

**THE MANAGEMENT OF HIV/AIDS IN THE SOUTH  
AFRICAN PUBLIC SERVICE: CHALLENGES AND BEST  
PRACTICES FOR THE DEPARTMENT OF PUBLIC  
ENTERPRISES**

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**THE MANAGEMENT OF HIV/AIDS IN THE SOUTH  
AFRICAN PUBLIC SERVICE: CHALLENGES AND BEST  
PRACTICES FOR THE DEPARTMENT OF PUBLIC  
ENTERPRISES**

**by**

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## **DEDICATION**

This study is dedicated to my two aunts, Nokuthula Mpembe and Nancy Mpembe.

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## ***ABSTRACT***

The research focuses on an evaluation of the management practices used in the implementation of HIV/AIDS policies and programmes in the South African Public Service, with specific reference to the Department of Public Enterprises (DPE). It was executed with the following objectives in mind:

- i) identify the initiatives that have been established for managing HIV/AIDS in the South African Public Service and the DPE, including the relevant legislation;
- ii) identify the challenges with regard to planning, organising, leading and controlling that are experienced by the DPE in managing HIV/AIDS effectively;
- iii) identify best practices in the management of HIV/AIDS in the South African Public Service; and
- iv) make recommendations to address the challenges experienced by the DPE.

From the review of relevant literature, it has been established that the HIV/AIDS epidemic is growing at an alarming rate in the Southern African region, including South Africa. The impact of the epidemic on the socio-economy of South Africa, as well as the South African Public Service, needs to be properly understood so that appropriate measures can be put in place to address the challenges resulting from the epidemic. The research clearly indicated that resources, both financial and human, as well as leadership commitment are required for the effective implementation of policies and programmes for managing HIV/AIDS.

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## GLOSSARY OF TERMS

AIDS	Acquired Immune Deficiency Syndrome
ATICC	AIDS Training, Information and Counselling Centre
BCEA	Basic Conditions of Employment Act, 1997 (Act 75 of 1997)
CIDA	Canadian International Development Agency
COIDA	Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993)
DDG	Deputy Director-General
DG	Director-General
DPE	Department of Public Enterprises
DPSA	Department of Public Service and Administration
EEA	Employment Equity Act, 1998 (Act 55 of 1998)
GEPF	Government Employees' Pension Fund
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HSRC	Human Sciences Research Council
IDC	Inter-departmental Committee on HIV/AIDS
ILO	International Labour Organisation
KAP	Knowledge, Attitude and Practices
LRA	Labour Relations Act, 1995 (Act 66 of 1995)
NGO	Non-governmental Organisation
OHSA	Occupational Health and Safety Act, 1993 (Act 85 of 1993)
OPSC	Office of the Public Service Commission
PEP	Post-exposure Prophylaxis
PSCBC	Public Service Coordinating Bargaining Council
SAMDI	South African Management Development Institute
SAPS	South African Police Service
SAQI	South African Quality Institute
SMS	Senior Management Service
STD	Sexually Transmitted Disease
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

## **CHAPTER 1: GENERAL INTRODUCTION**

### **1.1 INTRODUCTION**

The Human Immunodeficiency Virus and/or Acquired Immune Deficiency Syndrome (herein after referred to as HIV/AIDS) epidemic is affecting places of work around the world, including South Africa. It is quickly becoming a major obstacle to achieving the country's main priority of alleviating poverty and ensuring a better South Africa for all its citizens.

HIV/AIDS is an issue that affects the ability of the Public Service to deliver goods and services. South Africans living in poverty depend on government for the provision of basic services. HIV/AIDS is likely to have a negative impact on the capacity of the Public Service to deliver essential services. The Public Service is likely to experience losses in human resources due to the illness and death of public employees from HIV/AIDS as well as reduced public revenues as budgets are diverted towards coping with the impact of HIV/AIDS.

Reversing the epidemic as well as its impact on the country requires strategies that mobilise social and political action across all spheres and promote the transformation of norms, values and practices. These strategies have to be guided by principles of participation, gender equality and human rights. Government, through the Public Service, is expected to be the main role player in adopting and implementing these strategies, not only because it has a mandate to do so, but also for its own survival.

## **1.2 MOTIVATION**

Given the fact that HIV/AIDS kills people in the 15 to 49-year age group, it is depriving families, communities and the country of the young and most productive people. It is uniquely devastating in terms of increasing poverty and reversing development achievements such as life expectancy, education, income, democracy, gender equality and social cohesion (United Nations Development Programme (UNDP), 2001:2).

HIV/AIDS affects and reduces the supply of labour and undermines the livelihood of millions of workers across the globe and those who are dependent on them. The loss of skills and experience in the workplace threatens productivity and diminishes the capacity of national economies, public and private enterprises to produce and deliver goods and services on a sustainable basis. Fundamental principles and rights at work are undermined through stigma and discrimination against those that are infected with and affected by the epidemic (Department of Public Service and Administration (DPSA), 2004:10).

The well being of future generations of working people is threatened by HIV/AIDS, and children are orphaned or forced to leave school to care for sick family members, or to work as child labourers, often in unsafe and dangerous jobs. The death of workers today and reduced opportunities for workers in the future impoverishes the stock of human capital and the capacity of nations, both to cope with HIV/AIDS and move beyond it (DPSA, 2004:10-11). As parents with HIV/AIDS die from the disease, their children's opportunities of becoming skilled workers and ensuring a better future for themselves are reduced since they end up leaving school early to sustain their families.

The HIV/AIDS epidemic reduces the ability of the Department of Public Enterprises (herein after referred to as the DPE) to acquire and retain skilled and experienced public employees as experienced workers succumb to the disease and the chances of future generations to acquire the necessary skills are reduced. The HIV/AIDS epidemic poses a threat to the ability of the DPE to achieve its goals and objectives, thereby negatively affecting its ability to contribute to the alleviation of poverty in South Africa.

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

The HIV/AIDS epidemic has an impact on every facet of government and civil society. At present, the estimated prevalence rate of HIV/AIDS in South Africa is 29.5% (Department of Health, 2005). This prevalence rate also applies to public employees since they also form part of the South African population. The impact of HIV/AIDS on the DPE, as well as the entire Public Service, in terms of cost factors and service delivery aspects needs to be understood so that appropriate policies and programmes can be implemented and monitored in order to mitigate and manage it. The possible future effects of HIV/AIDS are one of the present day environmental factors affecting informed strategic and human resource planning in the Public Service, including the DPE (DPSA, 2000:1).

Strategic planning refers to the formulation of goals, identification of current objectives and strategy, environmental analysis, SWOT analysis, identification of opportunities and threats, shortage analysis, and strategic decision-making. The main purpose of strategic planning is to improve productivity and effectiveness by giving guidelines to public managers on what they will do in their departments in the future. Human resource planning refers to the process of ensuring that the right quality and quantity of public employees are available at the right times and at the right places, where they will be active in the most effective way and thus contribute to the effectiveness of a department. A rational process should be used to predict personnel needs, identify shortcomings and implement processes

(Van der Walddt and du Toit, 1999: 187-299). The HIV/AIDS epidemic presents a challenge to public managers in the DPE and other Public Service departments to engage in effective and informed strategic and human resource planning.

As both an employer and provider of basic services in the country, the Public Service will experience a lot of pressure in terms of policy formulation, service delivery and human resource management in order to deal with the challenges that will be brought on by the epidemic. The Public Service, including the DPE, therefore has to take the management of HIV/AIDS in the workplace seriously in order to sustain its human resources and be in a position to continue formulating policies and delivering basic services to the public.

Unless properly managed, the impact of HIV/AIDS will make it difficult for the Public Service, as well as the DPE, to achieve the transformation goals of government and to utilise resources efficiently, economically and effectively (DPSA, 2002:16). The DPE has been charged with the responsibility of ensuring that state-owned enterprises perform efficiently and effectively so that they can contribute to the alleviation of poverty in South Africa. This means that the DPE needs to acquire and retain skilled and experienced public employees to ensure the transformation of state-owned enterprises.

HIV/AIDS poses a risk to the ability of the DPE to plan for its human resources as well as its ability to execute its mandate. The effective management of HIV/AIDS in the workplace would enable the DPE to retain its skilled employees for much longer than if the epidemic and its impact on human resource management were to be ignored. This implies that the DPE, including other Public Service departments, has to put in place and implement policies and programmes that are aimed at reducing the rate of infection among public employees and also promote employee health and wellness. The basic principles of management, *i.e.* planning, organising, leading and controlling, need to be applied to ensure that policies and programmes that are aimed at reducing the impact of HIV/AIDS on



human resource management and service delivery are implemented effectively. Within the context of the above-mentioned motivation, the problem statement will focus on an evaluation of the implementation and management of the HIV/AIDS policy in the DPE.

#### **1.4 AIMS AND OBJECTIVES OF THE STUDY**

This study seeks to assess the managerial capacity within the DPE in managing policies and programmes that are aimed at reducing the impact of HIV/AIDS on human resource management and service delivery. It will focus on the planning, organising, leading and controlling measures that have been put in place for the management of HIV/AIDS within the Department. This study also seeks to identify the problems and challenges that have been brought on by the HIV/AIDS epidemic on the Public Service, as well as the problems and challenges that relate to planning, organising, leading and controlling for departmental HIV/AIDS intervention programmes within the DPE.

This study will also analyse the regulatory framework for responding to HIV/AIDS in the Public Service and the implementation of these responses at the DPE. It will identify the best practices in the management of HIV/AIDS and make recommendations for solving the problems and challenges that impact on the effective management of HIV/AIDS in the Public Service as well as the DPE.

#### **1.5 RESEARCH METHODOLOGY**

Applied research, which is undertaken specifically to solve a problem, and on account of the practical value that it would have in a particular situation, has been used for this study (Brynard and Hanekom, 1997:5). Applied research has been used since it focuses on seeking more information on the research subject and helps in developing solutions on challenges.

This study is based on a qualitative research approach, which means that it seeks to produce descriptive data (Brynard and Hanekom, 1997:29). The study seeks to establish the benefits of managing HIV/AIDS in the Public Service as

opposed to ignoring the fact that the HIV/AIDS epidemic will have a negative impact on the ability of the DPE to deliver services. The qualitative methodology was selected for this study since the approach allows for the interpretation and description of findings.

Information for the study was obtained through interviews, questionnaires and the review of relevant literature from books, journals, government documents and the Internet. Literature on the subject was reviewed in order to obtain perspective on the most recent research findings related to the management of HIV/AIDS and also to improve the interpretation of results.

An interview is a formal conversation with a person that is held in order to obtain comments and information from him or her (Oxford University, 1987: 326). Interviewing was selected as a method of data collection since it allows for the explanation of questions (which may not be clear) to respondents and getting the perspective of those who have actively participated in the area in which the research problem is focused. It also makes it possible to observe the behaviour of the respondents. Bias and the distortion of information by the respondent may invalidate the information obtained from an interview. Respondents may also fear to commit themselves by not telling the truth (Brynard and Hanekom, 1997:32-38).

The people who are responsible for the formulation and implementation of responses to HIV/AIDS at the DPE and the DPSA were interviewed, as the research required the perspectives of those that were directly involved in the implementation of responses to HIV/AIDS. The Special Programmes Officer, who falls under the Human Capital Development Directorate at the DPE, was interviewed. The Deputy Director: Employee Health and Wellness at the DPSA was also interviewed.

A questionnaire is a list of questions that seek information about people's opinions regarding a research problem. Questionnaires can be used in the place of interviews and they allow respondents to have time to think about their answers to questions stated in the questionnaire. They can be distributed to a large number of respondents. Questionnaires do not allow for the explanation of uncertainties to respondents, thus results may be distorted and biased (Brynard and Hanekom, 1997:32-38).

A questionnaire was developed in order to determine the perceptions of DPE employees regarding the management of HIV/AIDS in the DPE. Employees at various levels in the organisational structure of the DPE were randomly selected as respondents to the questionnaires (November 2005). Random sampling, which is a procedure in which units of a population are selected in such a way that each unit has the same chance of being selected as any other unit in the population when selection takes place, was used as a sampling method (Statistics South Africa, 1997:13). Random sampling was selected as a sampling method for this study to ensure that all employees at the DPE had the same chance for being selected as respondents to the questionnaire. Random sampling also ensures that the views of people at different levels of the organisational structure had an opportunity to state their opinions regarding the departmental HIV/AIDS programme.

7.4% of the total number of employees at the DPE participated in the research. From them, a total of 80% returned the questionnaire. An 80% response rate may imply that the answers given by those that responded might also be valid for non-respondents within the DPE. It cannot, however, be assumed that the answers given by the respondents will be valid for the entire DPE. The results of the study should thus be seen as representing only the opinions of the respondents. Additional information was obtained through interviews with employees who are directly involved in the management of HIV/AIDS in the DPE.

The outcomes of the questionnaire are presented in pie chart format. The respondents had to answer yes or no to the questions that had been asked and also give reasons for their answers if they could. The various segments of the pie charts will represent the percentage of the number of people that gave a specific answer (yes or no). This methodology was selected on the grounds of its suitability to the quantification of results and the anonymous participation of respondents. The following section will focus on defining concepts in the research topic.

## **1.6 DEFINITION OF KEY CONCEPTS**

### **1.6.1 Public Administration and public administration**

Public Administration refers to the discipline in which the phenomenon of public administration is studied (Venter, 1998:114). As a discipline, Public Administration seeks to discover what government can properly and successfully do with the utmost possible efficiency and at the least possible cost (Shafritz and Hyde, 1992:11). Thornhill and Hanekom (1993:20) define Public Administration as the study of the purpose of public institutions, the means of public administration and management, as well as the results achieved by the public service.

Public administration, as an activity, is concerned with handling public matters and the management of public institutions in such a way that resources are used efficiently to promote the general welfare of the public. It consists of a system of structures and processes operating within a particular environment with the objective of facilitating the formulation and efficient execution of government policy (Van der Waldt and du Toit, 1999:13). Public administration is a special field of activity that is characterised by the nature of the political dispensation, societal values and norms, as well as the rules of administrative law (Hanekom and Thornhill, 1986:19).

Venter (1998:115) refers to public administration as the process by which the entire state apparatus is organised, managed, administered and controlled. Shafritz and Hyde (1992:58-59) define public administration as the management of human beings and materials in the accomplishment of the purposes of the state. The objective of public administration is the most utilisation of the resources at the disposal of public employees. It is the execution of public business, the goal of administrative activity, economical and the complete achievement of public programmes (Shafritz and Hyde, 1992:58-59).

Section 195 of the Constitution of the Republic of South Africa (1996) (subsequently referred to as the Constitution, 1996), states that public administration is responsible for loyally executing the lawful policies of the government of the day. Public administration should be efficient, non-partisan, career- orientated and broadly representative of the South African community. It should function on a basis of fairness and serve all members of the public in an unbiased and impartial manner. Thus, from the above the argument is made in the management of HIV/AIDS, public administration is an activity that can be used in the implementation of HIV/AIDS policies and programmes.

The South African Public Service is responsible for the organisation, management and control of financial, human and other resources that are at the disposal of national departments, including the DPE, in order to achieve public programmes. The Public Service is responsible for public administration in South Africa. The DPE forms part of the South African Public Service. The principles of public administration, as well as the activities involved, apply in the management of HIV/AIDS. The management of HIV/AIDS is an important aspect of public administration since it is an opportunity for the South African Public Service to make the most of its human resources in achieving service delivery.

### **1.6.2 The South African Public Service**

South Africa has a public service that has been structured to provide effective public administration in national departments and provincial administrations. The South African Public Service is made up of persons who are employed within or outside the Republic of South Africa (Public Service Act, 1994 (Act 103 of 1994) (subsequently referred to as the Public Service Act, 1994) Sections 2 and 7).

The objective of public administration is the most efficient utilisation of the resources at the disposal of public employees. Good public administration seeks the elimination of waste, the conservation of material and energy, and the most rapid and complete achievement of public purposes consistent with the economy and the welfare of public employees (Shafritz and Hyde, 1992: 58).

Section 7 of the Public Service Act, 1994 states that national departments as well as provincial administrations and departments are established for the purposes of the administration of the Public Service. Each department shall have a head of department, who as an officer will be the incumbent of the post on the fixed establishment. Each head of department will be responsible for the efficient management and administration of his or her department, including the effective utilisation of public employees, the maintenance of discipline, the promotion of sound labour relations and the proper use and care of state property. The DPE is a Public Service department since it was established for the purposes of public administration and has the above-mentioned characteristics, *i.e.* officers and employees who are employed by the Public Service and a head of department who is responsible for the efficient management of the DPE as described in the Public Service Act, 1994.

Public service delivery refers to the ability of the Public Service to deliver goods and services for a recognised public need. Effective service delivery therefore

means the best utilisation of scarce resources such as public funds and human resources in order to satisfy the needs of the majority of the country's population to the greatest extent possible (Roux, *et al*, 1999: 208).

Based on section 1 to 14 of the White Paper on Transforming Public Service Delivery (1997), the South African Public Service has adopted the notion of putting people first. By adopting this concept, the South African Public Service seeks to improve public service delivery by supporting the transformation of the public service into a citizen-oriented organisation. It is an initiative to get public employees to be service-orientated, strive for excellence in service delivery and commit to continuous service delivery improvement. The concept of *Batho Pele* (which means people first) needs to be embraced as an integral part of all management activities to ensure that every management process is aimed at improved service delivery and customer satisfaction (White Paper on Transforming Public Service Delivery, 1997, Section 1 to 14).

Section 1 to 5 of the White Paper on Transforming Public Service Delivery (1997) lists the objectives of service delivery as welfare, equity, efficiency, redressing the imbalances of the past and maintaining continuity of service to all levels of society. It seeks to introduce an approach that puts pressure on systems, procedures, attitudes and behaviour within the public service and re-orientates them in the customer's favour, thereby putting people first. It is important to harness the commitment, energy and skills of public employees in order to deal with inefficient, out-dated and bureaucratic practices and identify new and better ways of delivering services. The eight principles of *Batho Pele* are consultation, service standards, access, courtesy, information, openness and transparency, redress, and value for money (White Paper on Transforming Public Service Delivery, 1997, Sections 1 to 5).

The DPE is responsible for ensuring that state-owned enterprises function effectively, thereby abiding to the principles of *Batho Pele*. The effective

management of HIV/AIDS within the DPE would assist in sustaining the ability of the DPE in making sure that South Africans benefit from the operations of state-owned enterprises. An effective HIV/AIDS workplace programme would make it possible for those public employees who are infected with HIV/AIDS to work longer than they would have if there had been no HIV/AIDS workplace programme. Those who are not infected can protect themselves from the disease and support those who are infected so that they can contribute as much as they can to the achievement of the goals of the DPE.

State-owned enterprises are the primary customers of the DPE. By servicing state-owned enterprises, the DPE supports policy decisions thereby making a contribution to the improvement of service delivery in South Africa. The DPE plays an important role in making sure that the Public Service is able to achieve its objective to alleviate poverty in the country by making sure that state-owned enterprises operate efficiently and effectively.

### **1.6.3 Department of Public Enterprises**

The DPE was established in 1994 to oversee and direct the restructuring of state-owned enterprises as the Office of Public Enterprises. Through a Cabinet decision, which was taken in 1999, the Office was re-designated as a national government department in order to accelerate the restructuring of state-owned enterprises in an integrated and coherent manner, to promote economic growth, socio-economic development, and a better life for all South Africans (DPE, 2005(b)).

The DPE's mandate includes developing and directing a coherent approach to the restructuring and transformation of state-owned enterprises in order to ensure improved economic and social impact. The DPE is also responsible for creating and implementing restructuring frameworks for state-owned enterprises, and developing a systematic method for monitoring the performance of state-owned enterprises. The DPE has to ensure that the activities of state-owned



enterprises are aligned with government policy and develop a comprehensive approach to advocating alternative service delivery options as a means of improving services to the people (DPE, 2005(b)).

**State-owned enterprises (public enterprises) are corporations that are established in terms of a parliamentary legislation or Cabinet decision. They are usually relatively large enterprises that require considerable capital investment, which the private sector would be unwilling or unable to invest. The tariffs and prices of their products are usually not determined on the basis of making a profit, although it is sometimes possible to make a surplus (Botes, *et al*, 1997: 386-387).**

**The vision of the DPE is to achieve excellence in state-owned enterprises' shareholder management. The DPE's restructuring programme is key in ensuring wider active participation in the South African economy. The programme focuses on (DPE, 2005(b)) :**

- a) freeing resources for spending on social services and infrastructure,**
- b) unlocking private sector investment so that the public can benefit from lower prices and higher quality services brought by expanded competition,**
- c) enhancing dynamism and competitiveness to improve the efficiency of state-owned enterprises, and**
- d) encouraging direct foreign investment in South Africa thereby enabling state-owned enterprises to access globally competitive technology.**

**In order to achieve its mandate and vision as mentioned in previous paragraphs, the DPE has to apply management principles that allow it to function effectively. Human, financial and other resources have to be planned, organised, led and controlled in a manner that will make it possible for the DPE to engage in the restructuring of state-owned enterprises in an efficient and effective manner. The purpose of the above would be to make it possible for the majority of South Africans may benefit from the activities of state-owned enterprises. The management of HIV/AIDS would assist the DPE in ensuring the proper management of human resources, which is an important aspect of public administration as will be indicated in the following paragraphs.**

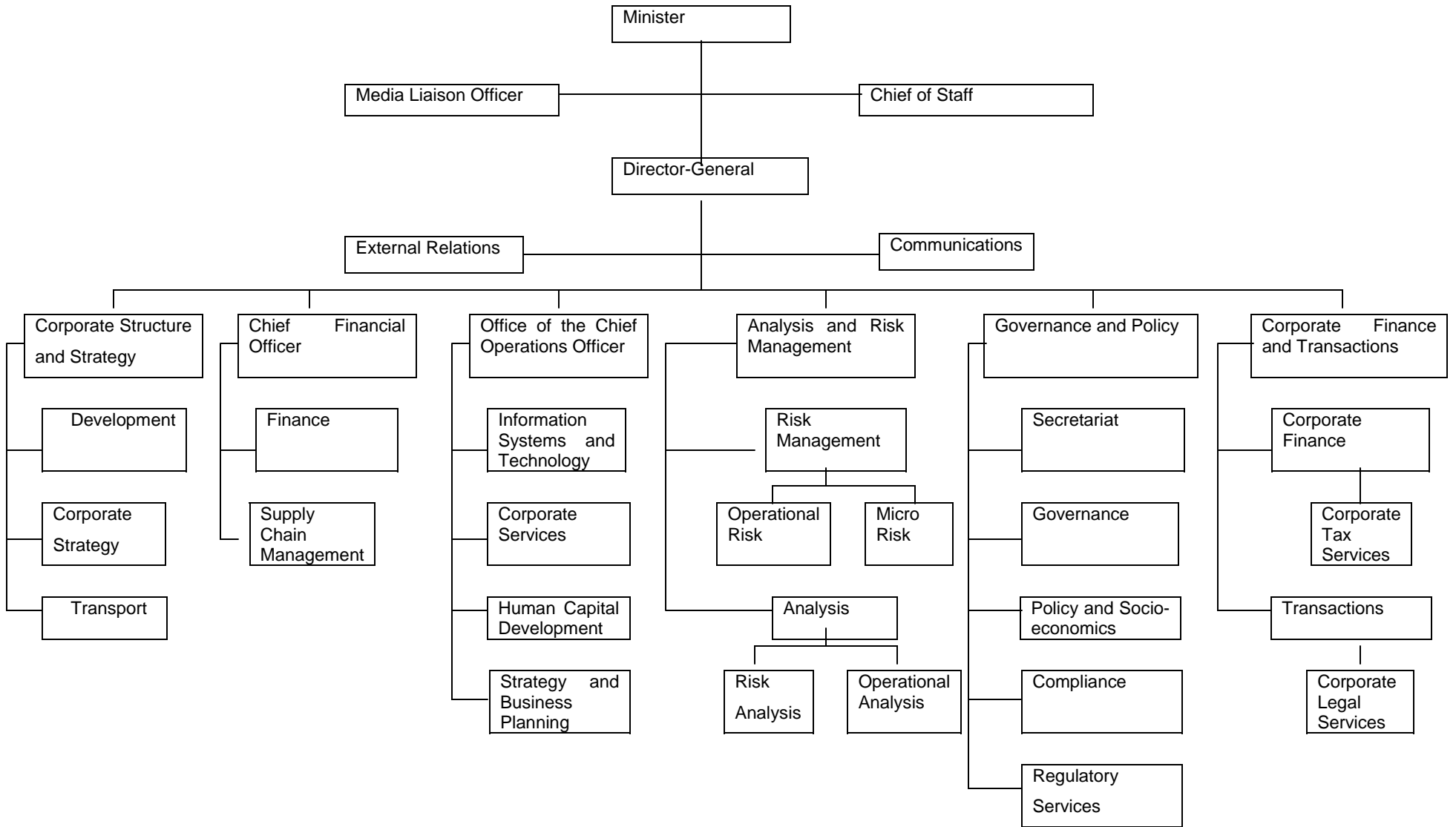
**The DPE has six major departmental programmes (directorates) that have been strategically designed to meet its goals and objectives, namely, Corporate Structure and Strategy, Financial Management, Office of the Chief Operations Officer, Analysis and Risk Management, Governance and Policy, and Corporate Finance**

**and Transactions. The management of HIV/AIDS has been placed in the Human Capital Development Directorate, which is under the Office of the Chief Operations Officer (DPE, 2005(a)). Figure 1.1 provides for an organisational structure of the DPE.**

Derived from Figure 1.1, it could be concluded that in terms of the management of HIV/AIDS, the Office of the Chief Operations Officer will provide for the effective management of HIV/AIDS within the DPE since this Office is responsible for human resource management and development, and strategic planning. The management of HIV/AIDS in the Department is incorporated in the activities of these directorates. Subsequent chapters will assess whether or not the Office of the Chief Operations Officer has provided for the effective management of HIV/AIDS in the DPE through planning, organising, leading and controlling to ensure that service delivery is sustained and that human resource management is not negatively affected by the HIV/AIDS epidemic.

Figure 1.1

Organisational structure of the DPE



Source: DPE. 2005(a)

#### **1.6.4 Management**

Management refers to the attainment of organisational goals in an effective and efficient manner through planning, organising, leading and controlling organisational resources (Daft, 1988:5). Daft and Marcic (2001:5) define management as the process of giving direction within an organisation, providing leadership, and deciding how to use organisational resources to accomplish goals and objectives. The activities of management involve getting things done through people and other resources, and providing direction and leadership.

Van der Waldt and Du Toit (1999:11) define management as a process whereby people in leading positions utilise human and other resources as efficiently as possible in order to provide specific products or services with the aim of fulfilling particular needs and achieving the stated goals of an organisation. The functions of management take place at all levels of the department and the final responsibility rests with senior managers. Management refers to the planning, organising, motivation, coordinating and controlling of capital, labour, resources and entrepreneurship for the production of goods and services (Roux, *et al*, 1999: 191).

For the purposes of this study, management will be defined as the process of planning, organising, leading and controlling financial and human resources for the attainment of defined aims and objectives. According to Cole (1993:6), planning refers to deciding the objectives or goals of an organisation and making preparations on how to meet them. Organising refers to the determination of activities and allocation of responsibilities for the achievement of plans. Controlling refers to the monitoring and evaluation of activities, and providing corrective mechanisms when necessary (Cole, 1993: 6). Leading refers to the use of influence to motivate employees to achieve organisational goals (Daft, 1998:8).

Public employees who are responsible for the management of HIV/AIDS in the DPE have to set goals and objectives for the effective management of HIV/AIDS. They also have to decide what activities they will engage in and who will be responsible for implementing those activities. The various activities have to complement each other so that they all contribute to the effective management of HIV/AIDS. These activities have to be monitored to ensure that they are in line with the goals and objectives of managing HIV/AIDS.

### **1.6.5 HIV/AIDS**

HIV is a blood borne virus that is transmitted among human beings. The virus attacks the immune system and weakens it to a point or stage whereby the immune system can no longer fight the various illnesses that may attack the body (Public Service Coordinating Bargaining Council (PSCBC) 2001:4.1). AIDS is a condition in which the body's immune system is too weak to defend the body against life-threatening infections. A person has AIDS when his or her body is infested with HIV and develops several illnesses that cannot be controlled or cured. These illnesses may eventually be the cause of death and the life expectancy of the patient depends on the availability of treatment (PSCBC 2001:4.2).

AIDS is a pattern of infections or diseases that attack the human body after the HIV virus has disabled the human immune system in the fight against such infections. People with HIV may lead healthy lives with no symptoms for years before they develop AIDS. The period of being healthy varies among individuals, but eventually the virus becomes activated and progressively leads to the serious infections and other conditions that characterise AIDS. Even though there are treatments that can prolong an infected individual's life, the end result of AIDS is death (UNAIDS, 2001:11).

**Even though HIV/AIDS is not necessarily a sexually transmitted disease (STD), it has been labelled as one due to the fact that most HIV infections are a result of sexual activity. The majority of transmissions occur during unprotected sex (sex**

**without a condom) with an infected individual especially because HIV is in a very high concentration in the body's sex fluids (semen and vaginal fluid). Other ways of getting infected with HIV include blood transfusions using infected blood, using HIV-contaminated needles, from mother to child during breast feeding or pregnancy, and touching the blood of an infected person with a part of one's body that is bleeding (Daimler Chrysler, 2001: 6).**

Public employees who are responsible for the management of the responses to HIV/AIDS in government departments, including the DPE, need to be aware of the processes that occur within an HIV-positive individual's body so that they can be in a better position to manage the individual's performance, leave and also be supportive and understanding. They also need to know about the modes of transmission and methods of prevention for the purpose of educating others about HIV/AIDS.

It is important to get an understanding of the meaning of each concept before one can make conclusions regarding any subject matter. The clarification of concepts in this research topic provides for a better understanding of the processes involved in the management of HIV/AIDS in the DPE, which makes it possible to determine whether or not the DPE is managing HIV/AIDS effectively.

### **1.7 LIMITATIONS OF THE STUDY**

The fact that HIV/AIDS is still a sensitive issue in government circles was one of the limitations to this study. It was often difficult for interview respondents to divulge information willingly. Some information was regarded as sensitive because it had not yet been approved by political heads of departments. Some documents with crucial information were not accessible as some have been embargoed by the President since he felt that the information they contained was inaccurate.

Most of the information in this study was obtained through the review of literature. The second method of data collection, which was interviewing, also had limitations in the sense that in some instances interviewees were not willing to

commit themselves and were sometimes biased. Not all questionnaires that had been distributed were returned, thus a 100% response rate was not achieved. This is one of the limitations of using questionnaires as a method of data collection. Some questions in the questionnaire were not completely answered which may imply that the respondent did not fully understand the questions and required clarity.

### **1.8 OVERVIEW OF THE DISSERTATION**

The study has been divided into five chapters that serve to present its objectives and findings in a comprehensive manner. Chapter one will introduce the research topic and explain why the topic was chosen. It will also discuss how the research will be designed and how the findings will be presented. Chapter two gives the regulatory framework for the management of HIV/AIDS-related issues in the workplace that have been put in place by the South African government as well as policy framework for the management of HIV/AIDS in the Public Service.

Chapter three will discuss the implementation of initiatives for addressing the impact of HIV/AIDS on service delivery within the DPE as well as the problems and challenges that the DPE is facing in managing HIV/AIDS effectively. Chapter four will discuss the key strategies for managing HIV/AIDS as well as leading practices in the management of HIV/AIDS in various workplaces. Chapter five will summarise and make conclusions on the findings of the study. Recommendations and possible solutions to the problems that the Public Service is currently facing concerning the management of HIV/AIDS will also be made in this chapter.

### **1.9 CONCLUSION**

The general introduction of this study describes the structure and design of the research report. It has also outlined the research approach and methods that were used for obtaining information for this study as well as the limitations that were encountered while conducting the research. Definitions of key concepts in

the study have also been discussed. This chapter has also given the aims and objectives of the study as well as an overview of the presentation of the findings.

Chapter two will outline the regulatory framework for managing HIV/AIDS in the DPE. Public employees who are responsible for managing responses to HIV/AIDS in the DPE have to conform to these regulations.



## **CHAPTER 2: THE REGULATORY FRAMEWORK FOR MANAGING HIV/AIDS IN THE SOUTH AFRICAN PUBLIC SERVICE**

### **2.1 INTRODUCTION**

HIV/AIDS is a major health problem in South Africa (and globally) with employment, economic and human rights implications. Most of the people that are infected with or affected by HIV/AIDS are young and/or middle-aged adults who want and/or need to carry on working. These people may find it difficult to stay at work, sometimes because of illness or because they are being discriminated by fellow public employees and public managers. This raises many legal issues, most of which are governed by the labour laws and constitutional laws in most countries.

HIV/AIDS is a challenge to human resource managers, not only in the Public Service, but also in every workplace in South Africa. Government law and regulations influence all human resource management activities, policies and programmes in the workplace. When an organisation makes hiring, promotion, performance evaluation, layoff, and disciplinary decisions, it must evaluate them against government regulations.

This chapter will outline and discuss the regulatory framework for managing HIV/AIDS issues in the workplace as set out by the South African Public Service as well as the role that has been played by the DPSA in providing a conducive environment and guidelines for managing HIV/AIDS in the Public Service.

### **2.2 HIV/AIDS IN THE WORKPLACE AND THE LAW IN SOUTH AFRICA**

Internationally, the initial legal and human rights response to the HIV/AIDS epidemic was characterised by the introduction of laws that restrict the rights of people living with HIV/AIDS, *i.e.* laws that promoted discriminating against people living with HIV/AIDS. As more information about the real risks and modes of transmission of HIV/AIDS became apparent, protective laws replaced the restrictive ones. The World Health Organisation (WHO) and the International Labour Organisation (ILO) advocated that pre-employment HIV/AIDS screening

as part of the assessment of fitness to work is unnecessary and should not be required (HIV/AIDS Management Services, 1999).

In South Africa, the relevant labour legislation include the Constitution, 1996, the Labour Relations Act, 1995 (Act 66 of 1995), Basic Conditions of Employment Act, 1997 (Act 75 of 1997), Compensation of Occupational Injuries and Disease Act, 1997 (Act 61 Of 1997), Employment Equity Act, 1998 (Act 55 of 1998), Occupational Health and Safety Act, 1993 (Act 85 of 1993), and the Code of Good Practice on HIV/AIDS and Employment by the Department of Labour. These laws form the legal framework to which every workplace policy and programme on HIV/AIDS should comply (Public Service Co-ordinating Bargaining Council (PSCBC), 2001:6).

### **2.2.1 Protection of basic rights**

Section 23 of the Constitution, 1996 states that all employees have the right to fair labour practices and that everyone is entitled to equality and freedom from unfair discrimination. Equality includes the full and equal enjoyment of all rights and freedoms. Section 9 of the Constitution, 1996 indicates that an individual may not be discriminated directly or indirectly against on the grounds of race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sex orientation, age, disability, religion, conscience, belief, culture, language and birth. According to Barrett-Grant (2001: 162), the Employment Equity Act, 1998 (Act 55 of 1998) was the first South African law to directly state that an employee's or job applicant's HIV status may not be used as grounds for unfair discrimination.

This means that an employer cannot unfairly discriminate against an employee or potential employee on the basis of a disability or on any of the previously mentioned grounds. The Constitution, 1996 gives all people the right to equality and non-discrimination. Employees have the right to be treated fairly at work. Section 39 of the Constitution, 1996 also places a duty on the courts to use

international law as a guide when interpreting constitutional rights. The DPE, and all other Public Service departments, have to abide by the requirements of the Constitution, 1996 in all labour-related practices. The Constitution, 1996 makes the discrimination of public employees who are infected with HIV/AIDS illegal, therefore HIV/AIDS workplace programmes in the Public Service, including the DPE, have to promote non-discrimination.

### **2.2.2 Employment regulations**

The Labour Relations Act, 1995 (Act 66 of 1995) (herein after referred to as the LRA, 1995) prohibits the unfair discrimination of an employee and protects employees against arbitrary dismissals. Section 5 of the LRA, 1995 protects employees from being dismissed on the grounds of their HIV-positive status and being discriminated against with regard to employee benefits, staff training and other work-related opportunities. The LRA, 1995, section 189, indicates that dismissal is only fair if it is related to an employee's conduct or capacity, or is based on the employer's operational requirements. In the case of an employee's incapacity to perform his or her duties, the employer should investigate the extent of the employee's incapacity, investigate alternatives to dismissal and adapting the employee's duties, and investigate accommodating the employee's disability.

Section 1 of the LRA, 1995 indicates that the purpose of the LRA, 1995 is to advance economic development, social justice, labour peace and the democratisation of the workplace and to give effect as well as regulate the fundamental rights conferred by the Constitution, 1996. Public employees, including those who are infected with HIV/AIDS, should be able to maintain their rights to equality and non-discrimination in the workplace. They should also be able to benefit economically and otherwise while contributing to the achievement of the goals and objectives of the DPE. The effective management of HIV/AIDS within the DPE would contribute in making the DPE a working environment that promotes social justice (non-discrimination and equality), economic development and labour peace.

The Employment Equity Act, 1998 (Act 55 of 1998) (herein after referred to as the EEA, 1998), section 7 prohibits the testing of employees to determine their HIV status unless the Labour Court regards such testing as justifiable. The unfair discrimination may involve using the employee's status for demoting or not promoting the employee, blocking the employee's access to training and development, and making unfair distribution of employee benefits to negatively affect the HIV-positive employee (Barrett-Grant, 2001:162).

Section 2 of the EEA, 1998 indicates that the purpose of the EEA, 1998 is to achieve equity in the workplace by promoting equal opportunity in employment through the elimination of unfair discrimination. It also promotes the implementation of affirmative action measures to redress the disadvantages in employment experienced by designated groups in order to ensure their equitable representation in all occupational categories and levels in the workforce. Section 6 of the EEA, 1998 prohibits the direct or indirect unfair discrimination against an employee in any employment policy or practice on the grounds mentioned in the Constitution, 1996, including political opinion, family responsibility and HIV status.

According to sections 6-27 of the Basic Conditions of Employment Act, 1997 (Act 75 of 1997) (herein after referred to as BCEA, 1997), the BCEA, 1997 sets out the minimum employment standards to which every employee is entitled, and states the maximum working hours and minimum number of days of sick leave that every employee is entitled to. The purpose of the BCEA, 1997 is to advance economic development and social justice by fulfilling its primary objectives, which are to give effect and regulating the right to fair labour practices as stipulated in the Constitution, 1996. The BCEA, 1997 also seeks to establish, enforce and regulate the variation of basic conditions of employment; and to give effect to the obligations of the country as a member state of the International Labour Organisation (ILO). Section 27 of the BCEA, 1997 indicates that the

requirements set by the BCEA, 1997 are not affected by any agreements that the employer and employee may enter.

Sections 6-27 of the BCEA, 1997 indicate the number of hours that people may work and how often they can take breaks such as tea and lunch breaks. The BCEA, 1997 entitles every employee to six weeks of paid leave over any three-year cycle. A doctor's certificate is needed for any absence of longer than two days and for repeated absences. An employee is also entitled to three days of family responsibility leave per year. Employers and employees can negotiate for sick leave at reduced pay of not less than seventy-five percent of ordinary pay if they need to take more days for sick leave.

The conditions set by the BCEA, 1997 apply to every workplace in South Africa, including the DPE. The conditions for sick leave have to be considered in the management of sick leave, especially in HIV/AIDS-related cases. The proper management of sick leave is an important element of the management of HIV/AIDS in the workplace. Public Service departments, including the DPE have to plan around the management of sick leave, especially for those public employees who have disclosed their HIV statuses, to ensure that both parties do not suffer from the long absence of a public employee who has fallen ill. Arrangements for working hours and reasonable workloads can be made to ensure that service delivery is sustained and that sick employees are treated as humanely as possible.

Section 1 of the Occupational Health and Safety Act, 1993 (Act 85 of 1993) (herein after referred to as the OHSA, 1993) indicates that the purpose of the OHSA, 1993 is to provide for the health and safety of persons at work. The OHSA, 1993 also provides for the protection of persons other than those at work against hazards to health and safety due to the activities of those at work in relation to the use of plant machinery, and for matters connected therewith. The OHSA, 1993 requires the employer to create and maintain, as far as possible, a

safe and without risk to the health of his or her employees' working environment. This should include the reduction of possible risk to HIV and all other infections. According to section 8 of the OHSA, 1993, the employer is required to provide first aid equipment and training to deal with spilt blood and body fluids. The employer should also provide training on universal infection control procedures.

Every Public Service department, including the DPE, is expected to comply with the requirements of the OHSA, 1993. Heads of departments are supposed to ensure that their working environments do not expose public employees to harm or infection from HIV/AIDS and other diseases. Measures on how to deal with accidents should also be put in place, *i.e.* first aid equipment. This implies that Public Service departments have to plan and organise for safety in their working environments and put procedures in place on how to deal with accidents in the event that they occur. Safety measures have to be reviewed regularly to ensure that they comply with current situations and public employees have to be encouraged to comply with safety precautions when dealing with blood and body fluids to prevent HIV infection.

Section 22 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993) (subsequently referred to as COIDA, 1993) requires that an employee who has been injured in the course and scope of his or her employment should be compensated. The employee must be able to prove that he or she was infected as a result of an occupational accident. Section 38 of the COIDA, 1993 sets out the steps that must be followed by the employee to prove that he or she was infected with HIV as a result of an occupational accident and these steps include:

- a) reporting the accident to the supervisor and to the Compensation Commission within twelve months;
- b) requesting counselling and taking an HIV test immediately after the accident to show HIV status;

- c) making sure that the other people that were involved in the accident also get tested for HIV;
- d) taking another HIV test after six weeks or three months together with the other employees that were involved in the accident to see if any of them have sero-converted (become HIV-positive); and
- e) the persons involved in the accident may then claim for compensation once it has been proven that they became HIV-positive due to the occupational accident.

The same rules would apply at the DPE, as in all other Public Service departments and other workplaces, if an accident were to occur. These procedures are to be followed by all employers and employees who are involved in occupational accidents in order to ensure justice for public employees who get injured or infected with HIV/AIDS while they are on duty. Public Service departments have to plan for, and organise human and financial resources to ensure that the requirements of the COIDA, 1993 are adhered to in the event of an accident.

The Code of Good Practice on HIV/AIDS and Employment has been added to both the LRA, 1995 and the EEA, 1998. It deals with some of the key aspects of dismissal for reasons that are related to conduct and capacity. The Code of Good Practice on HIV/AIDS and Employment is a general guide on how employers, employees and trade unions should respond to HIV/AIDS in the workplace. It emphasises the primacy of collective agreements and that the employer and employee should treat each other with mutual respect (Department of Labour, 1998:2). The DPE could use the Code as a term of reference when responding to HIV/AIDS-related issues in the workplace in a manner that is satisfactory to both the employer and employees.

### **2.2.3 National Strategy on HIV/AIDS**

The South African Public Service had developed a national strategic five-year plan (2000-2005) called the HIV/AIDS/STD Strategic Plan for South Africa: 2000-2005, that guided the country's response as a whole to the HIV/AIDS epidemic. All Public Service departments, including the DPE, organisations and stakeholders were expected to use this document as a basis for developing their own strategic and operational plans. The primary goals of the strategic plan were to reduce the number of new infections, especially among the youth, and to reduce the impact of HIV/AIDS on individuals, families and communities (Department of Health, 2000:5-16). As a Public Service department, the DPE was guided by the principles of the HIV/AIDS/STD Strategic Plan for South Africa: 2000-2005.

In 2006, the South African Public Service launched another five-year strategic plan called the Broad Frame-Work for HIV and AIDS and STI Strategic Plan for South Africa, 2007-2011. This strategic plan is an extension of the HIV/AIDS/STD Strategic Plan for South Africa: 2000-2005 and serves as the country's multi-sectoral response to the spread and impact of HIV/AIDS. The key priority areas of the strategic plan are prevention; treatment, care and support; human and legal rights; and monitoring, research and surveillance. Each Public Service Department, including the DPE, is expected to have a team and a leader that is responsible for planning, budgeting, implementing and monitoring HIV/AIDS-related initiatives (Department of Health, 2006: 1-5).

### **2.3 THE ROLE OF THE DPSA IN ADDRESSING HIV/AIDS IN THE PUBLIC SERVICE**

This section of the chapter will outline and discuss the initiatives to address HIV/AIDS that have been taken by the DPSA, whose core role is to provide the broad policy, legislative, quality assurance and practice principles for human resource management in the South African Public Service. These initiatives, which have been achieved through the Impact and Action Project on HIV/AIDS, include the amendment of the Public Service Regulations, 2001 to accommodate



the management of HIV/AIDS and a Good Practice Manual for the management of HIV/AIDS in the workplace.

### **2.3.1 The Impact and Action Project on HIV/AIDS**

The Impact and Action Project on HIV/AIDS was initiated by the Minister of Public Service and Administration in January 2000. The project is aimed at ensuring that the Public Service will be able to maintain quality in service delivery despite the progression of the HIV/AIDS epidemic in South Africa. The project is concerned with effective management, workplace policy and practice, the well-being of public employees, human resource management and development, prevention and awareness within the public service, employee benefits, and cost issues in relation to HIV/AIDS (DPSA, 2000:1-7).

The Impact and Action Project was initiated on the assumption that public employees can play a role in preventing and controlling the spread of HIV/AIDS if (DPSA, 2000:7):

- a) they are educated on HIV/AIDS and their behaviour is influenced;
- b) their rights are protected by appropriate Public Service policies and practices;
- c) Public Service employees who are infected with HIV or have AIDS, together with their families, are supported and strengthened; and
- d) they are enabled to deliver quality services which take into account the prevention and full impact of HIV/AIDS on their own departments, on themselves, and on the communities, families and individuals.

The DPSA is of the view that employees in all Public Service departments, including the DPE, can play an important role in controlling the spread of HIV/AIDS in South Africa if they are well informed about the nature of and how HIV/AIDS is transmitted amongst individuals. Their knowledge about the disease and how the Public Service would accommodate them, as well as their families, in the event of infection with HIV, would encourage them to inform the people

they serve on how they can protect themselves from infection and where they can get support. This would also play an important role in removing the stigma surrounding HIV/AIDS within the Public Service workplace as well as communities.

According to the DPSA (2000:3), one of the potential concerns faced by each Public Service department is the number of public employees who have HIV/AIDS and are beginning to experience regular illness and, thus, absent themselves from work. Another concern is the number of public employees who know that they are HIV-positive and are struggling emotionally, psychologically and financially. Other concerns for Public Service departments include the deaths of public employees from HIV/AIDS and the children of public employees who may be ill or may be affected by HIV/AIDS in various ways, including being orphaned (DPSA, 2000:3).

The above-mentioned concerns need to be addressed so that senior managers in Public Service departments, including the DPE, can make informed decisions when planning for interventions for dealing with HIV/AIDS within their working environments. Public Service departments do not know the magnitude of HIV infection among their employees and how this affects the working environment in terms of absence and stress that is related to family problems due to HIV/AIDS. The stigma that is associated with HIV/AIDS also has an impact on management processes, *i.e.* planning, organising, leading and controlling since people may not be willing to discuss HIV/AIDS-related issues.

The Impact and Action Project on HIV/AIDS is the responsibility of the DPSA, with the Minister being the final authority. It is managed and facilitated from within the Ministry in close co-operation with the Director-General (DG) and the Deputy Director-General (DDG). The project working team, which comprises of representatives from all Chief Directorates within the DPSA and the advisor from the Ministry, is responsible for the day-to-day activities of the project and is

accountable to the Minister. The project team is expected to determine activities and tasks, co-ordinate, compile documents for the Minister and DG, create communication strategies, manage information, network and research, and report and disseminate information (DPSA, 2000:13-15).

There is also a reference group, which was established for the sole purpose of ensuring that all stakeholders, such as trade unions and representatives from national and provincial departments (including DPE) are directly involved in the project. The reference group is made up of representatives from all government departments and representatives from donor groups, which are the United States Agency for International Development (USAID) and the Canadian International Development Agency (CIDA). This group is chaired by the Minister of Public Service and Administration with the DG as the deputy chairperson. The reference group is responsible for the exchange of information, guiding and supporting the project team, sharing information with constituencies, ensuring participation and response, and providing assistance with regard to the strategic planning of the response phase (DPSA, 2000:15).

The involvement of various stakeholders, such as trade unions and the various Public Service departments, in the reference group of the Impact and Action Project on HIV/AIDS in the strategic planning process ensures that all the decisions and actions that are taken by the project accommodate and address the needs of the various stakeholders. Public Service departments play different roles in terms of service delivery, *i.e.* each department delivers a service(s) that is different from the other, which means that the work environment in these departments is also different. The participation of the DPE in the reference group of the Impact and Action Project on HIV/AIDS would ensure that the plans and initiatives for managing HIV/AIDS in the public service are applicable to the DPE's work environment.

The Impact and Action project on HIV/AIDS has been divided into three main strategic phases. These phases are the impact study phase, the response phase, and the monitoring, quality assurance and evaluation phase (DPSA, 2000:5).

#### 2.3.1.1 Impact study phase

The completion of the impact study phase was expected to be before the end of 2000. This study was to include projections and actuarial data to ensure a broad understanding of impacts and responses in civil society, consider the impacts on service delivery on key departments (such as the Department of Health and the Department of Education), and also ensure some form of appropriate and accurate epidemiological information that can collaborate the actuarial study. The full study was expected to include a study that focused on the demographic impact of HIV/AIDS, employment framework and capacity, an audit of employee benefits and a framework for impact on service delivery (DPSA, 2000:10). This stage of the project was to also include an assessment of current initiatives in government departments, lessons from the private sector and other countries, sample testing, an assessment of present education and awareness among public employees and dialogue with medical aids and pension funds used by public employees, including those at the DPE (DPSA, 2000:10).

The impact study was completed in October 2000 and the report was submitted to the Presidency. The President embargoed the release or publication of the report, but the project team is working on the assumption that this dilemma should not stop them from planning and acting (Chauke, 2003). The DPE is also not aware of the number of employees that are infected with and affected by HIV/AIDS within DPE, but plans and initiatives for mitigating the impact of HIV/AIDS have been put in place, which will be discussed and evaluated in the following chapter.

#### 2.3.1.2 Response phase

The second phase of the project, which is the response phase, was partially dependent on the final results of the impact study. Programmes such as education, training, counselling, awareness and advocacy for public employees could proceed in all government departments, including the DPE, since basic information about the needs for these programmes already existed. This phase of the project is expected to run for two-to-five years and involves the education of public employees and the creation of prevention initiatives, immediate responses to emerging impact information, design and pilot initiatives, piloting and evaluating, and full implementation through replication in all Public Service departments including the DPE (DPSA, 2000:10).

##### *a) Policy framework for managing HIV/AIDS in the Public Service*

The policy framework for managing HIV/AIDS in the Public Service was given effect on 21 July 2002 through the amendment of the Public Service Regulations, 2001 (Government Notice No. R. 1 of 5 January 2001). Through consultation with the relevant stakeholders such as Public Service trade unions, the project team conducted a policy and legislation review in order to identify the key principles upon which HIV/AIDS workplace programmes should be based (Chauke, 2003).

The policy and legislation review was to also assist with the analysis of existing legal frameworks in the Public Service and to assess the extent to which these frameworks support or contradict the key principles for HIV/AIDS workplace programmes (Chauke, 2003). The key principles for managing HIV/AIDS in the workplace include the promotion of non-discrimination and encouraging openness around HIV/AIDS; the protection of HIV-positive employees from discrimination; education on HIV/AIDS; and access to treatment, care and support (Clarke and Strachan, 2000:191). The legal framework was found inadequate in giving expression to the key principles and it was recommended that a policy framework for managing HIV/AIDS in the Public Service should be

developed and be included in the Public Service Regulations, 2001 (Chauke, 2003).

The main purpose of the framework is to guide Public Service departments on the minimum requirements on how to effectively manage HIV/AIDS in the workplace and to ensure a co-ordinated Public Service response. It is also aimed at ensuring that the working environment supports effective and efficient service delivery, while as far as reasonably possible, taking employees' personal circumstances, including disability, HIV/AIDS and other health conditions into account (DPSA, 2002:2).

The policy framework for managing HIV/AIDS in the Public Service, which was amended into Part 4 of Chapter 1 of the Public Service Regulations, 2001, deals with the Public Service working environment. The policy framework addresses HIV/AIDS-related diseases and issues such as occupational exposure, non-discrimination, HIV testing, confidentiality and disclosure, health promotion programmes and the monitoring and evaluation of health promotion programmes (Public Service Regulations, 2001).

The policy framework requires heads of departments (HODs) to (Public Service Regulations, 2001):

- a) identify units or public employees within their departments that are at high risk of contracting HIV because of the nature of their work;
- b) facilitate employees' access to voluntary counselling and testing (VCT) and post-exposure prophylaxis to those public employees who have been exposed to HIV as a result of an occupational accident;
- c) assist public employees who have been exposed to HIV while they were in the line of duty to apply for compensation when it has been established that they became HIV-positive as a result of an occupational accident;
- d) ensure that no one within the department is discriminated against on the basis of their HIV status or perceived HIV status;

- e) take appropriate measures to actively promote non-discrimination;
- f) encourage voluntary counselling and testing for HIV and other health conditions and facilitate employees' access to services;
- g) ensure that no employee or prospective employee is forced to take an HIV test unless that testing has been approved by the labour court;
- h) treat employees' HIV status with confidentiality and not disclose it without their written consent;
- i) introduce appropriate education, awareness and prevention programmes on HIV/AIDS and STDs, and also promote the health and well-being of employees within the department and their families where possible;
- j) appoint a senior management service (SMS) member who will be responsible for the implementation of the policy framework's provisions and will be held accountable by means of his or her performance agreement;
- k) allocate adequate human and financial resources to implement these provisions, form partnerships with other departments, organisations and individuals that can assist with health promotion programmes;
- l) establish a committee with adequate representation and support from all stakeholders, including trade union representatives, in order to facilitate the effectiveness of these provisions;
- m) ensure that the health promotion programme includes an effective internal communication strategy; and
- n) introduce appropriate measures for the monitoring and evaluation of the impact of the health and promotion programme among employees within the department.

From the above, it can be deduced that the policy framework for managing HIV/AIDS in the Public Service complies with all the labour regulations that have been enacted by the South African government in order to deal with HIV/AIDS-related issues in the workplace. Its requirements promote fair labour practices in relation to occupational exposure to HIV/AIDS and compensation thereof, as well

as issues pertaining to the discrimination of public employees on the basis of their HIV/AIDS status. All government departments, including the DPE, are required to implement this policy framework as a basis for managing HIV/AIDS in their respective workplaces. As a Public Service department that is responsible for monitoring state-owned enterprises, DPE employees may be exposed to HIV during accidents while on site visits to state-owned enterprises or car accidents in transit to or from site visits or meetings with stakeholders.

*b) Guidelines for managing HIV/AIDS in the Public Service*

A Good Practice Manual, titled '*Managing HIV/AIDS in the Workplace: A Guide for Government Departments*', was developed and launched in October 2002 to complement the policy framework contained in the Public Service Regulations, 2001. The Good Practice Manual, 2002 serves as a guide for government departments to develop HIV/AIDS workplace programmes. The policy framework for managing HIV/AIDS in the Public Service indicates what government departments are supposed to do regarding HIV/AIDS-related issue in the workplace and the Good Practice Manual, 2002 provides guidance on how to deal with HIV/AIDS in the workplace (Chauke, 2003).

The Good Practice Manual, 2002 seeks to assist with the implementation of the policy framework by providing practical guidance and information on how departments should respond to the risk posed by HIV/AIDS in the workplace. The Good Practice Manual, 2002 is expected to assist departments in planning, developing, implementing and monitoring and evaluating HIV/AIDS policies and programmes. It is focused on internal workplace issues and contains guidelines on how to manage the impact of HIV/AIDS in the Public Service from an employment perspective (DPSA, 2002:2).

The Good Practice Manual, 2002 contains some references to the external functions of government, but primarily in relation to the ability of the Public Service to maintain high levels of service delivery. The Good Practice Manual,



2002 was developed after a review of literature regarding the impact of HIV/AIDS on the Public Service, the Public Service Regulations, 2001 and existing HIV/AIDS responses in various public sectors nationally and internationally and in the private sector. Consultation within the Public Service was also conducted through the wide dissemination of the first draft of the manual for comment, including workshops and interviews with a range of stakeholders, such as trade unions and representatives from government departments (DPSA, 2002:7-9).

The Good Practice Manual, 2002 was developed for the use of public service officials, at both national and provincial level, who have been assigned by their heads of departments to oversee the development and implementation of HIV/AIDS policies and programmes as well as those that are directly involved in workplace management issues. The first part of the manual contains key information on the HIV/AIDS epidemic, its impact within the world of work and on the Public Service, and a review of responses, including some of the key challenges facing the Public Service. It also covers the key principles that should guide a workplace HIV/AIDS response in all government departments including the DPE (DPSA, 2002:9). The DPE, as well as other Public Service departments could use the Good Practice Manual, 2002 as a basis for making informed decisions when planning for responses to HIV/AIDS since it gives a depiction of what is happening in the Public Service and the private sector with regard to the management of HIV/AIDS.

The second part of the Good Practice Manual, 2002 focuses on policy and planning for an effective HIV/AIDS workplace response. It provides guidance on partnerships and on harnessing leadership and commitment for HIV/AIDS workplace responses and covers issues related to HIV/AIDS impact assessment. It also provides guidance on how the management of HIV/AIDS can be integrated within public service functions such as strategic planning, budgeting and human resource planning (DPSA, 2002:10). This part of the Good Practice Manual, 2002 can be used by the DPE as a guideline on how to ensure that

senior managers are committed to the management of HIV/AIDS and participate in activities that promote the HIV/AIDS workplace programme. The DPE can also refer to the Good Practice Manual, 2002 on how to integrate the management of HIV/AIDS with strategic planning and other organisational activities. The leading and planning functions of management are addressed in this section of the Good Practice Manual, 2002.

The third part of the Good Practice Manual, 2002 focuses on the development and implementation of workplace HIV/AIDS and STD prevention programmes, including treatment, care and support programmes. It also identifies the need for capacity building and communication strategies, which are critical requirements for a successful HIV/AIDS workplace response. The DPE, as well as other Public Service departments, are expected to use the guidelines provided by the Good Practice Manual, 2002 as a basis for formulating communication strategies and making sure that the employees that are responsible for the implementation of departmental HIV/AIDS programmes have the capacity to do so. This part of the manual addresses the organising function of management.

The last (fourth) part of the Good Practice Manual, 2002 covers and provides practical guidance for the process of reporting, monitoring and evaluating workplace programmes (DPSA, 2002:10). Public Service departments, including the DPE, are expected to use the manual as a basis for formulating monitoring and evaluating tools and reporting procedures to measure the effectiveness of their HIV/AIDS workplace programmes. This part of the manual can be used by the DPE to address the controlling function of management.

*c) Public Service agreements with employee representatives on managing HIV/AIDS-related issues*

The Good Practice Manual, 2002 has incorporated the legislations that relate to the management of HIV/AIDS-related issues in the workplace, including other public service policies and guidelines relating to HIV/AIDS issues. Through the

DPSA, the Public Service and the PSCBC agreed upon the guidelines for the management of incapacity and disciplinary procedures in 1999. These guidelines are called the Guide on Disciplinary and Incapacity Matters (DPSA, 2002: 26).

The Guide on Disciplinary and Incapacity Matters, 1999 sets out the detailed steps that should be taken in the event of the need for disciplinary action against a public employee, a public employee wishing to appeal or declare a dispute in terms of disciplinary action that was taken, a public employee's incapacity due to poor performance, and an employee's incapacity due to ill health. This guide, however, does not refer specifically to HIV/AIDS, but its provisions apply equally to employees with HIV/AIDS. The provisions relating to an employee's incapacity due to ill health are of particular relevance to employees who may become so ill that their capacity to work is affected as a result of HIV infection (DPSA, 2002:26).

The DPE should follow these guidelines when dealing with public employees' incapacity to perform duties because of ill health. In some instances, people who are infected with HIV/AIDS may become ill to such an extent that they cannot come to work or perform any employment-related duties. It must be borne in mind though, that they may get well enough to return to work. It is therefore necessary to have guidelines on how to deal with such instances in a fair manner for the benefit of both the DPE and the affected public employee.

The PSCBC Resolution Number 8 of 2001 defines an HIV/AIDS policy and training framework which binds the Public Service as an employer and public employees as defined in the registered scope of the PSCBC. The policy commits the PSCBC to support and mobilise social partners to implement (DPSA, 2002:26):

- a) HIV/AIDS workplace policies, including gender sensitive HIV/AIDS prevention programmes;
- b) wellness programmes for members affected by HIV/AIDS;

- c) policies and programmes to create a non-discriminatory work environment in the context of HIV/AIDS;
- d) policies and programmes that ensure the provision of non-discriminatory employee benefits for public employees living with HIV/AIDS, including compensation for occupational transmission of HIV; and
- e) educational and training programmes including basic information on HIV/AIDS, prevention, management of HIV infection, legal and ethical issues, care and support, and home-based care.

This resolution binds both Public Service departments, including the DPE, as employers and trade unions to commit themselves to the implementation of HIV/AIDS workplace policies and programmes that promote the non-discrimination of infected and affected employees. Trade unions within the DPE have to co-operate with the DPE in ensuring that HIV/AIDS workplace programmes are implemented and that their members support these programmes and support those employees within the DPE that are infected with and are affected by HIV/AIDS. The involvement of employee representatives in the management of HIV/AIDS in the DPE, including the whole Public Service, would ensure the effectiveness of workplace programmes since it would encourage members of trade unions to participate in the programmes, thus ensuring that the programmes address the needs of the public employees within the DPE.

*d) Structures to facilitate the management of HIV/AIDS in the workplace*

The Good Practice Manual, 2002 also provides information on the structures that have been established within government to manage the response to HIV/AIDS at various levels. These structures fulfil a variety of functions and are important vehicles for government departments in building effective HIV/AIDS workplace responses. One of these structures is the South African National Aids Council (SANAC) which is the highest HIV/AIDS advisory body in the country and was set up to advise government on matters of national priority regarding HIV/AIDS.

SANAC is chaired by the Deputy President and is made up of representatives from both government and civil society (DPSA, 2002:28).

The major functions of SANAC are to advise government on HIV/AIDS and STD policy, advocate for the effective involvement of sectors and organisations in implanting programmes and strategies, and monitor the implementation of the HIV/AIDS/STD Strategic Plan for South Africa: 2000-2005. SANAC also has to create and strengthen partnerships for an expanded national response, mobilise resources for the implementation of the national HIV/AIDS/STD programme, and to recommend appropriate research (DPSA, 2002:28).

Another structure that has been established within government is the Inter-departmental Committee on HIV/AIDS (IDC), which is a committee of HIV/AIDS Co-ordinators from national government departments, including the DPE. The IDC meets on a monthly-basis to co-ordinate information, build capacity among its members, plan and implement joint programmes, monitor departmental responses, and advocate on HIV/AIDS issues. Its goals include facilitating the development of HIV/AIDS workplace policies in all government departments, advocating for the allocation of financial resources for HIV/AIDS programmes, developing HIV/AIDS programmes for all government departments, and facilitating information exchange, capacity building and support amongst government departments (DPSA, 2002:29).

The DPE would benefit in terms of ensuring that its HIV/AIDS workplace policy and programme is effective and is well implemented by participating in the IDC. The DPE would be in a position to learn from other departments on how to deal with problems pertaining to the implementation of HIV/AIDS programmes from sharing information with other departments.

*e) Improvement of employee benefits*

The Impact and Action Project on HIV/AIDS team, together with the reference group, is developing ways and means of broadening access to medical aid to medical assistance and improved employee benefits that include orphan's pension and funeral benefits. This includes the review of medical aid subsidies and considering the extension of medical cover to all public employees, establishing the impact of HIV/AIDS on the Government Employees' Pension Fund (GEPF) and considering possible changes to its current benefit structure, and the review of patterns of HIV/AIDS-related benefit claims and cost implications (Chauke, 2003).

The principles of the Public Service working environment support effective service delivery and take public employees' circumstances into account, including HIV/AIDS. Public employees should be able to access the macro benefits and maximise these benefits to their advantage to their advantage. These macro benefits apply to working hours, leave benefits, management of sick leave, medical assistance and pension benefits. In order to manage incapacity leave, the DPSA has developed guidelines that are referred to as the Management Policy and Procedure on Incapacity Leave and Ill-Health Retirement for Public Service Employees, which was adopted in 2003 after consultation with the respective employment sectors (DPSA, 2004:13). The above-mentioned principles and benefits also apply to the working environment at DPE. The DPE is also expected to abide by the requirements of the Management Policy and Procedure on Incapacity Leave and Ill-Health Retirement for Public Service Employees when dealing with incapacity and ill health, including incapacity and ill-health due to HIV/AIDS.

2.3.1.3 Monitoring, quality assurance and evaluation phase

The monitoring, quality assurance and evaluation phase was expected to commence at the same time as full implementation (DPSA, 2000:11). Quality assurance or quality control refers to the activities that are carried out in order to

ensure a level of quality for a department that will satisfy the consumer and also benefit the department. The formulation of quality objectives and standards, and the measuring of the quality by statistical control methods are vital for quality assurance (Van der Waldt and Du Toit, 1999:365).

A monitoring tool still has to be established, but this phase is expected to go beyond the life of the project, which was five years. The monitoring, quality assurance and evaluation phase is to include the integration of the monitoring into the work of the DPSA, ensuring that the vision of the project has been realised, and regular evaluations to ensure that the impact of HIV/AIDS on the public service is being managed and is not having a negative effect on service delivery in any Public Service department, including the DPE (DPSA, 2000:11).

The implementation strategy focuses on facilitating the implementation of policies and systems that were developed in the second phase of the Impact and Action Project on HIV/AIDS. It also focuses on supporting departments, including the DPE, as they develop and implement their own programmes. The implementation strategy aims at (Chauke, 2003):

- a) building capacity within the DPSA so that the department can provide leadership for other government departments in developing and implementing an appropriate response to the threat of HIV/AIDS;
- b) facilitating the implementation of the policy framework for the management of HIV/AIDS in the Public Service;
- c) facilitating the introduction of improved benefits for public employees and their families;
- d) ensuring a sustainable and co-ordinated response by Public Service departments to the threat of HIV/AIDS; and
- e) overseeing the introduction of effective monitoring and evaluation mechanisms.

This phase of the Impact and Action Project on HIV/AIDS seeks to ensure that all government departments, including the DPE, implement the requirements of the policy framework for managing HIV/AIDS in the Public Service, as well as making sure that departments are able to implement these requirements by providing leadership. The DPE's response to HIV/AIDS has to be sustainable and be in line with that of the entire Public Service.

All the departments within the Ministry of Public Service and Administration, namely, DPSA, South African Management Development Institute (SAMDI) and the Office of the Public Service Commission (OPSC) are expected to play a role in the implementation phase of the Impact and Action Project on HIV/AIDS. DPSA is expected to provide leadership in the development of the policy framework and facilitating implementation. SAMDI will be responsible for the development and implementation of training materials and courses on HIV/AIDS. Monitoring and evaluation will be the responsibility of the OPSC (Chauke, 2003).

Consultation and co-ordination forums have been set to ensure continuous interaction with stakeholder and to facilitate learning. A communication strategy has been developed to support the initiatives aimed at mitigating the impact of HIV/AIDS in the Public Service. The communication strategy highlights the results of the developmental work to stakeholders, as well as the rights and responsibilities of key role players in developing an effective response to HIV/AIDS (Chauke, 2003).

As part of its initiative to support departments, including the DPE, in implementing their policies and programmes, the DPSA is embarking on a capacity audit which will serve to assess the HIV/AIDS management capacity development needs of the Public Service and make recommendations on how to meet these needs. The capacity audit will also identify and evaluate the HIV/AIDS management capacity building initiatives that have been carried out by departments, including the DPE, to date. Besides the DPSA's Impact and Action



Project on HIV/AIDS team, other role players in the capacity audit will be SAMDI, Department of Social Development, Department of Health and the IDC. A concrete plan of action will be drawn up to meet the identified needs of departments as well as the needs of individual public employees at the conclusion of the audit (DPSA, 2004:18).

### **2.3.3 Key Challenges**

The Public Service faces a number of challenges in the effective management of HIV/AIDS. According to Chauke (2003), one of these challenges is the need to incorporate specific HIV/AIDS-related issues into the planning and implementation of departmental core functions. Existing structures such as the IDC need to be strengthened as well as the capacity to develop and implement workplace programmes within government departments. Active and consistent management support is also required for a successful response. Active steps need to be taken to encourage the acceptance of employees infected with and affected by HIV/AIDS, openness and non-discrimination (Chauke, 2003).

Even though there are structures and policies that have been put in place for the management of HIV/AIDS in the Public Service, the element of implementation is still lacking. There also seems to be some confusion with regards to the various roles that should be played and exactly what it is that public employees should be doing, specifically at the level of senior managers and HIV/AIDS Co-ordinators. There is also not enough management support for HIV/AIDS programmes (DPSA, 2004:19-21).

Other challenges relate to Public Service departments' participation in structures that have been established to manage the response to HIV/AIDS within government, *i.e.* the IDC. These challenges include the non-participation of members from all departments, lack of public employees who have been appointed in full-time capacity to run HIV/AIDS programmes and the lack of decision-making capacity of members attending IDC meetings (DPSA, 2004:23).

Some of these problems and challenges do not apply to the DPE, but those that are experienced by the DPE will be discussed in Chapter three.

## **2.4 INITIATIVES FOR MANAGING HIV/AIDS IN THE DPE**

The DPE has already put in place measures that deal with HIV/AIDS in the workplace which are in line with the policy framework for managing HIV/AIDS in the Public Service as stated in the Public Service Regulations, 2001. These initiatives include a Departmental HIV/AIDS policy that deals with discrimination, confidentiality and an HIV/AIDS workplace programme (DPE, 2002:1).

### **2.4.1 Departmental HIV/AIDS policy**

The DPE has established a framework for action and has defined its position and practices in relation to HIV/AIDS by developing an HIV/AIDS policy. The policy states that the DPE acknowledges the seriousness of the HIV/AIDS epidemic and seeks to minimise the social, economic and developmental consequences that the epidemic might have on the DPE and its staff. The DPE has also committed itself to providing resources and leadership for the implementation of an HIV/AIDS programme. The policy states the principles that guide the management of HIV/AIDS within the DPE, components of the DPE's HIV/AIDS and STDs programmes, as well as provisions for the co-ordination and implementation of the HIV/AIDS and STDs programme (DPE, 1999:2).

The principles that guide the management of HIV/AIDS within the DPE include (DPE, 1999:2):

- a) consultation with public employees and their representatives in all matters relating to the development and implementation of the HIV/AIDS policy and programme;
- b) protection of staff members or prospective staff members from discrimination on the basis of their HIV/AIDS status;
- c) openness, acceptance, care and support for employees living with HIV/AIDS;
- d) no mandatory HIV/AIDS testing;

- e) encouragement of voluntary counselling and testing (VCT);
- f) the treatment of an employee's HIV/AIDS status with confidentiality; and
- g) the treatment of all public employees with equality with regard to rights and obligations.

The DPE's departmental HIV/AIDS policy describes the principles and procedures that should be followed when implementing an HIV/AIDS workplace programme in the DPE. Consultation of the relevant stakeholders is essential for ensuring the effectiveness of an HIV/AIDS workplace programme. The promotion of non-discrimination and the protection of infected public employees are essential for the creation of a supportive working environment. The policy also covers VCT, as well as care and support for those employees who are infected with HIV/AIDS.

The Special Programmes Unit, in collaboration with the Departmental HIV/AIDS Committee, is responsible for the implementation, monitoring and evaluation of the HIV/AIDS programme, communication of the policy to all public employees, and updating management on the implementation and the progress that has been made with regard to HIV/AIDS programmes. This Unit also liaises with local HIV/AIDS service organisations and other resources within the community to ensure that public employees are informed about their services and referred to support structures; and is also responsible for creating a supportive and non-discriminatory working environment (DPE, 1999:2-3).

HIV/AIDS awareness activities, education, prevention, VCT, provision of protective equipment, as well as support and counselling are part of the DPE's HIV/AIDS programme. Regular impact analyses of the HIV/AIDS epidemic should be conducted in order to understand the evolution of the impact and how it could affect the future of the DPE in terms of its structure, operations and functions. The DPE's HIV/AIDS policy stipulates that the DPE has to allocate an

adequate budget to ensure the full implementation of the provisions of the policy (DPE, 1999:3-4).

#### **2.4.2 Interactions with Government and Civil Society**

The DPE endeavours to use all opportunities in its interactions with its constituency, which is state-owned enterprises, and civil society to contribute to the mission and objectives of the National HIV/AIDS/STD programme. The DPE seeks to encourage and motivate state-owned enterprises to develop and implement workplace HIV/AIDS programmes and convenes with their representatives on a monthly-basis (Madlala, 2003). The DPE is represented in the IDC, which meets on a monthly-basis to facilitate and co-ordinate departmental responses to HIV/AIDS (DPE, 1999:4).

As part of its community outreach programme, the DPE has built a home for HIV-positive children called Mohau Centre at the Kalafong Hospital in Atteridgeville. The Centre also provides HIV/AIDS awareness material to members of the community (Atteridgeville) that visit the Centre. Sewing machines have also been bought for unemployed women that come to the Centre on a daily basis as part of a community development project (Madlala, 2003). This is the DPE's way of extending its HIV/AIDS workplace programme to the community and contributing to economic development.

The DPE's departmental HIV/AIDS policy provides a framework for managing HIV/AIDS within the DPE. It describes the principles that should be adhered to when formulating and implementing an HIV/AIDS workplace programme. The policy also makes provisions for its implementation; *i.e.* who is responsible for implementing HIV/AIDS workplace programmes. The policy also provides a framework on how the DPE should interact with other Public Service departments, civil society, as well as state-owned enterprises who are the DPE's customers with regard to HIV/AIDS-related issues.

## **2.5 CONCLUSION**

Government has played a major role in regulating the relationship between the employer and employees regarding HIV/AIDS through the non-discriminative laws it has enacted. By protecting HIV-positive individuals from unfair labour practices, government has secured the ability of all individuals to provide for their families.

The Public Service is faced with a number of key challenges for improved responses to the HIV/AIDS epidemic. The DPSA has an important role to play in the management of HIV/AIDS in the Public Service as it determines the broad policy and practice principles for human resource management in the Public Service. The development of the policy framework for managing HIV/AIDS in the Public Service and the Good Practice Manual, 2002 are important and positive steps towards an effective response to HIV/AIDS in the Public Service.

The policy framework is not an end in itself, but is an important starting point for mitigating the possible future effects of the HIV/AIDS epidemic on the Public Service. The effective management of HIV/AIDS in the Public Service would not only ensure that the Public Service has healthy employees and is able to deliver services to the public, but could mitigate the impact of HIV/AIDS in the country as a whole if public employees are educated on HIV/AIDS and pass on the information they have regarding the disease to the communities they serve.

The following chapter will discuss the implementation of the regulatory framework for managing HIV/AIDS in the DPE. The challenges that are faced by the DPE in effectively implementing the initiatives for managing HIV/AIDS will also be highlighted. Some of these challenges emanate from the provisions of the country's labour laws, as it will be shown in the next chapter.

## **CHAPTER 3: MANAGING HIV/AIDS AT THE DPE: INITIATIVES AND CHALLENGES**

### **3.1 INTRODUCTION**

The HIV/AIDS epidemic threatens the ability of government to deliver basic services to the public. In the case of the DPE, the epidemic threatens the ability of the DPE to make sure that state-owned enterprises function efficiently in delivering goods and services to the public. The nature of the services that Public Service departments and state-owned enterprises render to the public is important to the livelihoods of millions of South Africans. State-owned enterprises provide services such as electricity, water, transport and telecommunication. Addressing HIV/AIDS in the workplace provides an opportunity for the Public Service to ensure sustained service delivery.

The South African government's main priority is that of poverty eradication, and it is clear that Public Service departments have a crucial role to play in order to accomplish this goal. The DPE is no exception to the achievement of this goal. Since the DPE is responsible for overseeing state-owned enterprises, which are important vehicles through which the government participates in the economy, its performance is crucial in ensuring that government is able to realise its goal.

Through state-owned enterprises, government is able to ensure that the majority of the country's population has access to services that cannot be provided directly by the state as these enterprises are expected to provide services at much more reasonable prices compared to the private sector. It is therefore, important that government ensures that state-owned enterprises perform effectively and are managed properly. In order to be able to do this, government needs highly skilled and qualified public employees. Government has to implement measures that ensure that HIV/AIDS does not negatively affect its ability to perform this task.

This chapter will briefly discuss the reasons why the DPE should engage in the management of HIV/AIDS. It will then focus on the initiatives that the DPE has embarked on in order to combat the impact of HIV/AIDS as well as the progress it has made with regards to the implementation of the policy framework for managing HIV/AIDS in the Public Service as stated in the Public Service Regulations, 2001. The problems and challenges that are faced by the DPE in implementing HIV/AIDS initiatives will also be outlined.

The findings from the interviews and questionnaires with regard to the processes for managing HIV/AIDS, which are planning, leadership, organising and control, will be presented in this chapter. The questionnaires were designed to evaluate the perceptions of public employees regarding the management of HIV/AIDS in the DPE. The purpose of the interviews was to get the perspective of those that are responsible for managing HIV/AIDS in the DPE.

### **3.2 THE DYNAMICS OF THE HIV/AIDS EPIDEMIC IN SOUTH AFRICA IN RELATION TO SERVICE DELIVERY**

The impact of the HIV/AIDS epidemic on the DPE, and the Public Service as a whole, can be looked at from two angles. The DPE is both an employer and service provider and the impact of the epidemic will be experienced in both perspectives. This is in the sense that there will be more pressure to formulate policies and deliver services to the public to address the problems that will be brought on by the epidemic, and also address the human resource problems it will experience as it loses employees to HIV/AIDS (DPSA, 2002:3).

The Republic of South Africa is among the countries that have been hit hardest by the HIV/AIDS epidemic mainly because of its social and economic characteristics. Studies by the Joint United Nations HIV/AIDS Programme (UNAIDS) and the United Nations Development Programme (UNDP) (1998:61-63) have shown that the degree of social cohesion in society and the overall levels of wealth and income distribution determine the rate of infection and the momentum of the spread of the epidemic. South Africa lacks some of the

conventional characteristics of social cohesion that are normally found in other countries and has very high levels of poverty. The present levels of fragmentation, poverty and inequality have made South African society particularly susceptible to the spread of HIV/AIDS and particularly vulnerable to its impact (UNDP and UNAIDS, 1998:61-63).

Poverty is one of the factors that have contributed to the spread of HIV/AIDS in the country. Poverty could be in the form of the lack of access to resources, whereby people have insufficient income, thus, limiting their ability to address their basic human needs. It could also be in the form of the lack of access to social services, such as health and education, because they are either not provided or people do not have access to them. Poverty has contributed to the spread of the disease and the disease has contributed to the high levels of poverty in the country (Barnett and Whiteside, 2002:2-3).

Due to their limited access to economic opportunities and education, poor people are more susceptible to contracting HIV/AIDS. Despite the fact that the South African government has launched several public HIV/AIDS awareness and education programmes, there still remains a significant proportion of the population that is still ignorant of the basic facts of HIV/AIDS due to illiteracy, geographical isolation or misinformation (Desmond and Gow, 2002:9). Women in poor rural communities lack both the information and power to insist on safer sex to their migrant partners who are more likely to be engaging in unprotected sex with sex workers in the urban areas (UNAIDS and UNDP, 1998:10-11). State-owned enterprises have an important role to play in improving people's access to information. The availability of state-owned enterprises' services in rural, such as electricity and transport, would improve poor people's access to accurate information on HIV/AIDS through the media (television, radio and newspapers).

The post-1994 South African government adopted the view that as a democratic developmental state, it should play a role in the development of the country's



economy and eradicate poverty. State-owned enterprises are a means through which the state can play an active role in the economy. South African state-owned enterprises provide essential services even beyond the country's borders and some of them dominate the economic sectors in which they operate. They also require large procurement budgets and social and human resources (Ministry of Public Enterprises, 2000:3).

The HIV/AIDS epidemic can be seen as a significant threat to economic growth and development, since it has an adverse impact on the labour force, households and businesses. It hits hardest on the people that are in the prime of their productive years and, therefore, disrupts the economic and social bases for families. The socio-economic costs that South Africa has incurred because of the HIV/AIDS epidemic will not be felt by the country alone, but will be felt by the whole Southern African region. This is due to the fact that most of the economies in the region are highly dependent on the South African economy and the fact that there is a high degree of movement among the countries within the region (World Bank Africa Region, 1999:9).

During the apartheid era, state-owned enterprises created the conditions for skewed development objectives, irregular infrastructure and service delivery, and a myriad of structural problems. Their methods of operation and business management, human resource development and targeted constituency base were undemocratic (Ministry of Public Enterprises, 2000:3-15). The manner in which state-owned enterprises operated during the apartheid era accentuated highly unequal and racially biased services, poverty and a rural-urban divide, including racial and gender inequalities in the distribution of and access to wealth, income, skills and employment (DPE, 2005). The post-apartheid Public Service, through the DPE, seeks to ensure that all South African citizens benefit from the operations of state-owned enterprises. The DPE needs to engage in the management of HIV/AIDS to make sure that the epidemic does not have a

negative impact on its ability to ensure that state-owned enterprises operate efficiently and effectively.

South Africa is classified as a middle-income country, but the extent of poverty and inequality suggests that income has not been invested equitably in human development. The combined effects of the HIV/AIDS epidemic and poverty are being felt in households across the country. The poorest households have been hit the hardest by the epidemic and there are very few prospects in reducing the effects of the epidemic on these households (UNAIDS and UNDP, 1998:10).

According to the Ministry of Public Enterprises (2000), the restructuring of state-owned enterprises refers to the various options that include the redesign of business management principles within enterprises, the attraction of strategic equity partnerships, the divestment of equity (either in whole or in part) where appropriate, and the employment of various immediate turnaround initiatives. It involves improving the efficiency and effectiveness of state-owned enterprises, accessing globally competitive technologies where appropriate, mobilising private sector capital and expertise, and assisting the creation of effective market structures in sectors that are currently dominated by state-owned enterprises. The restructuring programme that the DPE seeks to achieve is designed around a matrix of strategies that are designed to ensure the maximisation of shareholder interests in economic, social and development terms (Ministry of Public Enterprises, 2000:3-4).

In order to be able to meet the developmental needs of society and the requirements of Section 29 of the Constitution, 1996, which stipulates that the state should take proactive action to ensure that injustices of the past are overcome in a manner that ensures fairness and equity, the South African government needs to restructure state-owned enterprises so that they adjust to new requirements and policies. Some enterprises are struggling to overcome their legacy of unsustainable debt burdens, under-investment in key

infrastructure and technology, and unmanageable governing structures. The restructuring process aims at ensuring that the citizens of the country get the best value from the activities of state-owned enterprises (Ministry of Public Enterprises, 2000:13-25).

The DPE's restructuring programme for state-owned enterprises seeks to ensure that state-owned enterprises adhere to the principles of *Batho Pele*, which include access, courtesy, information, openness, transparency, redress, value for money and consultation as described in the White Paper on Transforming Public Service Delivery, 1997. The effective management of HIV/AIDS within the DPE and state-owned enterprises would enable both the DPE and state-owned enterprises to sustain service delivery by ensuring that they do not lose valuable resources (human) to the HIV/AIDS epidemic and are able to plan in advance for such losses.

In order to ensure that state-owned enterprises operate efficiently and effectively, the DPE has to actively promote and institute sound control, ethics and probity, and rigorous performance monitoring of state-owned enterprises. The DPE also has to develop a comprehensive approach to promoting a range of alternative service delivery options as a means of restructuring and transforming state-owned enterprises (DPE, 2005).

HIV/AIDS reduces people's ability to work, generate adequate income, save and invest, while increasing their dependency on public services. These factors change the extent and nature of demand for the services and output of the various sectors of government, including the DPE, and will place an unprecedented strain on social service delivery. The Public Service will also experience strain in terms of the time involved in replacing skilled manpower losses due to HIV/AIDS and the associated loss of experience and institutional memory and capacity to produce goods and services to meet the needs of households and the macro-economy (Husain, 2002:3).

An effective and functioning Public Service is a prerequisite for development, yet this is being increasingly threatened by HIV/AIDS, which undermines both human capital and financial resources. Losses in human capital may be especially damaging to the capacity of the Public Service to supply goods and services due to the fact that it (including the DPE) is heavily dependent on trained human resources. The epidemic will result in low output and poor service delivery as a result of absenteeism due to illness, funeral attendance, caring for sick relatives, and the disruption of the flow of work. Besides these costs, the Public Service also has to incur the costs of recruitment and training of new employees (Cohen, 2002:7-10).

The DPE plays an important role in the development of South Africa. The services that are provided by state-owned enterprises are crucial in facilitating socio-economic development and foreign investment in the country. The loss of employees in both the DPE and state-owned enterprises to the HIV/AIDS epidemic would have a negative impact on effective and efficient service delivery. The following section will discuss the implementation of the responses to HIV/AIDS, which were outlined in the previous chapter, within the DPE.

### **3.3 COMPLIANCE WITH THE POLICY FRAMEWORK FOR MANAGING HIV/AIDS IN THE PUBLIC SERVICE**

The Special Programmes Unit, which falls under the Corporate Services Directorate, is responsible for the implementation of initiatives for managing HIV/AIDS within the DPE. The Chief Director for Corporate Services is responsible for the implementation of the HIV/AIDS workplace programme and is accountable by means of a performance agreement as required by the policy framework for managing HIV/AIDS in the Public Service (DPE, 2002:2).

As stated in the policy framework for managing HIV/AIDS in the Public Service (Public Service Regulations, 2001), heads of Public Service departments have to identify units or public employees that are at a high risk of contracting HIV/AIDS

because of the nature of their work. The DPE has done this and has concluded that the working environment within the DPE and the conditions under which public employees work do not contribute to the risk of contracting HIV and other related diseases. A first aid box, which has safety gloves and other relevant safety material, has been put in place for public employees within the DPE to use should a need arise. The DPE has, therefore, dealt with the issue of occupational safety (DPE, 2002:1).

The issue of discrimination against a public employee because of his or her perceived HIV/AIDS status is dealt with by the DPE's policy on HIV/AIDS (DPE, 1999:2), which states that no employee of the DPE will be discriminated against due to his or her HIV/AIDS status. The DPE's policy on HIV/AIDS also deals with confidentiality regarding an employee's HIV status. The DPE also uses the EEA, 1998 and relevant policies to strengthen the point of non-discrimination and confidentiality. The DPE's HIV/AIDS policy is, however, currently being reviewed to ensure that it is up to date (Madlala, 2003).

In order to facilitate its employees' access to VCT as per requirements of the policy framework for managing HIV/AIDS in the Public Service (Public Service Regulations, 2001), the DPE has made an arrangement with the AIDS Training, Information and Counselling Centre (ATICC) to offer VCT services to the employees of DPE. ATICC is a non-governmental organisation (NGO) that specialises in counselling, testing, treatment as well as care and support with regard to HIV/AIDS (Madlala, 2003).

The DPE has also met the requirement of having an Education, Awareness and Prevention Programme. The first Friday of each month has been adopted as HIV/AIDS Awareness Day, during which HIV/AIDS awareness activities are carried out. These activities include information sharing sessions, members of staff being addressed by persons living with HIV/AIDS and educational videos on HIV/AIDS. The DPE also participates in annual national HIV/AIDS events such

as World AIDS Day and the Candle-light Memorial Service. Condom distribution forms part of the DPE's Education, Awareness and Prevention Programme (DPE, 2002:2-3).

A web page containing information on HIV/AIDS transmission, awareness, prevention, positive living, nutrition as well as care and support for people living with HIV/AIDS has been set up on the DPE's intranet. This enables public employees to have access to the information they need on HIV/AIDS in the privacy of their own working space and convenience. The DPE has established a working relationship with the South African Quality Institute (SAQI) in order to develop a tool that will assist the DPE with the evaluation of the impact of HIV/AIDS programmes that are being run within the DPE as required by the policy framework for managing HIV/AIDS in the Public Service (Madlala, 2003).

The DPE has an HIV/AIDS Committee that is made up of eight representatives from all the units within the DPE. Members of this Committee meet on a monthly-basis. The Committee members have been trained on HIV/AIDS issues, especially those that relate to the workplace, as well as counselling. The DPE has recruited an Employee Assistance Programme practitioner who assists public employees with their personal problems, including HIV/AIDS-related problems, which may affect their ability to perform their duties effectively. The implementation of the HIV/AIDS programme is the responsibility of the Special Programmes Officer and the Director for Human Capacity Development. Sufficient financial resources have been allocated for the implementation of the DPE's health promotion programme (Madlala, 2003).

The following section will outline the challenges that are experienced by the DPE in the management of HIV/AIDS. These challenges will be identified in relation to the functions of management, *i.e.* planning, organising, leading and controlling.

### **3.4 CHALLENGES IN IMPLEMENTING INITIATIVES FOR THE MANAGEMENT OF HIV/AIDS**

The DPE has experienced a number of challenges regarding the effective management of HIV/AIDS in the workplace. Some of these challenges are experienced by the Public Service as a whole, and some of them are unique to the DPE due to its size and structure, as well as its mandate.

#### **3.4.1 Planning**

The DPE has experienced challenges with regard to planning for initiatives for the effective management of HIV/AIDS. Planning is a management function that is used by the Public Service to keep up with change and to determine, in advance, what a department should achieve. The purpose of planning is to facilitate the achievement of a department's purpose, mission and objectives. Plans are prepared in order to give guidelines to public employees on what they are going to do in the department. It forms the basis of all other management functions since it directs the activities of a department. Planning takes place at all levels in a department, *i.e.* at senior management, middle management and line management. Senior management is responsible for drawing up strategic plans which would enable them to see a department as a whole system in which the objectives of the different functions are reconcilable with one another and with the main goals and objectives of the entire department (Van der Waldt and Du Toit, 1999:181-183).

Donnelly, Gibson and Ivancevich (1998:140) define planning as those managerial activities that determine the objectives for the future and the appropriate means for achieving those objectives. It involves the determination of objectives, specific activities, resources and implementation.

According to Kuye, *et al* (2002:148), the principles for effective planning include the interpretation of goals and objectives passed down from senior management, and formulating and issuing policies and procedures to accomplish goals and objectives. It also includes examining alternatives and selecting the activities and

programmes that will lead to successful results, as well as establishing timeframes and completion targets in keeping with priorities. The identification of resources, *i.e.* human, financial and otherwise, as well as the determination of the availability of such resources is also part of planning.

Van der Waldt and Du Toit (1999:184) argue that planning is a complicated process; therefore challenges and barriers to effective planning should be expected. The challenges include internal and external circumstances which may affect the initial preparation and implementation of a plan. Human factors and ineffective organisational systems can also cause plans to fail. The attitudes of those in management positions may also contribute to the failure of plans.

For the purposes of this study, planning will be defined as the process of determining goals and objectives for responding to HIV/AIDS. It involves determining the activities that will be implemented and allocating resources for the implementation of the activities that relate to the management of HIV/AIDS.

Both the Constitution, 1996 and the EEA, 1998 entrench an individual's right to decide on revealing his/her HIV status. In most cases, this right frustrates any planning to manage the disease since the extent of the epidemic cannot be properly measured, therefore making it difficult to manage the disease. Except for the annual HIV sero-prevalence tests among pregnant women attending public anti-natal clinics, there is still no truly national surveillance system that adequately provides data on the prevalence and incidence of HIV/AIDS. The World Health Organisation (WHO) argues that it is important to have more accurate surveillance systems in order to improve the determination of health priorities and policy making (South African Reserve Bank, 2003:23).

According to the DPSA (2002:23), HIV/AIDS will increase the need for the training of replacement employees, whilst at the same time compromising the potential for mentoring and transferring skills. The failure to provide appropriately



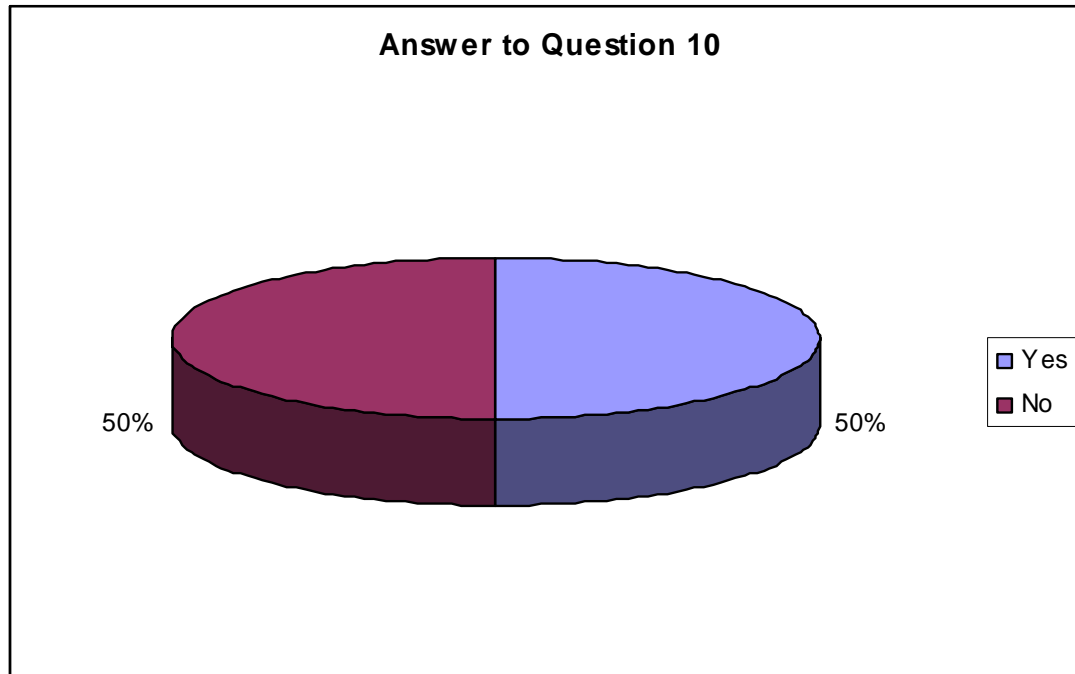
trained replacements to meet the objectives of the DPE, combined with the lack of informed planning, the failure to adequately project the demand for new public employees and competition, especially from the private sector, could negatively impact on the operations of the DPE (Husain, 2002:16). The requirements of the EEA, 1998 do not make it any easier for public employees who are responsible for the implementation of health promotion programmes to assess the prevalence of HIV/AIDS among public employees in order to monitor and study the impact of the epidemic (SAMDI, 2002:35).

The DPE, public employees and employee representative groups have varying priorities in relation to the management of HIV/AIDS in the workplace which have to be integrated. The DPE is mainly concerned with minimising the impact of HIV/AIDS in the workplace in order to maintain quality service delivery, complying with legal provisions, recruiting and maintaining skilled and experienced public employees, managing performance, and providing equitable, cost-effective and sustainable employee benefits (DPSA, 2002:38).

Employee representatives and public employees' concerns include the impact of HIV/AIDS on their employment, being discriminated on the basis of one's HIV/AIDS status, having a safe working environment, ensuring that resources are available to meet the demands that are posed by the epidemic, and ensuring that appropriate prevention, treatment, care and support are provided for the public employee living with HIV/AIDS. Public managers are faced with the challenge of harmonising these often contradicting concerns (DPSA, 2002:38).

The DPE has experienced challenges in the planning process for the management of HIV/AIDS. The evaluation of the planning process for the management of HIV/AIDS was undertaken through question 10 of the questionnaire that was developed for the purpose of this dissertation, and illustrated in the following chart.

**Chart 3/1: Question 10: Do you think that HIV/AIDS poses a threat to the ability of the Department to achieve its goals and objectives, and also be accountable for its mandate?**



Half (50%) of the employees that completed the questionnaire are of the opinion that HIV/AIDS poses a threat to the ability of the DPE to achieve its goals and objectives. The other 50% of the respondents felt that HIV/AIDS is not a threat to service delivery in the DPE. Responses to this question indicate that a large number of employees within the DPE do not think that HIV/AIDS poses a threat to service delivery. This would make it difficult to achieve the participation of all employees in the HIV/AIDS workplace programme since a large number of them do not see the need to have such a programme.

The fact that half of the respondents felt that HIV/AIDS does not pose a risk to the Department's ability to achieve its goals and objectives and be accountable for its mandate as a Public Service department means that selecting the mitigation of the impact of HIV/AIDS as a departmental objective is debatable. This may result in the HIV/AIDS workplace programme not being regarded as a

priority during strategic planning and other activities in the Department. Planning for HIV/AIDS activities, as well allocating resources, both human and financial, for them is also a challenge if the programme is considered to be pointless and ineffective.

Determining activities that should be implemented for the management of HIV/AIDS within the Department would also be difficult if those that are responsible for planning do not have an idea of what they should consider as appropriate in terms of managing HIV/AIDS in the workplace. If a significant number of employees in the Department do not consider HIV/AIDS a risk to service delivery, it is difficult to figure out which activities are essential or appropriate for the HIV/AIDS workplace programme. The principles for effective planning include the interpretation of goals and objectives passed down from senior management (Kuye, *et al*, 2002:148), it is imperative for senior managers at the DPE to communicate the goals and objectives of the Department regarding HIV/AIDS in order to improve not only the planning process, but also facilitate appropriate organisation for the management of HIV/AIDS.

### **3.4.2 Organising**

Organising refers to the creation of a structure which defines how tasks are divided and how resources are deployed. It involves the set of formal tasks that are assigned to individuals and departments, formal reporting relationships including lines of authority, decision responsibility, the number of hierarchical levels, and the span of a manager's control. It also involves the design of systems to ensure effective co-ordination of employees across departments (Daft, 1995:243).

According to DuBrin (2000:8), organising is the process of making sure that the necessary human and physical resources are available to carry out and achieve organisational plans and goals. It involves assigning activities, dividing work into specific jobs and tasks, grouping activities into departments, and issuing or

delegating authority to individuals. Organising involves the establishment of a structure which can be used for the allocation of authority, responsibility and accountability in the performance of functions that have been decided upon during the planning process. It includes the arrangement of certain of public employees in a specific pattern of relationships (Thornhill and Hanekom, 1993:137).

Daft and Marcic (2001:224) define organising as the process of deploying departmental resources to achieve strategic goals. The deployment of resources is reflected in the department's division of labour into specific departments and jobs, formal lines of authority, and mechanisms for co-ordinating diverse departmental tasks (Daft and Marcic, 2001:224).

For the purposes of this study, organising will be defined as the process of assigning tasks to individuals within an organisation and giving these individuals the necessary resources and authority to perform these tasks. It involves the interpretation of plans and policies into activities and the establishment of lines of communication and reporting.

The DPE's Policy on HIV/AIDS and the policy framework for managing HIV/AIDS in the Public Service manifest the acknowledgement by the Public Service and the DPE of the seriousness of the HIV/AIDS epidemic and the impact it may have on service delivery and human resource management. Yet, no policy or guidelines can properly cover everything that might happen, nor can they take into account the complexity of human interactions and behaviour when confronted by HIV/AIDS. HIV/AIDS raises many emotions, especially fear and anger. Public employees who are responsible for implementing HIV/AIDS programmes are faced with the enormous challenge of handling people with care and compassion, but still make sure that the actions they take comply with departmental policies and guidelines (SAMDI, 2002:34).

The DPE has a Health Promotion Programme that includes an Awareness and Education Programme on HIV/AIDS, yet none of the 135 public employees that are employed by the DPE have disclosed their HIV statuses. Madlala (2003) attributes this to the relatively small size of the department and the fact that the DPE cannot offer treatment, counselling or any other service that may alleviate HIV/AIDS-related problems that are experienced by public employees who may choose to disclose their HIV statuses other than support. The DPE can only refer public employees to service providers for counselling and does not offer treatment for HIV/AIDS (anti-retroviral treatment) (Madlala, 2003).

In order to be able to run an HIV/AIDS workplace programme successfully, one needs to have a properly conceptualised statistical framework. The success of a programme depends on the statistics that are produced at the end of the programme. HIV/AIDS is surrounded by controversy, with the facts and figures relating to it being seldom in agreement. It is therefore necessary to ensure that the content of the education, prevention and health promotion programme is accurate (Dutton and Michael, 2003:45).

The individual's right to disclose or not disclose his or her HIV/AIDS status may protect the individual from possible discrimination and stigmatisation, but it could be a serious challenge for the implementation of the Departmental HIV/AIDS Policy and performance management. If a public employee does not volunteer his or her HIV status to his or her supervisor, it may be difficult for the DPE to accommodate his or her special needs and offer support. If and when a public employee becomes ill and is unable to work effectively, and does not disclose his or her HIV/AIDS status, it may be difficult for his or her supervisors to approach the individual regarding his or her inability to perform. If public employees disclose their HIV statuses to their supervisors and colleagues, they could receive support from the DPE and also be able to re-organise their work schedules and performance agreements (SAMDI, 2002:41).

The fact that the members of the HIV/AIDS Committee at the DPE have been trained as peer educators and counsellors does not guarantee that they will be able to give appropriate assistance to a public employee that approaches them with an HIV/AIDS-related problem. There are a lot of peer education courses that are available in South Africa, but none of them have been accredited by the relevant authorities and there are no established international standards for peer education. This means that when embarking on a peer education programme, departments should make sure that the service providers for peer education training are able to justify the cost of their courses against the number of training days and the course material they offer (Dutton and Michael, 2003:45).

In order for public employees to be able to feel comfortable in disclosing their HIV/AIDS status at the workplace, the DPE should have created an enabling environment. The development and implementation of an awareness and education programme is a prerequisite for public employees to be able to disclose their HIV statuses at the workplace. The stigma that is associated with HIV/AIDS forces people to hide their illness in fear of being discriminated against by their colleagues (SAMDI, 2002:36).

People are, most likely, not keen to come forward for voluntary testing for HIV/AIDS in the absence of a viable treatment policy, and without assurances there will be no exclusion of discrimination after an HIV-positive result (DPSA, 2004:26). The DPE's HIV/AIDS Policy states that no individual will be discriminated against on the basis of his or her HIV status, but the DPE, as a government department, cannot offer anti-retroviral treatment to public employees since the Department of Health is still in the process of strengthening its Comprehensive HIV and AIDS Treatment Plan nationwide (Madlala, 2005).

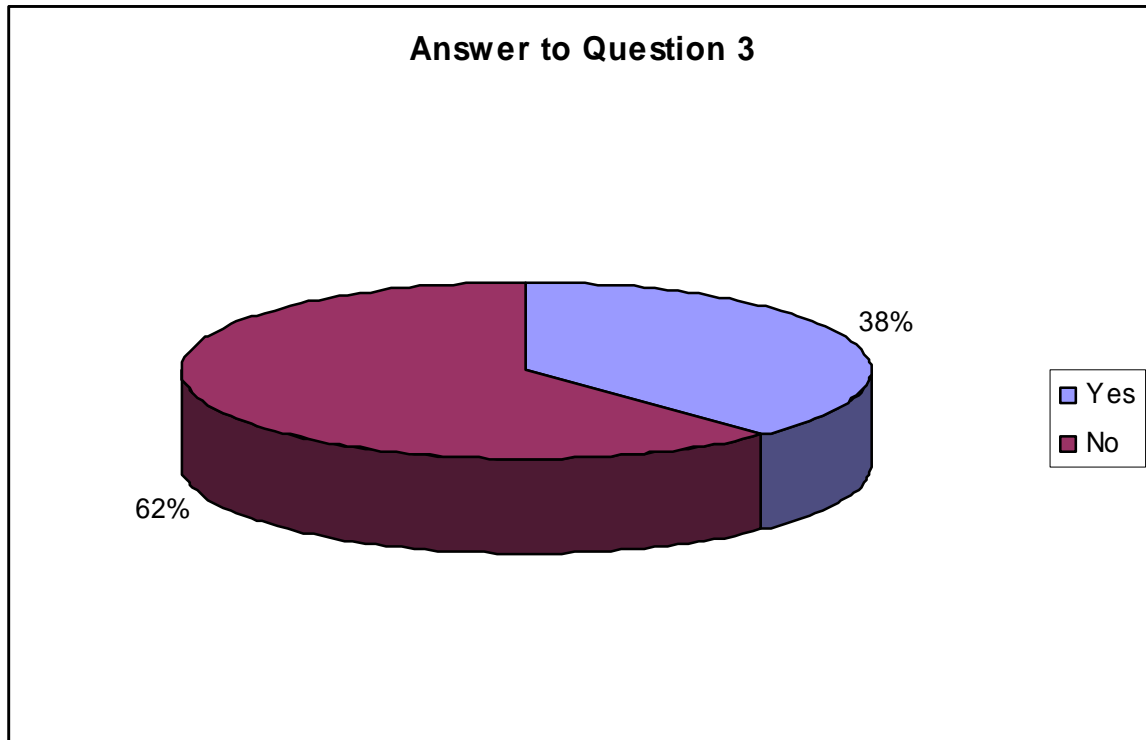
Since the stigma that is associated with HIV/AIDS makes it difficult for those that are infected with the disease to reveal their statuses, it is not enough to simply offer VCT. People need to know that there is a safety net for them, and a vital

part of this is access to treatment. The best outcome of implementing an HIV/AIDS policy is having public employees who are open about their HIV statuses in the workplace and respect their humanity (Farham, 2003:1). Only four public employees attended the VCT programme that was initiated by the DPE through ATICC in May 2002. Public employees were informed prior to the arrangement that testing would be voluntary and not compulsory (DPE, 2002:1).

Madlala (2005) argues that the working environment within the DPE is not conducive for disclosure due to the number of public employees (135) and the fact that line managers are not involved in the implementation of HIV/AIDS policy and health promotion programmes. Only the Director for Human Capacity Development and the Special Programmes Officer are actively involved in the management of HIV/AIDS within the DPE, which means that line managers do not take HIV/AIDS as a threat to service delivery (Madlala, 2005).

The DPE has experienced challenges in organising activities, responsibilities, communication and human resources for managing HIV/AIDS. The evaluation of the organising process for the management of HIV/AIDS was undertaken through questions 3, 4, 5, and 8 of the questionnaire that was developed for the purpose of this dissertation.

**Chart 3/2: Question 3: If there are any awareness and prevention programmes and activities in your department, do you feel that they have adequate information on how you can protect yourself from getting infected with HIV/AIDS?**



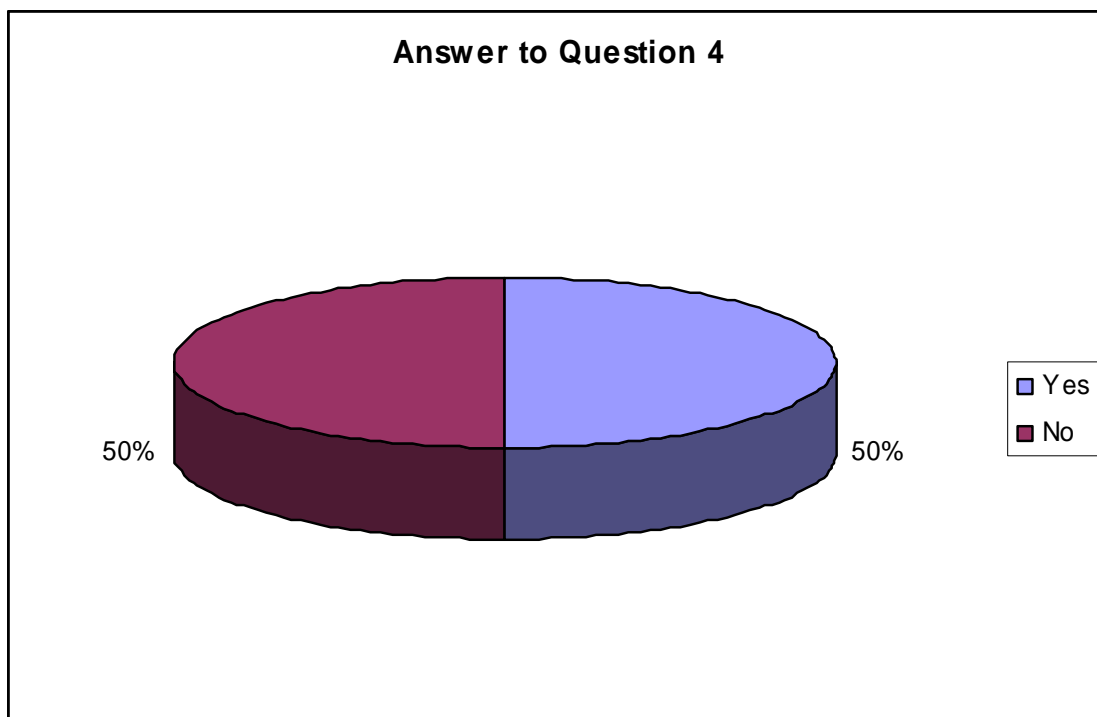
62% of the employees that completed the questionnaire are of the opinion that the HIV/AIDS awareness and education programme does not give them enough information on how they can protect themselves from getting infected with HIV. Only 38% of the respondents felt that the awareness and prevention programme in the Department provided them with adequate information for protecting themselves against infection. Responses to this question indicate that the majority of DPE employees feel that the HIV/AIDS awareness and education programme that is being implemented at the DPE is not informative enough.

This implies that the DPE has not adequately engaged in organising activities for the management of HIV/AIDS. The fact that 38% of employees within the Department are aware of the awareness and education programme on HIV/AIDS



means that such a programme has been put in place, but the fact that 62% are not aware of it implies that the programme has not been sufficiently communicated to employees. Providing adequate information on how one can protect him/herself from being infected with HIV/AIDS is crucial for preventing the spread of HIV/AIDS. Such information should be communicated effectively to ensure that it is accessible to everyone in the Department.

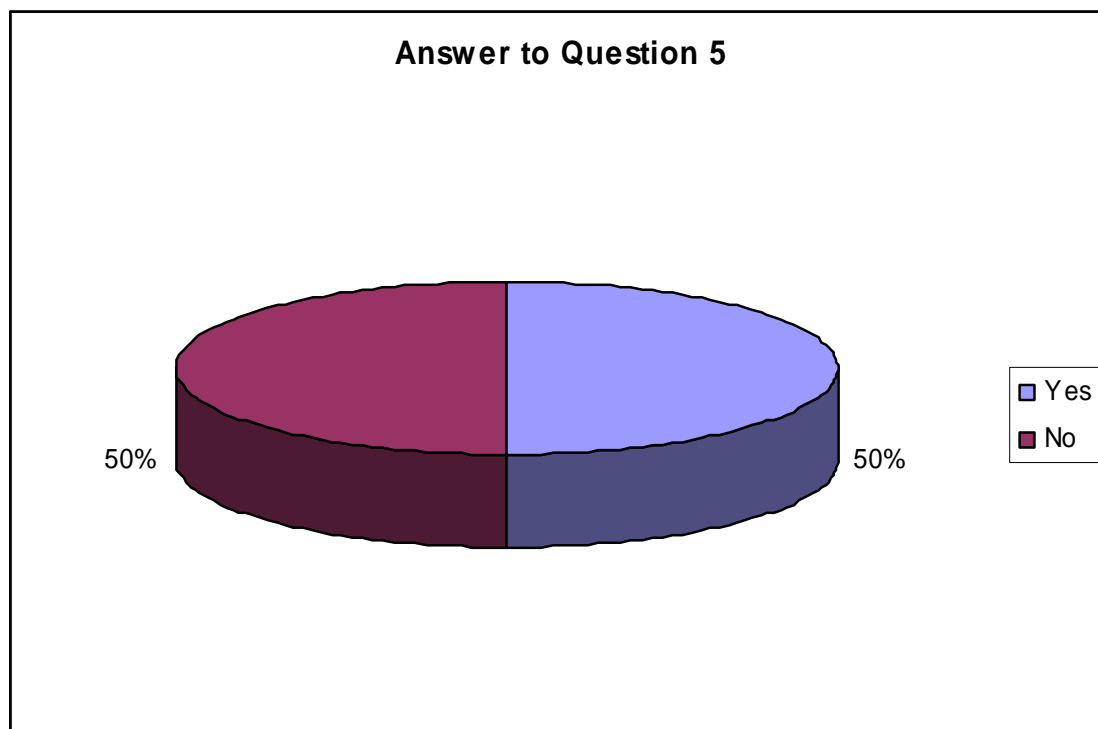
**Chart 3/3: Question 4: Do you know what voluntary counselling (VCT) is? Do you have access to facilities that offer VCT and has the department made VCT accessible to you?**



Half (50%) of the DPE employees that responded to the questionnaire did not know that the DPE provides access to VCT for its employees. The fact that a large number of employees are not aware that the DPE has facilitated access to VCT to its employees means that the programme is not being well communicated to employees. VCT provides an opportunity for public employees to know their HIV statuses so that they can properly manage their health in case they test

positive for HIV. The DPE facilitates its employees' access to VCT, but half of the respondents reported that they were not aware of this.

**Chart 3/4: Question 5: Does your department have an HIV/AIDS workplace policy? If so, how did you find out about it and do you think that every employee in your department is aware of the policy?**



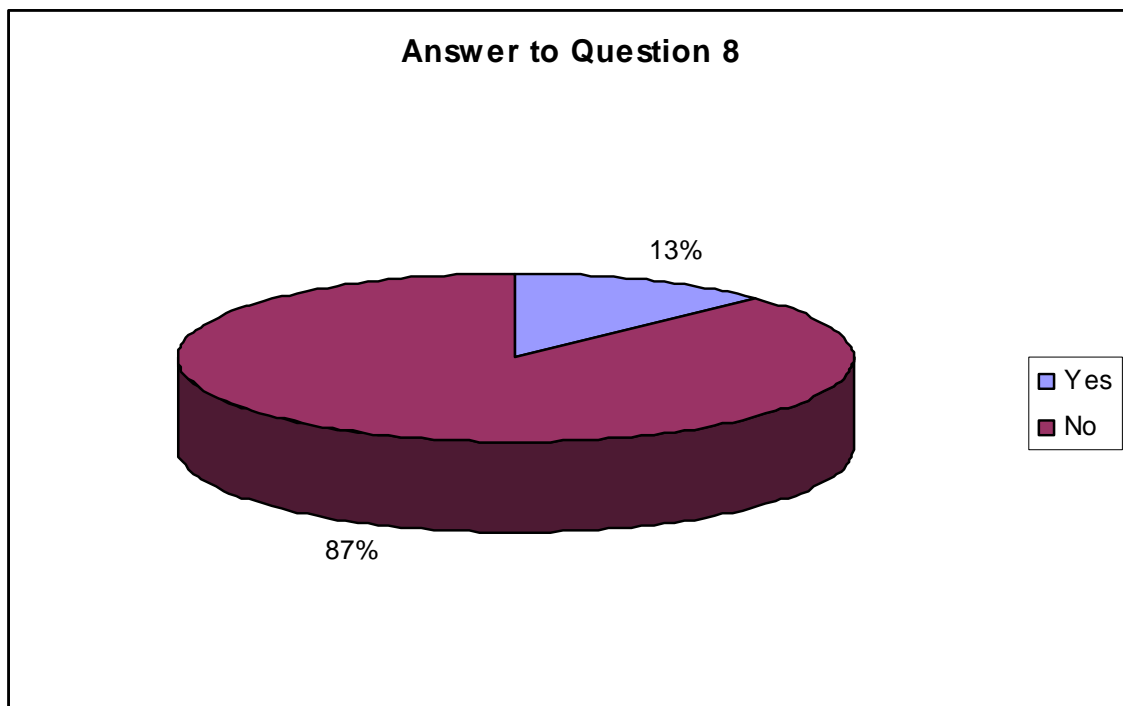
50% of the DPE employees that responded to the questionnaire are not aware that the DPE has a departmental HIV/AIDS policy. Responses to this question reveal that a large number of employees do not know that the DPE has a policy for dealing with HIV/AIDS-related issues in the workplace. This means that the policy is not being sufficiently communicated to employees.

An HIV/AIDS workplace policy is an essential part of an HIV/AIDS workplace programme since it gives a department's position and attitude with regard to HIV/AIDS in the workplace. A policy states what a department is willing to commit itself to and what it will not do with regard to HIV/AIDS-related issues in the

workplace. The effective communication of the departmental HIV/AIDS policy is crucial for the effective management of HIV/AIDS.

Employees should know how the Department will treat them or how it will react when confronted with HIV/AIDS-related issues. A policy provides a platform for public employees who are infected with HIV/AIDS to disclose or not disclose because they know how they will be treated within the working environment. It also states the kind of behaviour that will be tolerated with regard to HIV/AIDS-related issues and how individuals who do not comply with the requirements of the policy will be dealt with. The effective communication of an HIV/AIDS policy is crucial in ensuring that the working environment is supportive and conducive for disclosure.

**Chart 3/5: Question 8: Do you feel that your working environment is supportive to employees who are infected with HIV/AIDS and is conducive for employees to disclose their HIV/AIDS status?**



87% of the DPE employees that responded to the questionnaire felt that the working environment within the DPE is not supportive of employees who are infected with HIV/AIDS and is not conducive for the disclosure of one's HIV status. Responses to this question indicate that a majority of DPE employees do not feel that their working environment encourages them to reveal their HIV statuses and would not be supportive if they did disclose their statuses.

The DPE has put in place a departmental HIV/AIDS policy and complies with the principles that are entrenched in the policy framework for managing HIV/AIDS in the Public Service (Public Service Regulations, 2001). These principles promote the non-discrimination of public employees who are infected with HIV/AIDS, a supportive working environment, education on HIV/AIDS, and the provision or facilitation of access to VCT and health and wellness management programmes. The fact that 87% of the respondents to the questionnaire felt that the working environment within the DPE is not conducive for employees who are infected with HIV/AIDS to disclose their HIV statuses implies that the communication of the departmental HIV/AIDS policy and the principles that are entrenched in it have not been communicated to employees. This also implies that the organisational culture does not support openness and trust. The relatively small size of the Department could be a contributing factor to the nature of the organisational culture.

The lack of adequate communication of the HIV/AIDS workplace programme within the DPE translates to inadequate organisation of activities and interpretation of the goals and objectives for managing HIV/AIDS within the Department. The role of senior managers within the DPE in communicating policies and programmes that address HIV/AIDS-related issues and leading by example has evidently not been emphasised, as will be established in the following paragraphs. Senior managers, as leaders in their respective departments, have an important role to play in ensuring the effectiveness of HIV/AIDS workplace programmes.

The involvement of senior managers in HIV/AIDS-related activities ensures the visibility of the HIV/AIDS workplace programmes and promotes awareness among public employees of the policies and programmes that have been put in place. The involvement of senior managers in HIV/AIDS workplace programmes also encourages the creation of an environment that is conducive to disclosure since it lets employees know the standpoint and attitude of senior management regarding HIV/AIDS.

### **3.4.3 Leading**

According to DuBrin (2000:8), leading involves energising, directing, activating and persuading public employees. It also involves motivating, communicating, coaching and showing public employees how they can reach departmental goals and objectives. Leading is an attempt by senior managers to meet the social and psychological needs of employees in the fulfilment of departmental goals (Cole, 1993:6).

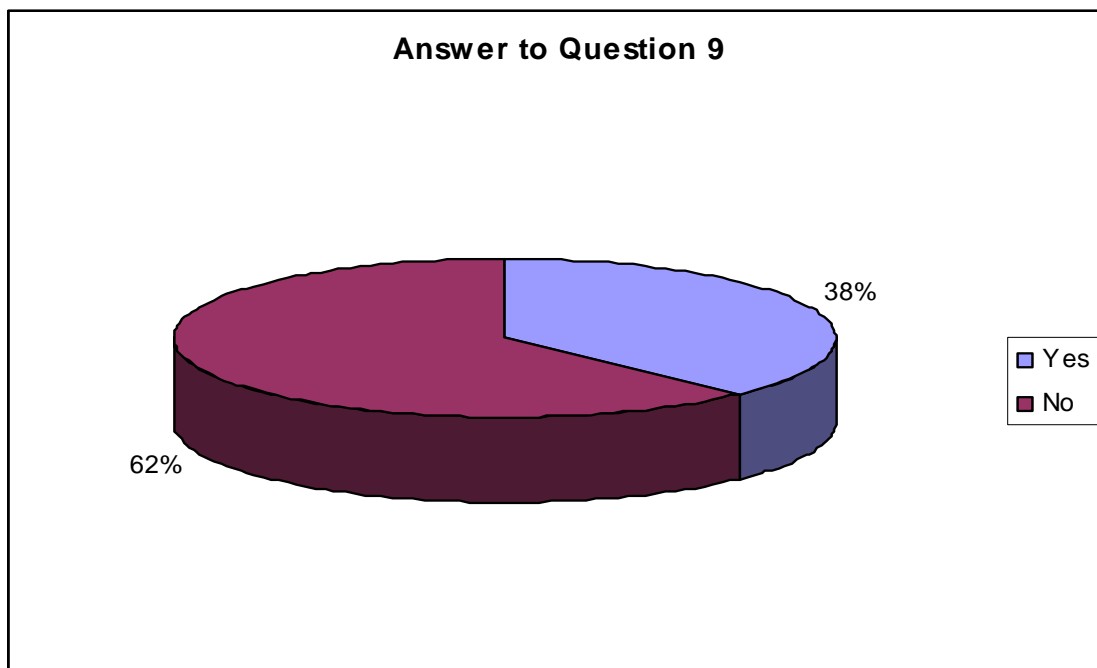
Donnelly, Gibson and Ivancevich (1998:338) define leadership as the ability to persuade others to seek defined objectives enthusiastically. It is a process whereby an individual(s) exerts influence over others. Leadership is the ability to influence public employees towards the attainment of goals. It is dynamic and involves the use of power (Daft and Marcic, 2001:384).

Leading refers to the process of influencing others to achieve specific objectives. Leadership as a management function refers to the process of leading and inspiring public employees to carry out task-related activities. Public managers have to create a work environment and determine whether public employees are happy, productive and motivated. Motivation is an important aspect of leadership since public managers have to be able to get public employees to work together to achieve the objectives of the Department. Public employees need to be motivated in order to achieve an acceptable level of performance. Leadership

involves getting people to work together effectively as a team, inspiring loyalty towards the Department and to make a significant contribution to the achievement of objectives. The leader determines how instructions are to be carried out and encourages subordinates to high levels of performance (Van der Waldt and Du Toit, 1999:196-199).

For the purposes of this study, leading will be defined as that function that is carried out by senior managers in a department to influence and motivate public employees to behave in a manner that will promote the achievement of the goals and objectives of a department. The DPE has experienced challenges in terms of leadership for its HIV/AIDS workplace programme. The evaluation of the leadership process for the management of HIV/AIDS was undertaken through question 9 of the questionnaire that was developed for the purpose of this dissertation.

**Chart 3/6: Question 9: Are senior managers, as well as line managers, involved in HIV/AIDS-related activities such as encouraging employees to attend VCT (by attending VCT) and promoting awareness on HIV/AIDS?**



62% of the DPE employees that responded to the questionnaire were of the view that senior and line management in the DPE are not involved in the management of HIV/AIDS. Responses to this question indicate that a majority of DPE employees felt that the management within the DPE was not providing leadership for the HIV/AIDS workplace programme that is being implemented in the DPE.

Leadership is an important element for the effective management of HIV/AIDS. The active participation of senior management in the HIV/AIDS workplace programme within the DPE would encourage employees to participate and prove to them that management is interested in their well-being, thus creating a supportive and caring working environment. It must be borne in mind, though, that public employees holding senior management positions and those who are involved in the implementation of responses to HIV/AIDS also have a right not to disclose their HIV statuses. The success or failure of an HIV/AIDS workplace programme is a reflection of the attitudes of senior management towards the programme.

The involvement of senior managers in the HIV/AIDS workplace programme promotes employees' awareness of the programme and may influence individuals who had discriminative attitudes towards those who are infected with HIV/AIDS to change their discriminative behaviour. Senior managers have an important role to play in influencing the behaviour of individuals regarding HIV/AIDS-related issues, because of the positions they hold in their respective departments. Both the Special Programmes Officer and the Director for Human Capital Development, who is a member of the SMS, are responsible for the implementation of the departmental HIV/AIDS programme. The role of the SMS member, as well as the activities that he/she is supposed to engage in, in the implementation of the programme is not clearly stated and this could result in the neglect of leadership responsibilities as well as the overlap and duplication of activities on the part of both the SMS member and the Special Programmes

Officer. The role and responsibilities, as well as authority, of the departmental HIV/AIDS Committee have to be clearly defined.

#### **3.4.4 Control**

Control refers to the process of ensuring that departmental performance conforms to plans. It involves comparing actual performance to a pre-determined standard. It also involves determining whether or not the original plan needs revision so that it is relevant to the realities of the day (DuBrin, 2000:9). Boon and Kurtz (1992:439) define controlling as the process of achieving departmental objectives and ensuring the efficient use of resources by establishing standards of performance, comparing actual performance against these standards to determine progress towards objectives and taking action to correct deviations and reinforce success.

Control refers to the process of ensuring that actual activities correspond with planned activities. Control involves the setting of performance standards, measuring actual performance, comparing actual performance with standards and taking corrective action. Control is an ongoing process through which actual results are compared with the planned results and corrective action is taken where necessary (Van der Waldt and Du Toit, 1999:201-203).

According to Donnelly, Gibson and Ivancevich (1998:241), control involves the activities that may be undertaken by a manager to ensure that the actual results conform to planned results. This includes focusing on preventing deviations in the quality and quantity of resources used in the organisation, monitoring ongoing operations to ensure that objectives are pursued, and focusing on end results so that corrective action may be directed at improving resource acquisitions and actual operations (Donnelly, Gibson and Ivancevich, 1998:241-243).



For the purposes of this study, control will be defined as those activities that are carried out by managers to ensure that the activities that are currently being implemented by employees comply with the departmental goals and objectives. Control involves putting in place corrective and preventative measures in the event that current activities do not comply with organisational goals and objectives. It also involves determining whether or not the goals that were set during the planning process have been achieved.

The DPE is currently in the process of conducting a knowledge, attitudes and practices (KAP) study to ensure that its HIV/AIDS programme meets the needs of the public employees within the DPE. The appropriateness of the HIV/AIDS programme that is currently being implemented is also being monitored and evaluated with the assistance of the South African Quality Institute (SAQI) (Madlala, 2003).

Monitoring is the most technical and the most valuable part of a workplace programme, allowing customisation and efficiency to be maximised. Rigorous and reliable monitoring systems, as well as the choice of indicators are essential. It is therefore important to check whether the monitoring system is actually measuring what it is supposed to measure and if it is doing so consistently. Ongoing and good quality monitoring and evaluation makes it possible to identify the weaknesses and strengths of a health promotion programme (Dutton and Michael, 2003:45).

From the above, it can be deduced that the DPE is experiencing significant challenges in the various functions of the management of HIV/AIDS, *i.e.* planning, organising, leading and controlling. Planning for the HIV/AIDS workplace programme has been a challenge, partly because a significant number of employees within the Department do not think that the HIV/AIDS epidemic will have a negative impact on the Department's ability to achieve its goals and objectives. The individual's rights not to disclose his/her HIV status and the

illegality of HIV-testing of employees also impede on the effectiveness of planning. Organising and leading for HIV/AIDS initiatives have also been a challenge at the DPE and this is mainly due to the lack of involvement of senior managers in the management of HIV/AIDS. Control measures have been put in place and the effectiveness of these measures is yet to be determined.

### **3.5 CONCLUSION**

The DPE clearly has an important role to play in ensuring that government is able to serve the interests and needs of the South African people. The restructuring programme that the DPE is responsible for seeks to ensure that state-owned enterprises are able to deliver services to members of the public in an effective manner and that they perform at the best of their ability.

The DPE has taken important and valuable steps in ensuring that it is able to perform its mandate within the near future by responding to the threat posed by the HIV/AIDS epidemic. The DPE has implemented almost all the requirements of the policy framework for managing HIV/AIDS in the Public Service. The fact that the DPE has an HIV/AIDS policy indicates that the threat that is posed by HIV/AIDS on service delivery is being taken seriously. This however does not mean that the DPE has addressed all the issues that have to be taken into account when initiating an effective response to HIV/AIDS. As discussed in this chapter, the DPE has experienced a number of challenges in properly managing HIV/AIDS. The following chapter will identify the steps that can be taken to improve the management of HIV/AIDS within the DPE.

## **CHAPTER 4: BEST PRACTICES IN THE MANAGEMENT OF HIV/AIDS**

### **4.1 INTRODUCTION**

The effective management of the HIV/AIDS epidemic in the workplace, and in the community, is a challenge that requires commitment and innovation from both management and those responsible for the implementation of responses to the epidemic. The challenges in managing HIV/AIDS in the Public Service as mentioned in Chapter three are proof that the management of HIV/AIDS is not an easy task and needs to be carefully planned for.

These challenges do not necessarily mean that managing HIV/AIDS in the Public Service is an impossible task. They are an indication that the process of mitigating the impact of HIV/AIDS on service delivery and human resource management is not to be taken lightly. Several departments in the Public Service have demonstrated best practices in the management of HIV/AIDS and have gone beyond the requirements of the policy framework for managing HIV/AIDS in the Public Service by involving the communities they work within in mitigating the impact of HIV/AIDS.

This chapter will outline and discuss the key strategies for managing HIV/AIDS in the workplace and also highlight the best practices in the management of HIV/AIDS in the Public Service. It will also give suggested recommendations for the problems and challenges faced by the Public Service in managing HIV/AIDS.

### **4.2 KEY STRATEGIES FOR MANAGING HIV/AIDS IN THE WORKPLACE**

Current employers, including the DPE, face the dilemma of having an ever-increasing number of social burdens being placed on them. Although the law does not require an employer to develop a workplace policy and programme for HIV/AIDS, it makes good sense, for the purposes of effective and efficient service delivery, to do so and also enhances good labour relations. It gives a clear message to employees that the employer is committed to social issues, enables employees to protect themselves against possible infection, provides the

employer with an opportunity to plan for the impact of HIV/AIDS and allows for minimising the impact of the disease (Clarke and Strachan, 2000:194).

According to the UNAIDS (2002:109), the most effective HIV/AIDS workplace programmes involve workers and representatives from management, health services and local communities in the planning and monitoring processes. The first and most important element of an HIV/AIDS workplace programme is the setting up of an HIV/AIDS committee through which discussion and consultation can occur. The members of the committee should include representatives from all levels of the organisation, from shop stewards and other representatives through to management. Once the committee has been established, it can begin to address the other elements of the HIV/AIDS programme, which include policy, legal issues, prevention and wellness management programmes, and monitoring and evaluation (Department of Health, 1998:5).

The DPE has also established an HIV/AIDS Committee, which is responsible for guiding its HIV/AIDS workplace programme. The members of this Committee are from all the different directorates within the DPE. These members include representatives from trade unions. This Committee complies with the requirement of the principle that relates to the composition of an HIV/AIDS Committee. In the case of the DPE, the HIV/AIDS Committee seems to be not actively participating in the management of HIV/AIDS.

#### **4.2.1 Principles**

The promotion of non-discrimination in human resource management practices and policies, and openness around HIV/AIDS is one of the key principles that should guide the management of HIV/AIDS in the workplace. The protection of HIV-positive employees from discrimination and victimisation is also important. Education programmes on HIV/AIDS should be complemented with supportive services, such as VCT, treatment and care and support, as well as the involvement of people living with HIV/AIDS (Clarke and Strachan, 2000:191).

Remedies regarding the breach of rights should be integrated into existing grievance procedures. Every workplace should develop a specific HIV/AIDS policy in order to ensure that employees affected by HIV/AIDS are not unfairly discriminated against in employment policies and practices. Every employer should work towards developing and implementing an HIV/AIDS workplace programme aimed at preventing new infections, providing care and support, and managing the impact of the HIV/AIDS epidemic on the Public Service. Regular programme evaluation and reviews should be carried out (SAMDI, 2002:30).

Having an HIV/AIDS workplace programme that promotes non-discrimination and non-victimisation of public employees who are infected with and are affected by HIV/AIDS motivates them to contribute to the realisation of the goals and objectives of government departments. The promotion and maintenance of a supportive as well as non-discriminative working environment in the Public Service, and the protection of public employees' rights through a policy are key to the effective management of HIV/AIDS in the Public Service. In order to create and maintain a non-discriminative and supportive working environment, the DPE needs to communicate to its employees that it holds the principles of non-discrimination with regard to HIV/AIDS.

#### **4.2.2 Policy**

A workplace policy on HIV/AIDS and STDs is central to developing and implementing an effective workplace programme. It provides the framework for action and defines the Public Service's position and practices in relation to employees with HIV/AIDS and to preventing the spread of HIV. An HIV/AIDS policy demonstrates an employer's concern and commitment in taking active steps to manage HIV/AIDS. The most important aspect of such a policy is that it must be developed through consultation with all levels of workers and stakeholders (Department of Health, 1998:6).

The UNAIDS (2002:109) recommends that the policy should be widely communicated and properly implemented to counter stigmatisation and discrimination. Chapter three of this study has established that the departmental HIV/AIDS policy at the DPE has not been widely communicated to employees since half of the respondents claimed to be not aware of the existence of such a policy.

The policy should inform employees about the kind of assistance they can obtain from the employer, provide a framework for consistency of practice and express standards of behaviour expected from employees, supervisors and management. An HIV/AIDS workplace policy should be formulated around principles of non-discrimination, equity, confidentiality, rights and responsibilities. It should be based on current medical knowledge and scientific information. The policy should be dynamic and be able to adapt to changing situations (Clarke and Strachan, 2000:192-193). Key indicators should be clearly stated in the policy to assist with the monitoring and evaluation of the workplace programme (DPSA, 2002:108).

The DPE has put in place an HIV/AIDS workplace policy to guide the management of HIV/AIDS within the DPE, but this policy has not been adequately communicated to employees. This policy has been communicated to some employees within the DPE and has been reviewed in order to keep up with new developments in the Public Service and the management of HIV/AIDS. The departmental HIV/AIDS policy needs to be communicated to employees since a large number of the respondents to the questionnaire were not aware of its existence. The involvement of senior managers in the communication process of departmental policies and programmes, especially around HIV/AIDS-related issues should be emphasised.

#### **4.2.3 Prevention and Wellness Management Programmes**

Prevention and Wellness Management Programmes in the workplace can be used to reduce the impact of the HIV/AIDS epidemic on the Public Service. Prevention programmes are very important in changing the extent and the shape of the epidemic. Such programmes include awareness, education, condom distribution and STD management (Department of Health, 1998:8). It is important to involve the sexual partners of employees as well as the community in such programmes. Wellness management programmes involve protecting the ability of those that are living with HIV/AIDS to fulfil their duties, and they include the provision of health care and anti-retroviral drug therapy (SAMDI, 2002:32).

A prevention programme should be guided by the establishment of areas of need through a knowledge, attitude and practices (KAP) study to find out the knowledge, attitude and the practices of employees regarding HIV/AIDS. The information obtained from the KAP study would indicate the problem areas that programmes should focus on. A prevalence survey (quantifying the prevalence of infection among employees) and projecting this prevalence into short and medium term would provide essential information for managing the likely impact of the disease on public employees. VCT programmes should be accompanied by the provision of facilities and a programme that encourages public employees to go for VCT (SAMDI, 2002:33).

Conducting a KAP study and a prevalence survey enables those public employees who are responsible for implementing HIV/AIDS workplace programmes to know the needs of the public employees within their departments. This enables them to make informed decisions when formulating and implementing appropriate programmes for the effective management of HIV/AIDS within their departments.

Awareness and education programmes on HIV/AIDS raise awareness amongst employees and the community about the existence of the disease, and increases

their knowledge about the disease as well as preventive options. The effective diagnosis, treatment and prevention of STDs is one of the most important ways of reducing HIV transmission. The provision of anti-retroviral drugs to infected employees may also prove to be more cost efficient compared to sustaining the costs of the loss of employees (SAMDI, 2002:33).

The Department of Health (1998:8) argues that wellness management is a useful concept to use in relation to HIV/AIDS and STDs since it highlights the need and importance of keeping a person with HIV/AIDS healthy. Wellness Management Programmes increase the general level of health among employees, especially if they include both psychological services and healthy lifestyle development (SAMDI, 2002:33).

The prevention and treatment of STDs are key factors in ensuring the effectiveness of a Wellness Management Programme since they also promote the prevention of HIV/AIDS. The provision of anti-retroviral treatment to employees who are infected with HIV enables them to work for the department for much longer than they would if they had not received any treatment, thus reducing the cost of recruitment and employee benefits.

Conducting KAP studies on a continuous-basis would enable the DPE to keep track of the knowledge, attitudes and practices of its employees in relation to HIV/AIDS. This would provide a base for a more effective workplace programme since it would enable the public employees who are responsible for implementing the departmental HIV/AIDS programme to know the needs of the DPE's employees with regard to HIV/AIDS, thereby addressing the challenges that relate to planning. Conducting KAP studies on a continuous-basis would also build a foundation for the effective communication of the HIV/AIDS workplace programme and encourage public employees to interact with the programme, and thus contribute to the creation of a supportive and caring working environment.



#### **4.2.4 Human resource management issues**

It is advisable to develop procedures for performance assessment and management so that all supervisors and managers have a clear understanding of the criteria to use in dealing with sick leave, absenteeism, transfer to lighter duties, ill health, early retirement, and employee counselling. Employees with HIV/AIDS may need assistance with regards to the facilitation of access to health services, time off to attend clinics or counselling, adaptation of workloads to accommodate the abilities of the infected employee when necessary, and early retirement with benefits such as those that are due to employees who retire due to ill-health (Department of Health, 1998:9).

Employers should ensure that employee benefits are adjusted appropriately to withstand the impact of the HIV/AIDS epidemic. They should also develop health care packages and systems for the management of health care funds. The provision of necessary training and education of key human resource and health care employees in managing AIDS-related problems is essential. It is also important to monitor HIV/AIDS-related deaths, known cases of absenteeism and tuberculosis. The employer should also prepare for the loss of those who will die from the disease through succession planning and management, and training and education (SAMDI, 2002:32).

The development of guidelines and procedures is essential for the management of HIV/AIDS in the workplace since it gives supervisors and managers a basis for dealing with employees who are infected with or affected by HIV/AIDS with regards to performance management. Public employees with HIV/AIDS should be allowed to work to the best of their abilities through the provision of a supportive working environment and understanding management. Public Service departments should also plan for the replacement of employees who are likely to die from HIV/AIDS. Their contribution to public employees' medical aid premiums should also accommodate treatment for HIV/AIDS.

The development of guidelines and procedures for dealing with employees who are infected with HIV/AIDS, as well as plans for replacements would provide managers within the DPE with a basis on how to deal with such cases in the event that they occur. If plans on how to deal with sick employees and the loss of skills have already been put in place, the magnitude of the impact of HIV/AIDS on the DPE may not be as significant when compared to a situation whereby the above-mentioned incidents have not been anticipated. Even though no employee at the DPE has disclosed his/her HIV status, it is important to put such plans and guidelines in place considering the prevalence of HIV/AIDS in South Africa.

#### **4.2.5 Monitoring and Evaluation**

Monitoring and evaluation have an important role to play in ensuring that a programme is appropriate and effective. Monitoring is the systematic and continuous assessment of a programme over a period of time. An evaluation is an assessment of the impact of the programme at one point in time. In the case of HIV/AIDS workplace programmes, there are two aspects to be monitored and evaluated, and they are the impact of HIV/AIDS in the workplace and the effectiveness of the HIV/AIDS programme (Department of Health, 1998:15).

A monitoring and evaluation plan should have a baseline of information which will be used to establish the position of the Public Service before any interventions were introduced and to consolidate information that can be used as a benchmark against which any change can be measured. Key indicators that are linked with the HIV/AIDS workplace policy and programme should be developed and should be usable, realistic and dependent on the type of change the programme seeks to achieve (DPSA, 2002:107-108). The process of monitoring and evaluating the DPE's HIV/AIDS workplace programme would enable the public employees who are responsible for the implementation of this programme to determine whether or not the programme is effective in managing HIV/AIDS within the DPE.

### **4.3 LEADING PRACTICES IN THE MANAGEMENT OF HIV/AIDS IN THE PUBLIC SERVICE**

National and provincial government departments are at different stages of implementing strategies for mitigating the impact of HIV/AIDS as well as the policy framework for managing HIV/AIDS in the Public Service. Some departments, such as the DPE, meet all the requirements of the policy framework but some are still lagging behind (DPSA, 2003:3).

More than 50% of national departments have developed policies for managing HIV/AIDS in the workplace and have appointed full-time HIV/AIDS Co-ordinators or Employee Assistance Programme Officers as well as Senior Management Service (SMS) members to oversee the implementation of HIV/AIDS workplace programmes. Prevention and Wellness Management Programmes have been introduced in most departments, but most are made up of primary prevention and general awareness as well as event-based programmes such as Candle-Light Memorial Services. Most departments, as is the case with the DPE, seem to be struggling with regard to establishing monitoring and evaluation mechanisms (DPSA, 2003:4).

One of the principles for managing HIV/AIDS in the workplace and requirements of the policy framework for managing HIV/AIDS in the Public Service is the promotion of a non-discriminative working environment and openness around HIV/AIDS-related issues. The Department of Health provides an example of a leading practice for this principle. In conjunction with UNAIDS, the Department of Health has extended the Greater Involvement of People living with HIV/AIDS (GIPA) into the Public Service (DPSA, 2002:82).

GIPA is a workplace programme whereby HIV-positive individuals are employed in order to assist the workplace in responding to HIV/AIDS. Currently, the Department of Health has seconded six public employees living openly with HIV/AIDS to other government departments where they provide a range of services, from co-ordinating the HIV/AIDS workplace programme in their

respective departments to making public appearances and providing counselling (DPSA, 2002:82).

The presence of people who are living openly with HIV/AIDS in the Public Service assists in reducing the stigma surrounding HIV/AIDS. As part of its Education, Awareness and Prevention Programme, the DPE has included the addressing of public employees within the DPE by persons living with HIV/AIDS (refer to Chapter three).

A leading example in the provision and maintenance of a safe working environment as well as mechanisms for dealing with risk events is provided by the Gauteng Department of Health. The Gauteng Department of Health provides post-exposure prophylaxis (PEP) to its employees in the event of occupational exposure to HIV as per the guidelines and recommendations of the Department of Health. A blood-contaminated needle stick injury; an injury with blood-contaminated sharp instrument; exposure of mucous membranes (eye and mouth) to blood and other body fluids (excluding urine and faeces); blood contamination of compromised or diseased skin; and prolonged exposure to a large volume of blood on normal and intact skin are all occupational exposures that should be considered for PEP (DPSA, 2002:84). The DPE has also put in place a first aid kit that could be used in the event of an accident and risk of exposure to HIV.

In terms of policy implementation, the South African Police Service (SAPS) has formally placed the management and the implementation of its HIV/AIDS policy and procedures in the hands of divisional and provincial commissioners. Managers and supervisors take responsibility for day-to-day implementation and employees are responsible for complying with the policy. The SAPS also promotes management involvement through regular reporting on HIV/AIDS issues such as quarterly reports to the National Commissioner of Police and half-

year reports to the Minister of Safety and Security by national and provincial departments of the SAPS (DPSA, 2002:46-47).

The SAPS's HIV/AIDS policy details the functions of key role players in the management of HIV/AIDS and these roles are related to human resource management. The Divisional Commissioner: Career Management is responsible for co-ordinating and establishing post profiles and humane job requirements for ill employees. Human resource management at provincial and area level is responsible for assisting and advising the respective Commissioner on the implementation, monitoring, evaluation and maintenance of the HIV/AIDS programme (DPSA, 2002:72).

The involvement of senior managers in the implementation of the HIV/AIDS workplace within the DPE is essential for the effective management of HIV/AIDS since managers would provide leadership in mitigating the impact of HIV/AIDS within the DPE. This would also build an environment which is conducive for disclosure since it would send a message to infected and affected public employees that the management of DPE acknowledges the human resource management and personal challenges that are associated with HIV/AIDS.

The Gauteng Department of Health has placed its HIV/AIDS workplace programme in the Human Resource Management Directorate. One of the reasons for this decision is that HIV/AIDS has an impact upon human resource management issues such as employee incapacity and ill-health, absenteeism and employee benefits. The Human Resource Management Directorate is also a key role player in most of the elements of the HIV/AIDS workplace programme. Other reasons are the need to link HIV/AIDS issues with the Employee Assistance Programme and that the HIV/AIDS programme would be weak without the active involvement of the Human Resource Management Directorate (DPSA, 2002:42).

The HIV/AIDS workplace programme within the DPE has also been placed in the Human Capacity Development Directorate, which is responsible for human resource management. This provides a platform for dealing with HIV/AIDS issues that relate to human resource management. The efforts of the Human Capacity Development in the management of HIV/AIDS have to be supplemented by the support and leadership of an individual(s) who is at a high level of the DPE's organisational structure to ensure that responses to HIV/AIDS are prioritised in the activities of the Department.

As part of its capacity building programme in the management of HIV/AIDS, the Department of Defence has introduced a training programme for HIV/AIDS prevention and management. The Department of Defence's HIV/AIDS Unit has developed a training structure and multi-course modular HIV/AIDS training programme to build the capacity of its staff members for the provision of a broad range of skills. The training programme was extended to HIV/AIDS Specialist Advisors to support the regions, Educational Officers, Psychological Officers to provide on-going supportive counselling, health care workers to provide pre-and post-counselling, peer educators and HIV/AIDS Workplace Programme Managers. Through the training and capacity building programme, the Department of Defence is empowering all members of staff to be active in the response to HIV/AIDS by providing specialised skills to effectively manage all HIV/AIDS-related challenges in the workplace (DPSA, 2002:97).

All government departments, including the DPE, should train and build the capacity of public employees who are responsible for the implementation of HIV/AIDS workplace programmes in order to ensure an effective response to HIV/AIDS. Public employees who are responsible for the management of HIV/AIDS within their departments should have the skills and capacity to do their work in order to ensure the efficiency and effectiveness of HIV/AIDS workplace programmes. The training of employees who are responsible for the

management of HIV/AIDS should be included in departmental plans. This would reflect senior management's commitment to the management of HIV/AIDS.

The KwaZulu-Natal Department of Correctional Services has formed a strategic partnership with the British Council and the Prisons Service in Uganda. This partnership aims at developing the capacity in South Africa and Uganda to respond to the impact of HIV/AIDS on correctional services. It has focused on an intensive training programme for members of staff on home-based care, management of opportunistic infections, counselling and the management of HIV/AIDS in the workplace (DPSA, 2002:68). The DPE has also formed a partnership with the South African Quality Institute (SAQI) in order to develop a monitoring and evaluation system for its departmental HIV/AIDS workplace programme.

The Eastern Cape Department of Agriculture and Land Affairs has introduced a Health Promotion Programme that focuses on general awareness and prevention, care and support, and works closely with non-governmental organisations (NGOs). The Department has incorporated the promotion of food security within households as part of its community outreach programme on HIV/AIDS (DPSA, 2003:8). The DPE also has a community outreach programme through which it provides HIV/AIDS awareness materials and assists with community development.

As part of its communication strategy, the Treasury in KwaZulu-Natal keeps all staff members informed on the latest developments in HIV/AIDS-related issues through a regular HIV/AIDS column in their quarterly staff newsletters. The SAPS keeps its staff members informed about their workplace policy and programme through the intranet, peer educators and official circulars (DPSA, 2002:102). Communication is essential for the effective management of HIV/AIDS.

The DPE uses the Departmental Intranet as a tool for the communication of HIV/AIDS-related information. This strategy has not been effective in communicating the necessary information to DPE employees, as has been established in Chapter three. The DPE could try to implement the communication strategies that are being implemented by the SAPS and the Treasury in KwaZulu-Natal to improve communication.

With regard to providing financial resources for the HIV/AIDS workplace programme, the Department of Health issued a directive that all units within the Department must include the direct and indirect costs relating to HIV/AIDS and employees in their operational budgets. The Department of Health also places condoms in a number of accessible places such as foyers, toilets, entrances and lifts as part of its prevention programme (DPSA, 2002:67-85). In order to be able to manage HIV/AIDS effectively, government departments, including the DPE, have to provide financial and human resources for the execution of HIV/AIDS workplace programmes. Awareness and prevention materials for HIV/AIDS should be easily accessible to all public employees.

#### **4.4 SUGGESTED RECOMMENDATIONS FOR THE CHALLENGES IN THE MANAGEMENT OF HIV/AIDS IN THE PUBLIC SERVICE**

Today, there is much greater individual and community awareness about HIV/AIDS than in the past. Scientific advances in prevention; treatment and care are ever increasing. This situation provides an opportunity for a renewed campaign against the HIV/AIDS epidemic. Armed with reliable economic impact assessment and accurate statistics on HIV/AIDS prevalence in the country's population, it could become relatively straightforward to plan management responses that will minimise the immediate impact of HIV/AIDS on the Public Service. Dealing with HIV/AIDS in the Public Service is itself an insufficient response, unless the programmes extend into communities (South African Reserve Bank, 2003: 12-13).



#### **4.4.1 Recommendations for planning**

In the absence of credible and reliable data on the prevalence of HIV/AIDS in South Africa, decision-makers and public employees who are tasked with planning responses to the epidemic can invariably use either one or a combination of the findings of the Department of Health, the Nelson Mandela Foundation/Human Sciences Research Council (HSRC) and the Medical Research Council studies as cornerstones from which further inferences and analyses can be made about the extent of the epidemic in the country. Methodologies that address the gaps and shortfalls in each of these studies can only assist in cementing the credibility and reliability of future HIV/AIDS data (South African Reserve Bank, 2003:24-25).

The DPE is currently not aware of the number of its employees who are infected with HIV/AIDS. This has a negative impact on the planning process since accurate information on the prevalence of HIV/AIDS is necessary for the determination of priorities and making sure that the planned education, prevention and health promotion programme is accurate. The DPE can use statistical information from the above-mentioned studies as a basis for planning its HIV/AIDS workplace programme.

#### **4.4.2 Recommendations for organising and leading**

With regard to the lack of the implementation of the policy framework for managing HIV/AIDS in the Public Service and departmental HIV/AIDS workplace programmes, the DPSA (2004:20) recommends that the roles and responsibilities of departmental HIV/AIDS committees, the senior managers, HIV/AIDS co-ordinators and peer educators should be clearly specified. The Public Service also needs to develop guidelines for dealing with stigma in the workplace. Senior managers need to become more involved and champion HIV/AIDS programmes, and also get the message of HIV/AIDS across to senior management levels. Mainstreaming HIV/AIDS, which is a deliberate and strategic initiative to reach the broader social goal of preventing HIV/AIDS and mitigating

its impact on society, is crucial for the implementation of policies and programmes for combating HIV/AIDS (DPSA, 2004:18).

The process of mainstreaming HIV/AIDS would entail integrating HIV/AIDS in development policies and programmes at macro and micro levels across all development stakeholders (the public). The Public Service could engage in the mainstreaming of HIV/AIDS by (DPSA, 2004:18):

- a) arranging for the orientation of new public employees in HIV/AIDS programmes;
- b) developing performance evaluation and incentives in consideration of contributions to the control of HIV/AIDS in the workplace and within the community;
- c) transforming the concept of specialist staff towards multi-skilling;
- d) improving the database on morbidity, mortality and ghost workers;
- e) keeping family units intact when public employees are relocated; and
- f) encouraging data collection and research for a better understanding of the patterns of the epidemic.

In order to promote the implementation of the policy framework for managing HIV/AIDS in the Public Service, as well as the departmental HIV/AIDS policy and programme, the DPE has to include HIV/AIDS in the activities it engages in on a daily basis in order to achieve the goals and objectives of the department. This means including HIV/AIDS in strategic and human resource planning.

The number of people that come forward for VCT is an indicator of a department's prevention and wellness management programme's success or failure. The response to the DPE's VCT programme was very disappointing, with only four out of the 110 (there were 110 employees when the VCT was conducted) public employees employed by the Department being aware of their HIV status (DPE, 2002:1).

The South African Reserve Bank (2003:12) recommends that testing should be made easily accessible, be done in a caring, compassionate as well as confidential way, and should not take more than an hour. It is also important to make the results available immediately to ensure that results are collected. Public service departments also need to establish effective pre-and post-HIV/AIDS test counselling, ongoing psychological support as well as appropriate referral systems (DPSA, 2004:20).

Continuous communication is crucial for the effectiveness of an HIV/AIDS workplace programme. Such communication seems to be lacking at the DPE since 50% of the respondents to the questionnaires were not aware that there is a departmental HIV/AIDS programme and that the DPE facilitates its employees' access to VCT. The DPE therefore needs to improve on communicating its HIV/AIDS programme to its employees in order to improve the effectiveness of the programme.

Access to anti-retroviral treatment is an important intervention for the generation of a long-term impact that is sufficient in turning the epidemic around. Anti-retroviral treatment prevents illness, saves the lives of individuals who are progressing to AIDS, contains the rising cost of employee benefits and enhances workforce morale. As South Africa has committed herself to providing anti-retroviral treatment to HIV-positive members of the public, which includes public employees, it is important for the Public Service to commit considerable funding, time and expertise to working with the private sector and other partners to help build capacity in the public sector primary health care clinics. This would enhance the health sector response to HIV/AIDS within communities by ensuring easy access to HIV prevention services, voluntary counselling and testing as well as enhanced care, support and treatment for individuals with HIV/AIDS (South African Reserve Bank, 2003:12-13).

The issue of training and capacity development on HIV/AIDS needs to be addressed urgently as none of the training courses on HIV/AIDS that are on offer have been accredited by the relevant authorities. It has been recommended that HIV/AIDS training courses should be mainstreamed in departments and be part of a comprehensive human resources programme. There should also be a standardised body to train HIV/AIDS co-ordinators and the emphasis of training programmes should be based on competencies instead of merely imparting knowledge. Training should be pitched at different levels, meaning that training content should relate to an individual's position and responsibilities within departments. Case studies should also be used as evaluation tools. The capacity audit project that the DPSA has embarked on is also expected to make recommendations on appropriate training (DPSA, 2004:21).

The training and capacity development of public employees who are responsible for planning and implementing HIV/AIDS workplace responses is crucial for the effective management of HIV/AIDS in government departments, including the DPE. It is important that each individual receives training that is relevant and appropriate for the line of work they do in terms of HIV/AIDS, *i.e.* those individuals that are responsible for planning for HIV/AIDS workplace responses should receive training on planning and those that are responsible for implementation should receive training on the execution of planned activities.

#### **4.4.3 Recommendations for control**

With regard to the challenges associated with monitoring and evaluation, the DPSA (2004:23) recommends that a task team that will work on national standards for monitoring and evaluation should be established. A learning network with the private sector that specifically focuses on monitoring and evaluation should also be established. An HIV/AIDS performance component should also be included in senior managers' performance contracts in all government departments, including the DPE. The Office of the Public Service Commission (OPSC) also has an important role to play in establishing indicators

as well as monitoring and evaluating the implementation of the policy framework for managing HIV/AIDS in Public Service departments including the DPE. The DPSA also needs to set minimum standards for, as well as monitor, the involvement of SMS members in departmental HIV/AIDS workplace programmes (DPSA, 2004:23-24).

#### **4.5 CONCLUSION**

Adequate financial and human resources, as well as leadership commitment, are pre-requisites for the effective management of HIV/AIDS in the Public Service. The DPE and other Public Service departments have demonstrated that with the allocation of time, resources and manpower, mitigating the impact of HIV/AIDS on service delivery is not an impossible task.

The realisation by departmental leaders that HIV/AIDS poses a threat to service delivery is the first step towards the formulation and implementation of effective responses to HIV/AIDS. The policy framework for managing HIV/AIDS in the Public Service can be used by Public Service departments as a starting point in the fight against HIV/AIDS in the workplace and even go beyond its requirements, especially if the sector it operates in requires more than the provisions of the policy framework. It is also important to take into account what other departments, as well companies in the private sector, are doing in order to respond to the threat posed by HIV/AIDS and put into use the elements of their responses that are suitable for the Department.

## **CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 INTRODUCTION**

**In this study, an attempt has been made to establish how the management of HIV/AIDS in the Public Service workplace can assist in sustaining service delivery despite the negative impact that the HIV/AIDS epidemic might have on human resource management and therefore, service delivery. This chapter will provide a summary of the contents of each chapter in the study, as well as conclusions on the research topic within the context of the objectives of the study. Recommendations and possible solutions to the problems and challenges that are faced by the public service in managing HIV/AIDS effectively will also be made.**

### **5.2 SUMMARY**

**This study has been divided into five chapters that serve to present its objectives in a comprehensive and systematic manner. Chapter one was a general introduction of the research topic. It presented the motivation for the research as well as the objectives of the research. The chapter also stated the research techniques that would be used to collect information. It also presented a preliminary framework for the study.**

**Chapter two discussed the legal framework for managing HIV/AIDS-related issues in the workplace. It also outlined the initiatives for creating an enabling environment for the management of HIV/AIDS in the Public Service that the DPSA has embarked on, which include the policy framework for managing HIV/AIDS in the Public Service as amended into the Public Service Act, 1994 and the Good Practice Manual (2002).**

Chapter three argued the reasons why the DPE should engage in the management of HIV/AIDS in the workplace against the background of the Department's role in eradicating poverty in the country through state-owned enterprises. The chapter also focused on the initiatives that the Department has put in place as a response to HIV/AIDS and its likely impact, as well as the progress that the Department has made in implementing the policy framework for managing HIV/AIDS in the Public Service. The problems and challenges faced by the Department in implementing HIV/AIDS initiatives have also been outlined.

**Chapter four presented the key strategies for responding to the HIV/AIDS epidemic in the workplace. The chapter also discussed the leading practices in the management of HIV/AIDS in the Public Service as well as suggested**

recommendations for the challenges faced by the DPE and the Public Service as a whole in effectively managing HIV/AIDS.

### **5.3 CONCLUSIONS**

Faced with the challenge of transforming itself and addressing the needs of the country's citizens, the post-apartheid South African Public Service needs to effectively address the threat of HIV/AIDS in order to maintain its legitimacy. The likely socio-economic impact of HIV/AIDS in the country is likely to undermine the achievements that the country has made with regard to nation-building and human development. The impact that the HIV/AIDS epidemic will have on the country as a whole as well as the economy directly affects the operations and mandate of the Public Service.

The negative impact that the epidemic will have on the size and structure of the country's population threatens the country's economy, thus putting pressure on the Public Service to provide more goods and services. As more and more breadwinners in South African households succumb to the disease, government is expected to step in and assist their families in the form of grants. The growth of the epidemic means that government's budget on grants also has to increase. Education on the prevention of HIV/AIDS and the provision of prevention methods as well as anti-retroviral treatment to HIV-positive individuals in the country all mean that the majority of the country's health care budget is diverted to HIV/AIDS at the expense of other health care issues.

All these and other problems have to be addressed by the Public Service whose ability to provide goods and services is also being threatened by the HIV/AIDS epidemic since the Public Service is heavily dependent on human capital. All human beings are vulnerable to HIV/AIDS as long as they do not take the necessary precautions and public employees are no exception to this fact as they live in the communities and country where there is HIV/AIDS. The death of public employees and the reduced opportunities for the Public Service to replace them both mean that the Public Service needs to make the management of HIV/AIDS, both in the workplace and at national level, a national priority in order to sustain service delivery and improve the lives of all South Africans.

Since there is no cure for HIV/AIDS, the only alternative that the Public Service, including the DPE, has in addressing HIV/AIDS in the workplace and in communities is to adopt prevention and wellness management programmes that incorporate partnerships with the private sector and community bodies. Such programmes could alter the extent as well as the impact of the epidemic if they are effectively implemented. Involving the sexual partners of public employees in STD and wellness management programmes is crucial for the success of such programmes. Managing STDs and providing anti-retroviral treatment to HIV-

**infected public employees could prove to be more cost-effective than the costs of the loss of public employees and replacing them.**

Through the DPSA, the South African Public Service has taken commendable steps in the fight against HIV/AIDS. By establishing the policy framework for managing HIV/AIDS in the Public Service, the Good Practice Manual, 2002 and reviewing the Public Service core benefit structure, the Public Service has shown that it acknowledges the seriousness of the HIV/AIDS epidemic and the negative impact it is likely to have on service delivery and public employees as well as their families. The onus to effectively implement the policy framework and the guidelines relating to the management of the disease rests with each Public Service department. However, there is no blue print for solutions to HIV/AIDS. Structural issues vary, depending on the organisational culture and the mandate of each department.

The policy framework for managing HIV/AIDS in the Public Service adheres to the key strategies for managing HIV/AIDS in the workplace that were mentioned in Chapter four as well as the legislations that address HIV/AIDS-related issues in the workplace such as the EEA, 1998, LRA, 1995 and BCEA, 1997. The policy framework entrenches the basic principles for managing HIV/AIDS in the workplace which include the promotion of a non-discriminative working environment, the development and implementation of an HIV/AIDS workplace policy and a prevention and wellness management programme, as well as the monitoring and evaluation of the impact of HIV/AIDS in the workplace and the effectiveness and impact of an HIV/AIDS workplace programme.

The Public Service has not only developed a policy framework for managing HIV/AIDS that adheres to international standards and national legislations, but it has also developed a practice manual that serves as a guide on how departments can implement the policy framework. The Good Practice Manual (2002) provides practical guidance, as well as examples, on how to implement each requirement of the policy framework. The Management Policy and



Procedure on Incapacity Leave and Ill-Health Retirement for Public Service Employees (2003) serves to address the challenges faced by public managers with regards to the management of incapacity leave and early retirement, which are aggravated by the HIV/AIDS epidemic.

The DPE has also embarked on initiatives for managing HIV/AIDS and ensuring that the DPE is able to perform its mandate despite the threat that is posed by the HIV/AIDS epidemic. The DPE has gone beyond implementing the requirements of the policy framework for managing HIV/AIDS in the public service by mainstreaming the management of HIV/AIDS in its restructuring programme and having a community outreach programme. The small size of the DPE, as well as its constituency (state-owned enterprises), make it relatively easier for public employees tasked with HIV/AIDS responsibilities to implement the requirements of the policy framework and other initiatives for responding to HIV/AIDS.

Despite all the initiatives that the Public Service has put in place as a response to the threat posed by HIV/AIDS to service delivery and human resource management, the epidemic is still growing and the implementation of these initiatives is not widespread in the Public Service. Chapters two and three analysed the problems and challenges faced by the Public Service and the DPE respectively with regards to the effective management of HIV/AIDS. Most of the problems and challenges relating to the effective management of HIV/AIDS in the Public Service emanate from the lack of commitment to the HIV/AIDS problem from administrative and political leaders. Other challenges are a result of the fact that the spread of HIV/AIDS, and the solutions thereof, are affected by the complexity of human interactions and behaviour.

The laws described in this study as well as the policy framework for managing HIV/AIDS in the Public Service all put emphasis on the rights of the individual to medical confidentiality, yet it is important to disclose one's HIV-status so that the

employer can take the required safety precautions and accommodate the infected individual. This is one of the areas in the management of HIV/AIDS in the workplace that does not have clear-cut answers.

It is important to properly measure the extent of the epidemic in order to plan for the management of the HIV/AIDS epidemic. President Thabo Mbeki embargoed the release of the impact study report as mentioned in Chapter two. The impact study report would have improved the Impact and Action Project on HIV/AIDS team's capacity to determine priorities and decisions in responding to HIV/AIDS.

The report was expected to include the demographic impact of HIV/AIDS on the public service, employment framework and capacity, an audit of employee benefits and a framework for impact on service delivery. All these aspects of the report are essential for informed decision-making and planning. The unavailability of the impact study report also makes it difficult to monitor and evaluate the efforts that have been made in managing HIV/AIDS in the public service since there is no data baseline.

#### **5.4 RECOMMENDATIONS**

**Increased public awareness on HIV/AIDS and scientific advances in prevention, treatment and care provide an improved opportunity for mitigating the impact of HIV/AIDS in the Public Service and the community at large. Management responses to the epidemic would become relatively easier to plan for with the availability of accurate statistics on the prevalence of the HIV/AIDS epidemic.**

**It is important for those individuals who are responsible for planning and implementing responses to HIV/AIDS within the DPE, and the Public Service as a whole, to have a thorough understanding of the HIV virus, how it is transmitted and how it transforms into AIDS. This understanding should be coupled with compassion and the realisation that compassion can be an element of enforcement.**

**HIV/AIDS demands innovative responses and collective action involving information exchange and joint problem solving. The potential impact of a collective effort could be more effective than a series of unconnected efforts. It is therefore important for the DPE to foster partnerships in the fight against HIV/AIDS with other government departments and the state- owned enterprises it monitors. The**

**DPE is a relatively small Department compared to most government departments as well as most state-owned enterprises and running some wellness programmes within such a small Department would not be cost-effective. The DPE could share the costs and assets, as well as the benefits that could be derived from such partnerships collectively.**

Communication between those that are responsible for implementing an HIV/AIDS workplace programme and all public employees within the DPE is crucial for the effectiveness of an HIV/AIDS workplace programme. This provides a platform for making sure that the programme is responsive to the needs of the employees of the DPE. Other employees can also give those that are responsible for implementation ideas on how they can improve the programme. Creativity is also necessary for improving the way HIV/AIDS policies and programmes are communicated to employees to make sure that people get information on the HIV/AIDS policy in a way that provokes interest in the contents of the policy.

The importance of visible, enlightened and committed management is important in dealing with HIV/AIDS in the workplace. The efforts of the Director for Human Capacity Development around the management of HIV/AIDS need to be supplemented by the leadership of the Director-General or Deputy Director-General who would act as a champion or example for HIV/AIDS initiatives. Management could play a significant role in changing the mindset of public employees within the DPE regarding HIV/AIDS.

Since the DPE is responsible for restructuring state-owned enterprises, it could provide leadership and guidance in the management of HIV/AIDS within state-owned enterprises. Instilling a system of values and ethics about HIV/AIDS would prevent state-owned enterprises from distancing themselves from the epidemic and allow them to see the value in starting their own HIV/AIDS workplace programmes as well as including HIV/AIDS in their social responsibility programmes.

**The relationship between the Public Service and labour representatives should go beyond negotiating for better wages and salaries and other conditions of service, but should incorporate the management of HIV/AIDS. With the necessary training, shop stewards within each Public Service department, including the DPE, could play an important role in promoting awareness, prevention and the creation of meaningful mechanisms for the care and support of those that have been infected with or affected by HIV/AIDS.**

The Department of Health should speed up the process of providing anti-retroviral treatment nationwide since Public Service departments, including the DPE, are not providing them to public employees because they have not been made available to the whole nation. The provision of anti-retroviral treatment would make the health promotion programmes in Public Service departments more meaningful and effective than they are at present. It would also make it possible for each department to make effective use of public employees for the longest time possible as the treatment would delay their death by a significant number of years.

The study has established the reasons why the DPE, and the South African Public Service as a whole, needs to formulate and implement strategies for the management of HIV/AIDS. If left unmanaged, HIV/AIDS could deplete the Public Service's human and financial resources. It is vital for Public Service managers and political heads of departments to understand the impact of HIV/AIDS on both the Public Service and the country as a whole in order to plan and implement appropriate measures for intervention so that service delivery can be maintained and the transformation goals of the Public Service can be achieved.

The study also identified and analysed the regulatory framework for managing HIV/AIDS in the Public Service, including the best practices for managing HIV/AIDS in the workplace. The managerial capacity for managing HIV/AIDS within the DPE was also analysed. The study established that the managerial capacity within the DPE lacking mainly in leadership and organising, communication in particular. Commitment from senior managers in addressing

HIV/AIDS-related issues in the workplace has resulted to a situation whereby the DPE working environment is not conducive for living openly with HIV/AIDS. Recommendations on how the DPE can overcome the challenges relating to management processes were also made.

## **5.5 CONCLUDING REMARKS**

**It is important that each Public Service department realises that the HIV/AIDS epidemic will have a negative impact on human resource management thus posing a threat to service delivery. The HIV/AIDS epidemic's greatest impact is likely to be felt by individuals living with HIV/AIDS, the health sector and the poorest households. These individuals and households all depend on the Public Service to assist them in sustaining a livelihood.**

**By ensuring that state-owned enterprises operate effectively and efficiently as well as take into account the management of HIV/AIDS, the DPE would assist in ensuring that the problem of addressing HIV/AIDS does not solely fall upon the shoulders of government. Unless HIV/AIDS is tackled with the full range of resources that are at a nation's disposal, development efforts, community initiatives and technical assistance will be constantly set back by the destructive progression of the disease. A co-operative effort by the multi-lateral system could enable the response to get ahead of the problem and bring about a real change in the rate and pattern of HIV infections.**

The fact that HIV/AIDS is an issue that affects the very core of the operations of the Public Service cannot be disputed. This study has established the rationale for a Public Service workplace response to HIV/AIDS as well as the logical steps on how to implement this response. The formulation and the implementation of the policy framework for managing HIV/AIDS in the Public Service as well as departmental policies and programmes on HIV/AIDS in Public Service departments, including the DPE, are signs that the threat that HIV/AIDS poses to service delivery is being taken seriously and that something is being done to mitigate this threat.

With leadership and proper planning, the epidemic can be managed and the Public Service can sustain service delivery to the benefit of members of the public, people living with HIV/AIDS and the population that is still free from HIV infection.

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