

The impact of HIV/AIDS among different organizations in Lesotho
and how they respond to the challenge: A Lesotho Study

Veronica Mabohe Sekhibane

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Study leader: Prof. A. Roux

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Declaration

I, the undersigned, hereby declare that the work contained in this assignment is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature:

Date:

Summary

The aim of this research is to investigate the impact of HIV/AIDS among different organizations in Lesotho and how they respond to the challenge; and to determine whether these organizations respond positively/effectively to the challenge of the pandemic in their respective organizations and whether they have developed workplace programmes and policies which address the issue, and if they do exist, whether they are effective.

Lesotho is one of the countries in the world with a very severe HIV/AIDS infection rate. It is estimated that 28.9% of the entire population was living with HIV/AIDS as of December 2003 (UNAIDS, 2004).

The increasing number of HIV/AIDS infectees in the country is affecting the entire labour force; therefore to effectively respond to the pandemic, the government of Lesotho and its development partners and civil society organizations are doing everything within their means to control it.

Therefore, work place programmes that deal with HIV/AIDS on the work environment should be an answer to the social capital issue; the most valuable resource being human capital, since the programmes would promote prevention, information, education and training. It would also promote the rights of staff members and their dependants living with and/or affected by the HIV/AIDS pandemic.

The population where the investigation was done is made up of corporate places of work stratified into five types of organizations found in Maseru, the capital of Lesotho:

- Non-governmental organizations
- Private sector
- Development partners (Diplomatic Missions/Donors)

- Parastatals
- Government

The results of the study indicated that the majority of these organizations have workplace programmes and policies which are effective and appreciated by the employees, while others are in the process of drawing up their policies or already have them in draft form.

Despite all the efforts being put in place, the feeling among some of the organizations is that HIV infection in Africa will continue to increase because of the way it is being addressed; what they call 'The Western way'. They feel that if it is addressed situationally, not academically, there will be a slight difference. For example, they claim that Africans do not feel comfortable about bringing their private behaviours in the open; for instance, speaking about sex and sexuality.

The belief systems of the Basotho are also identified as great influencers in the pandemic. These include the culture/traditions, relations with the family and pressure from peers, people whom we trust and the fulfilment of women's sexual desires. The conclusion reached is that the different organizations in Lesotho address the challenge of HIV/AIDS positively and in others effectively, and with more effort the pandemic could be brought under control in the near future.

The recommendation after viewing the findings, is that the issue of care and support, stigma and discrimination are still issues that need to be worked on, since employees are scared to know their status due to fear of being stigmatized. Therefore, the above cannot be addressed properly unless they are seen in practice.

Opsomming

Die doel van hierdie studie is 'n ondersoek na die impak van MIV/Vigs op, en reaksie van verskillende ondernemings in Lesotho. Volgens beraming is die infeksiekoers van Lesotho 28.9% en is die invloed daarvan op die werkersmag beduidend; dit kan selfs katastrofies raak indien dit nie doeltreffend aangespreek en bestuur word nie..

Data is versamel by vyf kategorië van ondernemings in Maseru ten einde te verseker dat al die belangrikste sektore deur die studie betrek word..

Resultate toon aan dat die meeste ondernemings wel werksplekprogramme en MIV/Vigs-beleid in plek het. Die persepsie van werkers binne die ondernemings wat in die ondersoek gebruik is toon egter 'n negatiewe prognose ten opsigte van die doelteffende bestuur van die pandemie. Die gevoel is dat die benadering te reglynig en "Westers" is en dat die metafore en tradisies van Afrika meer effektief in voorkomingsprogramme sal wees. Voorstelle in hierdie verband word gemaak.

Voorstelle vir meer doeltreffende voorkomingsprogramme word gemaak en voorstelle vir verdere studies in Lesotho word aan die hand gedoen.

1. Introduction

1.1 Background

In Lesotho, businesses are being confronted by the dire consequences of HIV/AIDS, and it is apparent that the response to the pandemic needs to be speeded up urgently by the business sector. Hence, the aim of the study is to examine the way in which different organizations in Lesotho respond to the impact of HIV/AIDS in the workplace.

Lesotho is a land-locked country entirely surrounded by the Republic of South Africa (RSA) with an area of 30,335 sq km and a population of 2.2 million. It is one of the countries in the world with a severe HIV infection rate. A recent report by UNAIDS (2003) estimates that 28.9% of the adult population is living with HIV/AIDS.

The pandemic has emerged as a major health and developmental crisis, threatening to roll back progress made over the past three decades and eroding the potential for making progress against the millennium development goals, which are: combating HIV/AIDS, eradicating extreme poverty and hunger, achieving universal primary education, improving maternal health care, promoting gender equality and empowering women, reducing child mortality; and ensuring environmental sustainability and a global partnership for development.

There seems to be considerable commitment on the part of the government of Lesotho to address HIV/AIDS, but this commitment is yet to be translated into concrete and strategic actions that can fully empower the people of Lesotho to overcome the HIV/AIDS crisis (UNDP, 2003).

HIV/AIDS has a significant impact on the economy of a country as fewer people go to work while others are too weak to work. Labour productivity is reduced when workers are affected by the HIV/AIDS pandemic. As a result household

spending patterns shift to spending more on health-related expenditures in HIV/AIDS affected households. Of course there are other factors which impact on the economy of a country, such as political unrest, extreme poverty and corruption by those who administer the wealth of the nation.

The impact of HIV/AIDS needs to be understood at three levels:

- (i) At the individual, personal or employee level.
- (ii) At the enterprise, organization or workplace level.
- (iii) At the macro or societal level.

1.2 Research Objectives

The objective of this research is to determine whether different organizations in Lesotho respond positively/effectively to the challenge of the HIV/AIDS pandemic in their organizations and whether they have developed workplace programmes and policies which address the issue, and if they do exist, whether they are effective.

2. Description of the problem

In July 2003, Lesotho hosted the SADC Extra-Ordinary summit on HIV/AIDS, resulting in the Maseru Declaration on Fight Against HIV/AIDS in the SADC Region. Amongst other undertakings, the heads of state and government reaffirmed their commitment to combat the pandemic in all its manifestations and as a matter of urgency through multisectoral strategic interventions as contained in SADC's new (2003-2007) HIV/AIDS Strategic Framework and Plan of action (The Expanded Theme Group, 2003).

The demographic setting of Lesotho is such that, it is one of the determinants of HIV/AIDS. It is completely surrounded by the Republic of South Africa; therefore, among other things migration into South Africa is the norm in respect of

- i) students who migrate to acquire higher or quality education;

- ii) labourers who work in the mining industry, which has always been the major employer for the illiterate Mosotho; and
- iii) academia who leave the country due to unemployment which is facing the country.

The increasing number of HIV/AIDS infectees in the country is affecting the entire labour force. HIV/AIDS poses the most serious threat as it single-handedly destroys the very foundation for life in the rural areas of Lesotho - the agricultural environment. Farmers who are solely dependent on their farming skills find that their knowledge and the skills are destroyed as they fall ill and die before they can pass on the information to their children.

Organizations survive by providing services or producing other kinds of output, whilst business organizations aim to make profits. Labour is one of the inputs in the production of goods and services. HIV/AIDS increases costs, reduces the productivity of individual workers and alters the firm's operating environment through the following:

- Increased absenteeism which is a result of
 - employee ill health;
 - women employees taking time off to care for sick members of their families; and
 - funeral ceremonies, which are frequent and time-consuming.
- Falling productivity; workers whose physical or emotional health is failing will be less productive and unable to carry out more demanding jobs.
- Employees who die or retire on medical grounds have to be replaced and their replacements may be less skilled and experienced.
- Recruitment and training of replacement workers and hence payroll costs to cover absenteeism.
- As skilled workers become scarcer, wages rates may increase

- The business environment may change with investors reluctant to commit funds if they think AIDS and its impact will compromise their investments and returns (Barnett and Whiteside, 2002).

UNAIDS quotes The UN Secretary General, Kofi Annan :

“It is the responsibility of every modern employer to take adequate measures to address the troubling reality of the global AIDS epidemic. Although the organization has a policy of non-discriminatory employment, medical support systems and information dissemination for personnel with HIV/AIDS, its implementation has been uneven. We must ensure that all personnel are provided with adequate information and access to medical care and counselling.”

The above was a message of commitment by His Excellency, Mr. Kofi Annan on his plans to further strengthen the UN and its employees to make sure that every effort is made to fully address HIV and AIDS in the UN system workplace.

Work place programmes that deal with HIV/AIDS in the work environment should be an answer to the social capital issue; the biggest resource which is human capital. The programme would promote prevention, information, education and training. It would also promote the rights of staff members and their dependants living with and/or affected by the HIV/AIDS pandemic. It would also alleviate the impact of HIV/AIDS on the staff and their dependants and foster a supportive work environment for the staff members and their dependants.

A number of factors will influence the susceptibility of organizations and classes of employees. These include the location of the place of business, the location of employees' families in relation to the place of business, the travel requirements of employment, the level of knowledge of HIV and individual risk behaviour (Smart, 2003).

The former President of South Africa, Mr Nelson Mandela said, "Future generations will judge us by the adequacy of our response, because AIDS kills those on whom society relies to grow the crops, work in the mines and factories, run the schools and hospitals and govern countries". He continued to say, "It creates new pockets of poverty when parents and breadwinners die and children leave school earlier to support the remaining children."

A healthy and productive workforce is a key element for any country's success in the global economy. HIV/AIDS, however, is likely to reduce economic growth through high absenteeism, lower productivity and high employment costs. Workplaces urgently need appropriate programmes of prevention and care, because employees' absenteeism has a severe effect on productivity in the workplace, but what are the causes of absenteeism? Does that fault really lie with the employee? Not always. Employees might not be happy in their work environment because a safe, fulfilling and healthy workplace is every employees' dream, but this is not always the case. There are employees who work under very unhealthy, risky and very stressful environments.

The impact of HIV/AIDS – whether global, societal, familial or individual – is primarily a human impact. Fighting HIV/AIDS successfully is a people-centred quest, with solid human resource development as one of its key elements.

Success in bringing the global AIDS epidemic under control occurs when policies, resource allocation and action reflect this essential fact: the fight against HIV/AIDS is inseparable from the broader agenda of realizing peoples rights, safeguarding human resources and moving towards sustainable development.

3. Research question

Based on the above description of the problem, the research question for the study is:

Do different organizations in Lesotho respond positively to the impact of HIV/AIDS in the workplace? Is the impact significant? Do they have workplace programmes and policies on HIV/AIDS which represent opportunities to foster effective learning and ensure that all employees understand the policy and experience in a supportive and compassionate work environment free of fear and discrimination?

4. Research Methodology

4.1 Research design

The study used both quantitative and qualitative information to analyze the challenges faced by different organizations in Lesotho on the impact of HIV/AIDS in the workplace.

The research design used was the **factorial design**. This is a design whereby two or more independent variables are simultaneously studied to determine their independent and interactive effects on the dependent variable (Christensen 2004).

Data collected were analyzed, using standard statistical protocols, such as tables and percentages to answer the research question.

The dependent variables were as follows:

- **Respond effectively/positively** – this measures the impact of HIV/AIDS in the workplace of an organization.
- **Effective learning** – measures the knowledge of the policy.

The independent variables were as follows:

- **The impact of HIV/AIDS** - This is the variable that can be manipulated. It is responsible for producing effects.

- ***An opportunity to foster; experience a supportive and compassionate work environment*** are also variables which can be manipulated and produce effects.

Statistical procedures used:

- **Tables:** to show the main and interactive effect, which is the influence of one independent variable.
- **Percentages:** to illustrate the proportions in different organization.

4.2 Description of the population

The population is made up of all corporate places of work stratified into five types of organizations found in Maseru, the capital of Lesotho:

- Non-governmental organizations
- Private sector
- Development partners (Diplomatic Missions/Donors)
- Parastatals
- Government

4.3 Sampling and data collection

The sample comprises a group of five organizations selected randomly from each stratum, giving a total sample size of 25. The study used questionnaires and structured interviews as the main instruments for information gathering.

5. Results

The findings were presented in relation to the description of the population, the sampling procedures, the instruments used to collect the information has been analyzed, the constraints encountered and the lessons learnt from conducting the research.

These were analyzed, rejected or confirmed depending on the information collected. They also described general observations and related the findings to the literature reviewed in the previous sections.

5.1 Non-governmental organizations (NGOs)

NGOs appear to be responding positively/effectively to the challenge (Table 1). However, only 20% could provide the information required. Workplace programmes are generally very effective. NGOs have very committed care facilitators and support groups, and the workforce is very knowledgeable therefore the structures put in place are easy to implement. Some employees have undergone VCT and have disclosed their status and the organization is offering support and deal with stigma and discrimination by holding workshops and campaigns frequently.

Table 1: Non-governmental organizations responses

Healthy workforce?	Rate of absence?	Rate of production delivery	Suspicion/speculation regarding infectees?	Workplace policy in place?	How effective is the workplace policy?	Competency of staff regarding HIV/AIDS?	VCT done?	Stigmatisation & discrimination?	Care & support?
Very good	Normal	Normal	Fair	Very good	Very good	Very good	Fair	Good	Good

5.2 Private sector

Table 2: Private sector responses

Healthy workforce?	Rate of absence?	Rate of production delivery	Suspicion/speculation regarding infectees?	Workplace policy in place?	How effective is the workplace policy?	Competency of staff regarding HIV/AIDS?	VCT done?	Stigmatisation & discrimination?	Care & support?
Very good	Not disclosed	Normal	Not disclosed	Very good	Very good	Good	Low	Fair	Fair

Table 6.2 shows that, since the private sector has a different culture and is able to be more responsive, the illness or death of an employee will usually result in the person being replaced rapidly, especially if he or she is a key worker. The

emphasis is on keeping the process going. One-fifth of the companies surveyed still have to put their workplace programmes in place, but already feel that it will be very useful, since the competency of staff on the subject is above average. 60 percent of the respondents were able to disclose the total number and the state of health of their workforce. While other respondents felt very uncomfortable about disclosing their speculation/suspicion about the HIV status of their workforce, they all have effective workplace programmes/policies and fairly competent staff on the subject of HIV/AIDS. One-fifth had conducted VCT by holding a two-day campaign, and since they have clinics on site where the workforce felt free to utilize anytime, the issue is quietly under control; and stigmatisation and discrimination are addressed easily, as nobody know one's status. Moreover, dependant spouses receive free medical care and support from a service provider who has been appointed outside the organization and who is expected to treat the information with maximum confidentiality.

Only one out of the organizations has come up with a policy which disallow any form of discrimination against infected people; and counselling sessions are a regular practice for those who have declared their status, in order to alleviate the prevailing stress and confusion; and there are support groups within the organization.

Although the workforce has not openly declared undergoing VCT, they are fairly competent on the subject and they had been encouraged to go for VCT when they feel ready to do so.

5.3 Development partners (Diplomatic missions/donors)

Development partners seem to be responding positively/effectively to the challenge

Table 3: Diplomatic partners' responses

Healthy workforce?	Rate of absence?	Rate of production delivery	Suspicion/speculation regarding infectees?	Workplace policy in place?	How effective is the workplace policy?	Competency of staff regarding HIV/AIDS?	VCT done?	Stigmatisation & discrimination?	Care & support?
Very good	Normal	Normal	Low	Very good	Very good	Good	Fair	Fair	Fair

One-fifth of the respondents felt uncomfortable about disclosing the number and the status of the health of their workforce. They did reveal the fact that they use professional assistance from outside for VCT. 80% have effective workplace programmes/policies which are greatly appreciated by their workforce, who feel that it is a useful tool. Therefore, seminars and workshops are held regularly to emphasize the issue of stigma, discrimination, care and support.

The UN Agencies as a community have suffered the grip of the pandemic with some of their staff members losing close relatives to the epidemic. However, the level of openness about HIV/AIDS in the UN as a workplace is still very limited with no staff member known to be living with HIV/AIDS. Worse still, the silence about the epidemic creates an even more fertile ground for it to thrive and eventually reach uncontrollable levels (UNDP, 2003).

Efforts continue to be made to disseminate information to staff members and their dependants by providing reading material and referring staff members to available information, but the approach has not yet been very effective. Some of the staff are still not familiar with the UN personnel policy and the ILO Code of Practice in the world of work.

5.4 Parastatals

The parastatals seem to be responding positively to the challenge (Table 4).

Only 20 percent have workplace programmes/policies in place yet. Although a slight decline has been observed, it cannot be associated entirely to HIV infection, because there has not been any disclosure of HIV infectees. The

organization practices tremendous care and support to their workforce as the ailing staff members work until they feel they are unable to continue to work. One-fifth provide free medical care to their dependants aged eighteen and under, while one-fifth request professional support from outside to assist with VCT. Therefore, unless the staff member decides to disclose their status, nobody can tell who the victims are. Care and support is practiced according to the structured procedures.

Table 4: Parastatals' responses

Healthy workforce?	Rate of absence?	Rate of production delivery	Suspicion/speculation regarding infectees?	Workplace policy in place?	How effective is the workplace policy?	Competency of staff regarding HIV/AIDS?	VCT done?	Stigmatisation & discrimination?	Care & support?
Fair	Average	Fair	Fair	Average	Very good	Very good	Low	Fair	Fair

5.5 Government

The government appears to be responding positively/effectively to the challenge (Table 5).

Table 5: Government's responses

Healthy workforce?	Rate of absence?	Rate of production delivery	Suspicion/speculation regarding infectees?	Workplace policy in place?	How effective is the workplace policy?	Competency of staff regarding HIV/AIDS?	VCT done?	Stigmatisation & discrimination?	Care & support?
Average	Fair	Fair	Low	All	Very	Fair	Yes	Fair	Fair

100 percent of the government ministries are able to disclose their total workforce without any difficulty and they all have effective workplace programmes/policies in place. The rate of absence and decline in delivery cannot be associated entirely with HIV infection, since the civil service tends to move at a slower pace than in other business sectors.

Only one ministry actually admits that they have infected personnel and it is that which has put them in the forefront in being a good example for other ministries in all aspects of going through the process of Voluntary Counselling and Testing (VCT) and also in continuum care and support of their workforce.

All the ministries are allocated an extra 2 percent to their annual budgets to provide for HIV infectees. This is in the form of medical care, access to anti-retroviral therapy (ART), care and support for themselves and their dependants, and care of orphans.

In one ministry a 'transfer policy' is practiced whereby the ailing employee is encouraged to be transferred to a place where he/she would be near his/her relatives/siblings.

6. Conclusions and recommendations

Many business leaders have gained a better understanding of the nature of the epidemic and its effect on their workforces and productivity. As a result, they are stepping up their local mobilization efforts. More companies are developing HIV/AIDS workplace policies and prevention programmes, based on ILO Code of Practice on HIV/AIDS in the world of work. In addition, they are making provision for care and support, ensuring that condoms are readily available to employees, and encouraging discussion with peers about how to prevent the epidemic spreading further (UNAIDS, 2003).

As in the health sector, AIDS influences training in several ways. It reduces the pool of personnel as teachers, managers and support staff become ill and die, and it increases the costs of maintaining training services and the need for training (to replace staff in all sectors who are dying in rising numbers). The actual demand for education, however, typically declines. AIDS impoverishes many families who can no longer afford school fees and uniforms. When their

parents die, many girls are withdrawn from school to care for the sick or for younger siblings.

It is in the interest of both employers and employees to mount effective HIV awareness and prevention strategies, and to keep employees with HIV healthy and productive as long as possible. By extension, employers as well as employees' families, will benefit in the long term, if they extend prevention and care efforts into the community as well. The issue here is that, in addition to the risks faced by employees who may suffer from employment policies that discriminate against those who are HIV positive, people who fear they may have HIV may be deterred from applying for a job if they know they might have a HIV screening policy in place (Jackson, 2002).

The ways in which HIV/AIDS affects the workplace can be examined from the employees' and employers' viewpoints. In some areas their needs overlap, in others they diverge. For instance, employees' needs for improved medical care, sick leave benefits, death-in-service and pension benefits increase, while employers are faced with escalating costs, and the need to limit expenditure and sustain production.

The findings in this study show that a lot still has to be done on the Management of HIV/AIDS in the World of Work, since there are still some organizations that are at a very early stage of HIV/AIDS awareness. But the results also show that the government as the largest employer in Lesotho, takes the pandemic very seriously.

Governments operate differently from the private sector. Government and its operations are more adversely affected than the private sector because of its employment practices and its constrained capacity to respond. It is difficult to dismiss civil servants, annual leave entitlements are usually greater, as are sick, compassionate and other special leave provisions.

Since the spread of HIV/AIDS will induce higher government spending on health and social services, either displacing other spending or increasing the deficit, governments should extend and adapt their prevalence programmes to such workers, including income generation and social protection. They should also develop and design new approaches using local communities where appropriate. The government is also expected to ensure access to treatment and, where appropriate, to work in partnership with employees and workers' organization.

As for development partners, they have to show/lead the way; hence the expectation that they should have effective HIV/AIDS policies.

In Lesotho HIV/AIDS has been identified as a key national challenge to poverty reduction and development in the on-going Poverty Reduction Strategy Paper process. A proper assessment of the impact of HIV/AIDS on both the public and private sector is an important first step in scaling up the national response to the pandemic in Lesotho (The Expanded Theme Group, 2003).

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ANNEXURE A

Questionnaire

Date:

- 1) Name of Organization.....
- 2) Location.....
.....
- 3) Type of Organization (please tick)
Government Parastatal Private NGO
Diplomatic missions
- 4) What is the total workforce in the organization.....
- 5) How many women employees in total.....
- 6) How many male employees.....
.....
- 7) How healthy is your workforce.....
- 8) Has there been increased absenteeism which could be considered a worrying factor.....
.....
- 9) Has there been a decrease in production in the past year?
.....
.....
- 10) What is your speculation?
 - Do you suspect that there are some of your employees who are HIV positive?
 - If yes, How have you dealt with the problem?.....
.....
.....
.....
- 11) Do you have a workplace programme on HIV/AIDS/HIV/AIDS policy?
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**i) If yes, how effective is it? Does your workforce show interest in it?
Do they feel that it's a useful tool? If not, why?**

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ii) If not, why has it not been developed?

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12) How competent is your workforce on issues of HIV/AIDS?

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13) Has your workforce undergone VCCT?

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i) If yes, could you describe how you went about it?

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ii) If not, why?

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.....

14) How do you deal with stigma and discrimination?

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15) How do you deal with Care and Support?

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16) Any other information you may wish to provide

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