

The impact of HIV/AIDS on service delivery in Polokwane Municipality as an  
organisation

by

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Submitted in partial fulfilment of the requirements for a Master of  
Development

at the

Turfloop Graduate School of Leadership

University of Limpopo, South Africa

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2011

## DECLARATION

I, Coecky Yasmeen Kalla, declare that the research study on the impact of HIV/AIDS on service delivery in Polokwane Municipality as an organisation, is my original work and that all sources cited have been indicated and acknowledged by means of complete references.

\_\_\_\_\_  
**Kalla Coecky Yasmeen (Mrs)**



**Date** \_\_\_\_\_

## ABSTRACT

The aim of the study was to explore the impact of HIV/AIDS on service delivery in Polokwane Municipality as an organisation and the mechanisms used to implement the HIV/AIDS policies and programmes. The researcher conducted the study in the city of Polokwane under the Capricorn District Municipality in the Limpopo Province. For this study, information was gathered from both municipal employees and managers in Polokwane municipality. The respondents confirmed that the organisation has an HIV/AIDS policy in place and its key provision serves to create a non-discriminatory working environment. They further acknowledged the fact that HIV/AIDS is a concern to the Polokwane municipal workforce and impacts negatively on service delivery that is the reason that led to the establishment of the EAP office. HIV/AIDS is still perceived as a very sensitive issue and employees are not willing to communicate about their status due to fear of being stigmatised. The Municipality should continue facilitation of educational awareness on employee's health and wellness, and encourage their employees to utilise the office of the employee assistance programmes.

## ACKNOWLEDGEMENTS

First, all thanks are due to Allah, the most gracious the most merciful. The following persons contributed towards the completion of the research study:

My supervisor, Dr T Moyo, who sacrificed her time for guidance and support right through the research study.

I am grateful to have my special friends, Ms T.S, Ngomane, Mr P Lentsoane, and Ms M.V, Dankuru.

A word of thanks to my husband, A.R, Kalla, and our three sons Zaid, Sikander, and Muhammed Yasin Kalla, for their unfailing support throughout the study.

Sincere appreciation to Ms L. M, Smith for her continuous support.

Special thanks also to my colleagues and friends for their encouragement and support.

## DEDICATION

The study is dedicated to my late father ALEX and three sons ZAID, SIKIE  
AND YASIN.

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### **ACRONYMS AND ABBREVIATION**

CGP	Code of Good Practice
CSIS	Center for Strategic and International Studies
DEPT	Department
DEV	Development
EAP	Employee Assistance Programme
FAO	Food and Agriculture Organisation
FMECCD	Federation Ministry for Economic Cooperation and Development
GCR	Global Competitiveness Report
GEA	Growth and Employment in Africa
GDS	Growth and Development Strategy
GDP	Gross Domestic Products
HJKFF	Henry J Kaiser Family Foundation
HRC	Human Resource Council
HSRC	Human Science Research Council
IDASA	Institute for Democracy in South Africa
IDP	Integrated Development Plan
ILO	International Labour Office
IDF	Interdepartmental Forum
NACOSA	National AIDS Coordinating Committee of South Africa
NGO	Non - Governmental Organisation
NSP	National Strategic Plan
ORG	Organisation
SIAPAC	Social Impact Assessment and Policy Analysis Corporation
UN	United Nations
UNAIDS	United Nation on AIDS
UNDP	United Nation Development Programme
WHO	World Health Organisation
WPA	World Psychiatric Association
WPP	Workplace Policies and Programmes

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## **CHAPTER ONE: GENERAL ORIENTATION OF THE STUDY**

### **1.1 INTRODUCTION**

UNAIDS (2006:15) stated that Sub-Saharan Africa remains the worst-affected region in the world with HIV/AIDS. According to Whiteside and Sunter (2000:37-38), the epidemic is not the same all over the world. The overwhelming total majority of people with HIV (some 95%) globally live in the developing world. That proportion is set to grow even further as infection rates continue to rise in countries where poverty, poor health systems, a lack of education, inequality and limited resources for prevention and care fuel the spread of the virus. FAO (2001:8-9) remarks about the HIV/AIDS epidemic that it has a major impact on development because it undermines three of the main determinants of economic growth: physical, human and social capital.

Cornia and Zagonari [2001:4] state that studies of businesses in East Africa show that it accounts for between a quarter and a half of the HIV/AIDS cost because of the disruption of the production cycle, under-utilisation of equipment and the cost of hiring temporary staff. From the study conducted in Zambia, Whiteside and Sunter (2000:100) mentioned that the largest cement company reported that absenteeism for funerals increased fifteen fold between 1992 and 1995. As a result, the company has restricted employee absenteeism for funerals to the funeral of a spouse, parent or child (Whiteside & Sunter, 2000:100).

HIV/AIDS remains one of the major “socio-economic” challenges facing South Africa today. UNAID (2006:8) reveals that “the HIV incidence rate ... is believed to have stabilized subsequently, notwithstanding increasing incidence in a “number countries (sic)”. However, Smith (2004:8) argues that the number of South Africans infected with HIV/AIDS will peak at 7.7 million in 2006–2007, creating the potential for an economic disaster in South Africa. This figure will taper off to about 7.2 million by 2010, mainly as a result of increased HIV/AIDS mortality. Burger and Braynard (2001:170) concur with Smith (2004): “although

government has adopted an extensive programme to manage the HIV/AIDS epidemic, “the HIV infection in South Africa (sic)” is still the fastest growing in the world. Moreover, South Africa lags behind other countries in successfully managing the effects of this deadly disease”.

Bowler (2007:75) mentions that in-depth studies on the impact of HIV conducted in Africa and South Africa have measured the increase in absenteeism levels, the impact of absenteeism on labor costs, the increase in early retirements, the increase in health costs and the negative impact on productivity. In supporting this view point, Whiteside and Sunter (2000:100) indicate that in a study conducted at a South African sugar mill, it was found that 84% of the direct costs of HIV/AIDS per worker per year were divided equally between absenteeism, training of replacement workers and lost productivity.

A recent ILO pilot study undertaken in South Africa projects that the following proportions of the workforce in South Africa will be HIV positive by 2005: one-third of the semi-skilled or unskilled workers, 23% of the skilled workers and 13% of the highly skilled workers as pointed out by Barac and Otter (2001:11). The ING Barings study indicated that more than a quarter of the workforce will be infected by 2006. Coetsee (2006:78) reveals that currently HIV/AIDS cases in South Africa are estimated at approximately 30% of the population. Infection levels are very high amongst young, economically active persons. This indicates that HIV/AIDS will have an overwhelming effect on the current and potential workforce as the youth is our future and, therefore, HIV/AIDS amongst the youth is a great threat to achieving strategic business objectives and a great business risk for individual organisations. According to a study done by the Minister of Public Service and Administration in 2000, AIDS is officially the biggest killer of public servants (Coetsee, 2006:79). Skinner and Mfecane (2004:160) point out that as with most other countries worldwide, South Africa has reported a large number of incidences of stigma. These include the murdering of HIV-positive individuals, not allowing children into schools, and exclusions or attempted

exclusions from the work place. They further reveal that many research studies have found a significant number of respondents who want people living with HIV to be clearly identifiable, to be separated from the rest of the population, or excluded from contact in schools, work and social institutions. For example, in a workplace study it was found that there was enormous compassion for colleagues who were HIV-positive, together with a wish to know who did have HIV, implying a need to keep them separate from those who were infected. Skinner and Mfecane (2004:160) further remark that stigma impacts on the people living with HIV themselves, as it is internalized into their self-perception and sense of identity, impacting on the person's perceptions and how they interact in the world. Pharaoh and Schonteich (2003:6) explain that HIV/AIDS on an epidemic scale could detrimentally affect the capacity of governments as civil servants experience illness and death, resulting not only in labour and productivity losses but also the loss of institutional memory. AIDS may decimate the ranks of skilled administrators and other government employees and diminish the reach or responsiveness of governmental institutions, or reduce their resilience. It reduces productivity as workers debilitated by ill-health work less productively and effectively. It causes a need for additional recruitment and training costs for new employees to replace those too sick to work. The pool of skilled workers will become progressively smaller and absenteeism will increase because of employee ill-health, or because employees take time off to care for sick relatives and attend funerals (Pharaoh & Schonteich, 2003:8).

Local government has a developmental mandate to deliver services to communities. The attainment of the mandate could now be threatened by the HIV/AIDS pandemic. Versteeg, Dhlamlenze and Joseph (2008:16) reveal that while the institutional arrangements, composition and mandate of AIDS councils in the country differ widely, many have in common that they have been re-launched, revived and or re-established. Some AIDS councils have achieved levels of success but many others continue to experience difficulties in executing their mandate effectively. Various support programmes have been designed and

implemented, but this has not always had the desired outcome (Versteeg *et al*, 2008:16).

The Polokwane Municipality has identified HIV/AIDS as one of the challenges to service delivery. The Municipal Policy (2006:36) has indicated that HIV/AIDS is one of the most devastating conditions affecting the health of millions of people in South Africa. AIDS has significant effects in every workplace as it affects the workforce. The disease has serious socio-economic, employment and human rights implications. As infected employees become ill, they will need to take sick leave, thus their productivity will be negatively affected.

As a researcher, the motivation to study the issue arises from the need to examine the HIV/AIDS situation in Polokwane Municipality, to determine the impact of the pandemic on the delivery of services and to explore how effective the Municipality manages the challenges of HIV/AIDS in the workplace. It also aims to recommend strategic measures to deal with emerging issues.

## **1.2 BACKGROUND OF THE STUDY**

Mazars (2008:21) mentions that one of the major roles of local government is to take the lead in changing this situation. Ultimately, the success of the projects depends on the ability of the stakeholders to work together and to understand that each has a role to play. It requires each local partner to engage in a paradigm shift and accept that any efficient HIV/AIDS response cannot be driven solely by health, technical, academic, bureaucratic or charitable concerns, but requires a participatory developmental approach. Local government is the institution best placed to drive this shift and to facilitate a truly developmental approach (Mazars, 2008:21).

There is widespread consensus that the severity of the HIV/AIDS epidemic cannot be curbed by the government on its own. Versteeg and Strom (2007:9) mention that in the light of this realisation, the South African National AIDS

Council (Sanac), the highest-level multisectoral partnership body in South Africa, was established in 2000. Chaired by the Deputy President, its objectives include providing leadership, building consensus around HIV/AIDS policy and strategy matters, promoting intersectoral collaboration and overseeing the overall implementation and review of the “National Strategic Plan on HIV/AIDS and Sexually Transmitted Infections” (Versteeg & Strom, 2007:9).

Polokwane Municipality views the disease in a very serious light and it is committed to providing measures for prevention, awareness, counseling, support and a non-discriminatory working environment for employees who are infected and affected. The municipality acknowledges its responsibility to provide a safe and healthy environment (Municipal Policy, 2006:36).

### **1.3 STATEMENT OF THE PROBLEM**

The Polokwane Municipality IDP acknowledge the existence of HIV/AIDS by having special programmes to tackle HIV/AIDS in the workplace although the impact is not clear on the extent of the pandemic (IDP, 2008-2011:37). Service delivery can be affected by different factors such as absenteeism, burnout, laziness and unproductivity, but recently the main impact is noted to be due to HIV/AIDS related illnesses.

Versteeg and Heynes (2007:17) state that in the third draft of the 2007-2011 IDP, it was acknowledged that the epidemic has an impact on the strategic developmental indicators and the conclusion was made that this has implications for service delivery planning in various areas such as housing and land usage, public healthcare, social welfare, and development.

#### **1.4 AIM OF THE STUDY**

The central aim of the study is to assess the impact of HIV/AIDS on the operational functioning or service delivery in Polokwane Municipality.

#### **1.5 OBJECTIVES OF THE STUDY**

The specific objectives of the study are:

- 1.5.1 To examine the HIV/AIDS situation in the Polokwane Municipality.
- 1.5.2 To determine the impact of HIV/AIDS on the delivery of services by the Polokwane Municipality.
- 1.5.3 To recommend strategic measures to deal with emerging issues as may be necessary.

#### **1.6 RESEARCH QUESTIONS**

A number of pertinent questions are raised in the study, for example:

- What is the situation of the municipality with regard to HIV/AIDS?
- How has HIV/AIDS affected service delivery?
- What are the indicators of the impact?
- Does the municipality have a policy on HIV/AIDS and if so, how has it been implemented and how effective is it?

#### **1.7 DEFINITION OF CONCEPTS**

##### **AIDS**

Acquired Immuno-deficiency Syndrome, as explained by Evian (2003:3). It is a relatively new and unique disease. It was first described in America in 1981 after a number of men had developed a rare pneumonia caused by a parasite called *Pneumocystis carinii*. A person is described as having AIDS when the HIV

related immune-deficiency is so severe that various life-threatening opportunistic infections and / or cancers occur because the immune system is weakened (Evian, 2003:8).

#### ARV

Antiretroviral drugs as defined from the WHO (2007:1). Providing antiretroviral treatment to people living with HIV/AIDS is the most effective means of managing AIDS. It is an easily measured service-delivery operation. It is a humanitarian activity that prolongs people's lives and reduces the social and economic impacts of the disease (De Waal, 2006:3).

#### CD4 COUNT

A type of white blood cell known as T lymphocytes, also called T helper cells. They protect the human body against infections. The CD4 count measures the strength of an individual's immune system. A healthy adult has between 700 and 1,500 CD4 cells per cubic milliliter of blood. Over a period of years, the T-cell count of an HIV-positive individual drop to a critical level below 500, a sign of a depressed immune system (Singhal & Rogers, 2003:47).

#### DISCRIMINATION

It refers to distinction, exclusion on or preference that has the nullifying, impairing equal enjoyment of rights (WHO & WPA, 2002:9). According to Singhal and Rogers (2003:248), "stigma" is prejudice and discrimination against a set of people who are regarded by others as being "flawed, incapable, morally degenerate, or undesirable", and who are treated in a negative way. "Prejudice" is an attitude, while discrimination is overt behaviour. The two usually go together. Being identified with AIDS transforms a person from discreditable to discredited (Singhal & Rogers, 2003:249).

## EPIDEMIC

When a population becomes infected with a contagious disease, an epidemic results. "Epidemic" derives from Greek and means "in one place among the people". To understand how an infectious disease can spread or remain established in a population, consider the relationship between an infectious disease agent and its host population. As a result the study of diseases in a population in an area of medicine is known as "epidemiology" (Fan, Conner & Villarreal, 2007:5-6).

## HIV

It refers to human immuno-deficiency virus Evian, (2003:5). HIV was discovered to be the cause of AIDS in 1983. It is unclear from where the virus came, or why it appeared. There is evidence that the virus has been around for at least 20 years, and it is possible that it was present even before that time. It has recently been discovered that the HIV virus developed from a mutation of the simian virus which infected chimpanzees. The virus later spread to monkeys and from monkeys to humans. After entering the body, it destroys important cells which control and support the immune system. HIV attaches to the CD4 receptors, mainly on dendritic cells and T-lymphocytes, known as helper cells. It can also attach to other cells, such as monocytes, macrophages and others, if they possess a CD4 receptor on their surface (Evian, 2003:7).

## "HIV/AIDS IMPACTS"

According to the Avert Report (2011:1) "HIV/AIDS impacts' can be explained as the immense additional pressure / repercussion or sufferings the epidemic has caused to humanity and across all sectors. For example, the health, education, local, economic sector, workplaces as well as households are struggling to cope with the pandemic. Throughout the continents, the AIDS epidemic is adding additional pressure on the health sector. As the epidemic matures, the demand for care of those living with HIV/AIDS on health workers in the hospitals rises.

## SERO-NEGATIVE

In practical terms, someone who was exposed to HIV is generally considered to be uninfected if he or she is sero-negative for HIV antibodies six months after the last exposure to HIV and remains sero-negative for another six months during which no other potential exposures occur (Fan, Conner & Villarreal, 2000:81).

## SERVICE DELIVERY

The green paper (1996:1) explained a guiding principle of the public service in South Africa to be that of service to the people. The guiding principles meaning the customer must come first and applying the eight Principles of the Public Service Delivery. The South African public service faces many challenges in its efforts to become a truly representative, competent and democratic instrument and to play its proper role in the reconciliation, reconstruction and development process. To fulfill this role effectively, the public service is being transformed to implement government policies according to the Policy Framework contained in the White Paper on the Transformation of the Public Service.

## STIGMATISATION

This means unjustifiably rendered shameful by the WHO and WPA (2002:8). The stigma of HIV/AIDS is especially pronounced because many of the sufferers, at least in the early stages of the epidemic, were homosexuals, injecting drug users, or the poor. Stigma is prejudice in a negative way. Throughout the world, anti-AIDS stigma is a barrier to the humane treatment of infected individuals (Singhal & Rogers, 2003:45).

## TRANSMISSION RATE

According to Fan, Conner and Villarreal (2000:9), the transmission rate represents the efficiency with which the disease is transmitted from an infected person to a susceptible person. This transmission rate has two major components. One is the inherent efficiency with which a specific virus can infect a susceptible person. The inherent efficiency of a virus is dependent on the

biological properties of the virus as well as the route by which the virus enters the susceptible person. The other major component of the transmission rate is based on the rate at which a susceptible person encounters an infectious person (the encounter rate). Each encounter between an infected person and an uninfected person increases the likelihood that an infection will be transmitted.

## WHO

World Health Organisation is a specialised agency of the United Nations that acts as a coordinating authority on international public health (Wikipedia, 2007:1).

### **1.8 LIMITATIONS OF THE STUDY**

The study is limited to the local municipality, therefore the findings of the study cannot be generalised to the entire population.

### **1.9 SIGNIFICANCE OF THE STUDY**

The study is expected to contribute to the knowledge base on the impact of HIV/AIDS to development and also to the public policy on HIV/AIDS programmes. As there has been minimal information on the nature of the study, the findings will contribute to broaden knowledge on the financial implications of HIV/AIDS. The study will also provide recommendations on strategic measures to deal with emerging issues in the Polokwane Municipality if necessary.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2. THEORETICAL, POLICY AND EMPIRICAL PERSPECTIVES ON HIV/AIDS AND SERVICE DELIVERY.**

#### **2.1 INTRODUCTION**

The chapter presents theoretical perspectives or debates about the relationship between HIV/AIDS and service delivery. It focuses on review of evidence on the impact of HIV/AIDS as well as the impact indicators and how they can be measured in the context of an organization. The chapter also reviews the literature on how HIV/AIDS can affect an organization in terms of its operations, effectiveness and efficiency. A situation analysis of HIV/AIDS within the Polokwane Municipality is presented, based on limited available evidence. Gaps are identified and these will be addressed in the research.

Sub-Saharan Africa represents just over 10% of the world population. Smith (2006:1) points out that over 60% of all people in Sub-Sahara Africa are living with HIV. This statistic is shocking, and over 70% of these people are working and supporting family members. Smith (2006:1) furthermore argues that in 2005 2,4 million adults and children died of AIDS. More than half of these people added value to an organization and contributed to the growth of a company. Companies are feeling the impact of increased absenteeism and increase in staff turnover. This can set companies back a fair amount costing the company's time and money (Smith, 2006:1).

Swindells (2000:1) argues that Africa's biggest economy faces slower economic growth, contracting GDP, increased household poverty, and the loss of its most economically active people as HIV/AIDS takes more lives in the next 20 years. The serious setback in development experienced by some countries may not be captured in the Gross Domestic Product (GDP) per capita figures (FAO, 2001:8-9).

The HIV/AIDS epidemic primarily affects working age adults and far outweighs any other threat to the health and wellbeing of South African employees. AIDS deaths will soon exceed all other causes of death put together amongst employees in South African workforces. Over the next 10 years, the number of employees lost to AIDS is expected to be the equivalent of 40-50% of the current workforce in many South African firms (Steinberg, Kinghorn, Soderlund, Schierhout, & Conway, 2000:10). According to Durden and Nduhura (2007:57), as HIV prevalence continues to rise in South Africa, more and more private companies are seeing a need to address HIV/AIDS related issues in the workplace. These initiatives are driven by economic necessity as the HIV prevalence rate climbs amongst the key economically active age group of 15 to 49-year-olds. Mattes (2003:4) acknowledges the seriousness of the epidemic and points out that the South African government reports conclude that AIDS will have become the leading cause of death among public servants by 2002, resulting in an estimated 250,000 deaths in the public service by 2012, or 23% of the present workforce of 1.1 million employees.

Limpopo's population is on average younger than that of the rest of the country with a life expectancy of 52 years in 2003. It is expected to decline to 42 years by 2010 mainly due to HIV/AIDS as mentioned in the Limpopo Report (2004-2014:4). Although HIV prevalence rates in the province have systematically remained well below national averages (slightly over half the national rates from the year 2000 to 2003), the growth rate of HIV prevalence in Limpopo far outstrips that of the rest of the country and is a major source of concern. The prevalence of HIV is increasing annually at over 10% in Limpopo Province compared to less than 5% for the rest of the country (Limpopo Report, 2004-2014:4). Polokwane Municipality (2006:36) indicates that HIV/AIDS is one of the most devastating health conditions affecting the health of millions of people in South Africa. AIDS has significant effects in every workplace as it affects the workforce.

## **2.2 THEORETICAL PERSPECTIVES**

### **2.2.1 IMPACT OF HIV/AIDS ON SERVICE DELIVERY**

A number of authors have presented theoretical arguments on how HIV and AIDS affect service delivery in various organisations or sectors. Authors such as Swindells (2000:2), Macklin (1989:165), Tawfik and Kinoti (2006:10), Dally (2000:15), Bloom, Mahal and Path (2001:6), Mattes (2003:4), Gill and Thompson (1997-2008:2) agree that HIV/AIDS destroys the workforce and compromises potential economic growth. Organisations are experiencing declines in productivity, reduced profit, and long periods of absenteeism, skills shortages, limited performance, staff turnover, inefficiency and disruption of service continuity.

The United Nations (2003:118) indicate that while HIV/AIDS may severely compromise the ability of any organization to deliver, the effects may be particularly pronounced in Government if it lacks the flexibility to respond to new pressures and the loss of key personnel in any ministry would adversely affect the functioning of that ministry. Strand, Matlosa, Strode and Chirambo (2004:13) state that democracy requires strong institutions and the full participation of citizens in political, social and economic life to be sustainable. However HIV/AIDS, as research has confirmed, is depleting the skills base in all developmental sectors and reducing the capacity of societies to be productive and secure the livelihoods of their citizens. Employees who are sick may work more slowly, and a rise in accidents in the workplace may be expected as a result of fatigue and stress. Morale within the company will be low as employees see their colleagues fall ill and eventually die. As deceased and retired workers are replaced, the average age and level of experience of the workforce decrease and the company is forced to bear the cost of employing and training new employees. Health care and medical aid costs rise. Businesses with a high number of HIV-positive employees can expect reduced productivity, increased operating costs, a loss of trained and experienced workers, and depressed profits. Absenteeism escalates as workers take time off to attend to their own

health needs, as well as to care for sick family members and attend funerals (Durden & Nduhura, 2007:57). It was deduced from Lubisi (2008:127) 's findings that firms are already experiencing small to moderate negative impacts of HIV/AIDS on efficiency variables such as work performance, overall production, work unit productivity, quality of output, service delivery, absenteeism due to sick leave / funeral attendance and customer satisfaction.

AIDS-related illnesses and the deaths of workers affect employers both by increasing their costs and reducing revenues. They have to spend more in areas such as health care, burial, training and recruitment of replacement employees. Revenues may be decreased because of absenteeism due to illness or attendance of funerals, as well as time spent on training. Labour turnover can lead to a less experienced and, therefore, less productive work force (ILO, 2000:20). The effect on the affordability includes a number of issues: the direct loss of family income, due to AIDS, from the illness and death of productive members of the family and the loss of income due to the costs of treatment, care and funerals. High expenditure on treatment and funeral ceremonies and care of AIDS patients have significantly reduced the family savings (Tibaijuka, 1997; Mkoyogo and William, (1991) in Hill, Katabaro, Katahoire and Oulai, 2002:34). In many countries, commercial farms suffer sharp cuts in output and profits as a result of the loss of workers and decreased working hours due to illness, death, stress, attendance of funerals and home care of ill dependants indicated (Cornia & Zagonari, 2001:5). Mattes (2003:4) indicates that because HIV infection is spread predominantly through sexual activity, AIDS-related illness and death occur disproportionately amongst younger, economically active people. This is expected to reduce household earnings and personal savings, as well as human capital and the size and skills of future work forces. Firms are expected to face higher wage bills because of increased employer contributions to pension, life and medical benefits, as well as higher training and replacement costs. Productivity is expected to decrease as a result of a decreased skills base, lower worker morale, increased absenteeism and the necessity of constantly replacing

skilled workers (Mattes, 2003:4). Thliza and Sabo (2007:643) explain that HIV/AIDS has a significant implication for the sustainability of agricultural and rural livelihood, death of productive persons and loss of time as family members take time off farm activities to look after the sick, or mourn the dead as the case may be. It was also pointed out that the commercial agricultural sector was facing a severe social and economic crisis caused by HIV/AIDS. The loss of skilled and experienced labour to the epidemic is a serious concern.

Detiefsen, Ostergaard, Jensen and Laursen (2008:1), reveal that HIV/AIDS can decimate the workforce and compromise potential economic growth. In countries and communities where HIV/AIDS is most concentrated, companies have experienced increased production costs, reduced profit and greater difficulty delivering products and services. Employees experience long periods of absenteeism, extensive expenses for medical care and the trauma of caring for family and friends who are ill from HIV/AIDS (Detiefsen *et al*, 2008:3).

In fact, the agricultural sector is often the single largest source of employment in developing countries. Given agriculture's reliance on labour, illness and death directly affect productivity and, therefore, affect crop yields, the types of crops being cultivated, income, and ultimately food security. The sector already faces many challenges such as drought, existing food shortages, and the extreme poverty of farmers, all of which are worsened by HIV/AIDS (HJKFF, 2007:6). FAO (2001:6) reveal that the widespread loss of active adults affects the entire society's ability to maintain and reproduce itself. Mechanisms for transferring knowledge, values and beliefs from one generation to the next are disrupted, and social organization is undermined. According to information from the FAO (2001:8) the decrease in the labour force, worker productivity, total outputs, and overall economic growth could lead to a decline in national food supplies and a rise in food prices, including those in urban areas. The breakdown of commercial enterprises may undermine the country's capacity to export and generate foreign exchange. Other effects include:

- Loss of seasonal workers can compromise plantation farming.
- Protracted morbidity and mortality of employees have high financial and social costs for businesses, especially as skilled and experienced employees are lost.
- The fall in productivity and competitiveness results in decreased employment opportunities and local economic spin-offs. Thus, HIV/AIDS can affect healthy people, as some economic activities may no longer be viable (FAO, 2001:8).

In the HIV/AIDS Statistic (2005:1), it is clearly stated that the epidemic has a definite impact on a company's profits through direct costs and declining economies especially on the following aspects:

- Increased costs-with increasing number of employees falling sick, companies have to bear the rising costs of health insurance, sick leave and funeral benefits, as well as recruitment and training of new staff.
- Declining markets-HIV/AIDS threatens economic prosperity by putting national economies at risk. The increasing impact of AIDS on business deters investment and decreases output for foreign exchange.
- Threats to consumer base-the overall demand for goods and services decreases and companies are forced to be less dependent on their consumer base. Households are faced with increased health expenditures and risk losing their sole income earner.

According to the United Nations (2004:58 - 59) in addition to the direct effects arising from increased costs and loss of productivity, firms confronted with a high level of adult HIV prevalence may be faced with other, less quantifiable effects. For example, HIV/AIDS can result in a substantial decline in morale among workers. As employees witness the deaths of their co-workers, they may adopt a fatalistic attitude towards work and life in general, which may have a detrimental impact on the production of firms. It is further indicated that absenteeism might result in extra work for healthy workers by standing in for the

sick colleagues. In some companies, healthy workers were increasingly working extra hours to compensate for the time lost by their sick colleagues. As a result, companies not only paid more extra hours but also exhausted the healthy workers. Working long hours can produce stress among employees, which may result in a decline on both the quantity and quality of the final product.

Productivity SA (2008) in Van Zyl and Lubisi (2009:208) verify that labour productivity is closely linked to the level of efficiency of a firm and that any negative productivity shock will impact negatively on firm efficiency. Their report further indicated that labour productivity is viewed as a measure of the efficiency with which labour input is utilised. Dickson (2003:25) indicates that AIDS constitutes a critical threat to the development of South Africa. It presents a major challenge to the creation of a prosperous South Africa in which all citizens are able to fulfill their potential. HIV prevalence rates differ substantially across skill groups and the epidemic will, therefore, have a differential impact on labour force growth by skill category. Arndt and Lewis, (2000), BER, (2001), ING Barings, (2000) in Booysen, Geldenhuys and Marinkov (2003:10) reveal that in South Africa there is an inverse relationship between HIV prevalence and skill class, with unskilled and semi-skilled workers having much higher prevalence rates than their skilled or highly skilled counterparts. Due to this fact and the current composition of the labour force, projected losses in the labour force at lower skill levels far exceed losses at higher skill levels, while the epidemic is also likely to exacerbate the skills shortage in the country.

### **2.2.2 HIV/AIDS AND THE PRIVATE SECTOR.**

Fourie and Schoeman (2006:198) explain that the transport sector is highly dependent on labour, and for many operations this is particularly skilled labour. In terms of the trucking industry there is real pressure to keep drivers on the road, because a truck that is standing is not earning money. Their mobility makes it very difficult to apply HIV/AIDS initiatives. The loss of colleagues, increased workloads, potential discrimination and general uncertainty about HIV/AIDS may

undermine staff morale. Akukwe (2005:3) indicates that HIV also affects long-term rural growth, as it interrupts the transmission of farming knowledge across generations (du Guerny 1999). Barnett's (1994) study on Uganda, United Republic of Tanzania and Zambia confirms that mortality seems to have a greater impact than morbidity in rural areas, not only because of labor loss, but also as a result of the termination of farming knowledge in (Akukwe, 2005:3).

HIV/AIDS has become a significant threat to South African business with companies already having to deal with a sizeable part of their workforce functioning at a much reduced level of productivity. Experience in South African companies shows that a worker with full-blown AIDS will be absent 50% of the time and will function below par when at work (Coombe, 2000:1). According to HJKFF (2007:4), by affecting adults during their prime working years, HIV/AIDS has the potential to impact the labour supply and, therefore, businesses and firms in the private sector. AIDS-related illness and death among employees may increase costs, reduce productivity and change a firm's operating environment. Higher costs have significant implications for businesses, and effects on profitability and competitiveness.

According to a paper from the CSIS (2006:1), businesses worldwide have found that the spur to developing their own HIV/AIDS programmes has been the impact of the disease on their bottom line. Numerous studies from Kenya and South Africa conducted by companies such as Daimler Chrysler and De Beers have shown that direct business action in preventing and treating HIV/AIDS cases ensures benefits that influence the company balance sheet and protect their greatest resource, their people. The productivity of HIV-infected workers who are not on medication invariably falls over time, and these workers are forced to take sick leave and in most cases leave their work permanently, and that adds to a loss of productivity and efficiency of operations. HIV/AIDS also degrades morale and workplace cohesion and forces companies to hire and train substitute workers. In addition, episodes of illness have a negative impact on other

members in the work team and on the work process in general and that cannot be quantified (CSIS, 2006:1).

SIAPAC (2003:28) indicates that for many businesses, the loss of skilled and semi-skilled, experienced personnel will be especially devastating, while unskilled labour will generally be quickly replaced. Being able to effectively replace these people will be undermined by the costs associated with the loss of personnel (such as sick leave, and pension monies), and the shortage of people with the requisite skills and marketplace as more and more employers are trying to obtain people with the requisite skills and experience (SIAPAC, 2003:30). According to the studies conducted by Ouattak (2000), the Bureau for Economic Research (2001) and Shisana and Simbayi (2002) in Van Zyl and Lubisi (2009:208) the relationship between HIV/AIDS prevalence rates and skill level was explored. It was concluded in all the three studies that the HIV/AIDS prevalence rates were higher among unskilled and semi skilled labour when compared to highly skilled labour. Van Zyl and Lubisi (2009:208) further confirm that the studies conducted by Fraser, Grant, Mwanza and Naidoo (2002) highlighted the positive link between skill levels and firm efficiency, suggesting that high levels of HIV/AIDS incidence would impact negatively on firm efficiency. Thus, the pandemic is likely to devastate large portions of policy-makers, national legislators, local counsellors, election officials, soldiers, and civil servants-including doctors, nurses, teachers, ambulance drivers, fire-fighters, and the police. In Durban, fire department managers have noted that while it takes three months to train a fire-fighter, it takes years to create one with enough skills to pass knowledge onto younger members through informal training (Mattes, 2003:6-7). According to Good Practice (2002:2) companies themselves are at varying stages with respect to engagement on workplace HIV/AIDS issues. Some know they have a problem and are taking action on multiple fronts to address it, while others suspects they may have a problem but do not know how or where to start. Other companies are unaware that a problem exists even when it may already be having a negative impact on their bottom line. In order to

accurately weigh the costs and benefits of taking action, it is critical for a company to understand the extent of the threat HIV/AIDS poses in its area of operation and the full range of direct and indirect costs associated with the impacts of the disease on its workforce (Good Practice, 2002:2). Lubisi's (2008:125-126) findings confirm that firms are experiencing costs pressures due to the impact on HIV/AIDS on labour costs, staff turnover, recruitment costs, pre employment training costs, in service training costs and production costs. United Nations (2004:59) remark that some firms have reduced employees' benefits, restructured employment contracts, outsourced less skilled jobs and changed production technologies to require fewer workers. Firms are also hiring and training older workers, who are less likely to have HIV/AIDS (United Nations, 2004:59).

Fox, Rosen, Macleod, Wasunna, Bii, Foglia and Simon (2004:321) indicate that reports from tea estate managers indicate that when employees become sick, supervisors often shift them to light duty, for which they earn a flat rate equivalent to the wage for plucking tea. However, being shifted to light duty permits remaining in the workforce and continuing to be paid. Estate managers reported that because of increasing morbidity in the workforce, they are supporting more workers on light duty than are needed for efficient operation. Fox et al (2004:322) further elaborates that farm workers with HIV/AIDS are absent from the job more often, cannot maintain their output when on the job and are more often shifted to less strenuous / productive duty. The Polokwane Municipality IDP's Municipal Transformation and Institutional Development accepts that HIV/AIDS management in the workplace is a challenge which needs a basis for review and the formulation of the necessary interventions or sector strategies (IDP, 2008-2011:67).

The theoretical perspectives presented in the literature have some useful methodological implications. In terms of impact analysis, the review highlights the following key indicators of the impact of HIV/AIDS and service delivery:

- absenteeism
- costs
- skill retention
- death
- decline in performance
- decline in production
- less output

### **2.2.2 HIV/AIDS AND THE PUBLIC SECTOR**

The government faces some of the same issues as the private sector. The illness and death of workers increase costs and reduce productivity as mentioned in the HJKFF (2007:5). HIV/AIDS also poses special challenges for governments and the public sector. The epidemic increases demands on the government and on the public services at a time when both human and financial resources may be compromised. HIV may also erode the revenue (tax) base of government by increasing mortality among adults in their prime productive years; revenue may be reduced further as the private sector, a key source of tax revenue, is impacted by the epidemic. UNAIDS (2004:9) acknowledges that the epidemic has created a need for robust, flexible health systems at a time when many affected countries have been reducing public service spending to repay debts and conform to international finance institutions' requirements. So already weakened systems are being forced to cope with the extra burden of sickness and the loss of essential staff through sickness and death related to AIDS. Patel, Buss and Watson (2003:14) mention that this announcement came on the heels of a declaration by the speaker of Malawi's parliament that 28 members of parliament had succumbed to AIDS from 1999 to 2003. These numbers suggest that the labour force, including teachers and civil servants, is being depleted because of HIV/AIDS in Sub-Saharan Africa; thereby undermining the administrative capacities and development potential of the state. According to Hill et al (2002:41) teachers like many others, are not spared by HIV/AIDS so that that even if facilities continue to be available, there may be a lack of teachers and

other personnel to provide teaching services. It is clear that the number of trained teachers is decreasing.

AIDS has done much to highlight existing inadequacies and weaknesses in the education system in the region, and has certainly added to an existing burden of problems facing the sector (Hill et al, 2002:77).

Mattes (2003:6-7) argue that where civil servants endeavour to deliver public services according to rational principles of need or merit, the rapidly changing demographic impacts of the HIV/AIDS pandemic will make it difficult to anticipate demand accurately and plan the types, amounts and locations of services to be supplied. National and local governments may invest in services that are under-utilised because of an unanticipated fall in demand, or they may face unanticipated demands because their ability to supply has fallen faster than the decline in the overall population. Overall, it appears that there is consensus from the theoretical debates that HIV/AIDS tends to have adverse or negative effects on the public sector. The studies tend to use the following key indicators of the HIV/AIDS impact:

- productivity
- efficiency
- memory continuity
- skills
- labour costs
- absenteeism
- death

According to Swartz and Roux (2004:105), the municipalities cannot deal with HIV/AIDS without the cooperation and support of other government departments, religious, welfare and community organisations and volunteers. To become developmental, local governments are expected, amongst other things, to maximise social and economic development, integrate and coordinate development activities, empower communities, and provide leadership. In line

with the principle of the IDP, local governments should play a coordinating role in identifying and mobilising key actors in each community. Local government is by its very nature and extent of responsibilities arguably the best conduit for developing and implementing multisectoral strategies (Swartz & Roux, 2004:105).

### **2.3 GLOBAL STATISTIC ON HIV/AIDS PREVALENCE**

It is evident that the global impact of HIV/AIDS is not different from country to country, because HIV/AIDS targets and destroys mostly the young in their productive years. In fact, the epidemic is wiping out the workforce and impacting on economic growth and sustainable development. Social and economic circumstances add to vulnerability to the HIV infection which strengthens the impact and severity of the disease and ultimately weakens the human resource functioning. From the information gained from the different studies, it is evident that HIV/AIDS affects productivity, profitability, skills, labour costs, staff turnover, memory continuity, performance, and efficiency, and as a results impact on service delivery.

By 1985, with cases of HIV/AIDS reported in every region of the world, a group of scientists and health professionals came together under the auspices of the World Health Organisation to recommend a global strategy for AIDS prevention and control that was then endorsed by the World Health Assembly and the United Nations General Assembly. With the establishment of the Global Programme on AIDS in 1987 and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 1996, the United Nations moved to address AIDS not as an isolated health problem but as a human development issue as significant as any facing the world today (UNAIDS, 2006:2). HIV/AIDS has a pervasive impact on growth, income and poverty for nations heavily affected by the epidemic as well as for the global economy (HIV/AIDS statistic, 2005:1).

It is stated in the UNAIDS (2006:15) that Sub-Saharan Africa remains the worst-affected region in the world. Across the region, rates of new HIV infections peaked in the late 1990s, while a few of its epidemics show recent declines, notably in Kenya, Zimbabwe and in urban areas of Burkina Faso. Overall, HIV prevalence in this region appears to be leveling off, albeit it has exceptionally high levels in Southern Africa. Such apparent “stabilization” of the epidemic reflects situations where the numbers of people being newly infected with HIV roughly match the numbers of people dying of AIDS-related illnesses. The Brookings report (2001:37-38) points out that the epidemic is not the same all over the world. The global overwhelming majority of people with HIV - some 95% - live in the developing world. That proportion is set to increase even further as infection rates continue to rise in countries where poverty, poor health systems, a lack of education, inequality, and limited resources for the prevention and care fuel the spread of the virus.

Pirie and Coetsee (2006:1) specify that a study in several Southern and East African countries has estimated that the combined impact of AIDS-related absenteeism, decline in productivity, health care expenditures, and recruitment and training expenses could cut profits by at least 6-8% and that absenteeism can account for as much as 25-54% of a company’s total cost structure.

A joint study by 2002 USAID - University of Natal estimates that labour losses to HIV/AIDS in Botswana will be 17.25% by 2005 and would increase to nearly 30.8% by the end of 2002, if current trends continue (Patel *et al*, 2003:13). Studies have shown up to six-fold increases in worker mortality, and there are consistent data of significantly increased AIDS-attributable death rates between 7.5 and 9.4/1000 workers for several Southern African countries in the course of the nineties. Factors that reduce workers’ productivity include affected workers’ failing physical and emotional health, HIV/AIDS-related absenteeism and the initially limited performance of new workers covering for, or replacing, sick or deceased employees (FMECD, 2005:2). Bowler (2007:75) indicates that 15

Tanzanian organizations were surveyed with a prevalence estimated at between 5 and 10% and found increased medical costs, sick leave, funeral absenteeism, recruitment costs, labour market shortages and productivity losses.

Rosen, Hamazakazaka, Feeley and Fox (2006:13) signify that in Zambia, and in many other developing countries, budgets for line ministries, education, health, housing, environment are often too small to provide basic services to all those in need even without the impact of the AIDS epidemic. The epidemic increases demands for government services like healthcare and social welfare, while skills shortages and budget shortfalls combine to keep the service delivery agencies persistently understaffed and inadequately experienced. High HIV/AIDS-related morbidity and mortality in government workforces thus intensify the problem in three ways: skilled and experienced employees die prematurely; many of those still in the workforce are sick and unproductive; and the costs of care, benefits, and replacement drain the operating budget (Rosen *et al* (2006:13). In Zimbabwe, which is in a more advanced stage of the epidemic, a study of the main concerns that businesses express about the impact of HIV/AIDS found that the major concern was about the loss of skilled labour, followed by the loss of labour generally, reduced future productivity and increased insurance and pension costs (Whiteside & Sunter, 2000:3). Short-term concerns focused on the labour impacts of AIDS including recruitment; training and development; and employee benefits. Long-term concerns focused on the way on which AIDS would affect the markets (Barac & Otter, 2001:9-10). UNAIDS (2004:5) specified that studies in Tanzania, Cameroon, Zambia, Swaziland, Kenya and other sub-Saharan African countries have found that the rate of economic growth may be reduced by as much as 25 per cent over a 20-year period as a result of the HIV/AIDS pandemic.

### **2.3. 1 REVIEW OF EVIDENCE ON THE IMPACT OF HIV/AIDS IN SOUTH AFRICA'S LOCAL GOVERNMENT SECTOR**

Kyereh and Hoffman, (2007:1-2), Steinberg, Kinghorn, Sonderlund, Schierhout and Conway (2000:302), as well as De Villiers (2003:78), remark that South Africa has one of the world's fastest and largest populations of HIV and AIDS among the economically age group. Page, Louw and Pakkiri-Tidasa (2006:104) pointed out that South Africa has the largest number of people in any one country living with HIV/AIDS. In South Africa, a study was done on the impact of AIDS on the national economy in 1991 as stated by Whiteside & Sunter (2000:87). The study suggested that, in the long term, the epidemic is expected to pose a threat to ongoing economic growth, with some sectors being more seriously affected than others. The general conclusion was that while the overall effect of the AIDS epidemic would be a sustainable one for the South African economy for the next 15 years, the problem is still a desperately serious one for society.

According to HJKFF (2007:4), research has shown that:

- HIV/AIDS has raised costs for businesses through absenteeism due to the ill health of a worker or a member of the worker's family; higher medical care and benefit costs, funerals costs for employees; employee attrition due to illness or death; and additional efforts needed to recruit new staff.
- Almost 10% of all South African companies surveyed indicated that HIV/AIDS has already had a significant adverse impact on their business; more than 40% predicted a significant negative impact over the five years following the survey.

Skinner & Mfecane (2004:161) further argue that research has found that people with HIV feel isolated, guilty, dirty and full of shame, which is then often incorporated into identity. General participation in the activities of life is, therefore restricted by stigmatization, causing them to feel compromised and to blame for their situation (Skinner & Mfecane, 2004:161). According to Holzemer and Uys (2004:167), the Siyam'kela project recently completed a series of interviews and focus groups in South Africa with persons living with HIV/AIDS, faith-based

organisations and leaders, and governmental groups. They reported several stigma factors based upon a content analysis of their interview and focus group data. The themes related to external or enacted stigma included avoidance, rejection, moral judgment, stigma by association, unwillingness to invest in persons living with HIV/AIDS, discrimination and abuse. The themes related to internal or felt stigma include self - exclusion from services and opportunities, perception of self, social withdrawal, overcompensation, and fear of disclosure (Holzemer & Uys, 2004:167-168).

In 2000/2001, the HIV prevalence rate among male South African workers in a variety of workplaces was found to be 14.5%. In 2000 AIDS was estimated to be responsible for 40% of deaths (the greatest single cause) among South Africans aged 15-49 years (Sloan & Myers, 2005:261). Arndt and Lewis, (2000), BER, (2001), ING Barings, (2000) in Booyesen, Geldenhuys and Marinkov (2003:14) embarked on studies to prove median lifespan and productivity of HIV/AIDS afflicted workers in South Africa. The studies all assume a median lifespan of eight to ten years for workers who are HIV-positive. HIV-positive workers that have not yet contracted AIDS are just as productive as their HIV-negative counterparts, while full-blown AIDS spans the last two years of the HIV-positive term. These assumptions are largely based on the ASSA and the Doyle-Metropolitan demographic models that are used to generate demographic inputs for the macroeconomic models. In terms of labour productivity, Arndt and Lewis (2000), for example, assume that AIDS-afflicted workers are half as productive as their colleagues that do not suffer from AIDS. The BER (2001) model and Burger (2001) assume that the productivity of AIDS-afflicted (skilled and unskilled) workers is reduced by 40%. The ING Barings (200) model puts this estimate at 0.33 years or in other words that labour productivity is reduced by a third (in Booyesen, Geldenhuys & Marinkov, 2003:14).

Adeoti and Adeoti (2008:145) 's evaluation on the impact of the health status of farm households with respect to HIV/AIDS on their cropping patterns, incomes

and technical efficiencies in Benue State of Nigeria. The results demonstrated that HIV/AIDS has led to decreased farm size and reduction in the variety of crops cultivated on farms own by those infected and affected by HIV/AIDS. The average gross revenue, average gross margin and farm profit on farms of those not infected nor affected were higher than farms of the infected and affected by the pandemic. The average gross margins for the two farm groups are statistically different. The significant variables that affect output levels on those infected and affected by HIV/AIDS are farm size, hired labour and fertilizer. On the farms of those not infected nor affected output levels are affected by farm size, family labour and fertilizer. The technical efficiencies for the two farm groups were also found statistically different.

Maritz (2002:2) indicates that South Africa is ranked 25<sup>th</sup> in the micro-economic factor section of the global competitiveness report. South Africa's productive capacity is way beyond that reflected in its GDP per capita as a result of low productivity levels. Growth is a result of increased productivity, which is a result of best practice and good strategy. He further mentions that unfortunately, the HIV/AIDS epidemic is one that will affect everybody in the workplace, whether they are infected or not. The epidemic is spreading like wildfire Statistics provided by UNAIDS show that almost one fifth of the total South African population is HIV positive (Maritz 2002:7-8). Pharaoh and Schonteich (2003:7) mention that it is projected that around 2010, South Africa, which generates about 40% of sub-Saharan Africa's economic output or almost two-thirds of SADC's, is likely to have a real Gross Domestic Product of 17% lower than what it would have been without AIDS. They further argue that projections suggest that the total cost of preventing and treating HIV/AIDS, and replacing workers lost to the disease, will increase from R114 million in 1995 to R1.5 billion in 2010. HIV is a major threat to the world of work as it affects the most productive segment of the labour force and reduces earnings, and it is imposing huge costs on enterprises in all sectors through declining productivity, increasing labour costs and the loss of skills and experience.

Noble (2009:3) points out that among those between 15 and 49 years old, the estimated HIV prevalence was 16.2% in 2005. The result of this study suggests that Kwazulu-Natal, Mpumalanga and Free State have the highest HIV prevalence. However, the relatively small sample sizes limit precision, and in several cases the ranges of uncertainty overlap. The report further reveals that the annual number of registered deaths rose by a massive 91% between 1997 and 2006. Among those aged 25-45 years, the rise was 170% in the same nine-year's period (Noble, 2009:4).

The decline in productivity in countries with advanced epidemics has been shown to be closely related to an HIV/AIDS-related increase in labour costs. Information from the FMECD (2005:2) indicates that a factor accounting for over 50% of this increase is the absenteeism of employees, either because they are caring for sick family or friends or because of their own illness. Further factors include the increased costs of employees' burials, of funeral attendance, of increased employees' health care and benefits, as well as the costs caused by labour turnover, recruitment and training of replacement staff (FMECD, 2005:2). It has been estimated that South Africa lost 2.2-billion rand in absenteeism directly attributed towards AIDS (Smith, 2006:1). Mattes (2003:4) reveals that in South Africa, HIV infection rates have been projected to peak at 23% of skilled and 13% of highly skilled workers by 2005. By 2015, this will result in a skilled workforce that is 18% smaller, and a highly skilled force that is 11% smaller. Motaung (1994:31) mentions that to be told one is HIV positive is a traumatic experience and results in much psychological distress. On hearing the news the person goes through various emotional stages or is propelled into a crisis. The person becomes emotionally paralysed because there seems to be no solution to the problem. All efforts to resolve the crisis situation seems hopeless or the results appear to be as harmful as the threat itself.

Hlungwani (2004:15) indicates that some of the negative effects on the workplace include: workplace conflicts as a result of stigmatization and discrimination, loss of skill and institutional knowledge, increased absenteeism, early retirement, and staff turnover. While the shrinkage of the pool of available new hires, results in higher recruitment costs, it also causes declining morale, and hence productivity, among fearful and grieving staff. Direct costs of HIV/AIDS are related to separation, recruitment, selection and hiring. Furthermore, a significant portion of the costs were related to lost productivity and it takes a new employee a lot of time to reach an acceptable level of competence through orientation and training.

The Department of Health (2007:3), indicates that there were statistically significant decreases in three provinces (Mpumalanga, North West and Gauteng Province). All other provinces remained at a stable level (statistically) in comparison to 2005, although the tendency was towards reduction. Further more the Department of Health (2005:11-12) shows that HIV prevalence has decreased slightly in KwaZulu-Natal and Gauteng between 2004 and 2005. There were slight increases in the seven other Provinces, most notably in the North West Province. It shows that the epidemic has progressed at a different pace in different Provinces, with Limpopo, Northern Cape and Western Cape consistently at lower levels compared to the other Provinces and the national average.

According to Pembrey (2008:1), as well as the death and suffering that HIV has caused on an individual and community level, South Africa's AIDS epidemic has also had a substantial impact on the country's overall social and economic progress. The average life expectancy in South Africa is now 54 years without AIDS, and half of the 15 year olds are not expected to reach the age of 60. Between 1990 and 2003, a period during which HIV prevalence in South Africa increased dramatically, and the country fell by 35 places in the Human Development Index. Hospitals are struggling to cope with the number of HIV-

related patients that they have to care for. In 2006 a leading researcher estimated that HIV-positive patients would soon account for 60-70% of medical of medical expenditure in South African hospital (Pembrey, 2008:1). Mattes (2003:6) reveals that at the local council level, a 2002 analysis of Durban's (eThekweni) Metropolitan Council records over a 21-month period shows sharp increases in the extent of councillors' absenteeism because of illness (from less than one in the first half of 2001, to over four in mid 2002). The Parks, Recreation and Culture Department reported a 32% turnover in personnel in the previous six months. The Electricity Department estimated that they were experiencing four to five employee deaths and two medical boarding per month over the past two years, doubling their previous rates (Mattes, 2003:6).

Swartz and Roux (2004:99) declare that HIV/AIDS will affect every municipality in South Africa in some way or another. In sum, the disease will most likely escalate socio-economic and health needs while at the same time undermining municipalities' capacity to provide for such needs. The rates base will be severely cut down as an increasing number of poorer households struggle to pay for services. At the same time a combination of rising needs, less money and the loss of skilled staff will place added pressure on already stretched resources. This will further undermine the capacity of local governments to carry out their core functions of local service delivery (Swartz & Roux, 2004:99-100).

The Polokwane Municipality IDP acknowledges that is a serious problem and adopted a policy for the management of HIV/AIDS in the workplace. The prevalence study conducted by the Capricorn District Municipality found that, from a sample of 300 participants, 8 of the employees were infected. The challenge for the municipality is to develop an intervention programme in order to deal with or address the findings of the study (IDP, 2008-2011:72).

## **2.4 POLICY FRAMEWORK**

According to the Constitution (1996:6), Chapter 2, the bill of rights enshrines the rights of all people in the country and affirms the democratic values of human dignity, equality and freedom. It also stipulates the provision that everyone has the right to fair labour practices including people living with HIV/AIDS. Horner-Long and Ortlepp (1996:6) indicate that the new Labour Relations Act, No 66 of 1995, protects individuals against arbitrary discrimination in the recruitment and selection of staff. The specific impact that this will have on pre-employment AIDS testing in other employment sectors is yet to be determined (such as the defence force, the South African Police Service, and pilots etc). Bracks and Van Wyk (1994:40) conclude that the Labour Relations Act provides that an "unfair labour practice" means any act or omission, other than a strike or lockout, which has or may have the effect that an employee or class of employees is or may be unfairly affected or that his or their employment opportunities or work security is or may be prejudiced or jeopardised thereby. In terms of this definition the industrial and supreme courts are likely to hold that the dismissal of HIV/AIDS infected employees would constitute any act or omission which unfairly affects an employee's employment opportunities (Bracks & Van Wyk, 1994:40). Furthermore, the Employment Equity Act, No 55 of 1998, promotes equal opportunity and fair treatment in employment through the elimination of unfair discrimination, as well as the Basic Conditions of Employment Act, No 75 of 1997, which regulate the right to fair labour practices contained in section 23 (1) of the constitution and to give effect to obligations incurred by the Republic as a member state of the International Labour Organisation.

It is stated in the HIV/AIDS Report (2006-2007:13) that in 1992, the National AIDS Coordinating Committee of South Africa (NACOSA) was launched with a mandate to develop a national strategy on HIV/AIDS. Cabinet endorsed this strategy in 1994. A review conducted in 1997, in line with the goals of the NACOSA plan, highlighted the strengths and weaknesses of a health sector which tended to have a disease-specific approach to HIV/AIDS. The report

further pointed out that in 1999, through a consultative process with stakeholders, a National Strategic Plan (NSP 2000-2005) was developed and has been the cornerstone of the response in mitigating the impact of HIV/AIDS. Its aim was to strengthen the implementation of the recommendations of the NACOSA Plan review as well as enhance the national response to HIV/AIDS, STIs and TB (HIV/AIDS Report, 2006-2007:13-14). Other relevant pieces of legislation include: the Occupational Health and Safety Act, No 85 of 1993, which regulates the creation of a safe working environment. This may include ensuring that measures are put in place to ensure that the risk of occupational exposure to HIV is minimised. Furthermore the Compensation for Occupation Injuries and Disease Act, No 130 of 1993, makes provision for compensation of employees injured / infected with a disease while at work. The Medical Scheme Act, No 131 of 1998 stipulates that a registered medical aid scheme may not unfairly discriminate directly or indirectly against its members on the basis of their state of health. The Act prescribes that schemes cannot exclude anyone from membership based on a medical condition and this includes HIV. The Report further highlights the code of good practice and sets out guidelines for employers - public and private - and trade unions to implement to ensure that employees with HIV/AIDS are not unfairly discriminated in the workplace. The Public Service Regulations was first published in January 2001 and subsequently amended in June 2002 to include minimum standards for departmental HIV/AIDS programmes, and stipulates that the working conditions should support effective and efficient service delivery and should as reasonably as possible take into account the employees' personal circumstances including HIV/AIDS (HIV/AIDS Report, 2005:13-15).

Good Practice (2002:10) affirms that discrimination in the workplace reinforces stigmatization of people living with AIDS. At the same time, the workplace offers a unique opportunity to confront societal discrimination and stigma by dispelling myths and communicating that there is no need to fear people living with HIV. These messages can be further reinforced by workplace - based, anti -

discrimination policies and programmes which demonstrate that people can live and work with HIV/AIDS. Encouraging an HIV/AIDS support group for employees, or involving people living with HIV/AIDS in the company awareness activities, might be a powerful means of breaking down misconceptions and fostering understanding and acceptance. Peer education is one of the most widely used strategies for raising awareness on HIV/AIDS. It typically involves training and supporting members of a given group to affect change among their peer (Good Practice, 2002:10).

In South Africa, the land reform programme does not talk about HIV/AIDS. The only programme available is one that deals with staff and employees of the Department of Land Affairs. As an agent responsible for land reform it has not committed itself to address the HIV/AIDS issues in the execution of its duties. Currently in South Africa, the land reform programme does not integrate HIV/AIDS into their business. If it does, it is not stated (Zwane, 2001:6). Fortunately, the Department of Local Government and Housing is very involved in the provision of shelter by allocating RDP houses to people living with AIDS for safety and healthy living conditions.

Versteeg, Dhlamlenze and Joseph (2008:16) indicate that on 22 April 2008, CMRA in partnership with SALGA, hosted the first Learning Event of the HIV/AIDS and Local Government Research Network with the theme "Local AIDS councils: How can they be more effective" The roles of the AIDS councils were defined and the delegates were urged to make use of the available resources and tools that are being developed, including the SALGA country plan, the framework developed by the DPLG and the newly developed handbook that accompanies the framework. All these have been developed in line with the goals identified in the NSP and are intended to serve as guidelines for Municipalities to respond effectively to the HIV/AIDS epidemic. Mazars (2008:18) concurs with Versteeg *et al* (2008:16) that "In line with the mandate assigned to Municipalities as part of the vision of developmental local government,

Municipalities are expected to be active role-players in all efforts to prevent the spread of HIV and to mitigate the negative consequences of AIDS for communities” (Mazars, 2008:18). The various frameworks and plans guiding the HIV/AIDS response of local government insist on the municipalities’ role in mainstreaming HIV, and also in coordinating the local responses. Considering the role of local government to coordinate and convene the Local AIDS Councils, local government is well placed to initiate and facilitate the process by which all members of the AIDS council contribute to their full potential, to HIV prevention and impact mitigation (Versteeg & Strom, 2007:13).

According to Versteeg and Heynes (2007:19), the Metro’s Interdepartmental Forum (IDF) was launched recently. Its mandate is to provide a central structure to coordinate and promote the mainstreaming of HIV/AIDS throughout the Metropolitan. The focus of the Metro’s IDF is on mainstreaming HIV/AIDS externally through departments’ programmes and projects. Representatives from almost all municipal business units participate in the forum among the proposed mainstreaming activities were the IDP and Strategic Planning. The aim was to set key performance areas for each business unit to incorporate HIV/AIDS mainstreaming into their business plans.

The election of the second democratic government saw a shift in perspective on HIV/AIDS, both from government and within society in particular. The impact of the epidemic is now inescapable as the scale and speed of the pandemic is worse than expected, especially destroying the productive workforce. National, provincial and local policy frameworks were developed to be implemented in response to HIV/AIDS, but it seems inadequate to curb the fast spreading disease.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 INTRODUCTION**

This chapter presents information on the type of study conducted. It spells out the research design used, specifies and describes the study area, provides a statement on the population selection and size as well as the sample selection methods. The chapter further highlights the methods on how the data were collected, interpreted, processed, and analysed.

### **3.2 RESEARCH DESIGN**

The researcher used the qualitative design method because she was studying the organization of Polokwane Municipality. She was not aware of any other study of this kind. The nature of the study is an impact analysis on HIV/AIDS on the workforce and the programmes involved, to see how effective their policies and programmes are. According to Thomson (2007:1), qualitative research is research involving detailed, verbal descriptions of characteristics, cases, settings, people or systems obtained by interacting with, interviewing and observing the subjects (Thomson, 2007:1). Qualitative data sources included observation and participant observation (fieldwork), semi-structured interviews and questionnaires, documents and texts, and the researcher's impressions and reactions (Myers, 1997:2). Case study research was considered as the most common qualitative method used in information systems as an empirical inquiry to investigate a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident. Case study design was implemented to enable the researcher to gain a better understanding of the extent to which the impact of HIV/AIDS affects service delivery in the Polokwane Municipality as an organisation.

The qualitative design was used extensively in order to obtain the views / perspectives of employees on the impact of HIV/AIDS and how it affects service delivery in the organisation. The researcher needed to identify the workplace

policies, strategies and systems that deal with HIV/AIDS, and how effective were the implementation mechanisms. The main reasons were to build a foundation from the general ideas of the respondents. This study focused on getting in depth information on the impact of HIV/AIDS in service delivery from the respondents' perspectives. It addressed the systematic planning of doing the research, including the formulation of a strategy to resolve the objectives of the study, the collection and recording of the evidence, the processing and analysis of these data and their interpretation and publication of the results. Hence, the social theory was used to assess the extent of the impact of HIV/AIDS on service delivery in the Polokwane Municipality as an organization. The specific focus on the Polokwane Municipality as an organisation was to assemble detailed and in - depth information unlike if other Municipalities under the Polokwane Municipality were considered, and secondly to save time as the researcher was employed full-time whilst studying.

### **3.3 STUDY AREA**

The study was conducted in the Polokwane Municipality as an organisation in the Limpopo Province, situated in Landdros Mare' Street, Polokwane CBD (formally Pietersburg). Permission to conduct the study was granted, see letter of permission in appendix D. The municipal area includes both urban and rural areas, but Polokwane is a city and the capital of the Limpopo Province. According to the IDP (2008:24), Polokwane municipal area is a home to approximately 561 770 people. Polokwane was found by the Voortrekkers in 1886 and was named Pietersburg in honour of the Voortrekker leader, Petrus Jacobus Joubert. The town became a city on 23 April 1992 and on 11 June 2003 the government of Limpopo changed its name to Polokwane. It is now the major city of the Province (Wikipedia 2008:1). See map in appendix E.

### **3.4 POPULATION**

Polokwane Municipality is based in the Limpopo Province, and situated in the central business district of Polokwane City. The Polokwane municipal organisation consists of approximately one thousand eight hundred and eight employees, and comprises of six divisions as indicated on the municipal organogram. The population under study is the officials from the Polokwane municipal organisation, which consists of the managers of different divisions and line managers in different sub-units as well as the employees of the different divisions and sub units in the municipality. All the divisions are in some way responsible for the implementation of service delivery in the organisation. Therefore, the researcher needed to find out to what extent the impact of HIV/AIDS was affecting service delivery in the organisation. Specifically, the population consists of the following;

#### **1. The executive mayor's office**

The executive mayor is the central figure in policy formulation and implementation. The role of the executive mayor's office is to take the initiative to centralize the special focus programme, which comprises of HIV/AIDS, gender, disability, youth, and children. It sits once a month, being led by the chairperson of the portfolio. This office is accountable for the formation of the local AIDS Councils. It is also responsible for the portfolio committee which addresses HIV/AIDS issues led by one of the council members as a chairperson. The executive mayor's office has nine members of the mayoral committee, seven full-time councillors and sixty six part-time councillors with an overall total number of eighty two. From this office, three were considered as part of the population under study.

All the heads of the six directorates are in charge of the provision of specific services and are expected to know about how HIV/AIDS is impacting on their various divisions. The managers of all the departments under the six directorates, as well as their respective employees, were targeted as follows:

## **2. Municipal manager's office**

It is the technical head of the institution. This office has a mandate to oversee that all activities of the municipality including HIV/AIDS are implemented and are running smoothly. It has a communication sub-directorate with the responsibility to convey messages on HIV/AIDS to employees through an internal newsletter (BAŠOMI). They also provide media coverage for HIV/AIDS events and make sure that all promotional materials are available and aligned to the municipal logo and standards. This office also has the 2010 sub-directorate that ensures that the spread of HIV/AIDS is contained. The office is also responsible for the development of the Polokwane City branded material such as posters, pamphlets and condoms. This office comprises of two Municipal Managers, five in security and risk management, six in internal audit, eight for disaster management, nine responsible for elections, seventeen for community and public participation as well as twenty six responsible for Mankweng and Sebayeng. In all there are seventy one. Therefore, two managers were selected from this office, while two employees were selected as part of the population under study.

## **3. Financial services**

The core function of this office is to render financial services. There are four peer educators who ensure that they educate their peers within the institution. In this office there are ninety one employees that render financial services, twenty six in the procurement and stores and one hundred and twenty in the office of the chief financial officer. The overall total number of employees in this division is one thousand six hundred and ninety eight. Two managers, as well as the following employees under the directorate of financial services were considered as the population under study:

- two from financial services
- two from procurement and stores
- two from office of the chief financial officer

#### **4. Technical services**

The core function of this office is to render technical services to the entire city. This section has an overall of four hundred and ninety four employees and seventeen units but the researcher concentrated mainly to the easily accessible employees. For administration and maintenance there are thirteen and in the workshop are twenty five. For roads and storm water administration there are seven. For water and sanitation administration there are nine, and twenty six for electrical services administration. The population selected consists of

- three managers under directorate technical services
- two employees from administration & maintenance
- two from roads & storm water administration
- two from electric services administration and works
- two from water & sanitation administration

#### **5. Community services**

In this unit there is a special programme for community Health Services that assists the EAP unit with the following:

- training of peer educators.
- workshops and information sessions
- distribution of promotional material
- organizing campaigns and also
- serving in the Polokwane municipality HIV/ AIDS Committee

The community service unit has a total number of eight hundred and fifty two employees and nineteen units. The researcher focused on the easily accessible units such as environmental and waste management administration that consists of five employees, community health services 26, and recreational services administration with eleven employees. The population consists of

- three managers from community services,
- two librarians administration
- two from community health services

- two from recreational services (tourist guides)

## **6. Corporate services**

This is the office where the Employee Assistant Programme (EAP) unit is established. The EAP unit is responsible for employee wellness and HIV/AIDS issues. The unit is also accountable for organizing VCT for employees and to make a follow-up with infected employees and their families. It is further liable for initiating and conducting awareness campaigns and make sure that the peer educator programme is in place and the employee or peer educators are trained. One of the EAP officers' responsibilities also is formulation and review of the HIV/AIDS policy on an annual basis. The training sub-unit makes sure that it offers support to the EAP and the HIV/AIDS sub-unit in order to conduct training and workshops. There is also an OHS unit to ensure that employees are protected according to relevant employment acts. This division consists of ten units and has a total of eighty nine employees. The sub-units such as human resource personnel has fourteen employees, Information services fifteen, and human resource training nine. The population consists of four managers under the directorate of corporate services, as well as the following employees:

- two from information services
- two from the human resource personnel
- two from human resource training

## **7. Planning and development**

In this unit there are peer educators that impart HIV/AIDS information to their peers. The peer educators are mainly focusing on educating their peers but the plan for the near future is to expand it to peer counsellors. The division has six units and a total of seventy three employees. Some targeted sub units were from planning which has eighteen and housing with seventeen employees. Three managers under planning and development, as well as

- two employees from planning,

- two employees from housing inspection the population under study.

Considering the sensitivity of the topic, a reasonable and manageable number of respondents were selected.

### **3.5 SAMPLE SELECTION METHOD AND SIZE**

Since the population of the study as presented under 3.4 above is heterogeneous, because of the different divisions, each responsible for delivering a specific kind of service, the researcher used the stratified random sampling method. The population strata consisted of:

1. The managerial level within each of the six divisions of the organisation.
2. The second stratum consisted of the employees across the six divisions.

Within the managerial division the researcher randomly selected two-four managers from two subdivisions and another sample of strata from one of the middle managers / supervisors across the six divisions. Since employees are also stratified according to the six divisions and sub-units under whom they fall, a stratified random sampling was used to select a sample of employees for the study as follows:

- three from the office of the municipal manager
- six employees from directorates' financial services
- eight employees from the directorates' technical services
- six employees from the directorate of community services
- six employees from the directorate of corporate services
- four employees from the directorate of planning and development

The sample size was small because the researcher envisaged that the topic of discussion is sensitive. The researcher focused on face to face interviews. The researcher considered that the respondents be explained about the ethical consideration, and that they complete consent forms as well as being explained that they had the right to withdraw from participating in the research if they felt like doing so. See attached consent form in appendix A.

### **3.6 DATA SOURCES**

The researcher used the following sources of data:

1. Secondary data including

- IDP reports of the Polokwane municipality
- Quarterly and annual reports of the Municipality
- Strategic plans
- Other reports prepared by some managers amongst the six divisions.

2. Primary source-a field survey was conducted using the methods described under 3.7.

### **3.7 DATA COLLECTION METHODS**

1. Data collection methods consist of the use of administering questionnaires which targeted the managers and supervisors. The researcher designed a comprehensive instrument which focused on a number of impact indicators such as:

- Budgetary allocation to HIV/AIDS issues - (HCT, Wellness Programmes, Peer educators trainings and support group programmes).
- Staff costs - (Wage bills, medical Aid contributions and Health insurances).
- Recruitment expenditure - (Housing and home owners allowances, Relocation settlement allowances, travelling /

transport allowances as well as sleeping accommodation allowances).

- Efficiency - (work performance, overall production, work unit productivity, quality of output, etc).
- Memory continuity - (workshops, trainings, courses attendance, in - service trainings, pre employment training costs and production costs).
- See appendix C and D for the questionnaire used.

The researcher indicated some of the impact indicators and further expatiated on their variables to explain how the impact of HIV/AIDS was measured. Budgetary allocation, efficiency as well as effectiveness on service delivery are highly valued especially in the local government sector. Challenges such as absenteeism and death, might lead to slow down in performance and productivity.

The researcher used administered semi-structured interviews to avoid delays and open structured questions for the general staff.

2. Face-to-face interviews with the supervisor and a semi-structured interview guide were prepared.

3. The researcher had one-on-one semi-structured interviews on the impact issues for the purpose to discuss and give their own view on how HIV/AIDS impacts on their organisation.

### **3.8 DATA ANALYSIS METHODS**

Graphs and charts were used to present the data on gender, marital status, age, educational qualification, as well as job positions. HIV/AIDS Policy of Polokwane Municipality, implementation strategies, budget allocation and the HIV/AIDS educational programmes were analysed through the interpretations of the respondents. Impacts of HIV/AIDS on service delivery regarding absenteeism due to the ill health of a worker or a member of the worker's family; productivity; performance; attitudes and stigma; higher medical care and benefit costs; funeral costs for employees; employee attrition due to illness or death; and additional

efforts needed to recruit new staff were discussed. From the information gained it is clear that HIV/AIDS affects productivity, profitability, skills, labour costs, staff turnover, memory continuity, performance, and efficiency, and as a result impact on service delivery. It was organised and coded in order to make sense and to be analysed guided by the aim of the study. Data were analysed using the qualitative data analysis method. Data that municipal employees could be affected on a large scale and that affect their ability to delivery key service was collected. Secondly, the reality that it costs more to recruit, train and provide benefits for employees because of the loss of skilled staff was considered. All data collected from the face to face interviews was processed, analysed, and interpreted through detailed description of the patterns that emerge from the units of analysis.

In using codes, attention was focused on interpretative, description and pattern codes. These were used to explain data collected according to the themes identified, such as the fact that HIV/AIDS destroys the workforce and compromises potential economic growth. Reasons and explanations were provided as well as motives behind the factual information. The respondents' narrative presentations of findings were made.

### **3.9 CONCLUSION**

The chapter conveys vital empirical aspects that justified the importance of the study such as the research design, sampling methods, data collection procedures, data analysis and interpretation. It further provides an essential description of the City of Polokwane as the capital of the Limpopo Province. The Polokwane Local Government Municipality became the main focus area of the study because of its broad challenge to deliver efficient and effective services in the capital of the Limpopo Province.

Chapter Four's focal point will be on the researcher's findings, analyses and interpretation concerning the present study. Information from the responses of

the municipal general staff on the impact of HIV/AIDS on service delivery, the Polokwane Municipal managers of various sections as well as the EAP unit and its committee will be presented, analysed and interpreted.

## **CHAPTER FOUR: RESEARCH FINDINGS, ANALYSIS AND INTERPRETATION**

### **4.1 INTRODUCTION**

This chapter presents the research findings, analysis and interpretations of results. The research purpose was to explore the impact of HIV/AIDS on service delivery in the Polokwane Municipality as an organization, the municipal HIV/AIDS policy as well as the mechanisms utilised for the implementation of the HIV/AIDS policies and programmes. The presented findings were gathered from the thirty-seven managers as well as the employees of different units in Polokwane Municipality such as technical, community, financial, corporate and planning, and development services. Twenty-six semi - structured interviews were conducted with the employees and eleven managers of Polokwane Municipality in Polokwane City under the Capricorn District of Limpopo Province. The information was gathered in March until the second week of April 2010 from both the municipal employees and managers. The semi-structured interviews for employees had two sub-divisions, the biographical details being in the first division and the impact of HIV/AIDS on service delivery in the second sub-division. The semi-structured interviews for employees and managers were divided into four parts. Firstly, the biographical details, the HIV/AIDS knowledge and awareness, the workplace policies, and systems do deal with HIV/AIDS, and lastly the impact of HIV/AIDS on service delivery. Therefore, data gathered from the municipal employees and managers regarding the impact of HIV/AIDS on service delivery in the Polokwane Municipality are reflected and analysed below:

### **4.2 BIOGRAPHICAL INFORMATION**

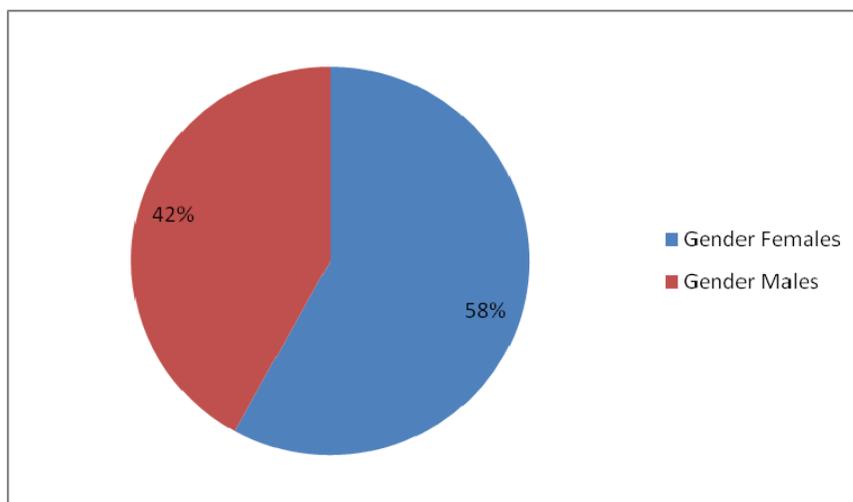
From the biographical information the following were pinpointed for some reasons, namely: age, gender, marital status, their job positions and educational qualifications to explore the following:

- To begin with, the gender of the respondents was used to look at whether people of the study groups have some degree of different interest and knowledge regarding HIV/AIDS issues.
- Secondly, the aim to compare their marital status was to verify whether dissimilar marital status share the same views on how HIV/AIDS impacts on service delivery.
- The same applies to age groups as to gender. The aim was to establish whether a certain age group has an interest in and an extent of knowledge on HIV/AIDS related issues.
- The educational qualifications assisted the researcher to determine if a low level or highly qualified employees understand the impact of HIV/AIDS on service delivery.
- Lastly, the position one holds in the organisation will assist the researcher to determine the level of commitment and cooperation between the employees and employers.

#### 4.2.1 GENDER

The rationale on the gender of the respondents was to explore whether the study groups have some degree of different interest and knowledge regarding HIV/AIDS issues.

Figure 1: gender of respondents

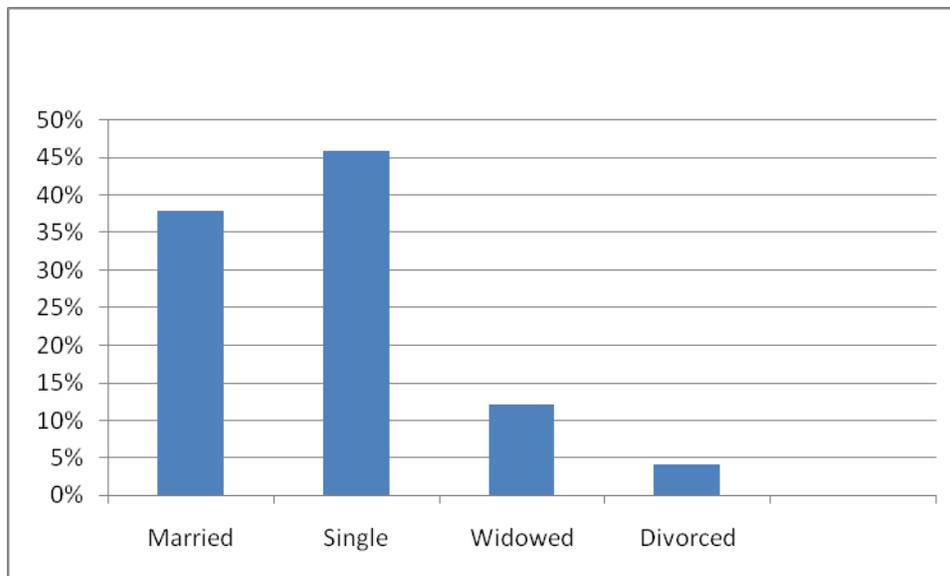


The findings signify that there is a slight difference in interest and knowledge in both females and males concerning HIV/AIDS-related issues because there is no huge gap in gender participation in the research. Both groups have shared same knowledge in responding to the issues discussed in the study. Educational awareness trainings were done across gender hence; both groups have the same information on HIV/AIDS related issues. Both gender showed interest to participate and the participation percentage gap might be due to the majority of females employed in the organisation.

#### 4.2.2 MARITAL STATUS

The purpose was to explore the marital status, to compare and verify whether people of different marital status feel free to participate or are having different views on how HIV/AIDS impacts on service delivery.

Figure 2: marital status of respondents

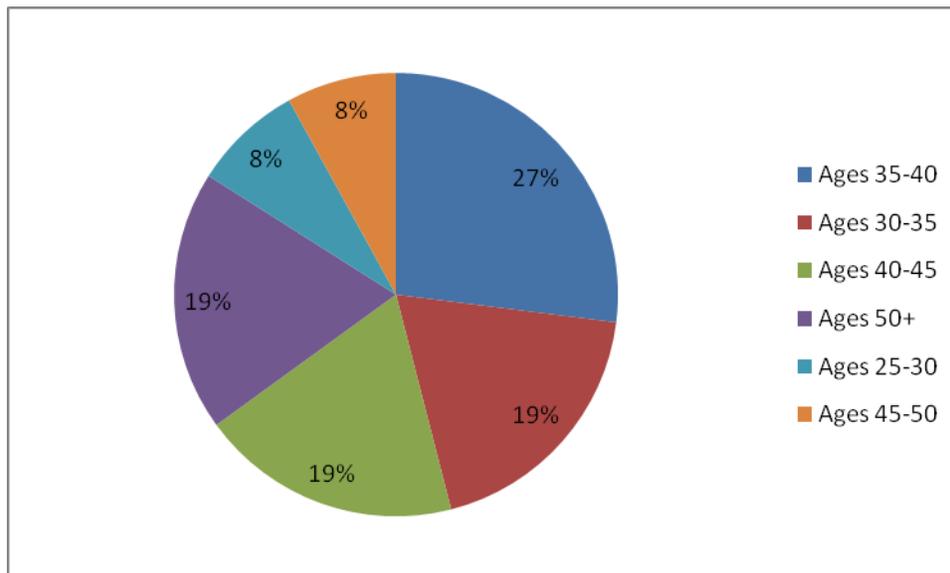


According to the research findings, there is little disparity between single and married employees; they both feel free to participate in the study. There were few widows and divorced employees participated in the study.

#### 4.2.3 AGE

The aim was to establish whether a certain age group has an interest in and extent of knowledge on HIV/AIDS related issues. According to Coetzee (2006:78), infection levels are very high amongst young, economically active persons.

Figure 3: age of respondents

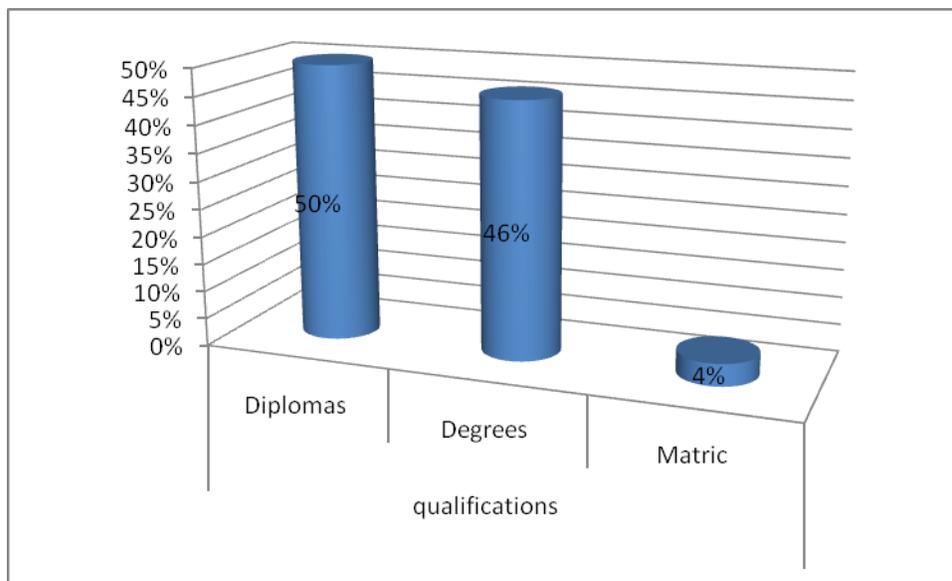


Those from the age of 35 to 40 years have shown the biggest interest to participate and had an advanced extent of knowledge on HIV/AIDS related issues. These are employees in the maturity and middle stages of life. There was an overlap of interest between those around 30 to 35, 40 to 45 and above 50 years of age.. The least responses were from the age groups, 25 to 30 and 45 and 50 years old.

#### 4.2.4 EDUCATIONAL QUALIFICATION

The purpose of probing the educational level or qualifications was to determine whether lower level or highly qualified employees understand or have an interest in the impact of HIV/AIDS on service delivery. It was also informed by the work of Booyesen, Geldenhuys and Marinkov (2003:10) that HIV prevalence rates differ substantially across skill groups and the epidemic will therefore, have a differential impact on labour force growth by skill category.

Figure 4: Respondents' level of educational qualification



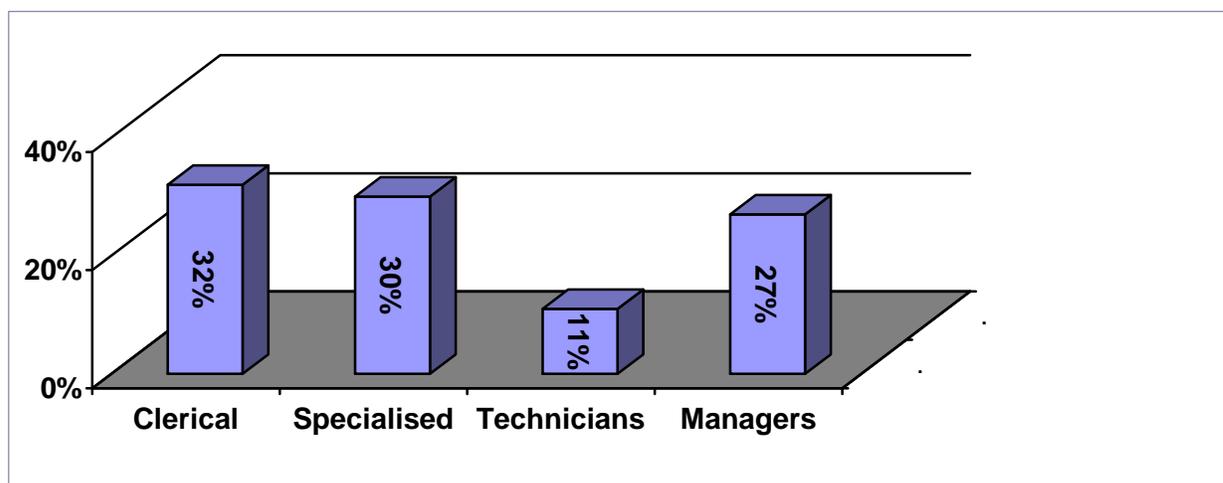
The respondents were divided into three categories namely those with only matriculate certificates, diplomas, degrees, and post degrees. The findings showed that the majority of the respondents having diploma qualifications showed insufficient knowledge with fear to freely discuss some of the issues due to the sensitivity of the topic but having lots of interest and commitment to participate in the study. These might be the fact that the issues for discussion affect them directly in their daily practical work units being amongst the infected and affected. The respondents with degrees had a higher knowledge of understanding of the research but they were less active in response to the research. The researcher presumes that the workload and complex

responsibilities encumber their ability to actively participate in the research. This was concluded taking into consideration that they willingly made an effort by scheduling appointments but always failed to adhere to them.

#### 4.2.5 THE RESPONDENTS' JOB POSITION

The aim was to determine the extent of co-operation and commitment from the different ranks on responding to the study.

Figure 5: respondents' job position



The research findings indicate cooperation from the clerical / administrative workers and the employees on various specialised fields. The researcher found it easy to arrange appointments and access to these employees and they were always available, ready and committed to participate. There was less cooperation from the technicians' workers and managers. Most of them failed to adhere to arranged appointments as well as the rescheduled appointments. It was even very hard to get hold of them in their respective offices or on the telephone.

#### 4.3 HIV/AIDS POLICY OF POLOKWANE MUNICIPALITY

As stated in the Municipality Policy (2006:3), HIV/AIDS is one of the most devastating health conditions affecting the health of millions of people in South Africa. AIDS has significant affects in every workplace as it affects the workforce.

The disease has serious socio-economic, employment, and human rights implications. As infected employees become ill, they will need to take sick leave, thus their productivity will be negatively affected.

The policy objective aims to promote health awareness and set out implementation guidelines for the Municipality to ensure that individuals affected by HIV/AIDS are not unfairly discriminated against. This includes provisions regarding:

- Reducing unrealistic fears about contracting HIV/AIDS at the workplace.
- Protecting the legal rights of infected employees at work.
- Creating a non-discriminatory working environment.
- Providing guidelines on managing employees or situations when questions on HIV/AIDS are raised.
- Encouraging managers, employees and employee representatives to convey / demonstrate sensitivity and understanding to employees affected with HIV/AIDS.
- Dealing with HIV testing, confidentiality and disclosure.
- Monitoring the process of the awareness programme, evaluating its effectiveness and efficiency; ensuring that qualitative standards of services are maintained throughout.
- Dealing with dismissals and managing grievance procedures.
- Developing procedures to manage occupational incidents and claims for compensation.

The Policy's basic principles are to ensure that employees living with HIV/AIDS have the same rights and obligations as all employees and will be treated in the same manner as employees suffering from any other life threatening disease. The policy needs to profile HIV/AIDS and its principles. Consultation, inclusivity and participation of all stakeholders in HIV/AIDS programmes are essential. Confidentiality will be maintained and no information regarding an employee's state of health will be divulged without the employee's consent. The elimination

of discriminatory behaviour will be proactively pursued (Municipal Policy, 2006:3-4).

According to the Polokwane Municipality organogram, an employee assistant programme unit was formed under the corporate services. The EAP unit is responsible for employee wellness and HIV/AIDS issues. The unit is also accountable for organizing voluntary counseling and testing (VCT) or HIV counseling and testing (HCT) for employees and to make follow up contacts with infected employees and their families. It is further liable for initiating and conducting awareness campaigns. It also has to make sure that the peer educator programme is in place and the employee or peer educators are trained. Among the EAP officer's responsibilities are the formulation and review of the HIV/AIDS policy on an annual basis. The development training sub-unit falling under the human resource section makes sure that it offers support to the EAP and HIV/AIDS sub-unit in order to conduct trainings and workshops. The human resource section makes sure that no person may be unfairly discriminated against on the basis of his or her HIV status. The legal rights of infected employees at work are protected. There is also an Occupational Health and Safety (OHS) unit to ensure that employees' safety and health are protected according to relevant employment acts. In the planning and development unit there are peer educators that impart HIV/AIDS information to their peers. The peer educators are mainly focusing on educating their peers but the plan for the near future is to expand it to the peer counselors

Apart from the corporate unit, in the community service unit there is a special programme from community Health Services that assist the EAP unit with the following:

- peer educators' training;
- workshops and information sessions;
- distribution of promotional material;
- organizing campaigns;and

- serving in the Polokwane Municipality HIV/ AIDS committee

Eleven out of twenty targeted managers from corporate, financial, community, technical and planning and development services of the Polokwane Municipality confirm that the organisation has an HIV/AIDS policy in place. They further explained that key provision serves to create a non-discriminatory working environment. It further assists in promoting VCT, disclosure and confidentiality, and protection of legal rights of infected employees. The provision of the policy promotes the procedural management of occupational incidents, claims, dismissals, and grievances. The policy provisions further aim at prevention, treatment, care, and support of HIV/AIDS infected and affected employees as well as their families. The response proves that the managers of the Polokwane Municipality as an organization are fully aware of the HIV/AIDS policy and its provisions. They indicate that the employee assistant programme under the corporate services, human resource and community environmental health services (AIDS Centre), occupational health and safety are the responsible units for dealing with issues related to HIV/AIDS. From these statements it is obvious that there is a lack of coordination of services as information seems to be flowing from one direction.

Twenty-six out of the targeted thirty employees responded that the EAP office is responsible for the HIV/AIDS policy implementation in the workplace. They stated that the EAP office may be able to give an overview provision of the policy. They were only aware that EAP office offers employee assistance programmes, on preventions, educational and promotional talks and material. From the twenty - six employees three mentioned that they were not aware or sure whether there were HIV/AIDS policies in the workplace, nor were they sure about the overview of the policy provision. It was further indicated that the HIV/AIDS policy document was not made available to all municipal units for practical implementation and future reference. These responses from the Polokwane Municipal employees warrant attention to avoid mismanagement of HIV/AIDS related issues in those

respective units. There is a need for a follow-up educational training on the HIV/AIDS policy and its provision, as well as the availability of the copies of the policy in all various units. The EAP unit as well as the human resource development needs to extend their educational trainings in order to equip and clarify the employees on some of the HIV/AIDS issues they are lacking knowledge about. This will assist them to have a uniformity understanding of HIV/AIDS issues as their managers, regarding the policy provision and the HIV/AIDS policy's legal framework. The Metro's Interdepartmental Forum (IDF) was launched recently and its mandate is to provide a central structure to coordinate and promote the mainstreaming of HIV/ AIDS throughout the organisation. The focus of the Metro's IDF is on mainstreaming HIV/AIDS externally through the departments' programmes and projects (Versteeg & Heynes, 2007:19).

#### **4. 3.1 LEGAL FRAMEWORK ON HIV/AIDS**

Polokwane Municipality is aware of the relevant legal framework and it was clearly specified in its development of its HIV/AIDS management workplace Municipal Policy (2006:4-5). Below are the entire stated Act indicated in the policy:

Employment Equity Act, No 55, 1998

Section 54 (1) (a) stipulates that no person may be unfairly discriminated against on the basis of the HIV status.

Section 6 (1) states that there should be no discrimination against an employee or applicant because of the HIV status.

Section 7(2) states that HIV testing by or on behalf of an employer may only take place where the Labour Court has declared such testing to be justifiable.

#### Labour Relations Act, No 66, 1995

Section 187 (f) stipulates that there should be no dismissal because of a person's HIV positive status. Where there are valid reasons related to their capacity to continue working and fair procedures have been followed, their services may be terminated in accordance with section 188 (1) (a) (i).

#### Occupational Health and Safety Act, No 85, 1993

Section 8 (1) requires an employer to provide a safe working place.

#### Compensation for Occupational Injuries and Diseases Act, No 130, 1993

Section 22 (1) states that employees who are infected with HIV as a result of an occupational exposure to infected blood or body fluids at the workplace can apply for compensation.

#### Basic Conditions of Employment Act, No 75, 1997

According to section 22 (2) all employees must receive basic standards of employment including a minimum number of sick leave days.

#### Constitution of South Africa Section 108, 1996

The Constitution states that all persons with HIV/AIDS have a right to privacy concerning their HIV status. There is no legal duty for the employee to disclose his or her HIV status to the employer.

#### Medical Schemes Act, No 131, 1998

Section 24 (2) (9) states that a medical aid scheme may not unfairly discriminate, directly or indirectly, against its members on the basis of their state of health.

### **4.3.2 IMPLEMENTATION STRATEGIES OF THE HIV/AIDS POLICY**

The Polokwane Municipal officials confirm that information sessions were conducted to market the policy. A peer educators' programme was launched and training was offered. Awareness campaigns were held during international HIV/AIDS commemoration days. A service delivery budget implementation plan in line with the policy was developed and meetings were held to market the policies. There was consensus that the policy implementation strategies have limited effect due to a lack of cooperation of staff and the fact that the organisation is work (outcome) oriented and not health focused. The information concurs with the work by Versteeg *et al*, (2008:16) that some AIDS councils have achieved levels of success but many others continue to experience difficulties in executing their mandate effectively. Various support programmes have been designed and implemented, but this has not always led to the desired outcome (Versteeg *et al*, 2008:16). However, various frameworks and plans guiding the HIV/AIDS response of local government insist on the municipalities' role in mainstreaming HIV, and also in coordinating the local responses Mazars (2008:18). It seems that the Polokwane Municipality needs continuous educational training on the HIV/AIDS policy and its provisions.

### **4.3.3 BUDGET ALLOCATION**

Out of the eleven managers from the already designated units in Polokwane Municipality, only one indicated that R25 000 were allocated for the operational as well as capital projects budget. The remaining ten managers responded that it was not within their knowledge due to the fact that they had no access to the HIV/AIDS budget in Polokwane Municipality, but felt that an unreliable input has financial budget implications especially when the deadlines are not met. This is an indication that the principle of openness and transparency is not exercised. Polokwane Municipality should make sure that information is accessible and extended to all sections. In doing so, it will be exercising transparency and openness, as well as information sharing.

#### **4.3. 4 EDUCATIONAL TRAINING PROGRAMMES TO DEAL WITH HIV/AIDS**

It is stated in the Municipal Policy (2006:9) that the Municipality will ensure that employees are educated and trained about HIV/AIDS so that they will have proper knowledge about the disease and facts relating to it. Emphasis will be put on the reduction of the spread of the virus, thus minimizing new infections, as well as on non-discrimination. There will be training of peer educators, which involves training and supporting members of a given group to effect change among members of the same group. Peer educators are those who are information providers, referral agents and peer counselors, effective in promoting skills, creating a positive social norm and providing healthy alternatives. They become educators, model, referral agents and activists against the HIV/AIDS pandemic and other related health threats to employees. Employees who are HIV positive will not be discriminated against or be discharged from work on the basis of their status. They will not be discriminated against regarding issues such as job grading, remuneration, conditions of employment, workplace facilities, training, promotion, transfer or demotion. Such employees shall be treated like other employees who are suffering from terminal illnesses. Non-infected employees shall not be allowed to unfairly discriminate against infected employees or treat them in an unacceptable manner. Employees of the municipality will be educated about the disease to ensure that they understand the disease. Disciplinary action shall be instituted against employees who discriminate or disclose infected employees' status without written consent. No employee will be allowed to refuse to work with an infected employee. All relevant legal frameworks on HIV/AIDS related illnesses were stipulated in the policy to protect the rights of employees affected and infected by the pandemic (Municipal Policy, 2006:9)

It was confirmed through the employees and officials of Polokwane Municipality that the EAP office introduced HIV/AIDS programmes to deal with HIV/AIDS issues and they are effective to a minimal degree. The employee assistance office offers wellness educational programmes and specifically preventative,

awareness and promotional talks; they distribute information through materials such as pamphlets, brochures and posters. The EAP office further offers in-service training and peer educators' training on HIV/AIDS. They further extend their support, counseling and information to the families of employees when the need arises. There is a reluctance of employees to participate in these programmes due to the fear of being stigmatised and that leads to the programmes to be ineffective. This finding concurs with the research findings of Klopper's (2000:127), critical evaluation of HIV/AIDS preventative programmes in the South Local Council of the Durban Metropolitan. It shows that there is still a lot that needs to be done by the Polokwane Municipality in promoting educational awareness and reducing fear and stigma. Statistics SA (2009:8) further verifies that for South Africa, there are tremendous challenges remaining in the fields of HIV education, prevention and care.

#### **4.4 THE IMPACT OF HIV/AIDS ON SERVICE DELIVERY**

Polokwane officials and employees reached a consensus that the organisation is faced with challenges and gaps caused by HIV/AIDS such as absenteeism and death, leading to slow down in performance and productivity. They further mentioned that it is difficult to provide information on the municipal employees' HIV/AIDS status due to non-disclosure of the illness. They argued that the municipality is not having any available documentation on the workforce impact of the pandemic. It is also informed by the work of Mattes (2003:6-7) that it appears there is overall consensus from the theoretical debates that HIV and AIDS tend to have adverse or negative effects on the public sector. The studies tend to use key indicators of HIV/AIDS that impact on service delivery such as productivity, efficiency, memory continuity, skills, labour costs, absenteeism, and death. A case study in the gold-mining industry demonstrated that the labour productivity of underground miners fell by 15 per cent in the first five-year phase of infection, and by 50% in the second ten-year phase, and by 90% in the final phase until death as indicated by Hanley (2000), *in* (De Villiers, 2003:79). Reduced labour productivity brings about an increase in costs through

absenteeism, lost training, re-training of new workers, recruitment of new workers and the need to appoint additional workers during the slide into lower productivity (De Villiers, 2003:79).

Polokwane Municipality acknowledges that AIDS has significant impact in every workplace as it affects the workforce as indicated in the Municipal Policy (2006:3-6). The disease has serious socio-economic, employment, and human rights implications. As infected employees become ill, they will need to take sick leave, thus their productivity will be negatively affected. Any employee suffering from HIV/AIDS shall be subject to the same conditions relating to sick leave as those applicable to any other employee. The same applies to absenteeism and death. Employees who are HIV positive will not be discriminated against or be discharged from work on the basis of their status. Such employees shall be treated like other employees who are suffering from terminal illnesses. Employees living with HIV/AIDS who are unable to consistently perform at the expected level should be treated similarly to any other employees who are unable to consistently perform at the expected level. However, in this case a strategy to deal with this problem such as incapacity leave should be carefully determined taking into consideration that where an employee's HIV status is not known, testing of an employee for purpose of incapacity proceedings is prohibited unless the Labour court authorization has been obtained. Where an employee's HIV status is known, procedures must ensure that this information is kept confidential and does not go beyond the incapacity proceedings (Municipal Policy, 2006:10). Despite the above acknowledgement, Polokwane Municipality still does not have any documented information and there is reluctance in providing the researcher with statistical trends on these key indicators that impact on service delivery in the organisation. There is little variation on the findings from the officials and the employees because of the fact that both are still hesitant to discuss HIV/AIDS issues freely indicating the sensitivity of the illness and the lack of disclosure of employees' status.

#### **4.4.1 ABSENTEEISM AND DEATH**

On responding to the challenge the organisation is facing, thirty five of the respondents mentioned that the organisation is faced with challenges and gaps caused by HIV/AIDS in terms of service delivery. They indicated that they had no information if HIV/AIDS has affected anyone in the organisation. Because HIV/AIDS is a sensitive issue, people are not willing to disclose their status. There are no supportive documented information / statistics about HIV/AIDS in Polokwane Municipality. Two of the respondents mentioned that a lot of people were continuously ill and some had died but no supportive evidence to show if they were affected by the HIV/AIDS pandemic. Absenteeism and death seem to be major problems in the organisation which ultimately lead to a slow down in productivity. It is difficult to stick to plans and for implementation of projects / programmes due to constant absenteeism. However, it cannot be concluded that it is due to HIV/AIDS as employees do not disclose their status, and there is no substantial evidence to prove the assumption. As informed by Noble (2009:5) in 2006, HIV was recorded as a cause of death in only 14,783 cases. However, according to researchers from the Medical Research Council of South Africa, the figures are massively underestimated, because the majority of deaths due to HIV are misclassified. The MRC researchers claim that in many cases, the doctor records only the immediate causes of death such as tuberculosis or respiratory infection. This could be because the doctor does not know the deceased person's HIV status. Or alternatively, they may seek to conceal HIV infection to spare stigmatisation of relatives, or to avoid invalidating life insurances claims (Noble, 2009:5). The Municipality is exercising the individuals' constitutional rights which state that all persons with HIV/AIDS have a right to privacy concerning their HIV status. There is no legal duty on the employee to disclose his or her HIV status to the employer. Death of an HIV/AIDS employee shall be treated like other employees who are suffering from terminal illnesses. Absenteeism and death impact negatively on service delivery because the municipality has to recruit, employ new staff, let them undergo training and even consider outsourcing of other services. Pharaoh and Schonteich (2003:6) reveal

that the pool of skilled workers will become progressively smaller with increased absenteeism because of employee ill health, or because employees take time off to care for sick relatives and attend funerals.

#### **4.4.2. HIV/AIDS AND STAFF SHORTAGE**

Thirty of the officials and employees of Polokwane Municipality from the various sections indicated, that there was a continuous shortage of staff due to high death rates and absenteeism, but due to the fact that people are not disclosing their status one cannot assume the cause of the staff shortage. Seven of the respondents signified that they did not have information on HIV/AIDS issues because they had no documented evidence on who was affected by the pandemic. The municipality is continuously advertising posts and employs new staffs, who are supposed to undergo training in order to equip them with relevant knowledge and skills. The municipality is further obliged to consider outsourcing of other services of which has serious financial implications. Pharaoh and Schonteich (2003:6), state that AIDS may decimate the ranks of skilled administrators and other government employees and diminish the reach or responsiveness of governmental institutions, or reduce their resilience. It reduces productivity as workers debilitated by ill health work less productively and effectively. The need for additional recruitment and training costs for new employees who replace those too sick to work also burden the employer.

#### **4.4.3 HIV/AIDS AND PERFORMANCE**

To be told one is HIV positive is a traumatic experience and results in much psychological distress (Motaung, 1994:31). Obviously that may have a drastic impact on service delivery. The respondents explained that at some point they felt demoralized, demotivated, helpless, and even psychologically and emotionally affected when their colleagues were continuously ill or absent from work and even too weak to perform their normal duties. They feel pity and try to offer emotional support, even though at a later stage it becomes unbearable due to the high workload. It is stated by the CSIS (2006:1) that episodes of illness

have a negative impact on other members in the work team and on the work process in general. At some stage they even try to offer moral counseling and that becomes even more difficult as it is not their professional expertise. Therefore, the respondents' morale might also contribute to putting strain on services delivery. The lack of disclosure of the illness impacts severely on individuals' morale as communication becomes partial and difficult to offer relevant assistance in most cases. Fourie and Schoeman (2006:198) concur with the report of the CSIS (2006:1) that the loss of colleagues increases workloads, and causes potential discrimination and general uncertainty. Pirie and Coetsee (2006:1) argue that HIV/AIDS related discrimination and stigmatization could destabilize the reciprocal expectations in the employee/employer relationship and could impact negatively on organisational effectiveness. HIV/AIDS discriminatory behaviour manifests itself in the workplace in different ways.

#### **4.4.4 HIV/AIDS AND PRODUCTIVITY**

It was difficult for officials to give information about the issue because employees are not willing to disclose their status. They reached a consensus that the organization is facing challenges and gaps caused by HIV/AIDS in terms of service delivery though it is not communicated or documented by the organisation. Absenteeism and death seem to be major problems in the organisation that ultimately lead to a slow down in productivity. These concur with Dickson (2003:27-28) that HIV/AIDS impacts on companies in a number of ways and estimating the scale is complex. The primary impact is on employee's ability to work effectively as they become ill. This lowers productivity (of the individual and of co-workers) and raises absenteeism. Replacement of workers that die from AIDS involves recruitment and training costs, in addition to lower levels of productivity before the new employee gains experience (Dickson, 2003:27-28). Although the high absenteeism and death rate is a reality that impact on productivity, they feel that one should still consider the fact that it does not give a person the right to assume or conclude that it is related to the HIV/AIDS pandemic. Therefore, they are not sure and had no real facts to

support their suspicions because HIV/AIDS in the municipality is kept private due to the sensitivity of the disease. It is stated by the CSIS (2006:1) that episodes of illness have a negative impact on other members in the work team and on the work process in general.

#### **4.4.5 ATTITUDES AND STIGMA ON HIV/AIDS**

Although municipal policy (2006:6) stipulates that employees who are HIV positive will not be discriminated against or be discharged from work on the basis of their status, thirty-three of the official and employees explained that people are still afraid to be stigmatised by their fellow colleagues and society. The remaining four of the Polokwane Municipal employees were not willing to comment because HIV/AIDS is a sensitive issue. Skinner and Mfecane (2004:161) reveal that stigma impacts on the people living with HIV themselves, as it is internalized into their self-perception and sense of identity, impacting on the person's perceptions and how they interact in the world. They further argue that research has found that people with HIV feel isolated, guilty, dirty, and full of shame, which is then often incorporated into identity (Skinner and Mfecane, 2004:161). Noble (2009:5) indicates that social stigma associated with HIV/AIDS, tacitly perpetuated by the Government's reluctance to bring the crisis into the open and face it head-on, prevents many from speaking out about the causes of illness and deaths of loved ones and leads doctors to record uncontroversial diagnoses on death certificate. The South African Government needs to stop being defensive and show backbone and courage to acknowledge and seriously tackle the HIV/AIDS crisis of its people (Statistics SA 2009:5). The overwhelming silence on the disease ends up limiting the researcher findings especially that they consider maintaining the employer-employee relationship and to avoid making invalid assumptions. Noble (2009:6) affirms that antenatal surveillance is internationally recognized as the most useful way of assessing HIV prevalence in countries with generalized epidemics. Pregnant women are sexually active and constitute an easily identifiable, accessible and stable population. They are more likely than any other single group to be representative of the general adult population.

Polokwane Municipality still has to work hard in terms of educating its employees about its policy pronouncement and the entire relevant legislative framework applicable for HIV/AIDS employee / employer legal protection. This might foster openness and professional trust for future tracking on impact analysis of the disease. The rest of the respondents indicated stigmatisation, failure to disclose as well as the shortage of safety equipment, although it is stipulated in the Municipal Policy (2006:5), that the Occupational Health and Safety Act, No 85 of 1993, Section 8(1) requires an employer to provide a safe working environment. This may include ensuring that measures are put in place to ensure that the risk of occupational exposure to HIV is minimised.

#### **4.5 HIV/AIDS SUPPORT SYSTEM**

As stated by Swartz and Roux (2004:105), the municipalities cannot deal with HIV/AIDS without the cooperation and support of other government departments. To become developmental, local governments are expected, amongst other things, to maximize social and economic development, integrate and coordinate development activities, empower communities, and provide leadership. In line with the principle of the IDPs, local governments should play a coordinating role in identifying and mobilizing key actors in each community. Local government is by its very nature and extent of responsibilities arguably the best conduit for developing and implementing multisectoral strategies (Swartz & Roux 2004:105).

Thirty of the respondents strongly agreed that the EAP services were very essential for all the employees of Polokwane Municipality. They stated that the officers were well trained to deal with employee related issues, offer mental stimulation, capable to rework stress levels, highly professional to maintain confidentiality and trustworthiness, and to boost the confidence of the staff. The remaining seven respondents disagreed with the latter about the EAP services, stating that they preferred to talk with their families and friends when their morale was low. They were not sure whether they could trust the EAP officer due to the sensitivity of the illness. They felt the status of a person is a private issue and it

takes long for a person to ultimately decide whether to disclose or not. They cannot feel free to disclose their problems as they were not certain whether confidentiality can really be maintained. From this response one realized that most of the employees are still very reluctant to discuss sensitive issues with their EAP officers, and that might mean that the EAP office still has a lot to do in paving a way to win the employee's trust and respect on the professional knowledge, privacy and confidentiality it provides. Although the Constitution protects their right to privacy concerning their HIV status and even the HIV/AIDS policy principle states that confidentiality will be maintained and no information regarding employee state of health will be divulged without the employee's consent, there is still a sense of uncertainty amongst the workforce which may warrant continuous educational training and assurance. Petzer and Schoeman (2005:121) indicate that employee assistance programmes should not only provide employees with access to professional confidential counseling, and advisory services, but also provide a package of services tailored to the specific workplace environment and situation.

#### **4.5.1 HIV/AIDS EMPLOYEE BENEFIT SCHEMES**

The Medical Scheme Act, No 131 of 1998, stipulates that a registered medical aid scheme may not unfairly discriminate directly or indirectly against its members on the basis of their state of health. The Act prescribes that schemes cannot prohibit membership based on a medical condition and this includes HIV. The HIV/AIDS report (2005:13-14) highlighted the code of good practice on key aspects of HIV/AIDS and employment and sets out guidelines for employer's public and private and trade unions implementation to ensure that employees with HIV/AIDS are not unfairly discriminated in the workplace. The Compensation for Occupation Injuries and Disease Act, No 130 of 1993, makes provision for compensation of employees injured / infected with a disease while at work. The Labour Relations Act, No 66 of 1995, protects individuals against unfair labour practice. Public service associations are made available so that every employee has the right to be affiliated to any union of his or her choice. Some of the already

existing schemes to ensure that employees with HIV/AIDS are not unfairly discriminated against in the workplace are: the employment pension fund scheme, a government subsidized vehicle, housing allowance, as well as a home owner's allowance.

The findings depict that the officials and some of the employees of Polokwane Municipal employees are fully aware of the HIV/AIDS benefit schemes, but there are still a few employees who are not sure of any employee benefit schemes the employer is offering to provide for HIV/AIDS. The South African Municipal Workers Union (SAMWU) Funeral Benefit Scheme, the Employee Wellness Programme which offers counseling, the peer educators training programme which impacts knowledge and understanding on HIV/AIDS issues were cited. From the views raised by the respondents, it is apparent that employees still need educational awareness and clarification on the HIV/AIDS benefit schemes the employer is offering or the information is not flowing down as is supposed to. It is also eminent that a lack of knowledge might be due to the fact that most of the employees are newly recruited and not yet empowered with the same knowledge as their counterparts. Horner-Long and Ortleff (1996:6) clearly point out that in South Africa, little research has been conducted into the area of AIDS and employment benefits. Nevertheless, certain information is available which indicates that the central problem relating to employment benefits for workers with AIDS appears to be a lack of finances. This concurs with Dickson, (2003:27-28) that other considerations within the workplace, are the impact of AIDS illness and death on medical, insurance, and pension provision.

#### **4.6 PROBABILITY PROFILE OF AFFECTED EMPLOYEES**

Thirty four of the respondents indicated that they did not know the profile on affected employees as they were not disclosing their status, while three of the employees pointed out that they were not sure as there was no supportive evidence but through observation it seemed mostly men around 40-50 years with little educational qualifications were affected. It thus seemed that middle age men

who are either divorced, abusing substances or having marital problems are mostly at risk.

#### **4. 7 OVERALL COMMENTS OF RESPONDENTS**

Thirty three of the officials and employees explained that it is difficult to provide information on the municipal employees' HIV/AIDS status due to non-disclosure of the illness. People are still afraid to be stigmatized by their fellow colleagues and society. Tembo (2001:9) concurs and explains that society's perception of the way HIV/AIDS is acquired has resulted in gross discrimination and stigmatization of people living with HIV/AIDS. The widely held belief that AIDS is acquired through prostitution and promiscuity serves to worsen stigmatization and discrimination. These result in people living with HIV/AIDS being unwilling to openly talk about their illness (Tembo, 2001:9). From the twenty six employees three mentioned that they were not aware or sure whether there were HIV/AIDS policies in the workplace, nor were they sure about the overview of the policy provision. This response warrants attention to avoid mismanagement of HIV/AIDS related issues in those respective units. It was evident that the HIV/AIDS policy document was not made available to all municipal units for practical implementation and future reference. There is thus a need for continuous educational training on the HIV/AIDS policy and its provision, as well as an availability of the copies of the policy in all units.

Four of the Polokwane municipal employees were not willing to comment because HIV/AIDS is such a sensitive issue that employees are not ready to talk about it. Polokwane Municipality still has to work hard in terms of educating its employees about its policy pronouncement and the entire relevant legislative framework applicable for HIV/AIDS employee / employer legal protection. Although it is stipulated in the Municipal Policy (2006:5) that the Occupational Health and Safety Act, No 85 of 1993, Section 8(1) requires an employer to provide a safe working environment, two of the Polokwane municipal employees indicated that at some stage they were still exposed to situations where

protective equipment was not applicable. This may include ensuring that measures are put in place to ensure that the risk of occupational exposure to HIV is minimized.

There was consensus that the policy implementation strategies have a limited effect due to a lack of cooperation of staff and the fact that the organisation is more work (outcome) oriented than health focused. The unreliable input has financial budget implications, especially when the deadlines are not met. It was highlighted also that the implementation of the HIV/AIDS programme seems to be affected by lack of an adequate budget which is not often seen as a priority in the organisation. These observations concur with the statement of Versteeg, Dhamlenze and Joseph (2008:16) that Local Government has a developmental mandate to deliver services to communities. Attainment of the mandate now could be threatened by the HIV/AIDS pandemic. While the institutional arrangements, composition and mandate of AIDS councils in the country differ widely, many have in common that they have been relaunched, revived, and or re-established. Some AIDS councils have achieved levels of success but many others continue to experience difficulties in executing their mandate effectively. Various support programmes have been designed and implemented, but this has not always had the desired outcome (Versteeg *et al*, 2008:16). Management involvement and support of the programme as well as facilitating coordination of HIV/AIDS services in all various units of the municipality might render the desirable outcome on the implementation of the policy.

It was further argued that there was no supportive information or evidence regarding employees' HIV/AIDS status therefore, one cannot conclude that employees' absenteeism from work, death, unproductivity or shortage of skilled staff are the impacts of HIV/AIDS, but it can also not be excluded from the discussion. The HIV/AIDS issue has been considered to be a private matter and that is the reason why there is no information or statistics of its impact on the Polokwane municipal employees. According to the researcher's observation,

continuous educational awareness to both new and old employees and management support to the affected and infected employees might assist and foster openness.

#### **4.8 CONCLUSION**

This chapter focused on the analysis and interpretation of the research findings. The analysis and interpretation were done from the information gathered from twenty six (26) employees and eleven (11) managers of Polokwane Municipality as an institution which is situated in the central business district of Polokwane City. The main rationale to conduct the research was to explore the impact of HIV/AIDS on service delivery in the Polokwane Municipality as an entity and the strategies utilized in implementing the HIV/AIDS policies and programmes. The targeted number of respondents was not achieved due to a lack of cooperation, especially by the managers as well as the Polokwane Municipal management team. The researcher thus assumes that failure to participate in the study might be due to work load pressure or because of the sensitivity of the topic. The research findings were that there is an office for employee assistance programme that deals with issues related to HIV/AIDS and that all sections in the Polokwane Municipality rely on this unit for handling all HIV/AIDS related issues such as policy development, review, HIV/AIDS educational training and implementation of programmes. There is a lack of coordination of the HIV/AIDS services and Polokwane Municipality needs to promote the mainstreaming of HIV/AIDS throughout the organisation.

Employees are reluctant to make use of the programmes due to fear of stigmatisation and some do not know how to access the office. Polokwane municipal employees were not willing to comment because HIV/AIDS is such a sensitive issue that employees are not ready to talk about their status. It is confirmed by Pembrey (2008:4), that the prevalence of misinformation about AIDS in South Africa has not only hampered efforts to increase access to treatment, but has also created a climate of confusion in which prejudice towards

people living with HIV thrives. Polokwane Municipality still has to work hard in terms of educating its employees about its policy pronouncement and the entire relevant legislatives framework applicable to HIV/AIDS employee / employer legal protection. There are still a few employees who are not sure of any employee benefit scheme the employer is offering to cover for HIV/AIDS. The lack of knowledge might be due to the fact that the employees are newly recruited and have not yet received the same training and educational information as their counterparts, or the information is not flowing down as it is supposed to do. Those employees still need educational training and awareness on the HIV/AIDS benefit schemes the employer is offering.

Absenteeism and death seem to be major problems in the organisation that lead to a slow down in productivity. Respondents remarked that it is difficult to stick to plans for the implementation of projects / programmes due to constant absenteeism. Although they further argued that it cannot be concluded that it is due to HIV/AIDS as employees do not disclose their status, and there is no substantial evidence to prove the assumption, but the fact is that the municipality is continuously advertising posts and employing new staff, who are supposed to undergo training in order to equip them with the relevant knowledge and skills. The municipality is furthermore obliged to even consider outsourcing of some services which has serious financial implications. This proves that Polokwane Municipality has a serious challenge that calls for intervention.

The research findings in this Chapter led to the drawing conclusions, recommendations as well as a summarization of the findings in the next chapter (Chapter Five).

## **CHAPTER FIVE: SUMMARY, RECOMMENDATIONS AND CONCLUSION**

### **5.1 INTRODUCTION**

This chapter reviews the whole study by providing a summary of the research findings from the thirty seven respondents of the Polokwane Municipality in the City of Polokwane concerning the impact of HIV/AIDS on service delivery. The objectives of the study as well as the research questions were revisited. Issues pertaining to the findings of the study are expressed such as the accessibility of the policy, policy implementation strategies, HIV/AIDS' impact on service delivery, educational awareness trainings, attitudes and stigma as well as HIV/AIDS support systems. The researcher summarised and made recommendations and further drew conclusions derived from the research findings.

### **5.2 FINDINGS SUMMARY OF FINDINGS OF THE POLOKWANE MUNICIPAL OFFICIALS AND EMPLOYEES ON THE IMPACT OF HIV/AIDS ON SERVICE DELIVERY**

#### **5.2.1 POLICY FRAMEWORK AND STRATEGIES TO DEAL WITH HIV/AIDS**

It is stated in the Municipal Policy (2006:3) that AIDS has significant impact on every workplace as it affects the workforce. The disease has serious socio-economic, employment, and human rights implications. The Polokwane Municipal policy objective is to promote health awareness and set out implementation guidelines to ensure that individuals affected by HIV/AIDS are not unfairly discriminated against. The policy's basic principles are to ensure that employees living with HIV/AIDS have the same rights and obligations as all employees and will be treated in the same manner as employees suffering from any other life-threatening disease. The policy needs to profile HIV/AIDS and its principles. Consultation, inclusivity and participation of all stakeholders in HIV/AIDS programmes are essential. Confidentiality will be maintained and no information regarding an employee's state of health will be divulged without the

employee's consent. The elimination of discriminatory behaviour will be proactively pursued (Municipal Policy, 2006:3-4). Polokwane Municipality is aware of the relevant legal framework and it was clearly specified in its development of its Municipal Policy (2006:4-5) but there is still a need for continuous educational training awareness to foster professional trust and openness. The findings depict that programmes are run concurrently but there is still reluctance in participation and accessing the services due to fear of stigma and discrimination.

### **5.2.2 MECHANISMS TO IMPLEMENT HIV/AIDS PROGRAMMES**

Four specific units were mentioned to be responsible for dealing with issues related to HIV/AIDS. The units mentioned are the Employee Assistance Programme Office under the Corporate Services, Human Resource and Community Environmental Health Services (AIDS Centre) as well as the Occupational Health and Safety. It was a general feeling that the policies implementation mechanisms are effective to a minimal degree due to a lack of cooperation of staff. There is consensus that the organisation is being more work (outcome) oriented than health focused. There is a need for the organisation to balance the two for desirable outcomes. Various frameworks and plans guiding the HIV/AIDS response in local government insists on the Municipality's role in mainstreaming HIV, and also in coordinating the local responses (Mazars, 2008:18).

### **5.2.3 HIV/AIDS ANNUAL BUDGET**

The HIV/AIDS budget estimate was not within the Polokwane Municipal employees' knowledge due to the fact that there is no accessibility to the municipal HIV/AIDS budget documents. It is obvious that there is a lack of coordination of services and a lack of team work promotion. The mainstreaming of services in all the different sections is essential for the facilitation of openness and transparency. Only one respondent indicated to know that R20 000 was allocated for the 2010/2011 operational as well as capital projects budget, and

that the budget seemed to be insufficient. The study depicts that out of eleven officials and twenty six employees from the five various units only one official knew the HIV/AIDS budget allocation in the Polokwane Municipal organisation. This finding is not good for any organisational structure, as it shows a lack of coordination or integration of services. The principle of openness and transparency should be seriously considered to avoid confusion and channeling of services to a particular corner without management's support and involvement.

#### **5.2.4 EDUCATIONAL TRAINING PROGRAMMES**

The Polokwane municipal officials confirmed that information sessions were conducted to market the policy. A peer educator's programme was launched and training offered. Awareness campaigns were held during international HIV/AIDS commemoration days. A service delivery budget implementation plan in line with the policy was developed and meetings were held to market the policies.

Almost all thirty seven respondents confirmed that the organisation has an HIV/AIDS policy in place and its key provision serves to create a non-discriminatory working environment. It also promotes HIV counseling and training, adhering to the principle of disclosure and confidentiality, and protection of legal rights of infected employees. There are provisions of the policy on additional care for the procedural management of occupational incidents, claims, dismissals and grievances. The policy provisions aims at the prevention, treatment, care, and support of HIV/AIDS infected and affected employees as well as their families. The respondents highlighted the fact that HIV/AIDS is a very sensitive issue. Employees are not willing to communicate their status due to the fear of being stigmatised. The Polokwane Municipality also has not made any documented evidence on statistical figures on the HIV/AIDS impact, considering the Constitution of the Republic of South Africa, 1996, Chapter 2, where the Bill of Rights enshrines the rights of all people in the country and affirms the democratic values of human dignity, equality and freedom. Therefore the confidentiality issue and protection of their staff are maintained. It seems that HIV/AIDS is still considered a taboo in the organisation that the officials and

employees are afraid to talk about it. That might lead to management as well as the relevant units to neglect the proper planning and budgeting for the implementation of programmes as well as the necessary interventions in HIV/AIDS issues. Good Practice (2002:18) reveals that monitoring is an important part of any corporate HIV/AIDS programme because it enables a company to measure its progress against its stated goals and make informed decisions about the effectiveness of various interventions relative to costs. To be most effective, a monitoring system should involve reporting throughout the chain of command with accountability to senior management. Effectiveness may be measured in terms of both quantitative and qualitative indicators, assuming that good baseline data exists or has been collected at the start of the programme to enable comparison. Tracking human resource statistics and clinical data can provide a low-cost monitoring alternative, although some firms find it useful to specifically tailor indicators to their HIV/AIDS efforts. Quantitative indicators may include productivity measures such as absentee rate or behaviour-change indicators such as condom use and number of requests for HIV counselling and testing services. Qualitative indicators such as staff morale, general awareness and attitudes towards HIV/AIDS, and satisfaction with company programmes and services can be evaluated through questionnaires, focus groups and key informant interviews. These results can then be reviewed in light of expenditures to determine the overall cost-effectiveness of a company's activities (Good Practice, 2002:18).

### **5.3 IMPACT OF HIV/AIDS ON SERVICE DELIVERY**

Thirty five of the respondents reached consensus that the organisation was faced by challenges and gaps caused by HIV/AIDS in terms of service delivery. They indicated that they had no information if HIV/AIDS had affected anyone in the organization. Obviously service delivery will automatically be affected but, there is no supportive evidence to show if they were affected by the HIV/AIDS pandemic, as employees are not forced to disclose their status. National Policy (2001:1) states that the increasing number of AIDS related absenteeism from

workplace and death reflects the manifestation of the epidemic leaving behind suffering and grief. It lowers life expectancy ratio, reduce growth in GDP, and productivity. The Polokwane Municipal EAP Office runs programmes on HIV/AIDS and offers prevention, promotion, educational awareness, and support to the affected and infected employees, meaning that HIV/AIDS is a concern to the municipal workforce. There is ongoing peer educational trainers' training regarding HIV/AIDS issues in order to equip their employees to offer support to their colleagues in their sections when the need arises.

#### **5.4 ATTITUDES AND STIGMA OF HIV/AIDS**

The Municipal policy (2006:6) stipulates that employees who are HIV positive will not be discriminated against or be discharged from work on the basis of their status. According to the National Policy (2001:2), HIV/AIDS is a major developmental crisis that affects all sectors. HIV/AIDS related stigma is one of the key challenges in the prevention and control of the epidemic. The emerging attitude puts the people living with HIV/AIDS into unnecessary hostile and embarrassing' situations. People face discrimination and sometimes neglect. Worse still, stigma leads to secrecy and denial that tends to hinder openness about the HIV/AIDS and prevents people from seeking counseling and testing (National Policy, 2001:2). Thirty three of the officials and employees explained that people were still afraid to be stigmatized by their fellow colleagues and by society. The remaining four of the Polokwane municipal employees were not willing to comment because HIV/AIDS is such a sensitive issue that the employees were not ready to talk about it. The researcher concurs with Horner-Long and Ortlepp (1996:18) who mention that discrimination inhibits a person's openness in disclosing his or her HIV status, which is ultimately detrimental to the organisation as it lacks the opportunity to prepare for inevitable illness and eventual departure of HIV- positive employees.

## **5.5 SUPPORT SYSTEMS**

Thirty of the employees mentioned that when they had problems they would prefer to discuss those issues with their families or their friends while the EAP officer seemed to be amongst the least preferred option. The findings were that the municipality is not doing enough in terms of promoting trust, transparency and educational awareness on the significance of the EAP office. Though its policy states that confidentiality will be maintained and no information regarding an employee's state of health will be divulged without the employee's consent and further stipulates that the elimination of discriminatory behaviour will be proactively pursued (Municipal Policy 2006:3-4) it seems further assurance is needed. The Employment Equity Act, No 55 of 1998, which is specified in their legal framework policy emphasises the promotion of equal opportunity and fair treatment in employment through the elimination of unfair discrimination. However, there is still much that needs to be done by the EAP office to bring the municipal employees on board concerning HIV/AIDS related issues and to foster support to the affected and infected in order to create trust, a professional consultative relationship, active participation, and openness.

## **5.6 HIV/AIDS BENEFIT SCHEMES**

The findings depict that the officials and employees of Polokwane Municipal are fully aware of the HIV/AIDS benefit schemes, but there are still a few employees who are not sure of any employee benefit scheme the employer is offering to cover for HIV/AIDS. The South African Municipal Workers Union (SAMWU) Funeral Benefit Scheme, Employee Wellness Programmes which offers counseling and the Peer Educators' Training Programme which impacts knowledge and understanding on HIV/AIDS issues were cited. From these views raised by the respondents it is apparent that employees still need educational awareness on the HIV/AIDS benefit schemes the employer is offering or either the information is not flowing down as it is supposed to do.

## 5.7 RECOMMENDATIONS

Recommendations from this study are based on the research findings. The study makes the following key recommendations:

1. Municipal employees should take an interest in participating in various HIV/AIDS activities or programmes regardless of their status. The Government has the responsibility to provide management and financial leadership in the national response to the HIV/AIDS epidemic as stated by the National Policy (2001:2), but the human capital loss has serious social and economic development in all sectors and at all levels. Ultimately the high cost of care and burials leave heavy burden on the already overburdened households, orphans and dependents as well as people living with HIV/AIDS.

2. Polokwane Municipality management should promote the coordination of services in dealing with issues related to HIV/AIDS as information seems to be flowing from one direction with specific responsible units dealing with HIV/AIDS. This is informed by the work of Versteeg and Heynes (2007:19) that the Metro's Interdepartmental Forum (IDF) was launched recently and its mandate is to provide a central structure to coordinate and promote the mainstreaming of HIV/AIDS throughout the Metropolitan. The focus of the Metro's IDF is on mainstreaming HIV/AIDS externally through departmental programmes and projects (Versteeg & Heynes, 2007:19).

3. The organisation should refrain from being more work (outcome) oriented than health focused. Polokwane Municipality should take an interest in assisting and promoting confidentiality, and protection of the legal rights of its infected employees, to aim at early prevention, treatment, care and support of its HIV/AIDS infected and affected employees as well as their families. That can be attended to through an increment in their budgetary allocation through consultations and the involvement of employees which will foster openness and transparency.

4. The Polokwane Municipality management should offer assistance, involvement, sincere cooperation, and effective and efficient procedures for approval when research such as this is conducted in its institution. The fact that management is overly committed with mammoth responsibilities is acknowledged, but accessibility as well as adherence to scheduled appointments is also important so that significant information can be disseminated to the public. The Local Government Municipality is considered to strive for information that is accurate of which, in most instances management seems to be the sole provider of such information, especially information pertaining to policies and sensitive information on HIV/AIDS-related issues.

## **5.8 CONCLUSION**

The research study was conducted in the Polokwane Municipality as an organisation under the Capricorn District Municipality. The specific objectives of the study were to examine the HIV/AIDS situation in the Polokwane Municipality. To determine the impact of HIV/AIDS on the delivery of services by the Polokwane Municipality and to recommend strategic measures to deal with emerging issues as may be necessary. The study investigated the policy's provision and the mechanisms used to implement it. It further focused on the challenges, and gaps the Municipality is facing, and the HIV/AIDS programmes implementation as well as the budget allocation. The impact of HIV/AIDS on service delivery regarding issues such as absenteeism, death, staff shortage, productivity, performance, attitude and stigma, and support system, was explored.

Some of the pertinent questions raised in the study were:

How is the situation of the municipality with regard to HIV/AIDS?

How has HIV/AIDS affected service delivery?

What are the indicators of the impact?

Does the municipality have a policy on HIV/AIDS and if so how has it been implemented and how effective is it?

A HIV/AIDS policy was developed and is functional with the objective that aims to promote health awareness and set out implementation guidelines for the municipality to ensure that individuals affected by HIV/AIDS are not unfairly discriminated against. The applicable legal frameworks were clearly specified in their development of the HIV/AIDS management workplace policy. Appropriate mechanisms for the implementation of programmes were followed, although there is still a need for ongoing educational trainings and awareness to cultivate an environment of open communication and a professional relationship based on trust to those who are still having doubts about their privacy and the confidentiality for EAP consultations. The annual budget allocation for HIV/AIDS related issues was not within the officials' knowledge due to the fact that they have no access to the HIV/AIDS budget in the Polokwane Municipality. This is an indication that the principle of openness and transparency is not exercised. Dissemination and accessibility of HIV/AIDS information by the officials and employees of all the sections in the municipality was limited. There are still a few employees who are not sure of any employee benefit scheme the employer is offering to cover for HIV/AIDS. The lack of knowledge might be due to the fact that the respondents were newly recruited and had not yet received the same training and educational information as their counterparts, or the information was not flowing down as is supposed to do. Those employees still need educational training and awareness on the HIV/AIDS benefit schemes the employer is offering. Polokwane Municipality still does not have any documented information on the impact of HIV/AIDS amongst its workforce and there was reluctance in providing the researcher with statistical trends on these key indicators that impact on service delivery in the organisation. There is a lack of willingness to discuss HIV/AIDS issues freely as the respondents still indicated the sensitivity of the illness and the lack of disclosure of an employee's status. The researcher urges Polokwane municipal management to show interest in offering assistance, involvement, sincere cooperation, and effective procedural approval for future research conduct.

Some of the identified issues for further research in Polokwane Municipality are:

- Measures to put in place to address de-stigmatisation of HIV/AIDS.
- The impact of a combination of service delivery oriented and health focused strategies in dealing with the negative impact of HIV/AIDS on service delivery.
- The perception of employees of the Polokwane Municipality on employee health and wellness programmes' confidentiality clause.
- The role of the Polokwane Municipality management in dealing with the negative impact of HIV/AIDS on service delivery.

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Appendix A

CONSENT FORM

I, \_\_\_\_\_, was given an explanation about the study “The impact of HIV & AIDS on service delivery in Polokwane municipality as an organization” and understand that I have been invited to participate. Therefore my agreeing is fully voluntary and that I can withdraw at any time to participate in providing information on the questionnaire.

I understand that my identity will not be known or exposed.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## Appendix B

### SEMI-STRUCTURED INTERVIEW QUESTIONNAIRE FOR EMPLOYEES REGARDING THE IMPACT OF HIV/AIDS ON SERVICE DELIVERY IN THE POLOKWANE MUNICIPALITY AS AN ORGANISATION.

#### OBJECTIVES OF THE STUDY

The researcher's main objective was to determine the impact of HIV/AIDS on the delivery of services and what programmes were put in place to deal with the HIV/AIDS situation in Polokwane Municipality. The study needs to identify how HIV/AIDS affect workplace programmes in terms of planning, implementation, monitoring, evaluations, and outcomes.

Participants in the study are assured that information given will be treated as private and confidential, hence the attached consent form.

#### 1. BIOGRAPHICAL /DEMOGRAPHIC DETAILS

Please provide the following information: please make an X in the appropriate box. e.g.

Gender of respondent:

Male

Female

1.2 What is your marital status?

Married

Single

Widow/er

Divorced

Separated

1.3 How old are you?

Under 20 yrs  between 20-25 yrs  between 25-30 yrs

between 30-35yrs  between 40-45 yrs  between 45-50 yrs

50yrs & above

1.4 What is your highest qualification?

Matriculation	<input type="checkbox"/>	Diploma	<input type="checkbox"/>	Degree	<input type="checkbox"/>
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Other, specify .....

1.5 What position do you hold in the organisation?

.....

**2. HIV/AIDS: KNOWLEDGE AND AWARENESS**

2.1 Is HIV/AIDS an issue in your organisation?

Yes

No

2.1.1 If so, explain:

.....  
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2.2 Are you aware of any HIV/AIDS policy in the workplace?

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2.2.1 If so, explain by giving an overview of the policy provisions

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2.3 Has HIV/AIDS affected anyone in the organization?

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2.4 If so, explain:

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2.5 Is your organisation faced with challenges and gaps caused by HIV/AIDS in terms of service delivery? Narrate your story, giving examples.

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2.6 Has your Section/Unit experienced the following?

2.6.1 Absenteeism due to HIV/AIDS

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2.6.2 Death due to HIV/AIDS

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2.6.3 Slowdown in productivity due to HIV/AIDS related illnesses

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2.7 What programmes has the organisation introduced to deal with HIV/AIDS?

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2.8 How effective are the programmes?

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2.9 How is your morale affected by perceiving a co-worker living with HIV/AIDS?

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**3. RESOURCES DEALING WITH STRESS RELATED TO HIV/AIDS.**

3.1 When your morale is down, do you talk to either one of the following people: please tick? [√] tick more than one where applicable.

Supervisor	yes [ ]	never [ ]	not sure [ ]
Co-worker	yes [ ]	never [ ]	not sure [ ]
Family	yes [ ]	never [ ]	not sure [ ]
Social worker/EAP officer	yes [ ]	never [ ]	not sure [ ]
Friend	yes [ ]	never [ ]	not sure [ ]
Union representative	yes [ ]	never [ ]	not sure [ ]

3.2 Have you ever heard of an Employee Assistance Programme in your organisation?

Yes  No

3.3 If your answer is 'YES', would you be free to use EAP services available?

Strongly agree [ ] agree [ ] disagree [ ]

**Expatiate:**

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.....

3.4 What Employee Benefit Scheme does your employer offers to cover for HIV/AIDS and how useful do you find it?

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3.5 Do you have any additional comments?

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**Appendix C**  
**SEMI-STRUCTURED INTERVIEW QUESTIONNAIRE FOR MANAGERS**  
**REGARDING THE IMPACT OF HIV/AIDS ON SERVICE DELIVERY IN THE**  
**POLOKWANE MUNICIPALITY AS AN INSTITUTION.**

**OBJECTIVES OF THE STUDY**

The researcher's main objective was to determine the impact of HIV/AIDS on the delivery of services and what programmes were put in place to deal with the HIV/AIDS situation in Polokwane Municipality. The study needs to identify how HIV/AIDS affect workplace programmes in terms of planning, implementation, monitoring, evaluations and outcomes.

Participants in the study are assured that information given will be treated as private and confidential, hence the attached consent form.

**1. BIOGRAPHICAL /DEMOGRAPHIC DETAILS**

Please provide the following information: please make an X in the appropriate box. e.g.



1.1 Gender of respondent?

Male

Female

1.2 What is your marital status?

Married

Single

Widow/er

Divorced

Separated

1.3 How old are you?

Under 20 yrs  between 20-25 yrs  between 25-30yrs

between 30-35 yrs  between 35-40 yrs  between 40-45 yrs

between 45-50yrs  above 50 yrs

1.4 What is your highest qualification?

Matriculation	<input type="checkbox"/>	Diploma	<input type="checkbox"/>	Degree	<input type="checkbox"/>
---------------	--------------------------	---------	--------------------------	--------	--------------------------

Other, Specify .....

.....

.....

1.5 In the organisation at which level is your management position?

Top

Middle

Line management

**2. WORKPLACE POLICIES, STRATEGIES AND SYSTEMS TO DEAL WITH HIV/AIDS.**

2.1 Does the organisation have an HIV/AIDS policy in place?

Yes  No

2.2 If yes, what are its key provisions?

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2.3 If no, give reason

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2.4 Which departments /units are responsible for HIV/AIDS related issues?

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2.5 What are the mechanisms/strategies to implement the policies?

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2.6 How effective are the policy implementation mechanisms?

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2.7 What budget does the organisation allocate for HIV/AIDS (e.g. last 5 years)?

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2.8 How adequate is the budget vis-à-vis HIV/AIDS related challenges in the organisation?

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**3. IMPACT OF HIV/AIDS ON SERVICE DELIVERY.**

3.1 How does HIV/AIDS affect productivity in your organisation?

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3.2 How does HIV/AIDS affect delivery of services in the following units?

3.2.1. Water and sanitation

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3.2.2. Electrical services

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3.2.3. Environment and waste management

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3.2.4 Recreational services

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3.2.5. Human resources personnel

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3.2.6. Planning and development

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3.3 How does HIV/AIDS affect workplace programmes in terms of planning, implementation, monitoring, evaluations, and outcomes?

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3.4 Provide data on the following:

3.4.1 HIV/AIDS related illnesses (over the last 3 years)

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.....  
.....  
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3.4.2 HIV/AIDS related absenteeism (over the last 3 years)

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.....

3.4.3 HIV/AIDS related deaths (over the last 3 years)

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3.4.3 HIV/AIDS related funeral expenses (over the last 3 years)

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3.4.4 HIV/AIDS related staff turnover (over the last 3 years)

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3.5 What is the profile on affected employees in terms of age, gender and educational qualifications?

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3.6 Do you have any additional comments on all the issues we have discussed?

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#446691

**To: The Manager/ Supervisor/ Employee  
Polokwane Municipality**

**From: The Human Resources Manager  
Jerry Manyama**

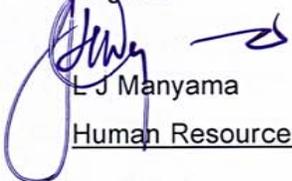
**Date: 15. 01. 2010**

**Re: RESEARCH ON HIV AND AIDS ISSUES**

Ms CY Kalla is a masters student at University of Limpopo (Edupark). She has been granted permission to conduct research on HIV & AIDS at Polokwane Municipality. Her study will focus on getting employees' perspective through face to face interviews on knowledge and awareness regarding HIV & AIDS. She needs to conduct the research for academic purposes. You are requested to give her the necessary cooperation and assistance.

Hope you find the above in order

Regards



L.J. Manyama  
Human Resource Manager

**CORPORATE SERVICES**

- P.O. Box 111 POLOKWANE, 0700
  - CIVIC CENTRE, CNR LANDROOS MARÉ & BODENSTEIN STREETS
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  - FAX: +27 15 290 2242
- 

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**TURFLOOP CAMPUS**



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9 Feb 2011

**TO WHOM IT MAY CONCERN**

This is to confirm, that I, Dr Lutz Ackermann, have read the MiniDissertation entitled

“The impact of HIV/AIDS on service delivery in Polokwane Municipality as  
an organization”

by Mrs **Kalla Coecky Yasmeeen**

and that I am satisfied with the quality of work she has produced in terms of structuring  
the document, in terms of style, grammar and spelling.

  
(Revd Dr Lutz Ackermann, Turfloop Campus)



**POLOKWANE**  
**PIETERSBURG**

MPUMALANGA