

The summary brings together the core issues emanating from these two phases that influenced the design of the guidelines for the development of an HIV/AIDS support programme in schools. Further, it outlines the steps taken in the early development and pilot testing of the guidelines which facilitated further refinement of the guidelines.

7.2 PROCESSES AND OUTCOMES OF THE RESEARCH THAT INFORMED AND GUIDED THE DEVELOPMENT OF THE GUIDELINES

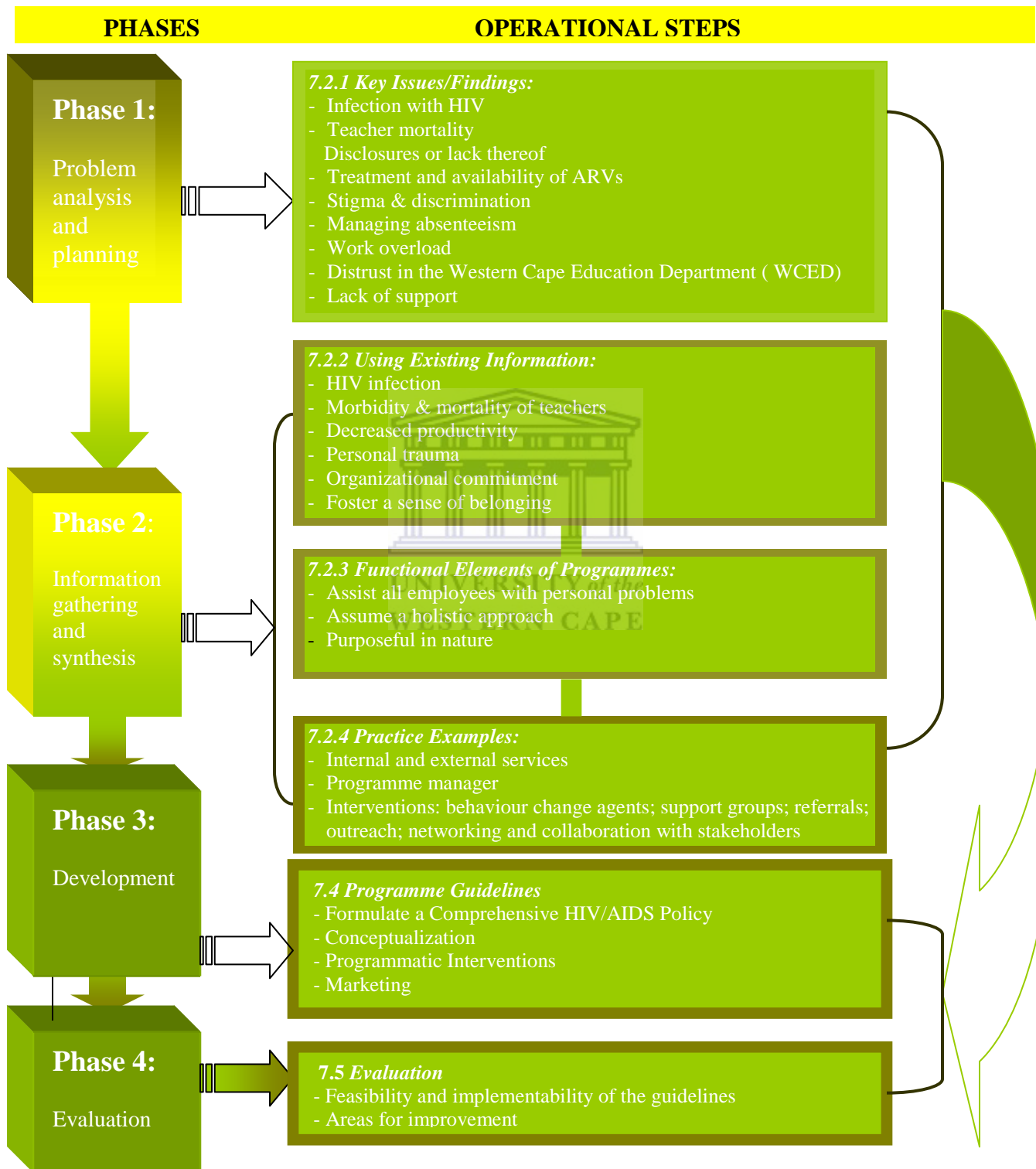


Figure 7.1: Summary of processes and outcomes

In the following discussion the key findings that emerged from first two phases that informed the development of guidelines are presented. Following this discussion the outcome of the development is presented in 7.4.

7.3 KEY ISSUES EMANATING FROM THE FIRST TWO PHASES

7.3.1 Phase 1: Problem analysis and project planning

The critical factor in the first phase of the study was to identify and involve clients, gain entry and co-operation from the setting (see chapter two), identify the concerns of the population, analyze the identified problems, and lastly set goals and objectives. Chapter four presents issues of participants' perception and experiences of HIV/AIDS among teachers. This sub-section thus summarizes the general findings from the problem analysis and planning phase as depicted in table 7.1. These factors have to be considered in an HIV/AIDS programme in an educational setting.

Infection: The continued occurrence of new HIV infections in teachers, coupled with the progression of the illness, affects the management and operational functioning of schools, and traumatizes the infected teachers and their colleagues. HIV infection thus has a psychological impact on all teachers.

Disclosures and lack of disclosure: Generally, teachers prefer not to disclose their HIV positive status to colleagues as a result of a perceived antagonistic school environment towards infected teachers. Because many teachers do not disclose their HIV positive status, principals are less able to help them. The lack of preparedness, mainly as a result of incapacity and lack of knowledge and skills, manifests in hostility and antagonism between teachers.

Stigma: This reinforces the tendency for non-disclosure of an HIV positive status to managers and colleagues and drives the disease underground, hindering prevention and care efforts. Also, it entails discrimination of teachers infected with HIV.

Absenteeism: Prolonged leave of absence not only affects the quality of teaching, it makes it difficult to substitute sick teachers. Principals often do not know how long a teacher would be absent from school as the sick leave is only reviewed and submitted to the principal just before a teacher is due back at school. Also, the education department's substitution policy has stringent guidelines for appointment of substitute teachers which do not necessarily allow for assessment and use of sick leave patterns as motivation for a substitution of a teacher.

Work overload: As a result of absenteeism due to illness, other teachers are overloaded with work. However, teachers who were away on sick leave also complained of work overload as a result of the children/classes that were not taught in their absence, and it becomes administratively cumbersome.

Distrust in the WCED: Based on past experiences, teachers expressed distrust in the education department and its ability to keep its promises. The consequence of this is the dented image of the education department and a sense of distrust in the department by teachers.

Lack of support: Teachers generally felt unsupported by their school managers and the the education department at large. Support also related to the department being a caring organisation of which this is lacking according to teachers.

7.3.2 Phase 2: Information Gathering and Synthesis

The researcher engaged in three operational steps to fulfil the requirements of this phase, viz. using existing information, identifying functional elements of programmes, and

studying practice examples. The findings are presented in detail in chapters 4-6. The following summarizes the key issues that arose out of each phase.

7.3.2.1 Using Existing Information

Chapter three presents a review of literature on the rationale for employers to support their employees. This section encapsulates pointers to the rationale for employer-initiated services to support employees.

The literature suggests that investing in the *health of the employees is crucial* as it is central to economic and social functioning of persons. A consequence of such investment is increased productivity. From an organizational perspective, the issues of HIV infection and mortality of teachers are thus of crucial concern for employers.

Secondly, it is critical to *enable employees to find meaning in their work* which in turn is partly the reason for their existence. When this meaning is found, it is likely to enhance the employee's ability to lead a fulfilling life, foster a sense of entrenchment and belonging to a caring organization. *Adaptation to instances of loss and trauma* is associated with finding meaning in work. As such, it is important to create an enabling environment in schools for teachers to find meaning in their work even under the cloud of the HIV/AIDS epidemic.

Thirdly, there is a need for employers to promote and contribute *towards the psychosocial well-being of an employee*. Improved psychosocial well-being of employees increases their capacity to confront challenges, find ecological balance, and entrench support for the culture and values of their employers. Consequently, individuals' coping capacity is enhanced with high levels of self-esteem.

Fourthly, employers should direct their efforts towards *facilitating commitment to the organization by employees*. This commitment to the organization relates to individual's psychological attachment to the organization and increased ability to perform the

required work. The employees' work ability and organizational commitment are *associated with the employees' mental well-being*.

Lastly, perceived *social justice* is the ultimate achievement in facilitating commitment to the organization. It relates to perceived fairness of outcomes and processes by which decisions concerning employees are made. The employer should thus constantly strive for fairness to facilitate and improve employee trust and commitment to the organization.

In addition to the above-mentioned issues, the literature recognizes the impacts of HIV/AIDS on the education system and the need to mitigate these impacts. Also, teachers are poorly equipped to deal with the impact of the pandemic on their work which subsequently affects learning outcomes.

There is broad consensus that the loss of teachers to AIDS-related diseases affects the supply of, and leads to a shortage of teachers. Factors such as the insufficient supply of teachers combined with the inability of the institutions of higher learning to produce a sufficient number of teachers; overwork of teachers and consequent inability to provide full attention to learners; and increased levels of tension and stress among teachers make it even more important to manage HIV/AIDS in schools.

Teachers are a valuable asset to society because they have specific skills which are in demand and represent one of the better educated segments of the population. By implication, they need to be protected, cared for and harnessed to perform their duties at a high professional level. This means that support has to be provided within the available resources to enable teachers to perform their work professionally and effectively, especially within the context of HIV/AIDS.

7.3.2.2 Functional Elements of Programmes

The focus of work in this operational step is gathering and analyzing critical features of the observed programmes and published work. The outcome of this process is the

identification of potentially useful elements of the interventions. Due to lack of publicized information on HIV/AIDS in the workplace programmes, the researcher then critiqued the existing intervention models like EAP and disease management programmes.

The following discussion presents the key issues that make these programmes functional and perhaps successful when correctly or effectively implemented. These functional elements include the following.

Policy: The programmes respond to an HIV/AIDS workplace policy developed by the company. These policies have stated goals and objectives. The sub-programmes are thus guided by these goals and objectives.

The policies clearly state the target group for the programme, generally all employees of the companies. In addition, policies clearly state the scope of interventions. The scope of interventions usually relates to the extension of services to families of the employees.

The policies reflect the company's or the department's commitment to assisting all employees. This also serves to portray a positive image about the company/department to the employees and potential employees.

Structure: Structures are created within the organogram of the department/organization to effectively manage the disease in the workplace. The programme usually has a manager or coordinator to communicate or market the programme to employees and assess and refer cases to external service providers. The manager also acts as a liaison person between the company and the external service providers.

In instances where the company adopts an internal approach to service provision, the manager still assesses and refers to internal approach for specific services. Thus, the manager is responsible for networking with community organizations and garnering their support for the benefit of the employees.

Intervention Approaches: Internal, external or combination (internal and external) services are utilized to achieve the stated goals of the programme. Internal and/or external approaches have advantages and disadvantages when used in isolation. The tendency is thus to use both internal and external services in combination in order to compliment each other's weaknesses.

Programme Content: Programmes consist of various sub-programmes including prevention, treatment, care and support to all employees. The aim of the prevention sub-programme is mainly to control accidental and new infections and spread of the disease in the workplace. This aim is achieved through education and raising the levels of awareness. Since accidental infection during the performance of work is unlikely to occur in the education sector, emphasis should on empowering teachers with knowledge on the modes of transmission with a view to preventing new infections.

With regard to treatment, infected and eligible employees are enrolled into disease management programme where employees access treatment with the initial financial support of the employer. This financial support comes in the form of medical aid as a benefit to all employees of the company. In the public sector, emphasis is on linking employees with public health care centres for treatment.

Care and support relates to availability of specialized services for a variety of issues affecting employees during the progression of the illness. Access to ARVs is one such benefit that may be made available to employees. However, access to ARVs comes as a package which includes monthly medical check-ups and screening for CD4 count and the degree adverse drug effects. Care and support also relates to other employee benefits such as sick leave.

Monitoring and Evaluation System: In instances where there is monitoring of interventions and the use thereof, the external service provider is required as part of the

contract to statistical information to the employer on a monthly basis. This information is used to determine the uptake and impact of the service.

All the above factors contribute to the success and effectiveness of the programmes to assist employees infected and affected by HIV/AIDS.

7.3.2.3 Studying Practice Examples

The researcher visited various companies and para-statal organisations around Cape Town and Uganda's Ministry of Sport and Education to observe and learn from programmes to manage HIV/AIDS in the workplace. The following key issues emerged and in turn influenced the design of the guidelines.

- *Companies and Para-statal Organisations*

The companies' approach to service provision reflected both the use of *internal and external services*. With regards to internal services, the company takes full responsibility for provision of services by staff specifically employed tasked with this work. The concerned coordinator/manager would be mainly responsible for *promoting and marketing the programme* to the employees of the company. The programmes are promoted mainly through internal communication, special events, and trade union activities.

Among other activities, the programme *managers conduct initial assessments of the presenting problem and refer accordingly to the external service providers*. These service providers are either directly linked to the company through outsourcing of the service, or indirectly linked to the company and are community based non-governmental organizations and public services. In the case of indirectly linked organizations, it means that the programme manager must establish and maintain good working relations with the community based organizations for the benefit of the company's employees.

With regards to external or outsourced services, the programme manager interacts with the external service provider regularly. The external service provider is also expected to provide *monthly statistics on service utilization*. This information is used to gauge the utilization of the programme, and quality assurance. It is also believed that the use of an external service provider ensures confidentiality, thus increasing the likelihood of service utilization by the companies' employees.

External services are mainly used for medical treatment and follow-up services. The outsourced services also include voluntary counselling and testing (VCT), therapeutic counselling, training, and the disease management programme. These services are packaged and provided to all employees and their immediate family members.

The limitation of the workplace programmes was the lack of formal ways of monitoring and evaluating the success and effectiveness of the programmes, thus making it difficult for the companies to ascertain and understand the scale and impacts of the disease on employees and the companies.

- *Uganda's Ministry of Sport and Education*

The Uganda Ministry of Sport and Education's HIV/AIDS programme is *grounded on the country's National Strategic Framework for HIV/AIDS*. The framework requires that all stakeholders are involved in planning, management, implementation, and monitoring and evaluation of HIV/AIDS interventions in the country. Taking the cue from this national strategic framework, the Ministry's HIV/AIDS workplace programme is inclusive in all the facets mentioned in the national strategic framework. It means that the Ministry's HIV/AIDS in the workplace policy and approach has its grounding on the broader national framework.

The policies also promote certain key principles which include *a multi-sectoral approach to development; human rights; mobilizing resources and promoting access; and*

observation of the right to privacy and confidentiality in their practice. These principles are the cornerstones of the Ministry's HIV/AIDS in the workplace programme.

The following functional aspects of the observed Ugandan HIV/AIDS in the workplace programme informed the guidelines.

- Use of “*behaviour change agents*” otherwise known as peer educators who are school based, with a special focus on working with teachers towards behaviour change to reduce new infections, and act as hubs of knowledge through information giving.
- *Support groups* constituted and run by teachers living with HIV/AIDS who work towards stigma reduction.
- *Outreach*: this is done through extending services to the teachers' children and families.
- *Referral*: their approach is to encourage teachers to make use of public services on their own. The ministry has contributed to the creation of conducive and friendly visits by organizing special services for teachers.
- *A Network model* where schools are required to conduct a profile of existing services in the areas where they are based. This model promotes interaction between the school and local organizations, thus decreasing dependency on the Ministry of Education for services.
- *Collaboration with other key ministries* such as health, for the purpose of gathering statistics on teachers using private health services in order to gain a better understanding of the scale of the epidemic in education.

The focus areas of their HIV/AIDS intervention programme are treatment, life skills, curriculum review, induction of new teachers, workload rationalization, and early retirement on medical grounds. The Ministry has an established monitoring and evaluation programme based on collectively defined indicators.

7.4 GUIDELINES FOR DEVELOPING AN HIV/AIDS SUPPORT PROGRAMME IN SCHOOLS

This section presents the outcome of the study i.e. guidelines for developing an HIV/AIDS support programme in schools. Further, some tips on operationalizing the proposed guidelines are provided.

Figure 7.2 presents the guidelines for developing an HIV/AIDS support programme in schools. The steps presented here should act as guides for managers responsible for executing an HIV/AIDS support programme in schools. The guidelines would help in initiating and/or refining an existing programme to assist teachers with AIDS related support issues.



7.4 Guidelines for Developing an HIV/AIDS Support Programme for Teachers

7.4.1 Formulate a Comprehensive HIV/AIDS Policy

It is crucial to formulate an HIV/AIDS policy in schools which serves to guide interventions to support teachers infected and affected by the disease.

7.4.1.1 Rationale and Objectives of the policy

One of the critical features of an HIV/AIDS policy is the statement of what the policy aims to achieve and the reasoning behind the policy. The rationale and objectives can be stated in terms of interventions to employees and/or in a form of what the policy seeks to achieve.

7.4.1.2 Principles

It is important to state key principles on which the policy and the support programme is based. Principles such as justice, promotion of wellness – healthy lifestyle, confidentiality, and recognition of the impacts of HIV/AIDS on the education sector are some of the principles that underline the policy and programme.

NB! Engage all stakeholders .

7.4.2 Conceptualization

When a policy is formulated and interventions are required, it is important to understand and define the problem. ‘What is the extent of the problem?’, ‘How does the disease manifest itself in schools?’, and ‘What are the impacts of HIV/AIDS in schools?’, are some of the questions that should be asked to understand and define the problem.

- Conduct needs analysis
- Importance of teacher orientation

Once the problem is understood and defined, it is crucial to choose an appropriate mode of service delivery. Internal, external and combination mode of service delivery can be chosen to provide the required services to teachers. Important to decide on the delivery mode (internal/external/combination) and the type of programme (EAP, Disease Management, Health Promoting, Awareness)

7.4.3 Decide on Programmatic Interventions

Some elements of an HIV/AIDS support programme in schools:

- Prevention

The objectives of the prevention component of the programme are to:

- Prevent new infections and spread of the disease
- Reduce stigma and stigmatization (by self and other)
- Minimize or mitigate the impacts on the workforce and the core business of the organization.

- Treatment (access to health services and ARVs; mental health promotion)
- Management Capacity Building (manage absenteeism & disclosures; and other policy related issues)

Critical to continuously market the programme to the target group
NB! See section on marketing.

7.4.4 Marketing

- Ensure throughput through consistent marketing
- Marketing strategies (electronic, print, campaigns)
- Procure the services of a marketing specialist to develop a marketing strategy

7.4.5 Monitoring and Evaluation

- Develop indicators
- Design an M&E plan
- Determine frequency of evaluation
- Report and disseminate results

Phase 3: Development

Figure 7.2: Guidelines for developing an HIV/AIDS support programme in schools

7.4.1 Formulate a Comprehensive HIV/AIDS Policy

The formulation of a workplace policy is essential to direct programmatic interventions and resources. Thus the policy acts as the basis for developing programmatic interventions to support teachers infected and affected by HIV/AIDS. It is thus critical to consider certain and specific issues when formulating a comprehensive HIV/AIDS policy in schools and the following section focuses on these issues.

Before an HIV/AIDS policy in schools is formulated, the process must be driven by the responsible person. An HIV/AIDS in the workplace *programme manager* needs to be appointed to drive such a teacher support programme. The first draft of the Western Cape Education Department HIV/AIDS policy is not specific about the responsible person, and this may derail the implementation of the department's plan as no one takes the final responsibility for driving the department's HIV/AIDS in the workplace programme. The programme manager should preferably have a social work or clinical psychology background. In terms of utilizing existing expertise within the education department, the programme manager can work closely with the HR team, heads of Specialised Learner and Educator Support (SLES) and social work. Because of the nature of their training, social workers and psychologists possess counselling and training skills that may be required by the programme manager in executing the workplace HIV/AIDS support programme. Alternatively, the manager could refer people to qualified practitioners in the external services.

In formulating a school HIV/AIDS policy, all *organizational stakeholders* must be involved from the beginning. Thus a team representative of all stakeholders needs to drive the policy formulation process under the leadership of the programme manager. The stakeholders would include teachers, the school management team (principal, deputy principal, heads of department), school governing body (SGB) member, HR department, and representatives from the EMDC and WCED head office.

It is critical at this stage to base the policy on identified HIV/AIDS phenomena. However, if this policy is the first ever policy for schools then the formulation of such a policy can be guided by and based on national policies on HIV/AIDS in the workplace. If it is a review of an existing policy, then it is critical to formulate an HIV/AIDS in the workplace policy that is based on well understood and defined problem related to HIV/AIDS as experienced by teachers.

Following an extensive consultative process and engagement with the stakeholders, the policy must state what it intends to achieve. This must be presented as a policy statement. For example, the statement can read as follows:

“The HIV/AIDS workplace policy of the Western Cape Department lays the foundation on which to develop a programme to support teachers living with and affected by the disease and bring stability to the education system”

Such a policy statement points to the direction in which the WCED wants to move with regard to HIV/AIDS in the workplace support programme.

The policy should also reflect the *organization’s commitment* to assisting teachers to enhance their productivity in the midst of HIV/AIDS. By so doing, the Western Cape Education Department is likely to promote commitment, increase loyalty and a sense of belonging among teachers. Since the education system is person intensive, it is crucial that the education department is seen to be caring for its valuable assets, the teachers, by providing services that respond to the impact of the AIDS epidemic on teachers, and, more broadly, the education system as a whole.

An HIV/AIDS policy should have a clearly defined *scope of intervention*. It should state whether it is concerned with teachers only, or also extends its scope to include the families of the infected and affected teachers. Such scoping will clarify any misunderstandings about who the policy covers. Scoping and decisions reached should be

based on thorough scanning of the environment, and balancing of employee and school needs. Such equilibrium can only be achieved through negotiated consensus between the stakeholders.

An HIV/AIDS policy must be linked to and/or based on *national (and international) policies, guidelines and protocols* to manage HIV/AIDS in the workplace. Examples of such policies are the National Strategic Plan 2007 - 2011, the Department of Labour's Technical Guidelines for Managing HIV/AIDS in the workplace, and the ILO Code of Good Practice. Documents like these should serve as guides for developing an HIV/AIDS policy in schools and/or workplaces.

It is important for the HIV/AIDS policy to state *how the department intends to intervene* with the epidemic. This intention or desire is put in a statement form rather than laying down the programmes. Thus, this becomes a *policy statement* rather than an actual articulation of intervention programmes.

This policy should also influence the programme developed to support teachers infected and affected by HIV/AIDS in schools. As such, it is critical to first develop a policy, and the programme then realizes the values and aspirations of the policy.

7.4.1.1 Rationale and Objectives of the Policy

The *rationale* of the policy is to promote the wellbeing of both the teachers and the education system, with HIV/AIDS as a critical component of a broader wellness programme. With this rationale for the policy comes recognition of the symbiotic relationship between employees and the organization.

The objectives of an HIV/AIDS in the workplace policy should embrace the following four broad issues:

- Mitigate HIV/AIDS impacts on schools,

- Promote justice and human rights,
- Promote mental health and human capacity to cope and adjust, and
- Increase organisational commitment.

Mitigate HIV/AIDS Impacts on Schools: In mitigating the HIV/AIDS impacts on schools, the authorities must look at bringing stability with regards to the demographics of the workforce, and managing absenteeism among other factors. As stated earlier, education is person centred and as such prolonging the lives of teachers and retaining teachers in the education system for as long as possible is crucial for reducing the impact of HIV/AIDS in schools.

Justice and Human Rights: Justice and human rights speak to the principle of fairness in managing HIV/AIDS and related matters at schools. In this context, it relates to enhancing job security among teachers infected by the disease. Job insecurity works on an individual's psyche and may interfere with their ability to maintain peak performance. Furthermore, consistency and fairness need to be applied especially as it concerns promotional opportunities for all teachers.



Also, it is important for teachers to access HIV/AIDS-related services, hence the programme needs to be fully resourced. This means that the WCED must invest finances, human resources, goods and services in the programme.

Justice and human rights also relates to the promotion of decent work where employee benefits are provided for and correctly interpreted and implemented by managers. Care should be taken to prevent abuse of these benefits by both employees and employers in their implementation.

Mental Health and Human Capacity: These two components are interlinked and crucial in managing HIV/AIDS in the workplace. The programme must promote mental health to enable teachers to cope with the trauma of diagnosis and loss of colleagues. Since the diagnosis of HIV impacts psychologically, a programme must seek to enhance the self-

esteem and worth of the teachers. With high self-esteem and enhanced self-worth, teachers would be more confident in performing their work with the knowledge of appreciation and recognition by the employer.

Organizational Commitment: The provision of the required HIV/AIDS related services at WCED is likely to change the perception of teachers regarding the current generally negative image of the department. A more positive perception of the department is likely to develop if it were seen as being a caring organization and this, in turn, is likely to increase organizational commitment. Teachers' loyalty to the department would be increased, and the sense of belonging enhanced in the process.

7.4.1.2 Principles

An HIV/AIDS intervention programme should be based on the following principles:

Social Justice – equality and non-discrimination: The principle of social justice in the management of HIV/AIDS in the workplace is crucial. Self development and self determination are key concepts in promoting social justice especially within the context of HIV/AIDS. Self-development relates to the institution's capacity to actualize the needs of teachers living with and affected by HIV/AIDS.

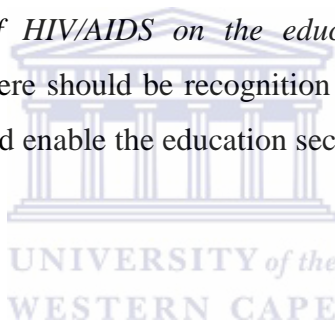
Self-determination is the ability to participate in determining one's action and the condition of one's action (Eggleston, 2004). Self-determination therefore is equated here with social inclusion. People living with HIV/AIDS, and as a vulnerable and marginalized group, need to be included in directing the course of action and self-determination, which is a requirement for promoting social justice.

Self determination and development combined will promote social justice especially for people living with HIV/AIDS who are very often stigmatized and isolated by their communities. The schools should thus seek to advocate for justice for these teachers.

Promote Wellness – “healthy lifestyle”: Promoting wellness is a key factor in managing HIV/AIDS in the workplace. The concept of wellness encourages engagement in activities that promote good health, and the psychosocial wellbeing of the employees.

Confidentiality: The policies should promote and encourage confidentiality of personal information about the medical condition of an employee who discloses his/her HIV status whether to the school managers or fellow teachers. Thus, the interventions should strive to protect the rights of people infected by HIV through committing to and enforcing the principle of confidentiality. The programme managers should note that whilst it is not acceptable to breach confidentiality without permission from the concerned person, it may be a stumbling block in implementing a support programme for teachers.

Recognition of the impact of HIV/AIDS on the education sector: From policy to programmatic interventions, there should be recognition of the impact of HIV/AIDS on the education sector. This would enable the education sector to take decisive steps to deal with HIV/AIDS in schools.



7.4.2 Conceptualization

This is the crucial stage of the guidelines, thus a programme manager should be appointed to drive this process. In addition, it is important to engage all stakeholders in the conceptualization phase.

7.4.2.1 Understand and Define the Problem

Every intervention programme begins with an identified problem for resolution. However, it becomes critical to understand and define the identified problem before an intervention is designed to resolve it. The process of understanding and defining the problem will help the department of education in various ways:

- Maintain focus on resolving the identified problem effectively.

- Assist in gaining the better understanding of the phenomenon, how it is experienced, and the scale of the problem, thus enabling the organization to respond accordingly.
- Provide insights on which to base an HIV/AIDS policy in the workplace.

The process undertaken to understand and define the problem helps the manager to get to the core of the pandemic by gaining a deeper insight into the problem and its dynamics at school level. Thus, the objective and the challenge are to get the required information that would assist in gaining insight into the dynamics of the disease. A deeper understanding which leads to the understanding and definition of the problem would require the following to be done by the programme manager:

- Needs Assessment/Analysis

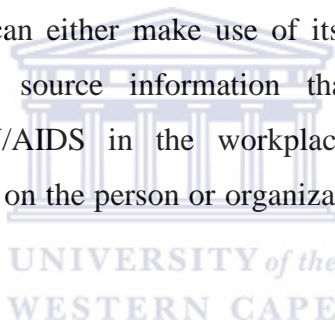
An intervention programme in response to a phenomenon or epidemic like HIV/AIDS is essential and should be preceded by a process of needs assessment/analysis as expressed by the target population. Therefore, a needs analysis or profiling of the problem must be conducted as a necessary prerequisite for designing an intervention.

Critical to the needs assessment process is an analysis of both the needs of individual teachers and the education department as they relate to HIV/AIDS management. Thus the needs of the various stakeholders need to be embraced in the design and development of such an intervention programme.

Assessment involves the process of data collection, exploration, organization, and analysis of relevant information for use in making decisions about the nature of the problem and what is to be done about it (Compton, Galaway & Cournoyer, 2005). This requires a scientific research process to produce information that can be organized and analyzed to make it useful for decision making and intervention.

Specific information would then be required to help understand and define the HIV/AIDS epidemic in schools. The programme manager, together with the team, would have to decide on and determine the type of information required to enable the department of education to intervene accordingly. For example, information on where the disease is most prevalent (e.g. specific age groups, locations); how teachers are affected; how schools are currently responding to the disease may be information that the department may require. By so doing, the department would gain an understanding of the unique features of the target group. By understanding these unique features, the department would therefore respond accordingly and with certainty.

This information can be elicited from various sources. The information can be sourced from focused groups, surveys, the human resources department and published information. The department can either make use of its own staff or procure services from external providers. to source information that would assist it with the conceptualization of an HIV/AIDS in the workplace programme. The education department will have to decide on the person or organization that would conduct a needs analysis for them.



- Importance of Teacher and Organization Orientation

Both teachers and the organization are important stakeholders in effective implementation of an HIV/AIDS programme in the workplace. This programme will have to take into consideration the needs of the teachers, by allowing teachers time to articulate their needs as they experience them without placing any judgement on them. The programme manager must decide whether to do this internally or outsource the service.

As far as the organization is concerned, an independent researcher should conduct an ability survey by looking at how the organization is organized through its structures, the type and skills of personnel that exists, and affordability of such a programme.

7.4.2.2 Choose an Appropriate Service Model

Choosing a service model that fulfils the identified programmatic interventions is crucial. A service model generally reflects what an organization perceives to be important and how it should intervene to address the identified problem. Thus, the chosen service model would reflect the organization's mentality, the scale and impacts of HIV/AIDS and its way of resolving the perceived problems.

Mode of service delivery: There are various models that could be utilized to deliver services to teachers. These modes of service delivery include internal, external and combination of internal and external services. The internal mode of service delivery would entail using internal resources or employing people to manage the programme internally without the services of an external service provider. The external services relate to procurement of external providers to manage the programme. The use of external service provider would mean complete outsourcing of the services to external service providers. The combination of internal and external services allows for use of internal resources whilst outsourcing certain elements of the programme.

Type of programme: Various types of programmes are available to meet the needs of teachers and WCED. The programme can be called an Employee Wellness Programme (EWP) or Employee Assistance Programme (EAP) in order to avoid possible stigmatization of teachers if it were called an AIDS programme. Such programmes are generally known to be comprehensive programmes aimed at the total welfare of employees and they can be adapted to specific circumstances.

The goal is to choose a service model that would best address the stakeholders' concerns and desires, and subsequently achieve the desired goals.

In choosing a service model, decisions have to be made with regards to the following:

- Stakeholder views and expressed needs

Section 7.3 summarizes the concerns expressed by various categories of teachers which should guide the process of selecting a model best suited to provide services to teachers. It is imperative that the service model chosen must be able to address the teachers' views and expressed needs and concerns as packaged solutions.

Also, the teachers' preferences on how the service should be provided are critical for choosing a service model, and the success of the entire HIV/AIDS in the workplace programme. This information can be gathered from teachers using various data collection methods and/or procedures. The information can be gathered qualitatively through focus groups and in-depth interviews with special groups; and/or quantitatively through surveys.

Internal resources or the services of an external service provider could be procured following the organization's procurement procedures to obtain the above mentioned information requirements. However, it is important to be clear on the type of data that is required, which should also guide the target group from which the data would be collected. For example, if the organization requires information on the training of principals to enable them to manage disclosures at school, it only makes sense to gather data from principals who will be targeted for such training.

Clarity is required on how the collected information will be utilized. In this instance, data would be necessary to enable the programme manager and the team to gain deeper insight into the needs of the stakeholders, and to enable them to select and apply an appropriate service model.

Whilst it is important to consider the views and needs of teachers in the selection of the service model or programme, it has to be balanced with available resources or what the

department of education can afford and is capable of providing. Realism forms the basis for taking a reasonable and well informed decision. The required resources would include among others financial and human resources. It is important to note that these resources may be readily available within the WCED or they would have to be planned and budgeted for. This means that some of the desired goals may not be fulfilled immediately but later, and that the situation would then force the stakeholders to be realistic in terms of what is immediately possible, and what could be done later.

- Organizational audit

Following on the above argument for human resources, it is important to conduct an organizational audit to understand the functioning of the organization in its entirety. The exercise is good also for gaining more knowledge of various structures within the organization, how they work, how their services can be pulled together to assist with the implementation of an HIV/AIDS programme in the workplace, and most importantly achieve maximal benefits with the available resources. The model can thus be chosen in order to close gaps in the existing organizational structures and the services they provide.

- What best works in the field

The chosen model should be partly influenced by what works best in the field because these are often based on tested intervention methods. This information can be gathered through the external service provider who will conduct research on behalf of WCED. This component should therefore form part of the terms of reference that go out when procuring research services.

- Available resources (financial and human)

In choosing a service model, consideration of available resources (financial and human) is critical. An internal audit must be done to ascertain the available and/or availability of resources, and gaps or challenges. The internal audit will help in decision making in

determining whether to provide services internally or outsource certain elements of the programme.

The audit process should be preceded by a costing exercise to determine viability of the chosen model to assist teachers infected and affected by HIV/AIDS. Such costing has to be done thoroughly to inform decision making.



SOME TIPS ON OPERATIONALIZING:

POLICY FORMULATION

- Make sure that all key stakeholders are involved and obtain their support and commitment to a programme to assist teachers with HIV/AIDS related issues. Stakeholders include representatives of teacher trade unions; representatives of WCED management; SGBs; potential implementers; and importantly, teachers living with HIV.
- Establish a working team from this group to drive policy formulation. Make sure that this team meets regularly and has well defined tasks to complete within a certain timeframe. So that their work is purposeful with timeframes.
- Policy must be precise and reflect the thinking of all stakeholders.

DECIDING ON SERVICE MODEL

- Allow for choice in a variety of models. Research and thorough analysis must be done on various models, and how they work.
- The team must reach a consensus on the model which will work best for WCED, internal or external or combination of aspects of internal and external models. If the combination model is chosen, then define which aspects of these models would be used.

7.4.3 Decide on programmatic interventions

At this stage, it is imperative to decide on programmatic interventions based on the findings of empirical inquiry, analysis of best practices, and literature. Some practical suggestions for operationalizing the components of the programme are offered.

7.4.3.1 Prevention

The empirical results of this study and observations from best practices indicate that prevention is critical to managing HIV/AIDS in the workplace. Prevention is a pertinent and key feature of HIV/AIDS programmes, thus it becomes the cornerstone of the programmes to manage the illness in the workplace.

The key objectives of the prevention programme are:

I. Prevention and awareness

One of the key objectives of this programme is prevention through consistent education and empowerment of teachers. The aim is to ensure that teachers' level of awareness of HIV/AIDS is raised, in such a way that it would lead to behaviour change and prevent them from contracting the virus. Information alone does not automatically lead to behaviour change, thus the role of behaviour change agents/peer educators, departmental social workers and psychologists should be accentuated.

Central to prevention and awareness is averting a situation where teachers prematurely retire from the education system as a direct result of an HIV positive diagnosis and physical changes linked to the progression of the illness. The counselling services and educational campaigns run by peer educators, social workers and psychologists in collaboration with teacher trade unions will help in de-stigmatizing the disease, and create a sensitive and empowering working environment. Of utmost importance is the role played by the school management team in managing disclosures, promote confidentiality, and facilitating a less hostile and an enabling working environment for all teachers.

In prevention and awareness efforts, care should be taken not to discriminate against some teachers on the basis of their sero-positive HIV status. In line with the Department of Labour's technical guidelines on HIV/AIDS in the workplace, the WCED must avoid discriminating against teachers living with HIV during the recruitment process. Likewise,

promotional opportunities should be available to all teachers irrespective of their HIV status. Therefore, principals and recruitment teams should be constantly reminded of these factors when engaging in a recruitment drive and evaluating the annual performance of teachers as part of the department's performance appraisal system which is linked to incentives for good performance.

Teachers living with HIV could play a crucial role in the prevention and awareness drives or campaigns organized by the department. Through the educational awareness campaigns, they can motivate and facilitate disclosures by teachers, act as support systems to those who divulge their sero-positive HIV status, and become school based peer educators. Thus they are valuable assets to the department in efforts to reduce the incidence of HIV/AIDS among teachers.

As part of the prevention and awareness campaigns, the department of education will have to identify and target areas where HIV is most prevalent among teachers for its prevention efforts. For example the Human Sciences Research Council (HSRC) has conducted an HIV/AIDS prevalence study in the education sector, and information from this study could be utilized to determine these areas and intervene accordingly. However, areas and schools where prevalence is low or unknown should also form part of the awareness campaigns. The content may be different but care should be taken to avoid singling out or stigmatizing certain areas and schools making HIV/AIDS an issue for some rather than for the whole Western Cape Education Department.

Some prevention and awareness strategies include awareness campaigns; staging events on specific days of the year; use of peer educators and peer education; and collaboration with trade unions that have influence on a large number of unionized teachers. These educational campaigns have to be aimed at facilitating and strengthening behaviour change. The focus on behaviour change through education is in line with commonly accepted norms and research-based evidence that the key to curbing the spread of the disease is through education.

II. Reduction of stigma and stigmatization

Stigma is one of the key areas for consideration in managing HIV/AIDS in the workplace. Ware et al. (2006) concluded that stigma is the origin of working tensions between social and health interests. What this means is that stigma leads to social marginalization and fear of disclosure which in turn affects help or health seeking behaviours of those infected by the disease.

The former issue (*social marginalization*) often leads to loneliness which signals the desire for connection. In this case, the focus needs to be on infected and affected teachers and to seek integration of these two groups to enable harmony to supersede diversity. The results of this study show that the latter issue (*fear of disclosure*) has led to some teachers leaving the profession prematurely. The programme should try and prevent teachers from leaving the profession prematurely, and other factors that prevent teachers from disclosing their sero-positive HIV status, and so on.

The key to *stigma reduction* is a shift in mentality that traps the infected people in isolation, and the uninfected teachers from perpetuating social stigma. This can be achieved through education, sensitivity and orientation towards the plight of the infected teachers. The aim would be to promote social cohesion which encourages consensus between teachers, and broadly the general community. One way to reduce stigma is meaningfully engaging HIV infected teachers on school based activities. It is essential to change the attitude of teachers (HIV positive teachers included) and the attitudes of communities towards teachers living with HIV/AIDS.

III. Minimize or mitigate the impacts of HIV/AIDS on the teaching workforce and the core business of the organization

Absenteeism and prolonged absence from work due to illness are just some of the issues that impact on the cost of providing education and quality of education that learners receive. Thus, the need exists to minimize or mitigate the impacts on the education

sector. This would require policy change and/or review by the Department of Education, and the following discussion presents some of the suggested policy changes.

Medical/Leave Benefits: Teachers infected with HIV often take time off to attend to medical matters related to their illness on a monthly basis. Currently, school managers are given discretion to decide whether a teacher can go for monthly medical check-up. Teachers need to know that it is permissible for them to go for monthly medical check-ups, but it has to be done in a structured way.

Absenteeism: Uniformity is required in managing absenteeism in schools. Absenteeism in this context relates to medically evoked absenteeism of which many sick teachers stay away from school for a prolonged time. The situation leaves the school managers without knowledge of whether they should employ other teachers in the place of those who are sick. The current education policy on teacher substitution is rendered useless in the midst of HIV/AIDS. Principals are not always sure about when a teacher would come back to work. Also, a long time elapses before a teacher substitution takes effect due to administrative requirements and processes.

It is difficult to pre-empt the length of absence in teachers infected with HIV due to the nature of the illness and the fact that there is no cure for the disease. Recovery depends on how strong ones' immune system is which is already comprised by the illness. Thus, it should be required of sick teachers to provide the department with sick certificates stating the length of absence to enable the principals to plan for the anticipated period of absence.

The following *strategies* can be used to prevent the spread of HIV/AIDS in schools as workplaces:

Employment of assistant teachers: Teachers who prolong their absence from work due to illness leave a gap in terms of available teachers, and thus the provision of education to learners. Currently, the department has a policy for schools to employ substitute teachers

in an event where a teacher would be absent for two consecutive weeks. However, the administrative process takes a long time before a substitute teacher is employed. It is recommended that the department expedite the administrative process to ensure that substitute teachers are employed promptly.

Alternatively, assistant teachers could be employed at each school to help manage the problematic administrative situation. This would mean that teachers would be readily available to fill in for absent teachers without losing teaching time. This scenario may cause some difficulties for these teachers if they have to stand in for various teachers, teaching various subjects. This should be dealt with at the beginning so that it is clear these teachers will be generalists and their position requires flexibility.

Voluntary Counselling and Testing (VCT): VCT is one method used to encourage people to learn their HIV status. A good feature of VCT is its voluntary nature, thus no one is forced to take an HIV test. No laws of the country would be broken, either for employment purposes or otherwise, when a teacher volunteers to be tested. Also, because counselling before and after testing is part of the service, it includes plans for supporting those who are tested. Upon knowing about one's HIV status, a person is provided with an opportunity to act accordingly to either prevent him/her from contracting the disease or live life positively with HIV.

When a teacher's HIV status is positive, assurance is required that the teacher would be provided with the necessary support, and that their vertical progression will not be hindered by virtue of their HIV status.

VCT must not only be done on specially organized events but rather available for teachers at anytime and when it is convenient for them to take an HIV test. This means that the service must be available at all times. Also, the environment must be safe for teachers to receive the results, especially when the test results are HIV positive.

Constant messages must be passed on to teachers regarding the availability of the service, using the department's internal communication systems and other methods deemed suitable for such marketing of the service (also see section on programme marketing).

Behaviour Change Agents: Behaviour Change Agents (otherwise known as Peer Educators in South Africa) is the concept used in Uganda. These are mainly HIV infected teachers who dedicate their working lives to helping other teachers through information giving and awareness. As the name suggests, their main aim is to change behaviour with the view to reducing HIV infection. Their main modes of influencing behaviour change are pragmatic education, forming support groups and distribution of HIV/AIDS health promotion material. Basically, they act as hubs of knowledge for the teachers and schools. Most importantly, they feed information back to the Ministry's HIV/AIDS in the workplace programme manager. Therefore, a forum of behaviour change agents and departmental managers would have to be established.

Where possible, each school must be covered by a behaviour change agent, preferably based at the school. It is important to note that these behaviour change agents conduct this work over and above their normal teaching responsibilities. Thus, there is no need to employ additional staff members to do this work, which would have financial implications for the Department of Education.

In order to compensate for utilizing existing teachers, it is important to ensure that suitable motivated teachers are recruited, and are thoroughly trained on HIV/AIDS in the workplace matters to enable them to be effective in the conduct of their work. Recognition or appraisal of their efforts must be considered and appropriately rewarded.

Firstly, the emphasis should be on recruitment procedures which ensure that the best suited behaviour change agents are utilized for the programme. Secondly, these agents need to be thoroughly trained and continually supported to enable them to conduct their work effectively, and with enthusiasm.

7.4.3.2 Treatment

Treatment and its availability and access are vital for managing HIV/AIDS in the workplace. It is becoming known and accepted that medical treatment (ARVs) prolongs lives and maintains a fairly good health status for infected persons. Treating infected teachers when required becomes very important for the education department in its endeavour to provide quality education.

Access to health services: Access to health services entails deciding on having a service point of its own or entering into partnership with public health centres. Access to health services also means access to treatment through public or private means and the monthly medical check-ups.

If the department decides to establish its own health care centre, it would obviously have financial and human resource implications. It means the recruitment of diverse qualified staff to provide the service. The professionals would provide services ranging from counselling, medical treatment, and nutrition among other things. Also, these professionals would have to be reimbursed accordingly, provide a suitable environment for provision of such services. This means sourcing equipment to perform duties, providing them with a building with offices/room that would also promote confidentiality when serving teachers.

Further, the department will have to consider the location of the service centre. In deciding on the location of the health centre, it is important to take into consideration confidentiality, location and physical accessibility of the centre, and related matters like the mode of transport that could be use to enable such accessibility.

In an instance where the department chooses to enter into partnership with public health centres, it has to consider the promotion of confidentiality. Confidentiality is the crucial factor for teachers in deciding about utilization of health services.

Throughput should be considered and is critical for enticing teachers to make use of the public service. Throughput relates to time spent at the clinic, quality service and preferential treatment by medical staff in service provision. Consensus will have to be reached between the education department and the department of health to ensure that teachers receive privileged treatment at certain predetermined times when visiting local health care centres.

Anti-retroviral drugs/therapy: It was noted earlier in this section of the chapter that access to health services means access to treatment and consequent mandatory monthly check-ups. As far as treatment is concerned, teachers who are eligible for treatment (ARVs) must receive such medication to enhance their health status. The required treatment can either be accessed via public or private health institutions.

The anti-retroviral drugs are available from public health institutions so long as the teachers meet the stipulated government norms for enrolment into the treatment programme. However, private services would require that the concerned persons have available funds to pay for them. An additional top up or levy payment for accessing ARVs through medical schemes is recommended. This means that a portion of the benefits would be set aside for accessing anti-retroviral treatment.

Networking with other relevant departments: The WCED can facilitate collaboration with other departments like the Department of Health to enable teachers to receive preferential treatment when visiting health care centres. Teachers could thus receive prompt service, allowing them more time for their teaching duties, minimizing impacts on the provision of quality education.

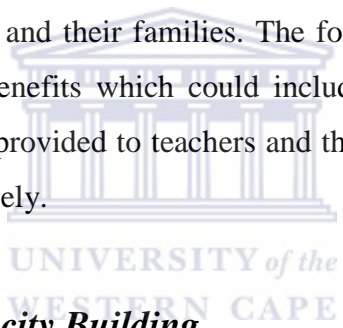
Outreach: This can be achieved by establishing teacher support groups in clusters of schools in specified areas. These support groups could be run by the school based peer educators with the support of the district office officials (e.g. social workers and psychologists). The clustered support groups would decide on the frequency of meetings

and topics that are relevant and of interest to them. Speakers on various topics could be invited to present in a workshop or lecture.

- Other health and wellness related services

Mental Health Promotion: Teachers have to deal with loss of colleagues at their schools and other neighbouring schools and requires counselling services to deal with the associated trauma. Bereavement counselling would play a critical role in facilitating and enabling the healing process. Mental health promoting events can be organized and duly promoted to all schools/teachers.

Care and support: Another key service is the extension of care and support to HIV infected and affected teachers, and their families. The focus would be on providing the necessary general employee benefits which could include medical and leave benefits. Counselling services could be provided to teachers and their families in order to manage the illness properly and effectively.



7.4.3.3 Management Capacity Building

In sub-section 7.3.1, various concerns as expressed by principals when trying to analyze the problem are outlined. In summary, the principals' concerns suggest that capacitating school managers is fundamental in managing HIV/AIDS in the workplace. The managers need to be able to utilize both their management skills and the department's policies to mitigate the immediate and long-term impacts of the disease on the functioning of schools.

The following are programmatic elements crucial for capacitating the principals in managing HIV/AIDS in schools:

Managing absenteeism: Managing absenteeism should be one of the key focus areas in empowering and capacitating managers to allow them to manage schools effectively.

This could be achieved through training principals on utilizing the education department's policies, such as the sick leave and boarding on medical grounds for very sick teachers.

Managing HIV/AIDS in the workplace requires firm leadership that would display innovation in the performance of its duties. This would mean that managers would have to be given space to exercise their duties in a manner that would accommodate challenges imposed on them by the disease. For example, principals could encourage teachers under their leadership to take an early retirement, boarding on medical grounds, or employ any other strategies as deemed fit for the situation.

The managers would have to be trained on technological systems and their use for managing absenteeism. This technological system could be installed by the department and linked to schools for their own analysis on absenteeism trends and advice teachers accordingly.

Managing disclosures: There are various reasons in favour of disclosure of HIV status, not only by teachers, but by the society at large. These reasons include knowledge about the extent of the disease, and who is infected and affected most. This information would help in directing interventions, and prevent or mitigate impacts on individuals, families and communities.

The teachers and consequently the education system would certainly also benefit from such disclosures. The education department via principals should thus encourage disclosure of HIV positive status by teachers and intervene accordingly.

The results of this study indicate that principals are not usually the first person teachers disclose to. However, they play a critical role in providing a reasonable accommodation of teachers infected and affected by HIV/AIDS in schools. Furthermore, principals could play a critical role in getting teachers to disclose their status, and can be a source of

information with regards to a number of teachers leaving with HIV. Thus, they have to be capacitated to manage disclosures.

Policy issues: The Department of Education has policies that serve to guide principals and teachers with regards to benefits, including medical benefits and others. The principals should be trained on correct interpretation and innovative implementation of these as a way of dealing effectively with HIV/AIDS at schools.

The substitution policy requires review especially within the context of HIV/AIDS and its impacts on the functioning of the schools.

Medical boarding is another mechanism that must be used with a degree of sensitivity to enable schools to appoint teachers in the place of terminally ill teachers. The schools would in this case not have to wait longer before appointing a replacement. The medical boarding process could be done parallel to the recruitment process as well.



SOME TIPS ON PROGRAMMATIC INTERVENTIONS

PREVENTION

- Stage awareness campaigns organized by social workers and psychologists in collaboration with teacher trade unions
- Peer educators at each school constantly organizing school based awareness activities

TREATMENT

- Access to treatment is crucial, emphasis must be placed on collaboration with other important stakeholders e.g. Department of Health, Medical Aid Schemes
- Because CD-4 count and nutrition are important in managing HIV, must allow teachers time to attend monthly check-up and promote healthy lifestyles

MANAGEMENT CAPACITY BUILDING

- Train school management team on the department's policies that would apply in managing HIV/AIDS in schools and allow for innovative implementation of these.

NB! These interventions should not be perceived as additional work for teachers but must be integrated into their normal work.

7.4.4 SOCIAL MARKETING

Of concern to any organization is marketing of a programme to ensure programme throughput. Throughput defined as success in getting the target group to use the programme for their benefit and that of the organization. Thus, marketing (programme communication) lies at the core of the success of the programme. The aim is to communicate the programme to reach the intended group, even those in remote places of the organization. Therefore, the objective is to increase the number of people using the programme in the workplace.

Kotler & Andreasen (1995) indicate that marketing for non-profit organizations, like for profit organization should be based on three principles:

Customer orientation (client focus): Customer orientation, which the researcher refers to as client focus, refers to the way in which an organization understands the needs of the target group or clients. Thus, a programme is in response to an identified need which has to be satisfied for the programme to succeed. This approach fits in well with an HIV/AIDS in the workplace programme. Due to the nature of the illness and its diverse impacts, it becomes critical to first understand the progression of the illness, its impacts on an individual and eventually the school in this context. These factors would then influence the contents of the programme.

However, the organization should be realistic in terms of fulfilling the identified needs. The fulfilment of the needs should be in line with the available resources to satisfy such needs. Therefore, the needs to be fulfilled by the organization can be classified according to priorities and staggered over the years instead of trying to achieve everything at once. Such staggering and prioritization can be achieved through working together with the employees targeted by the programme.

Systems orientation: Systems orientation refers firstly to the integration of the marketing activities, and secondly to organizational integration/principles of co-operations. This

approach is premised on the recognition of various components or segments of the organization that can work together in achieving programmatic goals using their unique expertise. These would include the human resources, finance, public relations and information communication departments. It realizes that the organization's success lies in the strength and total commitment of these components of the organization.

Goal orientation: In contrast to profit organizations where the primary goal is maximum profit, non-profit organizations' aim at an effective and efficient service to the community. It implies maximizing

The above-mentioned principles are suggested as guidelines for the marketing of a programme to maximize its benefits for both the employees and the organization.

Marketing is a business concept used with an aim of making potential customers aware of a product and value with a view to make profit. This concept is applicable in the social and health science but not with a view to make profit but to ensure penetration of a programme by people it is designed for. Various definitions of the concept are provided by various authors.

Stellefson & Eddy (2008), taking a health perspective, refer to marketing as an organizational function and a set of processes for creating, communicating, and delivering value to customers and for managing customer relationships in ways that benefit an organization and its stakeholders.

The definition suggests mutual benefits of marketing to all stakeholders. Critical to marketing an HIV/AIDS in the workplace programme is effective communication of such a programme to the broader spectrum of employees in the education system. An HIV/AIDS programme can be marketed in the following ways:

Electronically: Technology proves to be one of the methods used by companies (see chapter 5) to communicate its programmes. Electronic information alerts sent to staff

members via the organization's information and communication technology effectively markets the organization's programme to the employees. However, this method has its own challenges. It is only effective when all employees have access to computers and emailing facilities. The weakness is that not all employees can be reached using this method alone.

The human factor also comes in when using this system as a method of communicating with employees. Some employees may not open their emails or ignore such notices completely. The challenge is ensuring that employees open their emails and act upon them. Therefore, it should be used as a complimentary way to reach the employees.

Staff awareness campaigns: Another method of marketing the programme is through staff awareness campaigns. These take a form of presentation to trade union or staff association meetings by the programme managers. It is assumed in this method that employees are organized and can be reached through such unions or organizations. The risk is excluding those that are not members of such employee organizations.

Internal print media: Some organizations use pamphlets and posters to advertise their policies. The pamphlets are placed in strategic points or areas in the organization. The assumption is that the employees will actually read the pamphlets and posters. This kind of advertisement is sometimes referred to as "in your face" advertisement.

The aim is to bombard the employees with information that is around them in their work areas, information they can see daily. However, there is no guarantee that the employees will read the pamphlets or act upon the information presented in them.

Thus, it is argued here that a combination of marketing methods is useful to reach various groupings of people in an organization.



SOME TIPS ON SOCIAL MARKETING:

- Essential to note that teacher levels of awareness on HIV/AIDS and related matters is high. They have reached saturation point.
- Hire social marketing specialist to develop a marketing strategy from a social perspective
- The marketing specialist to help coin messages that would capture teachers' attention and remind them of crucial issues around HIV/AIDS.

EXAMPLES OF SOCIAL MARKETING FOR HEALTH AND WELLBEING:

1. Kotler, P. & Lee, N. 2007. Social Marketing: Influencing Behaviors for Good. 3rd Edition.
2. Manoff, K. R. 1985. Social Marketing: New Imperatives for Public Health.
3. Kotler, P.; Roberto, N. & Lee, N. 2002. Social Marketing: Improving the Quality of Life. 2nd Edition.



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7.4.5 Monitoring and Evaluation

A key to the success of the programme is monitoring and evaluation of its activities and achievements. Kozma (2005) asserts that within a resource constrained environment, measuring impacts should be at the centre of anyone's agenda. Otherwise, who will invest in a programme that does not yield the intended results? Also, how are the impacts of a programme measured? Monitoring and evaluation provides systems for measuring such impacts. This section provides guidelines for monitoring and evaluating a programme in an education setting.

The monitoring and evaluation of an HIV/AIDS programme in the workplace must be conducted for the following reasons:

- *Determine the utilization of the programme by the broader employees*

It is important for organizations to determine whether a service provided to employees is actually utilized by the employees. Otherwise it becomes wasteful expenditure for the

organization. If employees utilize a service, it could mean that it responds to the needs of the employees and that they attach value to such a programme. This alone may justify continuing the service, although the efficacy of the programme should also be evaluated.

- *Determine and maintain relevance of the programme*

Any programme provided to employees or the public should be tested for its relevance to the issues it intends to address. Be it treatment, education or prevention components of the programme. The aim is to keep the programme relevant to the needs of employees through constant monitoring. Relevance of the programme also speaks to broader government or country requirements as far as dealing with the challenge of HIV/AIDS, not only in the workplace but in the broader society. So, an HIV/AIDS programme in the workplace should go beyond only considering the needs of employees but be cognisant of broader country initiatives in confronting the scourge of the disease.

- *Continuous alignment of the services to the needs of the employees*

It is important that services are aligned to the needs of employees. The process of aligning services to needs would require the Department of Education to be in touch with the teachers, understand their experience of the disease on a daily basis, and understand the impacts thereof on the entire education system. This could be achieved through thorough analysis of monthly statistics in terms of the utilization of the programme, understand what teachers mostly go for or require from the service. These are some of the key indicators of the success of the programme in delivering on the needs of the teachers.

The aim is to align the services to the actual needs of the employees. Linking to the above discussion, they encourage alignment to make HIV/AIDS programmes relevant to the workforce.

- *Value for money*

Any employer would like to get value for money invested in a service. The aim would thus be to maximize benefits for employees, and subsequently for the department through a stable teacher workforce that is able to provide quality education.

- *Total Quality Management*

The premise for and/or essential fundamentals of monitoring and evaluating programme is that the monitoring and evaluation systems are designed to enhance the quality of designed interventions to ameliorate social/educational problems. If the quality of the programme is not evaluated, it lends the programme to stagnation and failure. Thus, quality of the programme is essential to its success.

- *Identify Weaknesses for Rectification*

Monitoring and evaluation is associated with checking that the delivery of articulated plans is on track and that the specified outcomes are achieved; developing management information systems that can provide responsive, valid and useful information for assessing programme delivery and outcome; providing evidence through which managers can report on the achievements to funding agencies and other stakeholders; and developing mechanisms by which programs can be fine-tuned on the basis of the findings (Owen, 2007). This aforementioned extract points to the importance of monitoring programmes for delivering on plans and their intentions.

Monitoring and evaluation should be framed so that it provides evidence-based information that would assist managers with making decisions about the impacts of the programme. It is crucial for programme evaluators to gain consensus on what needs to be assessed together with the programme implementers. This consensus will lead to a negotiated evaluation plan that will produce the desired results on completion of the evaluation.

The information presented in the subsequent sub-section is mainly based on literature, since the observed programmes lacked this vital monitoring and evaluation element. This is additional information that should assist with the monitoring and evaluation of the success of an HIV/AIDS support programme.

7.4.5.1 Develop Indicators

Fundamental to monitoring and evaluation is indicator development. It is essential and critical that indicators are developed during the planning phase of programme implementation as they provide measuring mechanisms for the performance of the programme. Kozma & Wagner (2005) define an indicator as a piece of information which communicates a certain state, trend, warning or progress to the audience. In this context, the audience is the decision makers who would normally have influence on the running of the programme. Thus monitoring and evaluation gives the decision makers options based on the best information that can be gathered to support one or another decision (Kozma & Wagner, 2005). As the information gathered and analyzed will be used for decision making, it is important to select indicators for measurement. Selecting indicators is a challenging exercise for evaluators. Kozma & Wagner (2005) categorise indicators as input or outcome indicators.

Input indicators refer to the activities that one puts into a programme in order to achieve a certain outcome. And an outcome indicator is a consequence of input indicators, modified by processes inherent in the application of the intervention. For example, if an input indicator for an HIV/AIDS programme is training, then the outcome indicators would be increase in levels of HIV/AIDS knowledge. An evaluator needs to think carefully about the type of information that would be needed to come to a conclusion about increased levels of HIV/AIDS knowledge. Thus, selecting an indicator requires thinking about the right questions to ask, and the best method of data collection. Therefore, in terms of recruitment a person with research experience would generally be required to conduct effective monitoring and evaluation.

7.4.5.2 Designing a Monitoring and Evaluation Plan

Monitoring and evaluation provides an opportunity for learning and feedback throughout the planning and implementation stages of a programme, and it also includes an assessment of results at the end, as related to the original objectives (James & Miller, 2005). Thus, key to assessing the results of a programme is developing an evaluation plan which should provide vital information on successes and weaknesses.

Two stages in designing a monitoring and evaluation plan, viz. 1) choosing the method of study, and 2) selecting monitoring and evaluation indicators are suggested by James & Miller (2005). The method of study is influenced by the kind of information required to elicit the necessary information (quantitative or qualitative data). Underpinning any monitoring and evaluation activity is determination and selection of variables to be measured. Critical to the selection of these variables is the definition of the variables by those conducting the monitoring and evaluation exercise.

7.4.5.3 Determine Frequency of Evaluation

A key to successful monitoring and evaluation of a programme is determining the frequency of evaluation. Monitoring reports can be provided monthly in order to keep track of activities done in line with the programme plans. It has been established in this study that statistical information is provided to companies regarding throughput but the information is only for ascertaining the level of use of the programme by the employees. The statistical information is however not useful for evaluating the service. As a result, companies are unable to ascertain the quality and effectiveness of the programme. Therefore, the monitoring activity should be based on set or standard questions to provide the organization with useful information that could be used to identify areas for intervention within the programme implementation. Beyond monitoring is an evaluation of the programme.

An evaluative inquiry of the programme can be done after a year in medium term projects, as this would allow assessment of milestones after defined intervals. The aim of this evaluative inquiry is to provide feedback on progress, and to identify weaknesses which should be dealt with promptly.

The nature and depth of information required from this exercise is determined by the approach used to collect and analyze data (quantitative or qualitative). Thus, a range of data collection methods can be used, including questionnaires, surveys and case studies.

7.4.5.4 Report and Disseminate Results

Reporting in this context refers to reporting progress on key issues or a report as an output of an evaluation process. The aim is to provide information at intervals regarding achievements and assessment of the programme against set goals. Dissemination of results would entail the manner in which the results of the study are disseminated to the broader stakeholders of the organization and this in turn may lead to measurable outcomes such as changes in policy.

In producing a report, the researcher and stakeholders decide from the beginning of the process on the issues to be monitored and evaluated. The composite indicators provide a structure for reporting and compilation of the report.

Further, the person or persons conducting the monitoring and evaluation exercise need to formulate a strategy for dissemination of the results considering the various stakeholders to the process. The results of the monitoring and evaluation exercise can be disseminated through presentations to managers and employees in their trade union or staff association, publishing of the report for internal consumption or producing information pamphlets.



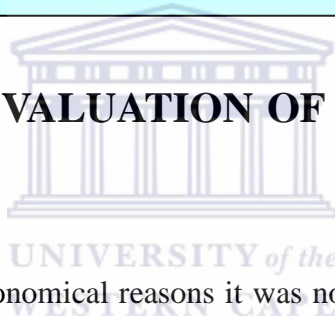
SOME TIPS ON MONITORING AND EVALUATION:

- Vital to reach agreement on indicators
- Must have predetermined frequency and/or timeframes
- Monitoring and evaluation should preferably be done by an external person/expert or organization

RECOMMENDED READINGS:

1. Estrella, M.; Blauvert, J.; Campilan, D.; Geventa, J.; Gonsalves, J.; Guijt, I.; Johnson, D. & Ricafort, R. 2000. Learning from Change: Issues and Experiences in Participatory Monitoring and Evaluation.
2. Kusek, J. Z. & Rist, C. R. 2004. Ten Steps to a Results-Based Monitoring and Evaluation System: A Handbook for Development Practitioners.
3. WHO. 2002. Healthy Cities Initiative in the African Region: An Evaluation Manual.

7.5 QUALITATIVE EVALUATION OF THE PRELIMINARY GUIDELINES



For practical, logistical and economical reasons it was not possible to pilot the proposed guidelines in selected schools. Strydom et al. (2007) suggest a programme presentation, data gathering, data analysis, and report writing to complete this phase.

The main aim of this qualitative evaluation was to get the participants' perceptions on the feasibility and the utilization value of the guidelines for the development of an HIV/AIDS support programme for teachers. In deciding on criteria for assessment, the researcher adopted the assessment criteria by Hartley (1985 & 1994). Although his work is aimed at evaluation of instructional texts, the participants in the evaluation sessions found the following criteria as most appropriated for open discussions and to add some more of their own general views.

The guidelines were presented to the groups of teachers and newly appointed HIV/AIDS co-ordinators through power-point presentations. There were about 12 participants in each session, and accumulative total of 38 participants evaluated the guidelines.

Critical to presentation of the guidelines was gathering data in relation to the implementation value of the guidelines. The researcher noted down all critical factors expressed by the teachers in evaluating the implementation of the guidelines. This information is presented below this section. Furthermore, the participants completed the evaluation form.

The collected information was analysed and structured into themes that emerged from the data. The following sub-section presents the views of the participants with regard to the implementation value of the guidelines.

7.5.1 Feasibility and Implementability of the Guidelines

Themes that emerged in relation to implementability of the guidelines are:

The participants believed that the programme prototype indeed *responds to the needs* of the teachers. Teachers said they have long been waiting for such a programme to be provided by the Western Cape Education Department. However, they pointed out that it requires the commitment of education managers to succeed. However, there were some participants who suggested that the implementation of these guidelines can only succeed with the support of teachers; for example, teachers disclosing their sero-positive HIV status. As such, the success of the implementation of these guidelines depends on the contributions and commitment of both teachers and managers at district and head office levels of WCED.

Responses from numerous teachers suggest that the guidelines would *contribute to the achievement of the overall strategy and core business of the WCED*. They believed that the guidelines will contribute towards improving the quality of education, especially

when the infected and affected teachers receive the necessary support and care. However, there was concern that top managers do not show commitment to implementing the existing policy and that the proposed guidelines are at risk of becoming another “great intellectual effort” that is not implemented by the top managers.

With regards to feasibility of the guidelines, most teachers felt that the guidelines are implementable and practical. Furthermore, the involvement of all stakeholders (e.g. teachers, principals, office based staff and managers across the board) is vital for these guidelines to be effectively implemented. Some teachers believed that some aspects of the guidelines would be difficult to implement. For example, with regards to the substitution of teachers the participants were of the view that the top managers would make it difficult to implement these guidelines because the delivery of curriculum is more important than managing HIV/AIDS in schools. The successful implementation of these guidelines would thus require a mind-shift by regarding HIV/AIDS as one of the top priorities for the education system.

The guidelines were viewed as easy to understand and user friendly. However, they would have to be piloted first to further strengthen them followed by training of all stakeholders to enhance their understanding before implementation by managers. Teachers and school management teams would have to understand them in order to enable them to utilize the wellness programme based on these guidelines.

Most teachers felt that the guidelines are *comprehensive* enough to cover considerations on all levels. However, the School Governing Bodies (SGBs) were identified as a special group that did not feature in the intervention guidelines.

The guidelines were found to be *systematic*, and respondents felt that they will improve the education department’s response to HIV/AIDS.

All the teachers interviewed believed that there is a need for these guidelines and agreed to *support* the wellness programme if implemented. However, the wellness programme

based on these guidelines has to be marketed properly and effectively to all teachers and office based staff. Marketing will have to be done frequently. Also, sufficient human and financial resources have to be invested in the programme.

Some teachers doubted the *WCED management's support for and commitment* to implementing a wellness programme based on these guidelines even though it is a necessity. Some of the reasons mentioned a possible barriers to implementing these guidelines included 1) the fact that they are not about the delivery of curriculum; 2) perceived lack of care for people infected and affected by the disease; and 3) the guidelines do not come from a sufficiently senior person.

Some teachers believe that the *implementation of a wellness programme based on these guidelines may not be financially feasible*. The reasons for this are that HIV/AIDS in the workplace is not a priority; and wastage of funds on non-essentials by the department. The WCED would therefore need to prioritize issues of importance to education, and those that directly impact on the provision of quality education including HIV/AIDS. Also, the decision on funds that go into HIV/AIDS in the workplace should not be left at the discretion of the provincial department but ring-fenced at national level for provinces.

Although the guidelines are lauded as useful and essential to assist the WCED with the development of a wellness programme to support teachers, the following were identified as possible barriers to successful implementation of such a wellness programme. These are divided into school and departmental levels.

At school level, the following factors will make implementation difficult:

- Lack of buy-in from principals,
- Lack of commitment from district officials especially with regards to monitoring and support of the implementation of the guidelines,
- Former model C schools who still view HIV/AIDS as an issue for Black and Coloured schools,

- Overloading of teachers and principals and unwillingness of teachers to volunteer their time and services,
- Ignorance among teachers and principals,
- Lack of trust and stigmatization issues , and
- Lack of support to teachers who disclose their HIV status.

At departmental level:

- Lack of will from top management,
- Negative management attitude,
- Lack of timeframe for implementation and adherence to the set timeframe,
- Some officials are regarded as gatekeepers,
- Lack of commitment to the plight of people living with HIV/AIDS,
- Confusion about an accountability, and
- WCED is generally perceived as a non-caring organization with little concern for the well-being of teachers.



7.5.2 Areas for Improvement

Areas identified for improving the guidelines are summarised below but are discussed further in the next chapter on conclusion and recommendations chapter.

- HIV/AIDS as a human rights issue
- Relief teaching system
- Make available and allocate a number of posts to needy districts to deal with chronic absenteeism
- Extended leave for teachers at terminal stage of their illnesses
- Support provided to office based staff
- Education of WCED top management on the importance of dealing with the challenges imposed by HIV/AIDS on schools

- Research on the extent of HIV/AIDS in schools in affluent areas. It is believed that there is a lot of resistance from these schools because they do not know the extent of HIV/AIDS in their areas
- Training of teachers and principals
- Do more on prevention and encouraging disclosures to neutralize stigmatization of the people living with HIV/AIDS

7.6 CONCLUSION

The chapter presented guidelines for managing HIV/AIDS in the workplace with an emphasis on the education sector. The aim is to help the schools and the education department to effectively manage the impacts of the disease on the functioning of the school and provision of quality education to learners.

These guidelines should assist schools and the education department in national endeavours to fight HIV/AIDS and its impact on the education system and the country at large.

As the title suggests, these are guidelines and should be seen as a means to an end rather than an end in them. Thus, they can be used in combination with other well tested guidelines or to supplement what already exists in the department. The guidelines are designed to contribute to other efforts to fight HIV/AIDS in schools and the country in general.

Also, the chapter presented information on the evaluation of the guidelines by the teachers and managers. These issues need to be considered by programme managers and factored into the programme to assist with the management of HIV/AIDS in the workplace, the schools in this context.

CHAPTER 8

SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

8.1 INTRODUCTION

Intervention Research, as a form of applied research, promotes an understanding of individual and community conditions and contributes to their improvement (Rothman & Thomas, 1994). The implications are that an intervention researcher would come up with an intervention model to help mitigate and/or combat an identified problem. This means that, and as indicated in chapter 1, this report therefore deviates from the traditional research report of presenting findings and discussions thereof, so as to better reflect the flow of, and the implementation of the operational steps of the selected phases of IR: D&D.

This study was conceptualised within the genre of Intervention Research, and in particular the Design and Development approach. The nature of the IR: D&D model requires that an outcome of the empirical and literature studies be transformed into an intervention model to ameliorate a social condition identified in the study. Within the context of this study, the results of empirical study and review of literature are presented in sections A and B, and comprises chapters three to six. The findings were then condensed into guidelines for developing an HIV/AIDS support programme for teachers presented in section C (chapter 7) of the thesis.

Given the nature of and processes followed in this study, this chapter thus provides the summary of the research processes, concluding remarks of the outcomes in relation to the goal and objectives of the study, the methodology, and the identified strengths and limitations of the study. Lastly, recommendations are offered for future research in accordance with the identified limitations of the study.

8.2 SUMMARY OF THE RESEARCH PROCESSES AND OUTCOMES

8.2.1 The Goal and Objectives of the Study

The goal of the study guided the research process. The goal was to design guidelines for the development of an HIV/AIDS support programme for teachers. Thus, the research output would be the design of such guidelines to assist in developing an HIV/AIDS support programme for teachers. This goal was achieved through engaging in various activities as suggested in IR: IDD model by Rothman & Thomas (1994).

The first phase of this process involved engaging teachers in exploring their perceptions and experiences of HIV/AIDS among teachers and in schools. The findings of this activity are presented in chapter three, and are verified against literature. The process of engaging in this activity enabled the researcher to better understand and get to the depth and dynamics of the disease as experienced by teachers. However, information from teachers alone was not enough to inform the design of the guidelines.

In addition to collecting information from teachers, information was gathered from various other sources. These activities included a literature review on work and meaning of work which served to inform the rationale for developing and/or establishing an HIV/AIDS in the workplace support programme. A review of literature was also done on the type of workplace programmes to give effect to the structure and mode of intervention/delivery that could be utilized to support teachers infected and affected by HIV/AIDS. At this point, the researcher was still faced with the challenge of understanding the impacts and dynamics of the disease in the workplace and how the infected and affected are assisted by their employers.

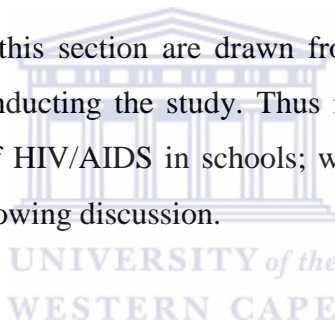
To further enhance the understanding of HIV/AIDS phenomena in the workplace, the researcher considered what was been done elsewhere to support employees in the workplace. Information on workplace practices was gathered from various companies in

Cape Town and the Ministry of Education and Sport in Uganda. The findings on these practices are presented in chapter 5 of the thesis, and were also incorporated into the guidelines.

Finally, the gathered information was synthesized and structured into guidelines to help develop an HIV/AIDS support programme for teachers, which also served as an output of the Intervention Research: Design and Development processes. Also, as the foundation for future intervention design and development efforts especially around HIV/AIDS in the workplace with a special focus on the education sector.

8.3 CONCLUSIONS RELATING TO FINDINGS

The conclusions presented in this section are drawn from processes and activities the researcher engaged into in conducting the study. Thus information about the teachers' experiences and perceptions of HIV/AIDS in schools; workplace models; and observed practice models inform the following discussion.



8.3.1 Teachers' Experiences and Perceptions on HIV/AIDS among Teachers and Schools

The schools (in the area of this study) are certainly under severe pressure from the impacts of the disease. This is evident in the continued infection of young teachers coupled with the death of teachers, absenteeism and tensions among teachers which points out to the potentially devastating effects of the disease on the schools in the long-term. Unless drastic steps are taken to support teachers and mitigate the impacts of HIV/AIDS in schools, the scale of the problem will escalate and will make it even more difficult to overcome.

Building on the above conclusion, there is a need to help teachers infected with HIV live positively with the disease, help other colleagues cope with the impacts of the diseases, and strengthen the capacity of the school management teams to deal effectively with the

impacts of the disease as they relate to the daily operational functioning of the school and provision of quality education thereof.

The quality of education and the calibre of learners the education systems purports to produce are potentially negatively affected by the disease. Care should be taken to ensure the provision of quality education through creating a dynamic work environment where innovation in managing the disease at school, the Education Management and Development Centre, and head office levels can be displayed. This also requires innovation in implementing the existing education policies by managers.

According to the teachers, the current Employee Wellness Programme of the Western Cape Department does not respond to their needs, and is not properly and effectively marketed to encourage usage by the intended group of teachers. Therefore, a focused intervention crafted in collaboration with teachers is required. In addition, vigorous and targeted marketing would help increase awareness and usage thereof.

Fighting the impacts of the disease on the education requires a paradigm shift especially by top education managers through investing in programmes and activities that would change the image of the department as far as promises made to teachers, and the provision of wellness services to teachers. In order for this to happen, HIV/AIDS in the workplace should be prioritised and given the attention and commitment it requires.

Deducing from the teachers' experiences of HIV/AIDS in schools in the Philippi East area of the EMDC, the education system at these schools is in crisis. The premature retirement and death of teachers to AIDS related diseases; teacher shortages and subsequently work overload, trauma and psychological impact of losing colleagues all contribute to the crisis situation teachers painted in this study. Commitment from all education stakeholders to dealing with the challenges of HIV/AIDS in education is fundamental. This commitment will come with the realization that HIV/AIDS is an education challenge, and that all stakeholders can play a meaningful role in mitigating the impacts of this disease in schools.

8.3.2 Workplace Intervention Models

HIV/AIDS and/or wellness programmes respond to a set of policies developed and adopted by the employer. Thus, it is crucial to develop such policies to make it compulsory for the employer to establish such a programme and provide the requisite services accordingly.

There exists various workplace intervention programmes, ranging from Disease Management, Employee Assistance, and so on. Depending on the orientation of the employer, the employer may choose pure medical approach or seek to demystify or reduce stigma attached to certain programmes by assuming a perceived neutral approach/programme like the EAPs.

Within the identified programmes above, a range of services could be provided depending on the identified areas of need. The range of services could provide for treatment, care and support to employees. At the core of these programme is to strive for the programmes to be as comprehensive as possible to give employees a wider choice but also respond to various elements of employee needs.

8.3.3 Observations of Practice Models

There is a general commitment displayed by employers to invest in the welfare of its employees. As such, programmes are developed and services provided to employees based on the identified area of need. Thus, engaging employees in determining the type of services provided to them becomes crucial for the success of the programme.

It is imperative to develop an HIV/AIDS workplace policy to guide interventions. However, the policy should be grounded not only on internal core business strategy but encapsulate external trends and developments nationally and internationally.

In providing the HIV/AIDS or health and wellbeing related services, it is crucial to diversify these services to allow for choice to be made by the employees in terms of which services to utilize and at what stage of the experience of a wellness problem or challenge experienced.

The success of the programme also depends on the external to which internal and external stakeholders are involved in the provision of services. Thus, the programme should aim also at involving stakeholders to ensure utilization, monitoring and evaluation of the programme.

8.3.4 Strengths of the Study

Due to the participatory nature of the study in collecting data to understand the phenomenon and what has been done before to tackle it, the study was able to get to the dynamics of the disease as experienced and play out in schools, and get firsthand experience of some best practices.

HIV/AIDS is one of major challenges in the social sciences in terms of finding ways and means to prevent and manage it. Social science research has been confined to understanding social and behavioural elements of the disease with the view to finding programmatic solutions (HSRC, 2002 & 2005). This study has gone beyond understanding the social and behavioural elements of HIV/AIDS to developing guidelines for managing it in the workplace. As such, it builds on the studies to understand the dynamics of the disease into provision of solutions to the challenges

The data gathering process to understand the problem and how some companies or organizations have responded to the pandemic involved **a range of methods**. These included the following:

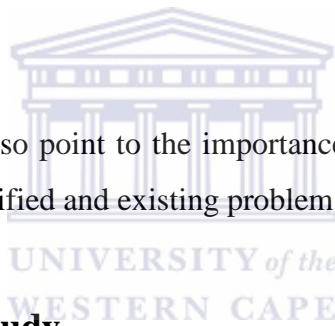
- Interviews with a range of teachers, viz. HIV positive teachers, principals, and HIV/AIDS co-ordinators whose HIV status was unknown. This helped the

researcher to gain knowledge of these teachers' experiences of this disease and their needs thereof. The study was inclusive as possible as far as the various categories of teachers in schools.

- Best practices which included visits to companies around Cape Town and Uganda's Ministry of Education and Sport. The information helped with the understanding of how organizations have responded to the challenges of HIV/AIDS in the workplace.
- Literature review and/or synthesis focused on existing models that could be used as intervention approaches to dealing with HIV/AIDS in the workplace.

These forms of data collection combined coupled with diversity **in the sources** of information strengthened the study as far as prerequisite information to facilitate the development of the guidelines.

The above-mentioned issues also point to the importance and relevance of this study in providing a solution to an identified and existing problem in the education sector.



8.3.5 Limitations of the study

The confinement to a specified area together with the qualitative nature of the study, its findings cannot be generalised to other schools in the Western Cape. However, the results of the study contributed to initial initiatives to deal with the impacts of the disease on teachers. Also, the study gave opportunity to teachers infected and affected by HIV/AIDS in finding solutions that are specific to the education sector.

Even though the study is qualitative in nature meaning that the quantity is not a concern as far as the number of participants in the study, it is crucial to get more teachers living with HIV to determine the course action in efforts to manage HIV/AIDS. With more teachers living with HIV participating in a study will serve to enhance our understanding of the specific needs of these teachers.

Upon reflection on the processes followed in conducting the study, the researcher is of the view that a study of this nature requires more human, time and financial resources. For example, the study could not be piloted which would have enabled an on-field experimentation to provide for better evaluation of the guidelines.

The guidelines developed through this study are aimed at teachers in schools. They exclude other allied workers in the education sector. This is so even though the actual guidelines can be adapted and implemented in other work environments.

8.4 RECOMMENDATIONS

The recommendations presented here are based on the conclusions made about the study. These recommendations should inform future research, especially studies utilizing the intervention design and development approach to intervention research. This section is divided into two sub-headings which comprise recommendations relating to future research and the limitations of the study.



8.4.1 Relating to future research

Extension of this study: This study focused in a small area (Philippi East) a bigger study to extend to the whole Western Cape or the country to allow the concerned education department to understand the dynamics of HIV/AIDS as they play out in schools. This research study should further guide the Western Cape Education Department in its interventions in schools with a special focus on teachers.

Study evaluating these guidelines: The researcher suggests that the Western Cape Education Department commission a study to evaluate the implementation of the guidelines following piloting in certain schools in the Cape Town region.

Departmental commitment: One of the key concerns during the evaluation of the implementation value of the guidelines was commitment of managers to implement a

programme based on these guidelines. The development and establishment of an HIV/AIDS support programme for teachers should be prioritized and done as a matter of urgency as the impacts thereof are devastating for the education system. As such, the researcher intends to make presentations to decision makers in education, which are the national Minister of Education and the provincial Member of the Executive Committee on Education.

Stigma and stigmatization: Stigma and stigmatization came out as one of the crucial elements that seem to hinder effort to manage of HIV/AIDS from the teachers' side. Innovative ways to deal with stigma and stigmatization are thus fundamental for effectively dealing with the challenges of HIV/AIDS among teachers. The researcher thus recommends that the Department of Education intensify its stigma reduction campaigns to enable teachers to infected and affected by HIV to embrace it and those colleagues who live with it. In this way, premature retirement would be reduced.

Piloting of the guidelines: Due to financial, time and related constraints, the guidelines could not be piloted during the course of this study. Such piloting would help in evaluating certain aspects of the guidelines, adapt and refine the entire guidelines. It is thus recommended that the guidelines be piloted by the Western Cape Education Department in some schools in Cape Town.

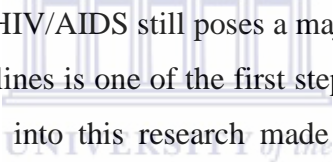
Focus on teachers living with HIV: In addressing HIV/AIDS related problems facing teachers, including teachers living with HIV, it is crucial to involve them, let them speak for themselves and direct interventions to help them. A study that focuses purely on understanding the experiences of teachers living with HIV with a view to either refine these guidelines or redesign relevant programmes would be highly recommended.

8.5 CONCLUSION

The goal of this study was to “develop guidelines for an HIV/AIDS support programme for teachers”. This goal was therefore met by engaging in various research activities that

facilitated the design of the guidelines. The completion of this thesis is testimony to this fact.

Intervention Research, Design and Development approach was used to conduct the study. In following the requirements of this model, teachers including HIV/AIDS co-ordinators, principals and teachers living with HIV were interviewed with a view to understand the problem and plan accordingly. As part of design process, the researcher reviewed literature on best practices and visited some companies and Uganda's Ministry of Education and Sport. Information gathered was used to develop various sections of the guidelines. The implementation of the phases and their operational steps with adaptations to phase 3 (Design) enabled the researcher to design the guidelines thus meeting the goal of the study. The research approach and methods used were thus appropriate for this study.



The researcher recognises that HIV/AIDS still poses a major challenge to workplaces and the development of these guidelines is one of the first steps to fighting the disease within a work setting. The effort put into this research made the researcher realise that the education sector in particular would require serious commitment to fighting the disease by all stakeholders. The guidelines are not in themselves an end but rather a means to an end. They provide one of the initial efforts aimed at assisting employees infected and affected by HIV/AIDS.

It is the intention of the researcher to market these guidelines to the education authorities in the Western Cape Education Department. The researcher is optimistic that these guidelines will assist the Western Cape Department of Education in its efforts to manage HIV/AIDS in schools especially as part of the wellness programme.

