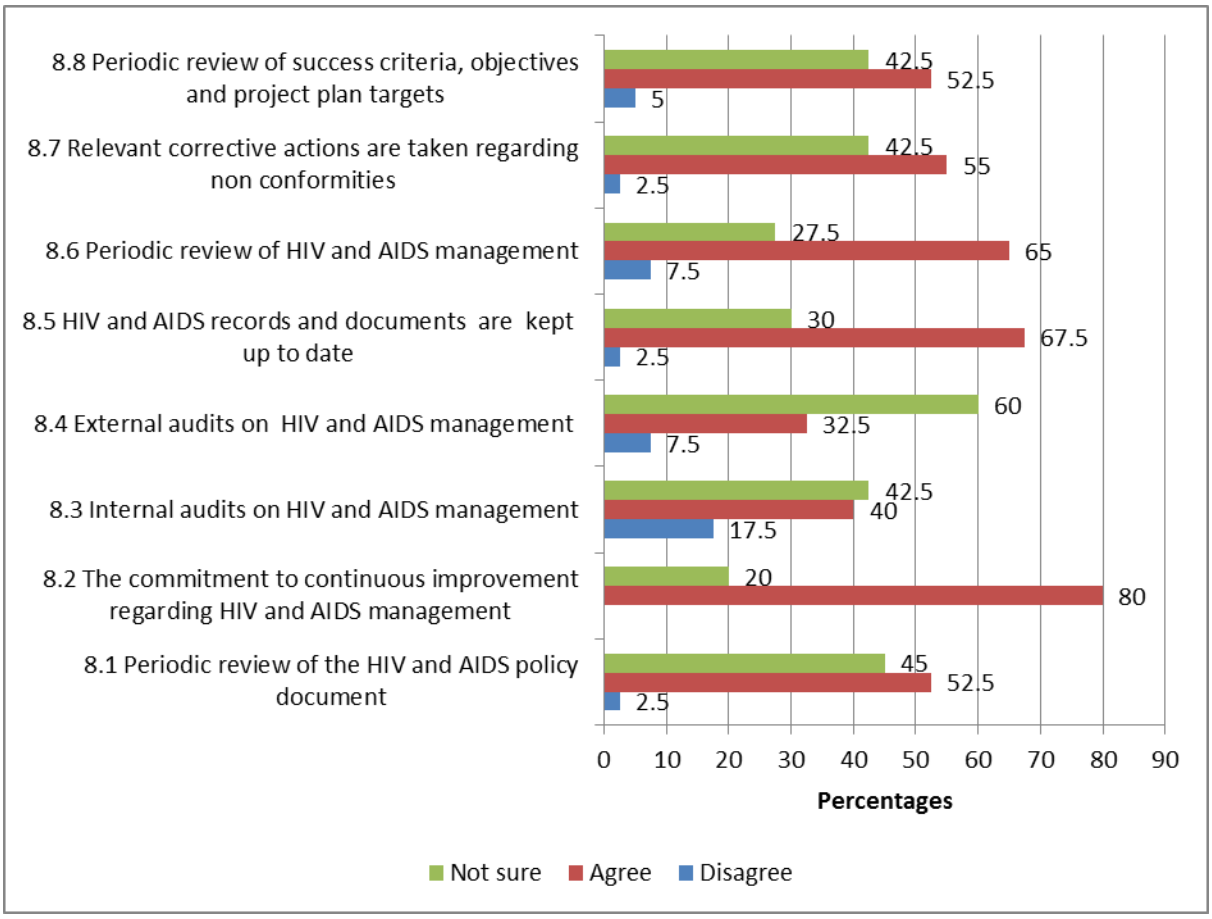

Figure 4.2.8: Summary of question 8

Analysis shows that for each question, except Q8.3, response options were not chosen equally. Significantly more participants selected 'Agree' for questions 8.2, 8.5 and 8.6. For Q8.4 more than expected selected 'Not sure'. For questions 8.1, 8.7 and 8.8, fewer than expected selected 'Disagree'. The associated p-values are: 0.001 (8.8) and <.0005 (8.1, 8.2, 8.4 – 8.7).

Demographics

4.2.59 Gender

Table 4.2.59: Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	22	55,0	55,0	55,0
Female	18	45,0	45,0	100,0
Total	40	100,0	10,0	

Of the 40 participants, 22(55,0%) were males, while the rest of the participants 18(45,0%) were females. Almost equal number of females to males was a reflection of the company's gender ratio but a reflection of ratio within the HAMS.

4.2.60 Role played in HAMS

Table 4.2.60: Role played in HAMS

	Frequency	Percent	Valid Percent	Cumulative Percent
General Manager	1	2,5	2,5	2,5
Occupational Health Manager	1	2,5	2,5	5,0
HIV and AIDS committee member	7	17,5	17,5	22,5
Peer educator	8	20,0	20,0	42,5
SHE representative	11	27,5	27,5	70,0
First aider	6	15,0	15,0	85,0
Occupational Health Nurse	2	5,0	5,0	90,0
Union Representative	4	10,0	10,0	100,0
Total	40	100,0	100,0	

The table above indicates that key position holders were fully represented in HAMS as prescribed by SANS 16001. According to SANS 16001, top management shall appoint one or more management representatives who, irrespective of other responsibilities, shall have defined roles, responsibilities and authority for management of HAMS. The General Manager (HSEC) was delegated by CEO to manage HAMS. The OHM was delegated by GM (HSEC) to run the activities of HAMS ((Standards South Africa, 2007).

4.2.61 Period of employment

Table 4.2.61: Period of employment

	Frequency	Percent	Valid Percent	Cumulative Percent
1 - 5 years	24	60,0	60,0	60,0
6 - 10 years	8	20,0	20,0	80,0
11 - 15 years	2	5,0	5,0	85,0
16 - 20 years	1	2,5	2,5	87,5
> 20 years	5	12,5	12,5	100,0
Total	40	100,0	100,0	

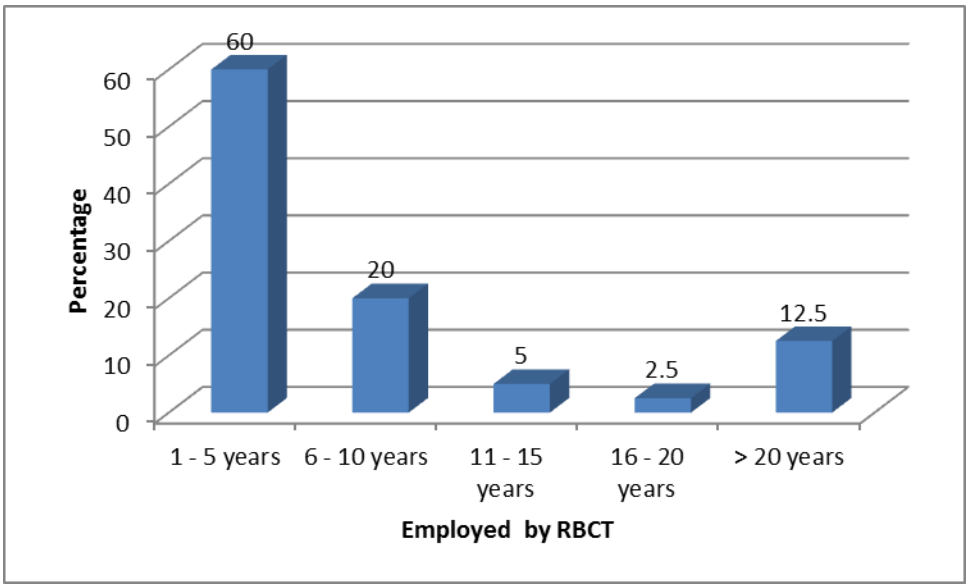

Figure 4.2.9: Period of employment

Of the 40 participants, 24 (60,0%) were within five years of employment, 8 (20,0%) were in employment between six to ten years , 5 (12,5%) had been in employment for over twenty years. Three participants had been in employment between eleven to twenty years.

4.3 THE RESULTS OF THE GENERAL WORKFORCE

Question 1: General awareness of HIV and AIDS in the workplace

4.3.1 Clinic awareness of HIV status

Table 4.3.1: Workplace clinic awareness of HIV status

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	90	86,5	86,5	86,5
No	11	10,6	10,6	97,1
Not sure	3	2,9	2,9	100,0
Total	104	100,0	100,0	

According to the result, 104 general workforce employees responded to question on clinic awareness of their individual HIV status. The majority 90(86,5%) of the participants indicated that the clinic was aware of their HIV status. However, 11(10, 6%) indicated that the clinic was not aware of their status and 3(2,9%) of the participants were not sure. This indicates that the majority of employees were tested at the onsite clinic with the HIV result known to the clinic staff.

4.3.2 Access to HIV and AIDS management at workplace

Table 4.3.2: Access to HIV AIDS management at work

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	81	77,9	77,9	77,9
No	10	9,6	9,6	87,5
Not sure	13	12,5	12,5	100,0
Total	104	100,0	100,0	

From table 4.2, out of 104 general workforce, 81(77,9%) employees had access to HIV and AIDS management team/process in the workplace. Another 10(9,6%) of the participants had no access to HIV management at workplace, while the rest 13(12, 5%) could not indicate if they had any access or not. This was good indication that there was access to HIV and AIDS management in the workplace. The employees who indicated no access, coupled with those that were not sure of access could be those that did not avail themselves for counselling and testing at the clinic. An issue of treatment accessibility is one of the key issues of discussion during counselling.

4.3.3 Availability of the company policy on HIV and AIDS

Table 4.3.3 Company has a policy on HIV and AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	98	94,2	94,2	94,2
No	2	1,9	1,9	96,2
Not sure	4	3,8	3,8	100,0
Total	104	100,0	100,0	

The majority of the participants 98(94,2%) were aware of the HIV and AIDS policy, while 2(1,9%) participants reported that they were not aware of the policy. Few participants 4(3,8%) were not sure of the presence of HIV policy. This was a good indication of presence of HIV policy but there was still significant numbers (5,7%) of 104 employees that were not aware of the policy.

4.3.4 Display of the HIV and AIDS policy

Table 4.3.4: The HIV and AIDS policy is displayed for all employees to see

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	89	85,6	85,6	85,6
No	5	4,8	4,8	90,4
Not sure	10	9,6	9,6	100,0
Total	104	100,0	100,0	

The results of the study revealed that 89(85,6%) of 104 employees were aware of policy displayed for all to see, whereas 5(4,8%) and 10(9,6%) indicated lack of knowledge and not sure respectively. This was in line with question 4.2.3 on company policy on HIV and AIDS. This mean a total of 15% of 104 employees was unaware of HIV and AIDS policy.

4.3.5 Awareness of HIV and AIDS procedure in the workplace

Table 4.3.5: Aware of HIV and AIDS procedures in workplace

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	88	84,6	84,6	84,6
No	8	7,7	7,7	92,3
Not sure	8	7,7	7,7	100,0
Total	104	100,0	100,0	

Out of 104 employees that responded to the question, 88(84,6%) reported that they were aware of HIV and AIDS policy in workplace and 8(7,7%) participants stated that they were not aware of the procedure and 8(7,7%) participants were not sure of the procedure. This indicates that there was a procedure in place but not all participants were aware of the procedure.

4.3.6 Involvement of the employees in the development and review of HIV and AIDS policy and procedure

Table 4.3.6 Involvement of employees in development and review of HIV and AIDS policy and procedures

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	57	54,8	54,8	54,8
No	11	10,6	10,6	65,4
Not sure	36	34,6	34,6	100,0
Total	104	100,0	100,0	

Out of 104 employees, 57 (54, 8%) indicated that employees were involved in the development and review of HIV and AIDS policy and procedure whereas 11(10,6%) indicated that there was no involvement of employees and 36(34,6%) were not sure. This indicates that on the average, 47(45,2%)=11(10,6%)+36(34,6%) of the participants were not aware of employees' involvement in policy and procedure formation and review.

4.3.7 Representation of the employees in HIV and AIDS-related occupational health matters and decision making

Table 4.3.7: Employees' representation in HIV and AIDS-related occupational health matters and decision making

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	63	60,6	60,6	60,6
No	9	8,7	8,7	69,2
Not sure	32	30,8	30,8	100,0
Total	104	100,0	100,0	

Of the participants, 63(60,6%) agreed as being represented in HIV and AIDS-related occupational health matters and decision making and , 9(8,7%) participants did not agree to employees' representation and 32(30,8%) were not sure. This indicates that there was no proper feedback to employees by their representatives.

Summary of Question 1

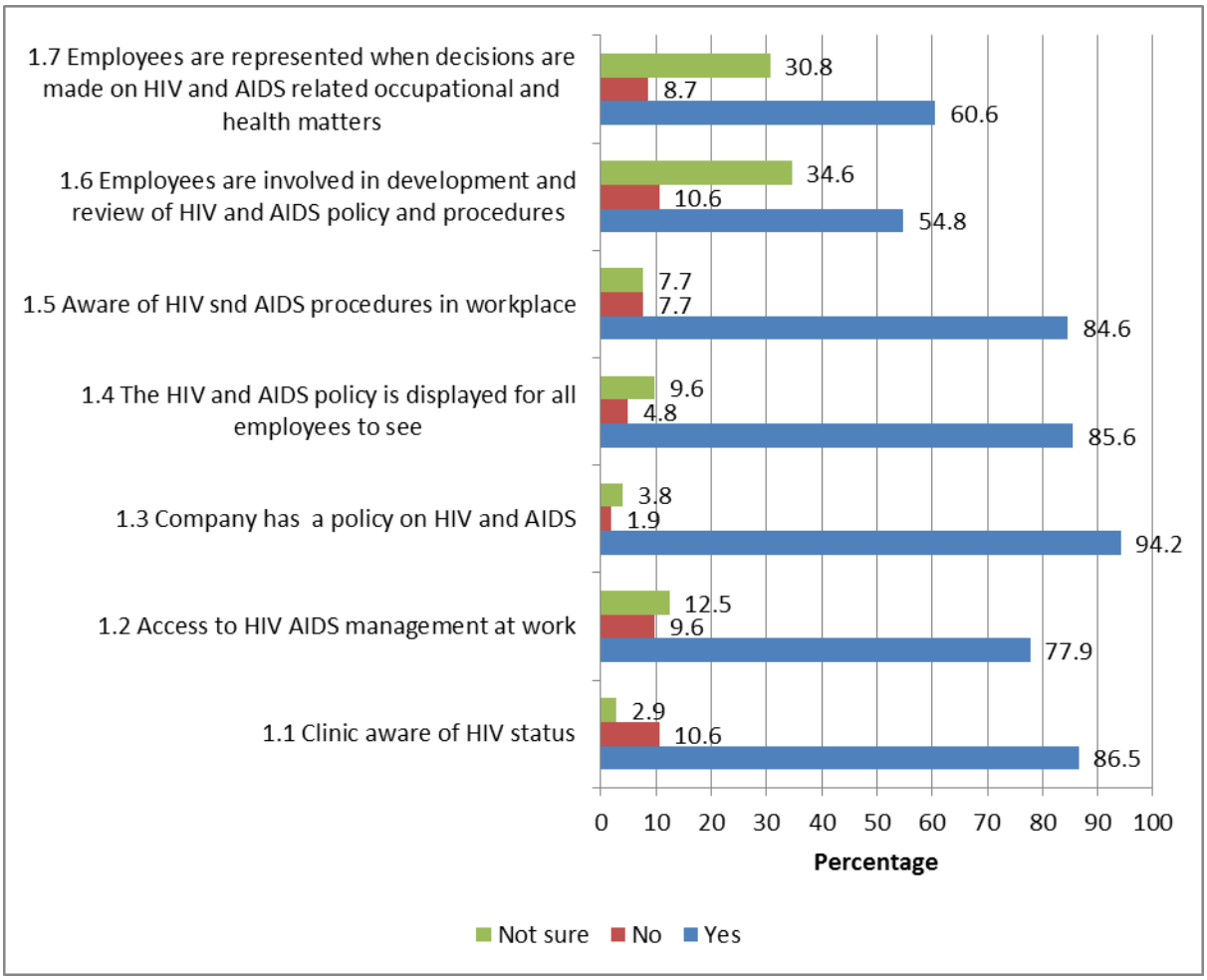

Figure 4.3.1: Summary of Question 1

Analysis shows that for each question, response options are not chosen equally ($p<.0005$, for each case). Clearly, significantly more participants selected 'Yes' for all questions

Question 2: Company involvement in HIV and AIDS

4.3.8 Adequate measures to prevent work-related exposure to HIV and AIDS

Table 4.3.8: Adequate measures to prevent work-related exposure to HIV and AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	16	15,4	15,4	15,4
Agree	67	64,4	64,4	79,8
Not sure	21	20,2	20,2	100,0
Total	104	100,0	100,0	

The majority of the participants 67(64, 4%) confirmed that there were adequate measures in place to prevent work-related exposure to HIV and AIDS. Only 16 (15, 4%) participants could not confirm the availability of these measures and 21(20,2%) were not sure. It is worth noting that 37(36,6%)=16(15,4%)+21(20,2%) of the participants were not aware of the measures to prevent work related exposure to HIV, and this is an area of concern that indicate the need for the HIV awareness programmes.

4.3.9 Provision of adequate information, education, communication (IEC) and behavior change communication (BCC) regarding HIV and AIDS

Table 4.3.9: Providing adequate information, education, communication (IEC) and behavior change communication (BCC) regarding HIV and AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	16	15,4	15,4	15,4
Agree	74	71,2	71,2	86,5
Not sure	14	13,5	13,5	100,0
Total	104	100,0	100,0	

A total of 104 participants, 74(71,2%) indicated that there was adequate information, education, communications and behavior change regarding HIV and AIDS as being provided by the company. On the other hand, 16(15,4%) participants were of the opinion the opinion that there was inadequate IEC and 14(13,5%) were unsure. Although there was evidence of adequate IEC and BCC, however, 30(28,9%)=16(15,4%)+14(13,5%) of the participants who disagreed and not sure respectively is an area of concern.

4.3.10 Non-discrimination against HIV and AIDS

Table 4.3.10: Non-discrimination against HIV and AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	17	16,3	16,3	16,3
	Agree	67	64,4	64,4	80,8
	Not sure	20	19,2	19,2	100,0
	Total	104	100,0	100,0	

Out of 104 employees who responded to this question, 67(64,4%) were in support of non-discrimination whereas 17(16,3%) and 20(19,2%) were not in agreement and unsure respectively. The reason for the negative response could not be ascertained by this questionnaire.

4.3.11 Communication/promotion regarding the prevention of HIV transmission

Table 4.3.11: Promoting the prevention of HIV transmission through communication

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	18	17,3	17,3	17,3
Agree	75	72,1	72,1	89,4
Not sure	11	10,6	10,6	100,0
Total	104	100,0	100,0	

Of the total participants, 75(72,1%) were of the opinion that adequate communication was promoted regarding the prevention of HIV transmission whereas 18(17,3%) and 11(10,6%) indicated there was inadequate communication.

4.3.12 Confidentiality on HIV and AIDS issues

Table4.3.12: Confidentiality on HIV and AIDS issues

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	16	15,4	15,4	15,4
Agree	77	74,0	74,0	89,4
Not sure	11	10,6	10,6	100,0
Total	104	100,0	100,0	

Confidentiality is a major HIV and AIDS issues especially in workplace. Participants' view of HIV confidentiality being practised in the company was evaluated. Of the 104 participants, 77(74,0%) indicated that confidentiality on HIV and AIDS issues was practised, while 16 (15,4%) disagreed and 11(10,6%) participants were not sure.

4.3.13 Compliance with applicable legal requirements that relate to HIV and AIDS management

Table 4.3.13: Compliance with applicable legal requirements to HIV and AIDS management

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	15	14,4	14,4	14,4
Agree	61	58,7	58,7	73,1
Not sure	28	26,9	26,9	100,0
Total	104	100,0	100.0	

The outcome of responses showed that 61(58,7%) of the participants believed in compliance with applicable legal requirements to HIV and AIDS management, while 15(14,4%) did not believe and the rest 28(26,9) were not sure. Although, HIV management in the workplace is not legislated like other safety issue, but from what has been indicated above, it shows that the company's acceptance of compliance is an indication of its support to the claim that employees are an asset to the organization.

Summary of Question 2

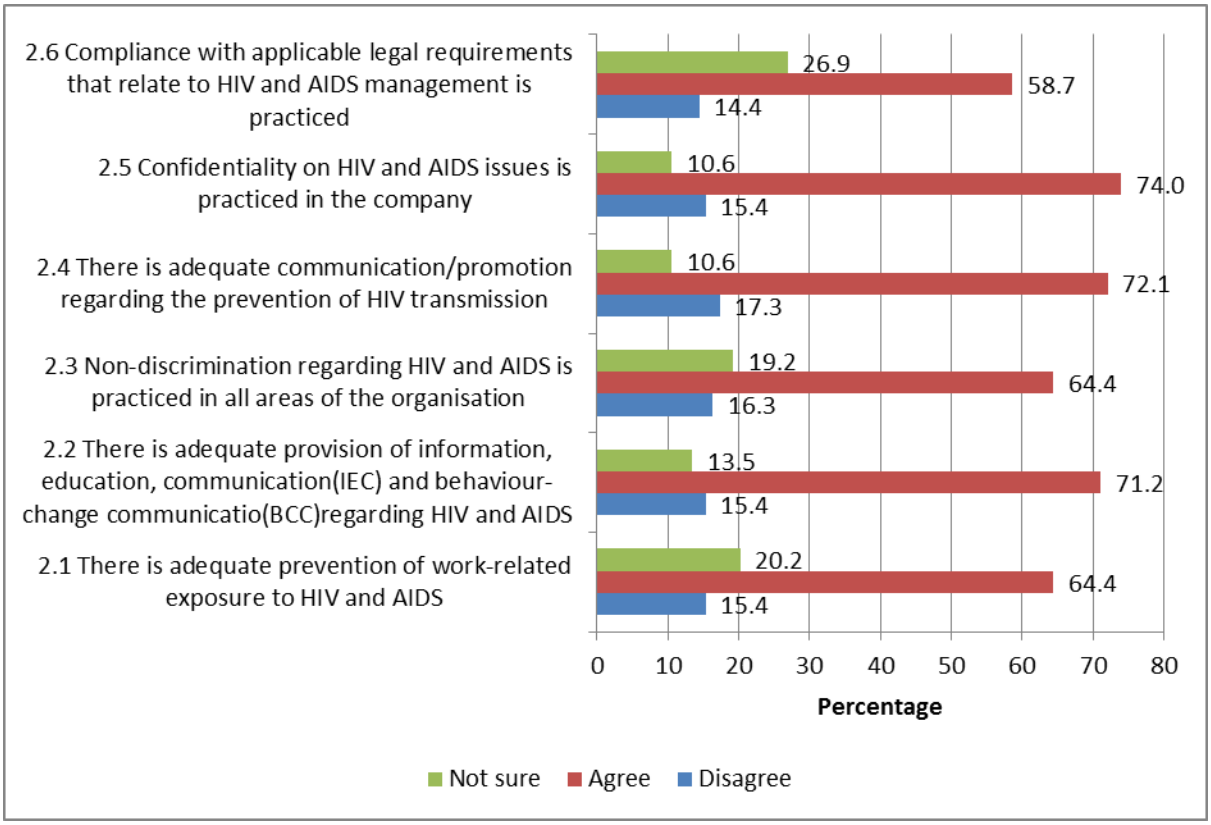

Figure 4.3.2: Summary of question 2

Analysis shows that for each question, response options were not chosen equally ($p<.0005$, for each case). Clearly, significantly more participants selected 'Agree' for all questions.

Question 3: Employees' access to HIV and AIDS management

4.3.14 Continuous awareness education for all employees

Table 4.3.14: Continuous awareness education for all employees

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	17	16,3	16,3	16,3
Agree	70	67,3	67,3	83,7
Not sure	17	16,3	16,3	100,0
Total	104	100,0	100,0	

Out of 104 participants, 70(67,3%) indicated that there was adequate continuous awareness education on HIV and AIDS while, 17(16,3%) participants indicated that continuous awareness education was inadequate and 17(16,3%) were not sure. On the whole there was indication that continuous awareness education was in place.

4.3.15 Rights of employees in HAMS

Table 4.3.15: Rights of employees in HAMS

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	13	12,5	12,5	12,5
Agree	70	67,3	67,3	79,8
Not sure	21	20,2	20,2	100,0
Total	104	100,0	100.0	

According to result shown above, 70(67,3%) of participants indicated that their rights in HAMS were considered. The rest 13(12,5) and 21(20,2%) of participants indicated their right were not considered and unsure respectively. On the whole there was an indication that the rights of employees were considered. However, there is the need to conduct further research on the rights of employees in HAMS.

4.3.16 Access to HAMS team/process

Table 4.3.16: Access to HAMS team/process

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	15	14,4	14,4	14,4
Agree	61	58,7	58,7	73,1
Not sure	28	26,9	26,9	100,0
Total	104	100,0	100,0	

The results revealed that 61(58,7%) of the participants indicated that they had adequate access to HIV and AIDS management team/process, while 15(14,4%) participants indicated that they had no access to the team and 28(26,9%) participant were not sure. The indication of a higher percentage of those who were not sure compared to those who indicated that there was no access could be a reflection of their inability to understand the question or lack of formal introduction of HAMS team to all employees.

4.3.17 Support from the HAMS team

Table 4.3.17: Support from the HAMS team

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	17	16,3	16,3	16,3
	Agree	66	63,5	63,5	79,8
	Not sure	21	20,2	20,2	100,0
	Total	104	100,0	100,0	

Of the 104 participants 66 (63,5%) indicated that they were satisfied with the support received from HIV and AIDS management team, while 17(16,3%) participants were not satisfied and 21(20,2%) participants were not sure. The reason for the high percentage of those not sure as compared to those who were not satisfied is similar to the earlier discussion on access to HAMS team (4.3.16).

Summary of Question 3

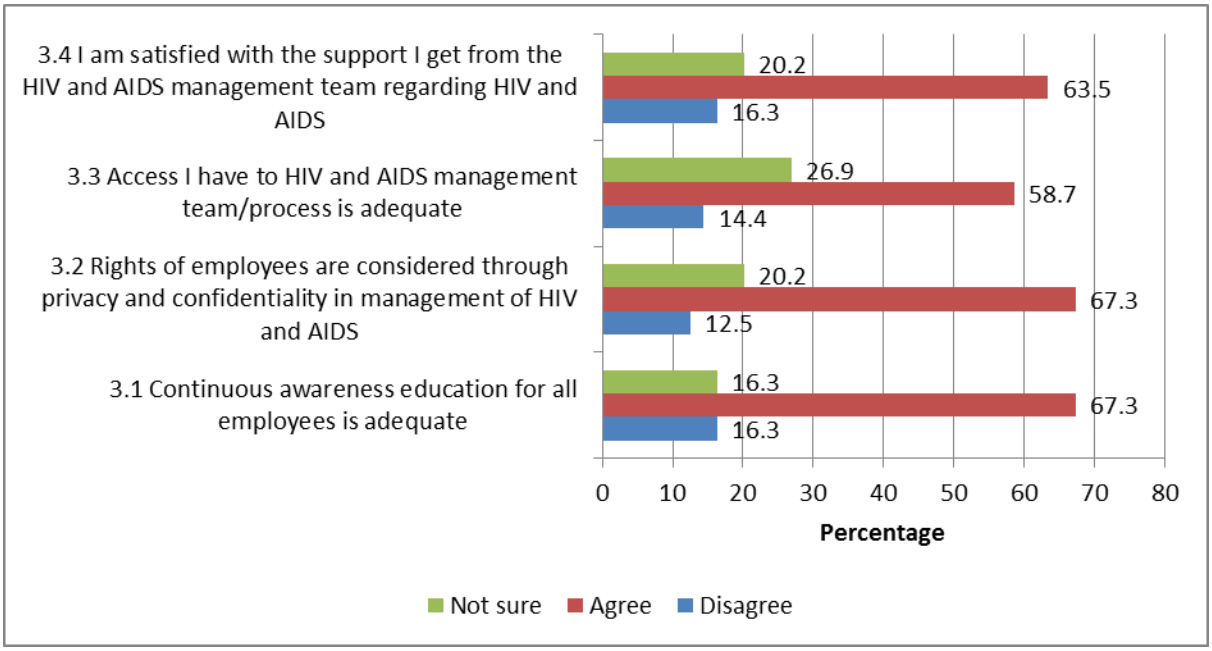

Figure 4.3.3: Summary of Question 3

Analysis shows that for each question, response options were not chosen equally ($p<.0005$, for each case). Clearly, significantly more participants selected 'Agree' for all questions.

Question 4: Roles and responsibilities of HAMS

4.3.18 Availability of functional HIV and AIDS committee in the company

Table 4.3.18: Availability of functional HIV and AIDS committee in the company

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	18	17,3	17,3	17,3
	Agree	61	58,7	58,7	76,0
	Not sure	25	24,0	24,0	100,0
	Total	104	100,0	100,0	

The results from the above table indicates that 61(58,7%) of the participants were of the opinion that there was a functional HIV committee in place and 43(41,3%)=18(17,3%)+25(24,0%) indicated that there was no functional committee or not sure. This indicates that on the average, only about half of participants were aware of the functional committee.

4.3.19 Union representation of employees on the HIV committee

Table 4.3.19: Union representation of employees on the HIV committee

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	14	13,5	13,5	13,5
	Agree	50	48,1	48,1	61,5
	Not sure	40	38,5	38,5	100,0
	Total	104	100,0	100.0	

According to results, 50(48,1%) participants were satisfied with the manner in which the union representatives represented them on the HIV and AIDS committee, while 14(13,5%) participants were not satisfied and 40(38,5%) were not sure whether they were represented or not. This indicates that there is a need of active involvement of union representatives on the HIV and AIDS committee.

4.3.20 HIV and AIDS counselling by Occupational Health Practitioners (nurses)

Table 4.3.20: HIV and AIDS counselling by occupational health practitioners (nurses)

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	13	12,5	12,5	12,5
Agree	75	72,1	72,1	84,6
Not sure	16	15,4	15,4	100,0
Total	104	100,0	100,0	

Of 104 participants, 75(72,2%) indicated that there was adequate counselling on HIV and AIDS, while 13(12,5%) participants indicated that there was inadequate counselling and 16(15,4%) participants were not sure. This was an indication that majority of participants received adequate counselling. This was also confirmed by the number of employees whose HIV status was known by the clinic staff (Table 4.1).

4.3.21 HIV testing by Occupational Health Practitioners (Nurses)

Table 4.3.21: HIV testing by Occupational Health Practitioners (Nurses)

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	14	13,5	13,5	13,5
Agree	85	81,7	81,7	95,2
Not sure	5	4,8	4,8	100,0
Total	104	100,0	100.0	

Of the 104 participants 85(81,7%) indicated that there was provision of regular HIV counselling and testing, while 14(13,5%) participants disagreed with this and 5(4,8%) participants were not sure. This indicates that nurses provided regular HIV testing which was the best practice, as early detection is a key to HIV and AIDS management.

4.3.22 Persuasion by peer educators for HIV testing

Table 4.3.22: Persuasion by peer educators for HIV testing

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	26	25,0	25,0	25,0
Agree	55	52,9	52,9	77,9
Not sure	23	22,1	22,1	100,0
Total	104	100,0	100,0	

Out of 104 participants, 55(52,9%) believed that there was active persuasion by the peer educators for HIV testing, while 26(25,0%) participants reported peer educators as being inactive and 23(22,1%) were unsure. The percentage of participants who believed that peer educators were inactive and those who were not sure totalling 49(47,1%)=26(25,0%+23(22,1%) indicates that an average of participants were not aware of the impact of peer educators' effort.

4.3.23 Employees awareness of roles and responsibilities of the HAMS team

Table 4.3.23: Employees awareness of roles and responsibilities of HAMS team

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	27	26,0	26,0	26,0
Agree	58	55,8	55,8	81,7
Not sure	19	18,3	18,3	100,0
Total	104	100,0	100.0	

Out of 104 participants, 58(55,3%) were aware of the roles and responsibilities of HAMS team, while 27(26,0%) participants were not aware of these roles and 19(18,3%) participants were unsure. This indicates that the role and responsibilities seem not to be well defined and communicated to all employees.

Summary of Question 4

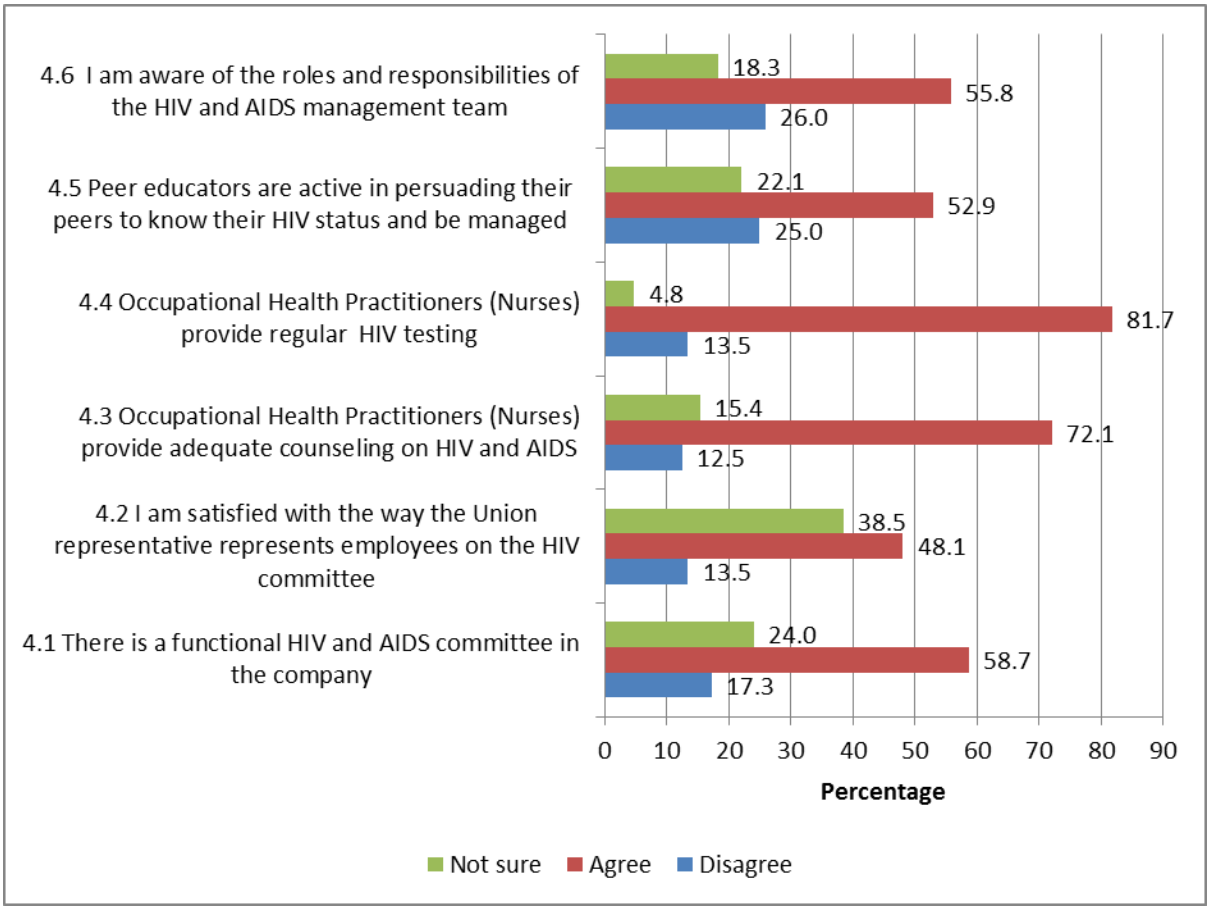

Figure 4.3.4: Summary of question 4

Analysis shows that for each question, response options were not chosen equally ($p<.0005$, for each case). Clearly, significantly more participants selected 'Agree' for all questions except Q4.2 where significantly fewer than expected selected 'disagree'.

Question 5: Communication and availability of relevant documents

4.3.24 Awareness of HIV and AIDS objectives and targets in the company

Table 4.3.24: Awareness of HIV and AIDS objectives and targets in the company

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	46	4,2	44,7	44,7
	No	37	35,6	3,9	80,6
	Not sure	20	19,2	19,4	100,0
	Total	103	99,0	100,0	
Missing	System	1	1,0		
Total		104	100,0		

HIV and AIDS objectives and targets form the basis of difference programme and basis of monitoring and evaluation. Out of 104 participants, 46(44,2%) participants indicated their awareness, while 37(35,6%) participants were not aware and 20(19,2%) employees were unsure. This indicates that majority of participants 57(54,8%)=37(35,6%)+20(19,2%) were not aware of objectives and targets in the company.

4.3.25 Availability of documents outlining the company's HIV and AIDS objectives and targets

Table 4.3.25: Availability of documents outlining the company's HIV and AIDS objectives and targets

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	44	42,3	42,3	42,3
No	23	22,1	22,1	64,4
Not sure	37	35,6	35,6	100,0
Total	104	100,0	100,0	

Of the 104 participants, 44(42,3%) participants believed that there were available documents outlining the company's HIV and AIDS objectives and targets, while 23(22,5%) were not aware of these documents and 37(35,6%) participants were unsure. The availability of these documents may not be the responsibility of the workforce, but they should be made available to all employees in which ever form. This was an indication that majority of the participants were not aware of the documents outlining the company's HIV and AIDS objectives and targets.

4.3.26 Inclusion of the HIV related matters in the annual safety (SHE) induction

Table 4.3.26: Inclusion of the HIV related matters in the annual safety (SHE) induction

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	62	59,6	59,6	59,6
No	24	23,1	23,1	82,7
Not sure	18	17,3	17,3	100,0
Total	104	100,0	100,0	

Out of of 104 participants, 62(59,6%) participants confirmed that HIV related matters were included in the annual safety induction, while 24(17,3%) participants were not aware and 18(17,3%)participants were not sure. This was a good indication that HIV and AIDS form part of the SHE induction. It will be of interest to know what aspect is covered and the time allocation for HIV and AIDS issues in the annual induction. Also, dissemination of information uniformity to all employees needs to be determined.

4.3.27 Communication of the HIV and AIDS policy

Table 4.3.27: Communication of the HIV and AIDS policy

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	73	70,2	70,2	70,2
No	24	23,1	23,1	93,3
Not sure	7	6,7	6,7	100,0
Total	104	100,0	100,0	

Out of 104 employees, 73(70,2%) participants agreed that the policy was communicated to them while 24(23,1%) indicated that there was no policy communication and 7(6,7%) were not sure. This was an indication of a good sense of policy communication within the company.

4.3.28 Communication of relevant information regarding HIV and AIDS information on legal requirements

Table 4.3.28: Communication of relevant information regarding HIV and AIDS information on legal requirements

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	50	48,1	48,1	48,1
No	34	32,7	32,7	80,8
Not sure	20	19,2	19,2	100,0
Total	104	100,0	100,0	

On whether the communication of relevant information on legal requirement regarding HIV and AIDS was communicated to employees, 50(48,1%) participants indicated that relevant information was communicated to them while 34(32,7%) participants indicated that there was no communication and 20(19,2%) participants were unsure.

4.3.29 Access to an action plan from the annual strategic plan and operational planning

Table 4.3.29: Access to an action plan from the annual strategic plan and operational planning

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	31	29,8	29,8	29,8
No	33	31,7	31,7	61,5
Not sure	40	38,5	38,5	100,0
Total	104	100,0	100,0	

Out of 104 participants, 31(29,8%) participants indicated that they had access to an action plan from annual strategic and operational planning whereas 33(31,7%) participants reported that they did not access, and 40(38,5%) participants were not sure.

Summary of Question 5

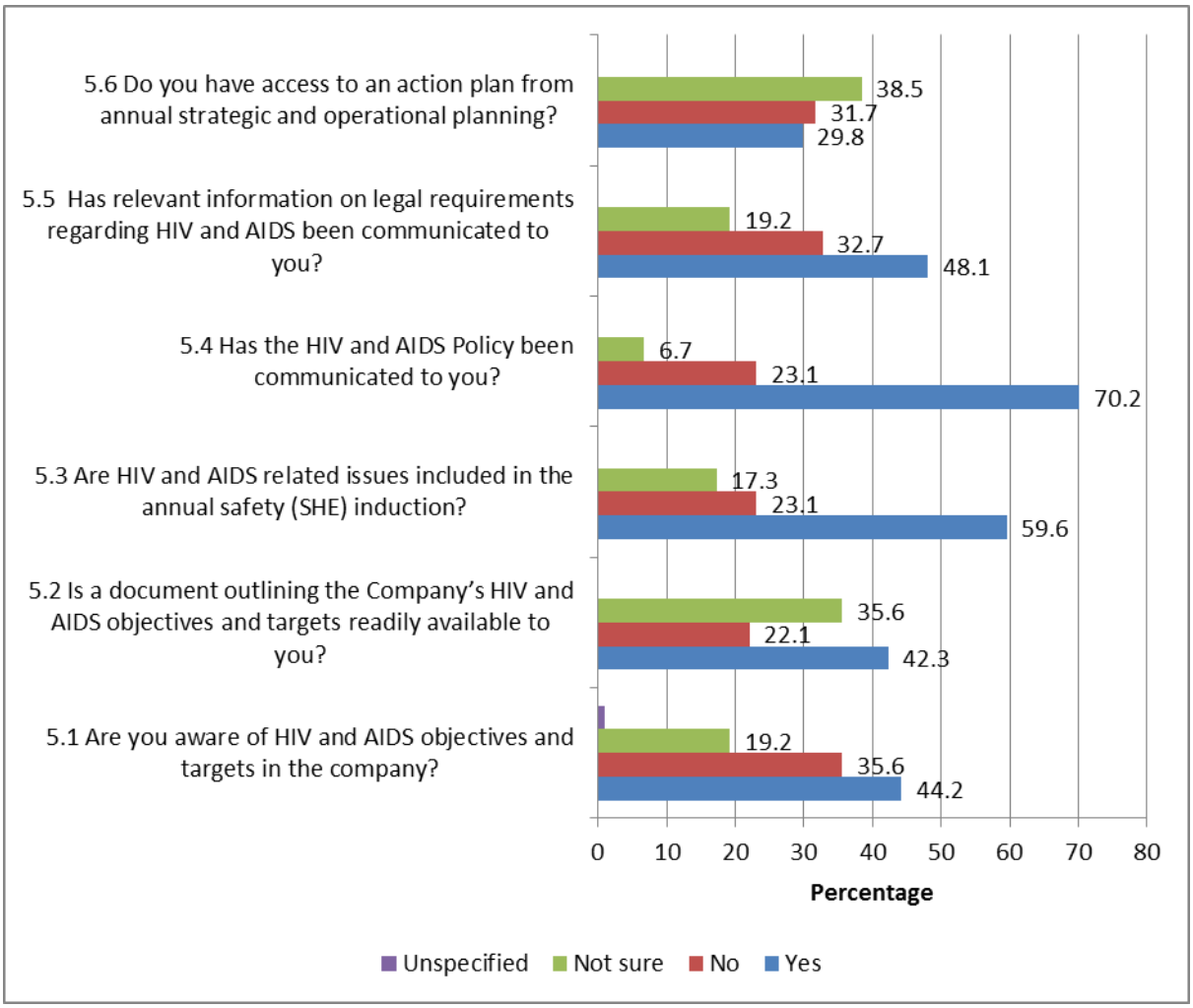

Figure 4.3.5: Summary of question 5

Analysis shows that for each of the questions 5.1 to 5.5, response options were not chosen equally. Significantly more participants than expected selected 'Yes' for questions 5.3 ($p<.0005$); 5.4 ($p<.0005$) and 5.5 ($p=.002$); while significantly fewer than expected selected 'No' for question 5.2 ($p=.037$) and 'Not sure' for question 5.1 ($p=.006$). There was no significant result for question 5.6.

Question 6: Adequate availability of the following in HAMS:

4.3.30 General information, education and communication about HIV and AIDS

Table 4.3.30: General information, education and communication about HIV and AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	15	14,4	14,4	14,4
Agree	84	80,8	80,8	95,2
Not sure	5	4,8	4,8	100,0
Total	104	100,0	100,0	

Of the 104 participants, 84(80.3%) participants indicated there was general information, education and communication about HIV and AIDS while 15(14.4%) participants indicated that this information was not available and 5(4.8%) participants were unsure. This indicates that there was general information as majority of participants indicated.

4.3.31 Availability of condoms

Table 4.3.31: Availability of condoms

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	15	14.4	14 ,4	14,4
Agree	87	83.7	83,7	98,1
Not sure	2	1.9	1,9	100,0
Total	104	100.0	100,0	

Out of 104 participants, 87(83,7%) participants confirmed the availability of condoms at all times, while 15(14,4%) participants indicated that condoms were not available at all times and 2(1,9%) were not sure. This indicates that generally there was availability of condoms at all times. The reasons for disagreement with 15(14,4%) of participants need to be determined.

4.3.32 Counselling for HIV positive employees

Table 4.3.32: Counseling for HIV positive employees

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	10	9,6	9,6	9,6
Agree	65	62,5	62,5	72,1
Not sure	29	27,9	27,9	100,0
Total	104	100,0	100,0	

Out of 104 participants, 65(62,5%) participants confirmed that there was counselling of HIV positive employees, whereas 10(9,6%) participants indicated that counselling was not done and 29(27,9%) participants were unsure. This indicates that majority of employees received counselling at workplace. HIV status is usually treated as private and confidential. The percentage of participants that indicated unsure 29 (27,9%) was higher than those who indicated no counselling could be interpreted as counselling were taking place but the individual HIV status is confidential hence, it was difficult for participants to confirm this.

4.3.33 Regular testing for HIV

Table 4.3.33: Regular testing for HIV

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	15	14,4	14,4	14,4
Agree	85	81,7	81,7	96,2
Not sure	4	3,8	3.8	100,0
Total	104	100,0	100,0	

There were 85(81,7) participants out of 104 participants who confirmed regular HIV testing facility at workplace while 15(14,4%) participants indicated that there was no regular testing and 4(3,8%) participants were not sure. This indicates there was an opportunity for regular testing for employees to test for HIV. However, there is a need to check operational procedures at the onsite clinic.

4.3.34 Facilities for the diagnosis and treatment of HIV and AIDS

Table 4.3.34: Facilities for the diagnosis and treatment of HIV and AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	14	13 ,5	13,5	13,5
Agree	66	63,5	63,5	76,9
Not sure	24	23,1	23,1	100,0
Total	104	100,0	100,0	

Out of 104 participants, 66(63,5%) participants indicated that there were facilities for diagnosis and treatment of HIV and AIDS while 14(13,5%) participants indicated that there were no facilities and 24(23,1%) participants were unsure. The majority believed there were facilities for diagnosis and treatment.

4.3.35 Care and support from the company for employees with HIV and AIDS

Table 4.3.35: Care and support from the company for employees with HIV and AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	14	13,5	13,5	13,5
Agree	61	58,7	58,7	72,1
Not sure	29	27,9	27,9	100,0
Total	104	100,0	100,0	

There were 61(58,7%) of 104 participants that indicated that there was care and support for employees with HIV and AIDS while 14(13,5%) participants indicated that there was no care and 29(27,9%) participants were unsure. This indicates that there was care and support for employees with HIV and AIDS. Despite the fact that HIV and AIDS issues were being treated as private and confidential, the support and care from the company should be communicated to all employees.

4.3.36 Community assistance in respect of HIV and AIDS through corporate social investment

Table 4.3.36: Community assistance in respect of HIV and AIDS through corporate social investment

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	9	8,7	8,7	8,7
Agree	50	48,1	48,1	56,7
Not sure	45	43,3	43,3	100,0
Total	104	100,0	100,0	

Of the 104 participants, 50(48,1%) participants indicated that the company was assisting the community in respect of HIV and AIDS through corporate social investment; whereas 9(8,7%) participants indicated that they were not aware of any assistance and 45(43,3%) participants was not sure. This indicates that only an average of the participants 50(48,1%) was aware of the company's assistant to the community, and majority 54(52,0%)=45(43,3%+9(8,7%) were not aware. This could be due to the interpretation of assistance in respect of HIV and AIDS and the community or inability of corporate social investment (CSI) section not educating the employees of their community involvement.

4.3.37 Immediate assistance following accidental exposure to HIV infection in the workplace

Table 4.3.37: immediate assistance following accidental exposure to HIV infection

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	11	10,6	10,6	10,6
	Agree	48	46,2	46,2	56,7
	Not sure	45	43,3	43,3	100,0
	Total	104	100,0	100,0	

Out of 104 participants, 48(46,2%) participants indicated that they were aware of immediate assistance assistant from the company, following accidental exposure to HIV infection while, 11(10,6%) participants were not aware of any assistance and 45(43,3%) participants were unsure. This meant that should there be any accidental exposure to HIV, more than half of participants 55(53,9%)=11(10,6%)+45(43,3%) will not know what to do at the workplace. Time is a major factor in accidental exposure to HIV infection.

4.3.38 Post exposure prophylaxis in the event of accidental exposure of an employee

Table 4.3.38: Post exposure prophylaxis (PEP) in the event of accidental exposure of an employee

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	12	11,5	11,5	11,5
Agree	43	41,3	41,3	52,9
Not sure	49	47,1	47,1	100,0
Total	104	100,0	100,0	

Of the 104 participants, .43(41,35) participants were aware of the PEP treatment in the event of accidental exposure of an employee, while 12(11,5%) participants did not know and 49(47,1%) participants were unsure. This indicates that almost half of the participants were not aware of availability of treatment in case of accidental exposure to HIV. This is as good as not having the treatment within the workplace.

4.3.39 Treatment of minor illnesses on daily basis

Table 4.3.39: Treatment of minor illnesses on daily basis

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	12	11,5	11,5	11,5
Agree	79	76,0	76,0	87,5
Not sure	13	12,5	12,5	100,0
Total	104	100,0	100,0	

According to the above table, 79(76,0%) participants indicated that there was treatment of minor illness on a daily basis while 12(11,5%) participants indicated that there was none and 13(12,5%) participants were unsure. This indicates that majority of the participants were aware that there was facility for treatment of minor illness on daily basis on site clinic.

Summary of Question 6

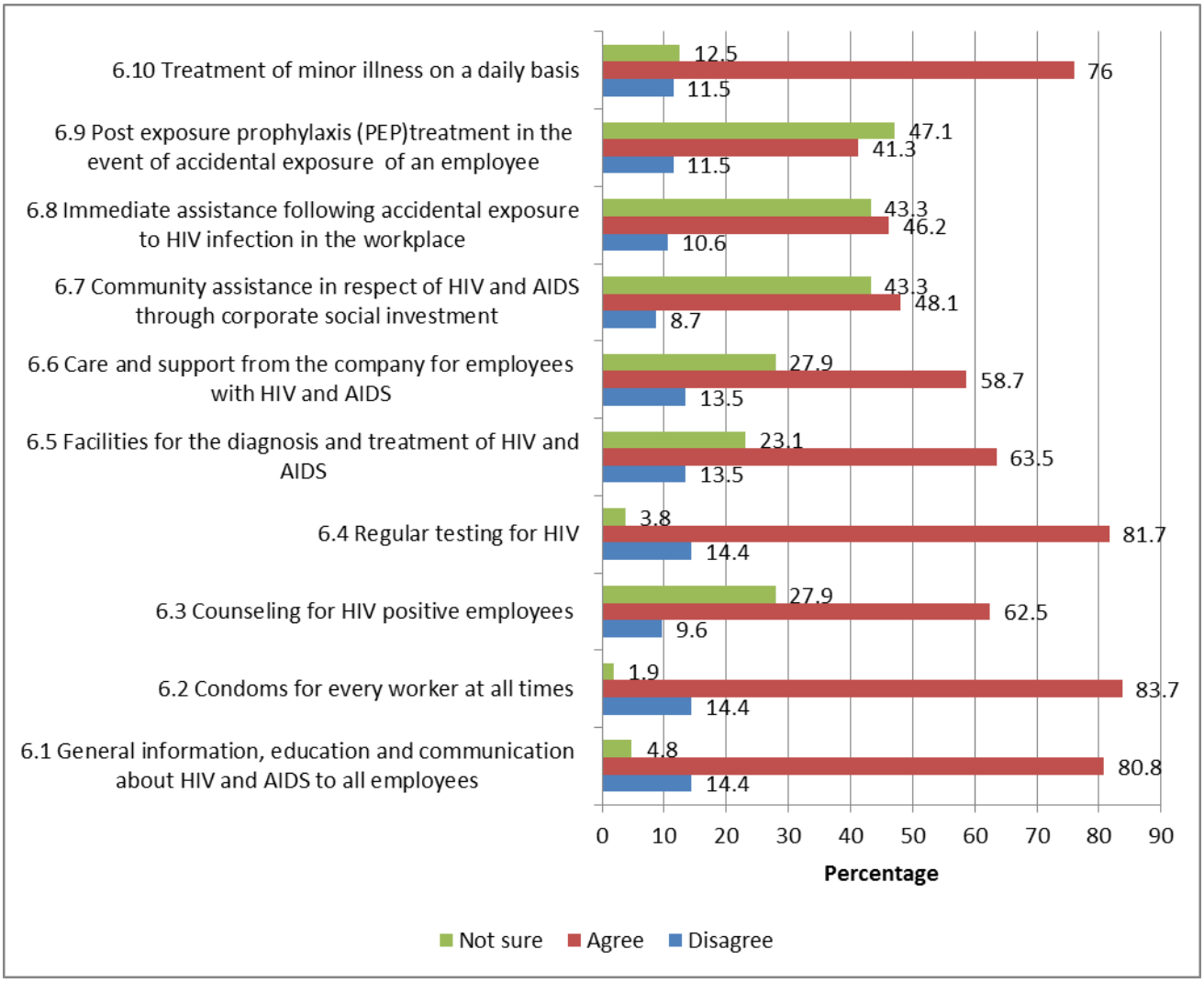

Figure 4.3.6: Summary of question 6

Analysis shows that for each of the questions 6.1 to 6.10, response options were not chosen equally ($p<.0005$, for all cases). Significantly more participants than expected selected 'Agree' for questions 6.1 to 6.6 and 6.10; while significantly fewer than expected selected 'Disagree' for question 6.7 to 6.9.

Question 7: Evidence of following in HAMS:

4.3.40 Periodic reviews of the HIV and AIDS policy document

Table 4.3.40: Periodic reviews of the HIV and AIDS policy document

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	11	10,6	10,6	10,6
Agree	46	44,2	44,2	54,8
Not sure	47	45,2	45,2	100,0
Total	104	100,0	100,0	

Out of 104 participants, 46(44, 2%) participants indicated that there was periodic review of the policy document, while 11(10,6%) participants were not aware of this periodic review. A highest percentage of participants 47(45, 2%) was not sure of periodic reviews. This indicates that high percentage of participants 58(55,8%)=11(10,6%)+47(45,2%) of participants were not aware of the periodic review of the policy document.

4.3.41 Commitment to continuous improvement regarding HIV and AIDS management

Table 4.3.41: Commitment to continuous improvement regarding HIV and AIDS management

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	17	16,3	16,3	16,3
Agree	63	60,6	60,6	76,9
Not sure	24	23,1	23,1	100,0
Total	104	100,0	100,0	

Of the 104 participants, 63(60,6%) participants indicated that the company was committed to the continuous improvement regarding HIV and AIDS management, while 17(16,3%) participants disagreed and 24(23,1%) participants were unsure. This indicates that majority of participants acknowledged the company's effort to improve the HIV and AIDS management.

4.3.42 Up-to-date HIV and AIDS records

Table 4.3.42: Up-to-date HIV and AIDS records

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	11	10,6	10,6	10,6
Agree	44	42,3	42,3	52,9
Not sure	49	47,1	47,1	100,0
Total	104	100,0	100,0	

Of the 104 participants, 44(42,3%) participants indicated that in the event of accidental exposure of an employee, HIV and AIDs records and document were been kept up to date, while 11(10,6%) participants were not and 49(47,1%) participants were unsure. This indicates that majority of the participants 60(57,7%) were not aware if the records and document were kept up to date.

4.3.43 Periodic review of HIV and AIDS management

Table 4.3.33: Periodic review of HIV and AIDS management

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	10	9,6	9,6	9,6
Agree	47	45,2	45,2	54,8
Not sure	47	45,2	45,2	100,0
Total	104	100,0	100,0	

Of 104 participants, 47(45,2%) participants confirmed that there was periodic review of HIV and AIDS management, while 10(9,6%) participants were not aware and interestingly, the same percentage of 47(45,2%) participants were not sure. This indicates that 57(54,8%)=10(9,6%)+47(45,2%) of participants were not aware of the periodic review. This question will best be assessed on management questionnaire, as it is the responsibility of key positions holders to review HAMS.

4.3.44 Relevant corrective actions taken for non-conformities

Table 4.3.44: Relevant corrective actions taken for non-conformities

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	12	11,5	11,5	11,5
Agree	39	37,5	37,5	49,0
Not sure	53	51,0	51,0	100,0
Total	104	100,0	100,0	

The participants' response to relevant corrective action being taken regarding non conformities with HIV and AIDS were as follows: 39(37,5%) of 104 participants believed that corrective actions were being taken while 12(11,5%) participants were not aware of any corrective action and the highest number of participants 53(51,0%) were unsure. This indicates that majority of participants were not aware of the corrective actions regarding non conformities.

4.3.45 Periodic reviews of the success criteria, objectives and project plan targets

Table 4.3.45: Periodic reviews of the success criteria, objectives and project pan targets

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	12	11,5	11,5	11,5
Agree	35	33,7	33,7	45,2
Not sure	57	54,8	54,8	100,0
Total	104	100,0	100,0	

Out of 104 participants, 35(33,7%) participants confirmed that there was periodic reviews of success criteria, objectives and project plan targets, while 12(11,5%) participants were not aware of the periodic review and 57(54,8%) participants were unsure. It is noted that the majority of the participants, 69(66,3%)=12(11,5%)+57(54,8%) were not aware of the periodic reviews of success criteria, objectives and project plan target.

Summary of Question 7

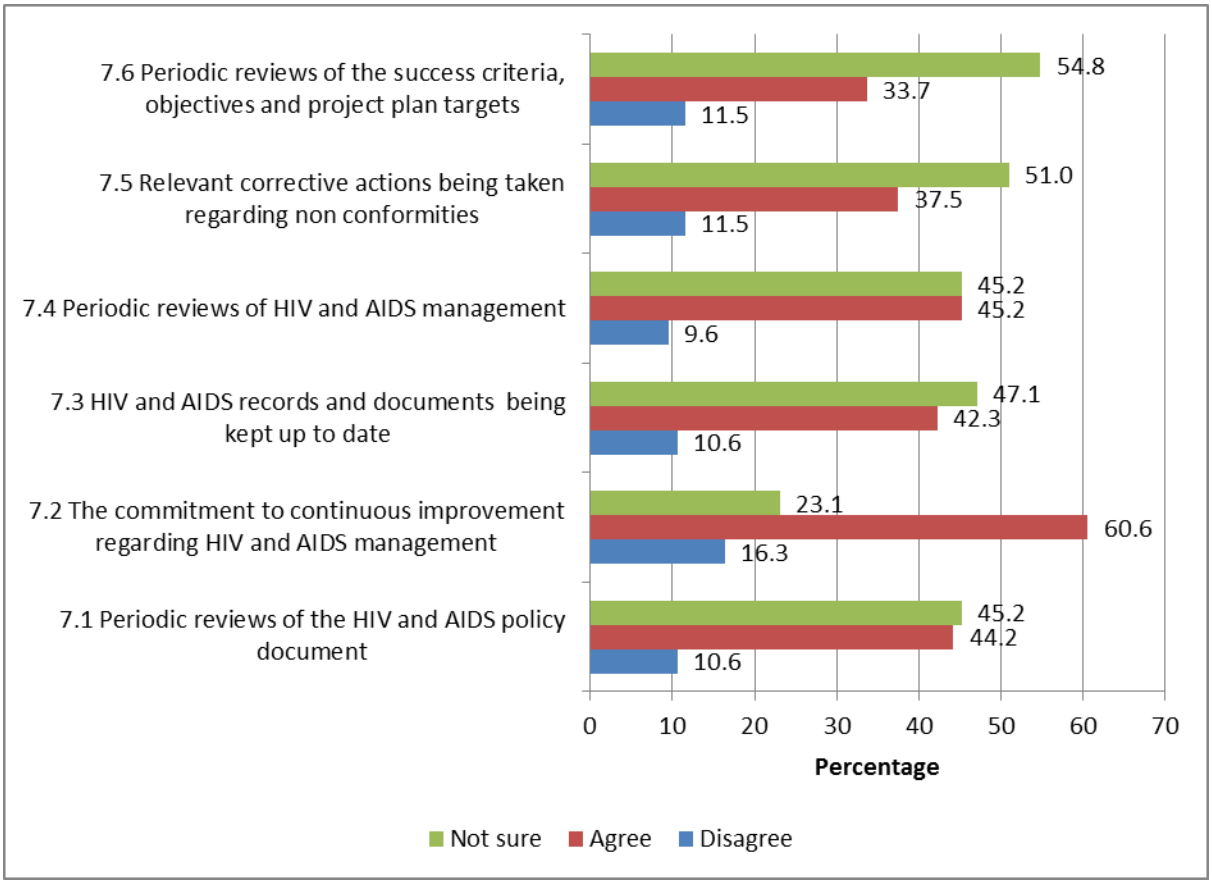

Figure 4.3.7: Summary of question 7

Analysis shows that for each of the questions 7.1 to 7.6, response options were not chosen equally ($p<.0005$, for all cases). Significantly more participants than expected selected 'Agree' for question 7.2; while significantly fewer than expected selected 'Disagree' for the remaining questions.

Question 8: Demographics

4.3.46 Gender

Table 4.3.46: Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	89	85,6	85,6	85,6
Female	15	14,4	14,4	100,0
Total	104	100,0	100,0	

The majority of participants were males 89(85,6%) and 15(14,4%) participants were females. This is in line with demographic profile of the company.

4.3.47 Period of employment

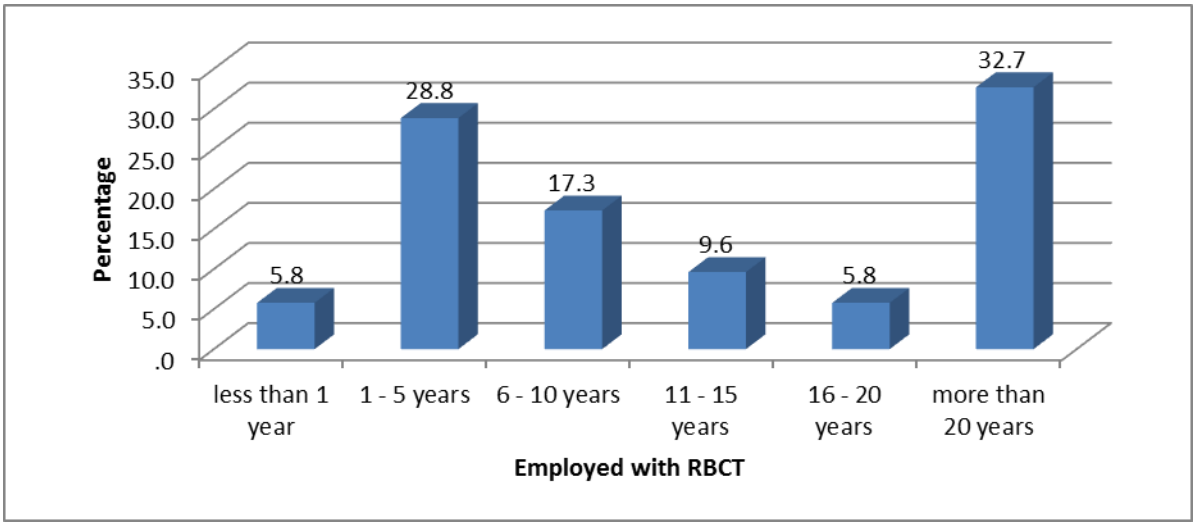

Figure 4.3.8: Period of employment

The participants' number of years of employment had a good reflection of trend of employees' response to questions. The results revealed that 32,0% of participants had been in employment for more than 20 years and 28,8% were within 5 years of employment. The distribution as indicated in Figure 4.3.8 indicated that there was a good distribution of employees' participation.

4.4 CONCLUSION

Chapter four presented the findings of all data that was collected. Two set of questionnaires were used to collect data. One was used for the key positions holder regarded as the managers, managing the HAMS. The second questionnaire was used to collect data from the general workforce. The following chapter will discuss the findings of the study.

CHAPTER 5

DISCUSSION OF RESULTS

5.1 INTRODUCTION

The previous chapter focused on the results of the study. Chapter five will focus on discussion of the study findings. The discussion will be based on the two objectives of the study, namely:

- To evaluate the implementation of HAMS in a Richards Bay company
- To assess the level of alignment of the existing company HAMS to the national standard.

5.2 EVALUATION OF THE IMPLEMENTATION OF HAMS

In order to evaluate the implementation of HAMS in this company, two questionnaires were sent out to the participants; one to the management and the second one to the general workforce. The responses received from the questionnaires were compared to the requirements as set out in the standard (Standards South Africa, 2007).

5.2.1 ASSESSMENT OF EMPLOYEES INFECTED WITH HIV

The study investigated whether the key role players were aware whether the company provided HIV and AIDS assessment. The majority of participants indicated that the company provided HIV and AIDS assessment. The area of concern was 42,5% of the participants that were not sure if assessment of employees infected with HIV was done. This was checked with the response on the general workforce on question and 86,5% of participants indicated that the clinic was aware of their HIV status. In the SANS 16001 assessment, several tools have been suggested for use, for example, organizational situational analysis; need analysis; needs analysis; actuarial economic impact surveys and prevalence surveys (Standards South Africa, 2007). According to the standard,

HAMS is a process that involves assessment, planning, implementation, monitoring and evaluation (Standards South Africa, 2007). This process implies that, whenever there was evaluation of the management of which is the purpose of this study; there should be reassessment for continuous improvement. The finding on the assessment of vulnerability and susceptibility to HIV and the identification of HIV determinants in the company was well commended as majority of participants were able to rate assessment high in percentage up to 90% bearing in mind the confidentiality nature of HIV and AIDS. According to Dickinson (2003), a key concern for companies is that HIV and AIDS affect those of working age. What percentage of employees was HIV positive was unclear. Dickinson (2003) further indicated that this was largely because of the limited number of prevalence surveys conducted by companies to date, but also because of the reluctance of companies to release this data.

UNAIDS (2005) argue that effective mainstreaming of HIV and AIDS within this sector is a task that by nature requires leadership, networking and forming of partnerships. It cannot be achieved alone and is usually best carried out by a team. These authors further argue that the focal person often has little influence. It is, therefore, important to make certain that policy-makers, people living with HIV and AIDS, development planners, budget officers and human resources officers are involved in the mainstreaming as part of a wider team or HIV and AIDS Committee.

5.2.2 Policy on HIV and AIDS

SANS 16001 prescribes that the top management shall, in consultation with relevant stakeholders, define scope of its HIV and AIDS management system (Standard South Africa, 2007). The study investigated the availability of the company policy on HIV and AIDS from the general workforce and the key role players. The study revealed that there was a policy on HIV and AIDS. Interestingly, 94,2% of general workforce

indicated awareness of HIV and AIDS policy while only 70% of key role players indicated awareness of the policy.

Rau (2002) highlights that one way of communicating a policy, is to display it where it will be seen by all employees. Rau further states that because of the confusion and stress associated with HIV and AIDS, a company policy that addresses HIV and AIDS is useful only if it is widely disseminated to employees and actually put into practice. This author added that posting a written policy on a bulletin board is not enough. He indicated that dissemination must occur at all levels- to the board of directors, union/workers representatives, human resources and clinic employees, supervisors and all employees. This is supported by Booyens (2005) who states that policies and procedures are means for accomplishing organizational goals and objectives that explain the step to be followed on achieving these goals. These serve as the basis for future decisions and actions, help co-ordinate plans, control performance, and increase consistency of action by increasing the probability that it will form the foundation for management planning.

The findings on whether the HIV and AIDS committee was responsible for the formulation of the HIV and AIDS policy revealed that half of key role players were unaware of the policy and the other half indicated that it was formulated by the committee. SANS 16001 states that the organization shall establish and maintain procedures for the on-going identification of HIV and AIDS determinants and other factors within the defined scope of HAMS that it can control and those that it can influence, that promote the possibility of exposure to HIV (Standards South Africa, 2007).

Vass (2008) argues that companies commonly implement HIV and AIDS policies and programmes through a workplace committee dedicated to HIV/AIDS or a generic committee dealing with issues other than HIV and AIDS. Vass further states that management, through the Human Resources Department and the occupational health practitioner often drive initial policy formulation, and has virtually sole control of the HIV/AIDS budget.

The findings concerning the general workforces' knowledge of HIV and AIDS' procedures indicated that 84,4% of the participants were aware of these policies. The findings on involvement of employees in development and review of HIV and AIDS policy and procedures revealed that half of the management and the general workforce were not involved as 54,8% of general workforce indicated involvement and only 37,5% of key roles players indicated employee's involvement. This showed that employees were less involved as those employees that would have involved were those with key role players. According to ILO (2001), the employer should consult with workers and their representatives to develop and implement an appropriate policy for their workplace to prevent the spread of the infection and protect all workers from discrimination related to HIV and AIDS.

The results from question on employees' decision making indicated that revealed that 60,6% of general workforce and 55% of management indicated they were involved. According to ILO (2001) code of good practice, employers should consult with workers and their representatives to develop and implement an appropriate policy for their workplace, designed to prevent the spread of the infection and protect all workers from discrimination related to HIV and AIDS.

5.2.3 Access and support from the HAMS team

The findings of the study also revealed that 77,9% of employees had access to HIV and AIDS management at work and 86,5% of workforce participants indicated that the clinic was aware of their HIV status. An impact of an epidemic can be reduced if it is viewed as a business challenge (Harbottle, 1998). He concludes that it is easy to develop a sensible response framework. He also added that the objective of the response programme must be to minimize the impact of the epidemic on the organization and its stakeholder.

The question on the rights of employees revealed that the company that maintains and protects the rights of employees in the HIV and AIDS management and employees have access to HAMS team/process with 12,5% and 14,4% of employees and management indicated no right and no access respectively. The findings also revealed that they were satisfied with the support received from the HAMS team as only a small minority (16, 3%) of management indicated that they were not satisfied. According to Vass's (2008) study, the results suggested that workplace HIV and AIDS committee could play a key role in improving HIV and AIDS governance capacity in the South African workplace. He added that such committees represent an opportunity for monitoring the implementation of mandatory rights, empowering employees in advocating and communicating such rights, and securing additional right and benefits related to HIV and AIDS prevention, treatment and care. Continuous improvement is a requirement for improvement of HIV and AIDS management (Standards South Africa, 2007).

5.2.4 Roles and responsibility

According to SANS 16001, the roles, responsibilities and authorities are to be defined, documented and communicated in order to facilitate effective HIV and AIDS management (Standards South Africa, 2007). However, the findings of this study revealed that there were no fully functional HIV and AIDS committees as 41,3% of general workforce participants were unable to confirm the committee functions. The general workforce was not aware of the union contribution of the HIV and AIDS committee, as almost half of workforce participants (47,1%) did not see peer educators as being active in HIV and AIDS management even though the majority of management (67,5%) confirmed that peer educators held regular meetings to discuss HIV and AIDS issues. This indicated that there had not been feedback to the general workforce on queries raised in their meetings. Smith (2002) states that the workplace is an ideal location for raising HIV and AIDS awareness because professional training exists in one way or another in the operations of most companies. Safety or technical briefings and new employee induction programmes present a good opportunity for providing AIDS education for staff (Smith, 2002).

5.2.5 Communication and availability of relevant documents

According to SANS 16001, the organization shall establish and maintain procedures for ensuring that pertinent HIV and AIDS management system information is communicated to and by employees and other interested parties who fall within the scope of the HIV and AIDS management system (Standards South Africa, 2007). The results on communication and availability of the relevant document on HIV and AIDS management revealed that the document was not often available from which to set objectives and targets. These were having an effect on communication because there was no theory to back up these plans. The exception was the HIV and AIDS policy which the study revealed was well communicated as indicated by both management and the general workforce participants. The finding also revealed that 40,4% of general

workforce was not aware of inclusion of HIV and AIDS related issues within the annual SHE induction. According to SANS 16001, organizations shall establish and maintain procedures for ensuring that the pertinent HIV and AIDS management system information is communicated to and by employees and other interested parties who fall within the scope of the HIV and AIDS management system. Employee involvement and consultation arrangements shall be documented and interested parties informed (Standards South Africa, 2007).

5.2.6 Availability of general information, education and communication about HIV and AIDS

SANS 16001 states among other things that in order to comply with this standard, an organization should provide its employees with sufficient HIV-related education to enable them to make informed choices about behaviour that might put them at risk (Standards South Africa, 2007). The standard further states that the infected and affected employees must be provided with access to treatment, care and support. The findings of the study revealed that both the general workforce and management agreed that treatment to minor illness was available on a daily basis. This was a positive note as the treatment of minor illnesses prevents transmission of diseases (De Haan and Dennill, 2005). Evian (1998) states that health care provision is an essential primary HIV care, coupled with care for STI and TB can be cost effective if provided by an on-site clinic at the workplace. Such service will reduce the burden of HIV on the company by reducing the time employees need to spend away from work seeking health care elsewhere.

The results of this study indicated that general information, education and communication about HIV and AIDS were communicated to all employees. Condoms were also made available for all workers, counselling for HIV positive employees were done. There was regular testing for HIV, facilities for the diagnosis and treatment of HIV

and AIDS were available. This indicates that there was care and support from the company for employees with HIV and AIDS. Booyens (2005) states that policy and information on employee assistance programmes for the enlightenment of all personnel are essential to ensure management support and to encourage general use of the programmes. Joint agreement between the management and the representatives of the workers is desirable in ensuring the success of EAP (Van der Merwe, 2007).

However, there were areas where very significant numbers of HAMS teams were not aware and majority of general workers were unsure. These areas included availability of post exposure prophylaxis (PEP) treatment in the event of accidental exposure of an employee, availability of immediate assistance following accidental exposure to HIV infection in the workplace, and community assistance in respect of HIV and AIDS through corporate social investment. Smith (2002) promotes the prevention of HIV and AIDS in that the awareness and educational programmes go hand in hand with prevention efforts and that there were a number of cost-effective prevention measures a company may consider to support behavioural change among its employees and reduce the risk of transmission.

5.2.7 Resources

According to SANS 16001, the organization should identify training needs associated with its HIV and AIDS determinants and its HIV and AIDS management system (Standards South Africa, 2007). The standard further states that the organization must provide training or take other action to meet these needs, and shall retain associated records. The findings from management on training received in order to function on their respective areas revealed that first aiders were trained in dealing with HIV infection prevention, care and management. Occupational Health Nurses, HIV and AIDS committee members, peer educators, as well as Managers were trained on HIV and AIDS management, and there was continuous awareness education for employees.

Noticeably, a concern was noted on the managers training with only 65,0% of management indicating they had received training and 35% reported that they had not received training on HIV infection prevention, care and management.

5.2.8 Monitoring and evaluation

According to SANS 16001, the organization shall establish, implement and maintain procedures to monitor and measure, on a regular basis, the key characteristics of its operations and employees that can have an impact on the performance of the HIV and AIDS management system (Standards South Africa, 2007). The study findings from both the key position holders and the general workforce participants revealed that almost half of management (47,0%) were not aware of the periodic review criteria for success. The majority of general workers (64,8%) were also not aware of the periodic review table. There was no sufficient evidence to show periodic review.

There was evidence that the company was committed to continuous improvement regarding HIV and AIDS management as indicated by both management and the general workforce. However, there was still significant number of employees who were unsure. There was no evidence of any corrective action taken regarding non-conformities from both the key position holders and the general workforce. The majority of general workers (42,3%) were not aware of HIV and AIDS records and document keeping. Similarly, (32,5%) of management indicated that they too were unaware of the HIV/AIDS record and document keeping. There was also no sufficient evidence that internal or external audits were carried out.

5.3 LEVEL OF ALIGNMENT OF THE EXISTING COMPANY HAMS TO THE NATIONAL STANDARD

The overall findings of this study revealed that the company was committed to the process of HIV and AIDS management system. Based on the APIME model using the five elements, the following findings were noted:

Assessment: There was no indication of a recent assessment of the prevalence of HIV in the company. There was daily counselling and testing for HIV and AIDS as well as treatment of minor illness on daily basis. This was a good basis for employees to be assessed and have access to HAMS if required.

Planning: The results revealed that the company had a policy which was communicated to all employees. The roles and responsibility in managing HIV was in accordance with the standard. There were no evidence of availability of management system communication and documents such as target and objective and periodic review plan.

Implementation: This implementation of the statement of intent was contained within the HIV and AIDS policy. This indicated the processes to achieve the stated targets, objectives and success criteria so to comply with country legislation. Though there was no evidence of targets and objectives documented, the company HAMS was supported by majority (94,0%) of employees who were aware of the HIV and AIDS policy and over (86,0%) of participants indicated clinic awareness of their HIV status.

Monitoring and Evaluation: The SANS 16001 prescribes that the organization must establish, implement and maintain procedures to monitor and measure the HAMS on a

regular basis (Standards South Africa, 2007). The majority of the participants (60%) of management were not aware of any monitoring and evaluation on HAMS.

5.4 CONCLUSION

This chapter discussed the findings of the study, described its limitations and made recommendations for improved practice and future research. This study was conducted to evaluate the implementation of HAMS in a Richards Bay Company. Two different questionnaires were used to collect data from a sample of the management and general workforce. The results revealed that the company was committed to HAMS and there was great effort in place in terms of operational process. There was HIV and AIDS policy, easy access for employees to HAMS with HIV counselling and testing availability on a daily basis at the clinic, and it was also shown that employees were aware of their legal rights related to HIV and AIDS matters. There was provision on prevention, monitoring and treatment of HIV and AIDS. However, there was no evidence of all stake holders' participation, which needs to be attended to. Key position holders require training to equip them function on their respective positions with good participation and give feedback on HIV and AIDS matters to fellow employees. There were significant elements of alignment to the new standard currently in the company's HAMS, but more needs to be done in terms of training and documentation to ensure compliance to the HAMS.

5.5 LIMITATIONS

The study was conducted in one company; therefore, the findings cannot be generalized to different companies. The study used two different questionnaires to gather information from the general workforce and managers to obtain their opinion. General questions were asked on the questionnaire for different roles players which may have caused some misinterpretation of some question. Therefore, another

limitation was that this study did not include a focus group discussion to prevent misinterpretations from occurring.

5.6 RECOMMENDATIONS

Based on the findings of the study, the following recommendations are made in order to ensure implementation of HAMS is in alignment with SANS 16001:

5.6.1 Policy implementation

The policy should be checked for review or update. It is the function of HIV and AIDS committees to review the policy and the approval should be from the most senior manager. The policy communication should be planned to reach all present and future employees.

5.6.2 Organizational management and practice

There should be workshop or training for committee members to remind them of their roles and responsibilities. The HIV and AIDS policy need to be checked for necessary updates or reviews. The review process should involve all members of the committee. Consistent feedback to employees and possible proof of feedback should be documented. HAMS plan and objectives should include periodic meeting of key roles players. A consistent way of giving feedback to employees needs be formulated, agreed and established. Dialogue and discussion on issues related to HIV and AIDS should be encouraged in order to improve the HAMS. The ultimate objective should be for all employees to know their HIV status. An audit of SANS 16001: 2007 should be conducted regularly as required. Internal audit should be done at least on quarterly basis and external audit every two years. Provision and maintenance of resources to assist individual in dealing with HIV and AIDS should be available.

5.6.3 Further research

The study was conducted only in one company; hence the results cannot be generalized to all companies. Therefore, the researcher recommends that a similar study should be done at a larger scale where data will be collected from more than one company.

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Appendix 1: University Ethics Approval

DURBAN UNIVERSITY of TECHNOLOGY

Faculty of Health Sciences

ETHICS CLEARANCE CERTIFICATE

Student Name	Mr J Odelokun	Student No	19908555
Ethics Reference Number	FHSEC 019/11	Date of FRC Approval	25/07/2011
Qualification	M Tech: Nursing		
Research Title:	An evaluation of an HIV and AIDS Management System (HAMS) in a Richards Bay Company, KwaZulu-Natal: A case study		

In terms of the ethical considerations for the conduct of research in the Faculty of Health Sciences, Durban University of Technology, this proposal meets with Institutional requirements and confirms the following ethical obligations:

1. The researcher has read and understood the research ethics policy and procedures as endorsed by the Durban University of Technology, has sufficiently answered all questions pertaining to ethics in the DUT 186 and agrees to comply with them.
2. The researcher will report any serious adverse events pertaining to the research to the Faculty of Health Sciences Research Ethics Committee.
3. The researcher will submit any major additions or changes to the research proposal after approval has been granted to the Faculty of Health Sciences Research Committee for consideration.
4. The researcher, with the supervisor and co-researchers will take full responsibility in ensuring that the protocol is adhered to.
5. ***The following section must be completed if the research involves human participants:***

	YES	NO	N/A
❖ Provision has been made to obtain informed consent of the participants	X		
❖ Potential psychological and physical risks have been considered and minimised	X		
❖ Provision has been made to avoid undue intrusion with regard to participants and community	X		
❖ Rights of participants will be safe-guarded in relation to: - Measures for the protection of anonymity and the maintenance of Confidentiality.	X		
- Access to research information and findings.	X		
- Termination of involvement without compromise	X		
- Misleading promises regarding benefits of the research	X		

[redacted]

05/08/11
DATE

05/08/11
DATE

10-08-2011
DATE

11/08/11
DATE

Appendix 2: Letter of Permission

P.O.Box 40618
Richards Bay
3900

HSEC General Manager
Richards Bay Coal Terminal Company Ltd
Richards Bay
3900

Dear Madam

RE: REQUEST FOR PERMISSION TO CONDUCT A STUDY

I am an Occupational Health Nursing Practitioner, presently registered for M Tech: Nursing at the Durban University of Technology in the Department of Nursing.

The proposed title of my research project is: An evaluation of an HIV and AIDS Management System (HAMS) in a Richards Bay Company, KwaZulu-Natal: A case study. The aim of the study is to examine HAMS in the company and suggest or recommend possible areas that may need improvement in the company to mitigate the effects of HIV in the workplace

Questionnaires will be used to collect data from the managers who are key roles players in the management of HIV and AIDS and the general workers. The Company's name will be kept confidential.

I hereby request your permission to conduct a research project at your establishment. Attached is my research proposal for your perusal. Your support and permission to conduct the study in facility will be highly appreciated.

Yours sincerely

.....
J Odetokun
M Tech Student
082 696 9034

.....
Dr MN Sibiya
(Supervisor)
082 466 0642

.....
Mr M Kgware
(Co-supervisor)
084 880 0071

Appendix 3: Approval Letter from the Company

19 August 2011

To whom it may concern,

RE: GRANTING OF PERMISSION TO CONDUCT A RESEARCH STUDY - M TECH: NURSING

Permission is hereby granted to Mr. Joseph Odetokun to conduct a study for his M Tech: Nursing on the evaluation of an HIV and AIDS Management System in a Richards Bay Company in order to determine its alignment with SANS 16001:2007 standard.

Mr. Odetokun has agreed that nowhere in his research will the name of the company appear, and that the information currently available at the RBCT Health Centre will NOT be used for the study, however questionnaires will be distributed to employees in order for him to collect data for his research. Confidentiality will be maintained at all times, and that this information remains the property of the company.

Should there be any questions related to this research, please do not hesitate to contact the signatory below.

Yours faithfully,

[redacted]

Zanele Mthiyane
General Manager: HSEC

Appendix 4: Letter of Information and Consent

Title of the Research Study: "An evaluation of an HIV and AIDS Management System (HAMS) in a Richards Bay Company, KwaZulu-Natal: A case study.

Principle Investigator/s: Mr J Odetokun Cell No: 082 6969 034

Supervisor: Dr MN Sibiya **Co-Supervisor:** Mr M Kgware

Brief Introduction and Purpose of the Study: This study seeks to describe the HIV and AIDS management system in a KwaZulu-Natal Company to strategically assess and plan on how to mitigate the impact of HIV in the workplace

Outline of the Procedures: You are kindly requested to respond to questions that I have given you. Any information will be treated as confidential.

Risks or Discomfort to the Subject: There are no risks involved in this study.

Benefits: This study seeks to assess the management system of HIV and AIDS in the company and suggest or recommend possible areas that may need improvement.

Reason/s why the Subject May Be Withdrawn from the Study: You have a right to withdraw from the study if you feel uncomfortable or for any other reason that may deem youunfit to do or continue with the study.

Remuneration/ Costs of the Study: Kindly note that there is no remuneration for participating in this study.

Confidentiality: Your name and identity will not be disclosed in this study. The informed consent with your name will be kept separately from the interview guide.

Research-related Injury: No injuries are injuries are envisaged in this study.

Persons to Contact in the Event of Any Problems or Queries: Dr Sibiya (Supervisor) at 031-373 2032 and Mr Kgware (Co-Supervisor) at 031-373 2809.

Statement of Agreement to Participate in the Research Study: (I,.....subject's full name,

ID number....., have read this document in its entirety and understand its contents. Where I have had any questions or queries, these have been explained to me by Mr J Odetokun to my satisfaction. Furthermore, I fully understand that I may withdraw from this study at any stage without any adverse consequences and my future health care will not be compromised. I, therefore, voluntarily agree to participate in this study.

Subject's name (print) .....

Subject's signature:..... Date:.....

Researcher's name (print): Mr J Odetokun

Researcher's signature:.....Date:.....

Supervisor's name (print): Dr MN Sibiya(Supervisor) and Mr M Kgware (Co-Supervisor)

Supervisor's signature:.....Date:.....

Co-Supervisor's signature:.....Date:.....

Appendix 5: Questionnaire for key position holders (management)

Kindly respond to the following questionnaire by selecting ONE of the given options for each question.

1. 1 = Strongly disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly agree

	There has been adequate assessment of:	
1.1	The number of employees that are infected with HIV	
1.2	The scope of its HIV and AIDS management system i.e. those employees that will be covered in their HIV and AIDS management	
1.3	The needs of the company to support workers with HIV and AIDS	
1.4	The needs of the company regarding management of HIV and AIDS beyond the workplace through corporate social investment	
1.5	Employees who might be exposed to HIV infection due to the presence of the business and its practices.	
1.6	The needs of the company to protect HIV negative employees	

2. 1 = Yes; 2 = No; 3 = Not sure

	Policy on HIV and AIDS	
2.1	The company has a policy on HIV and AIDS	
2.2	The HIV and AIDS committee is particularly responsible for the formulation of the HIV and AIDS policy	
2.3	The HIV and AIDS policy is approved by the CEO	
2.4	The HIV and AIDS policy is displayed for all employees to see	
2.5	Records necessary to the smooth running of the HIV and AIDS management system are kept	
2.6	Employees are involved in the development and review of the HIV and AIDS policy and procedures	
2.7	Employees are represented when decisions are made on HIV and AIDS-related occupational and health and safety matters	

3. 1 = Strongly disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly agree

	The HIV and AIDS policy adequately addresses the following:	
3.1	A commitment to the prevention of work- related exposure to HIV and AIDS	
3.2	A commitment to the provision of information, education, communication(IEC) and behaviour- change communication(BCC)	
3.3	A commitment to non discrimination in all areas of the organization including recruitment, employee benefits, performance evaluation criteria, testing and confidentiality	
3.4	A commitment to promote the prevention of HIV transmission	
3.5	A commitment to confidentiality on HIV and AIDS issues	
3.6	A commitment to comply with applicable legal requirements that relate to HIV and AIDS management	

4. 1 = Yes; 2 = No; 3 = Not sure

	HIV and AIDS roles and responsibilities	
4.1	THE General Manager (SHEC) is delegated by the CEO as the person responsible for the HIV and AIDS management system (HAMS) in the company	
4.2	The General manager (SHEC) chairs the HIV and AIDS Committee meetings	
4.3	The HIV and AIDS committee meets regularly to deliberate HIV and AIDS issues	
4.4	The Occupational Health Manager at the clinic co-ordinates the activities of HAMS	
4.5	Peer educators meet regularly	
4.6	Occupational Health Practitioners (Nurses) provide HIV and AIDS counseling and testing on a daily basis or at least regularly.	
4.7	HIV and AIDS roles and responsibilities have been defined	
4.8	HIV and AIDS roles and responsibilities have been documented	
4.9	HIV and AIDS roles and responsibilities have been communicated	

5. **1 = Yes; 2 = No; 3 = Not sure**

	Communication and availability of relevant documents	
5.1	HIV and AIDS objectives and targets exist	
5.2	Relevant versions of applicable documents are readily available at points of use	
5.3	Relevant information on legal and other requirements are communicated to employees	
5.4	An action plan from annual strategic and operational planning is readily available	
5.5	HIV and AIDS targets and objectives and success criteria are readily available	
5.6	The HIV and AIDS Policy is communicated to all employees	

6. **1 = Strongly disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly agree**

	Within the company, there is <u>adequate</u> availability of the following:	
6.1	General information, education and communication about HIV and AIDS to all employees	
6.2	Condoms for every worker at all times	
6.3	Counseling for HIV positive employees	
6.4	Regular testing for HIV	
6.5	Facilities for the diagnosis and treatment of HIV and AIDS	
6.6	Care and support from the company for employees with HIV and AIDS	
6.7	Community assistance in respect of HIV and AIDS through corporate social investment	
6.8	Immediate assistance following accidental exposure to HIV infection	
6.9	Post exposure prophylaxis (PEP)treatment in the event of accidental exposure of an employee	
6.10	Treatment of minor illness on a daily basis	

7. 1 = Strongly disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly agree

	There has been adequate training with respect to HIV and AIDS in the following areas:	
7.1	Continuous awareness education for employees	
7.2	Training for Managers on HIV and AIDS management	
7.3	Training for Peer educators	
7.4	Training for HIV and AIDS committee members	
7.5	Training for Occupational health nurses	
7.6	Training for first aiders in dealing with HIV infection prevention, care and management	

8. 1 = Strongly disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly agree

	Adequate Monitoring and Evaluation is evident by the following processes:	
8.1	Periodic review of the HIV and AIDS policy document	
8.2	The commitment to continuous improvement regarding HIV and AIDS management	
8.3	Internal audits on HIV and AIDS management	
8.4	External audits on HIV and AIDS management	
8.5	HIV and AIDS records and documents are kept up to date	
8.6	Periodic review of HIV and AIDS management	
8.7	Relevant corrective actions are taken regarding non conformities	
8.8	Periodic review of success criteria, objectives and project plan targets	

9. **Gender**

Male	
Female	

10. **Role in HAMS**

General Manager	
Occupational Health Manager	
Section Manager	
HIV and AIDS Committee Member	
Peer Educator	
SHE Representative	
First Aider	
Occupational Health Nurse	
Union Representative	

11. **How long have you been employed by the company (RBCT)?**

Less than 1 year	
1 – 2 years	
More than 2 years	

THANK YOU

Appendix 6: Questionnaire for general workers

Kindly respond to the following questionnaire by selecting ONE of the given options for each question

1. 1 = Yes; 2 = No; 3 = Not sure

1.1	The company's clinic is aware of my HIV status	
1.2	I have access to the HIV and AIDS management team/process in the workplace	
1.3	The company has a policy on HIV and AIDS	
1.4	The HIV and AIDS policy is displayed for all employees to see	
1.5	I am aware of procedures in the workplace that are specifically for HIV and AIDS	
1.6	Employees are involved in the development and review of the HIV and AIDS policy and procedures	
1.7	Employees are represented when decisions are made on HIV and AIDS-related occupational and health matters	

2. 1 = Strongly disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly agree

2.1	In the company there is adequate prevention of work- related exposure to HIV and AIDS	
2.2	In the company there is adequate provision of information, education, communication(IEC) and behaviour- change communication(BCC) regarding HIV and AIDS	
2.3	Non-discrimination regarding HIV and AIDS is practiced in all areas of the organization including recruitment, employee benefits, performance evaluation criteria, testing and confidentiality	
2.4	There is adequate communication/promotion regarding the prevention of HIV transmission	
2.5	Confidentiality on HIV and AIDS issues is practiced in the company	
2.6	In the company, compliance with applicable legal requirements that relate to HIV and AIDS management is practiced	

3. **1 = Strongly disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly agree**

3.1	Continuous awareness education for employees is adequate	
3.2	Rights of employees are considered through privacy and confidentiality in the management of HIV and AIDS	
3.3	The access I have to the HIV and AIDS management team/process is adequate	
3.4	I am satisfied with the support I get from the HIV and AIDS management team regarding HIV and AIDS	

4. **1 = Strongly disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly agree**

	HIV and AIDS roles and responsibilities	
4.1	There is a functional HIV and AIDS committee in the company	
4.2	I am satisfied with the way the Union representative represents employees on the HIV committee	
4.3	Occupational Health Practitioners (Nurses) provide adequate counseling on HIV and AIDS	
4.4	Occupational Health Practitioners (Nurses) provide regular HIV testing	
4.5	Peer educators are active in persuading their peers to know their HIV status and be managed	
4.6	I am aware of the roles and responsibilities of the HIV and AIDS management team	

5. **1 = Yes; 2 = No; 3 = Not sure**

	Communication and availability of relevant documents	
5.1	Are you aware of HIV and AIDS objectives and targets in the company?	
5.2	Is a document outlining the Company's HIV and AIDS objectives and targets readily available to you?	
5.3	Are HIV and AIDS related issues included in the annual safety (SHE) induction?	
5.4	Has the HIV and AIDS Policy been communicated to you?	
5.5	Has relevant information on legal requirements regarding HIV and AIDS been communicated to you?	
5.6	Do you have access to an action plan from annual strategic and operational planning?	

6. **1 = Strongly disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly agree**

	Within the company, there is <u>adequate</u> availability of the following :	
6.1	General information, education and communication about HIV and AIDS to all employees	
6.2	Condoms for every worker at all times	
6.3	Counseling for HIV positive employees	
6.4	Regular testing for HIV	
6.5	Facilities for the diagnosis and treatment of HIV and AIDS	
6.6	Care and support from the company for employees with HIV and AIDS	
6.7	Community assistance in respect of HIV and AIDS through corporate social investment (company assisted programme to community)	
6.8	Immediate assistance following accidental exposure to HIV infection in the workplace	
6.9	Post exposure prophylaxis (PEP)treatment in the event of accidental exposure of an employee	
6.10	Treatment of minor illness on a daily basis	

7. **1 = Strongly disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly agree**

	There is evidence of:	
7.1	Periodic reviews of the HIV and AIDS policy document	
7.2	The commitment to continuous improvement regarding HIV and AIDS management	
7.3	HIV and AIDS records and documents being kept up to date	
7.4	Periodic reviews of HIV and AIDS management	
7.5	Relevant corrective actions being taken regarding non conformities	
7.6	Periodic reviews of the success criteria, objectives and project plan targets	

8. **Gender**

Male	
Female	

9. **Job Title in the company (Select ONE option only)**

Dept coordinator	
Operator	
Maintenance Assistant	
Millwright/Electrician	
Boilermaker	
Belt man	
Filter/Rigger	
Supervisor	
Manager	
Other - Please specify: _____	

10. **How long have you been employed by the company (RBCT)?**

Less than 1 year	
1 – 2 years	
More than 2 years	

THANK YOU