

**IMPLEMENTATION OF WORKPLACE HIV/AIDS POLICIES AND PROGRAMMES
BY SMALL AND MEDIUM ENTERPRISES IN MASERU**

by

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Declaration

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March 2013

Abstract

An alarming rate of HIV/AIDS in the country has compelled the Government of Lesotho to make changes in the labour act; to accommodate HIV/AIDS in the workplace. In order to assist businesses in complying with the labour Act requirements, the Government put in place guidelines, aimed at assisting businesses in the development and implementation of workplace HIV/AIDS policies and programmes. However, it has been observed SMEs have not been utilising these guidelines. The purpose of the study therefore is to establish the level of knowledge SMEs have about the Government guidelines; to determine whether they have existing workplace HIV/AIDS policies; and establish the challenges SMEs face in using the guidelines to implement workplace HIV/AIDS policies and programmes; with the purpose of providing guidelines for support in the implementation of workplace HIV/AIDS policies.

The results show 46.7% and 46% of employers and employees respectively is not aware of the guidelines. There were only five managers who indicated they have policy in place. Only 21 employees were aware of the existence of HIV/AIDS workplace policies at their work. There were various challenges that were stipulated by the SMEs. Some businesses pointed out they did not have the expertise and financial strength to develop and implement HIV/AIDS workplace policies. Further it was stated the guidelines were not clear, therefore could not be put in practice.

It is therefore essential to ensure training is provided to SMEs and their employees; to ensure they do understand what is required of them. It is also imperative to make sure those who are in financial need are also assisted. The other important aspect that needs to be addressed during training is why HIV/AIDS should be treated as a workplace issue. This will enlighten SMEs on the importance of developing and implementing workplace policies and programmes. Thus they will understand the benefits of effective management of HIV/AIDS in the workplace; which can be brought about by effective HIV/AIDS policies and programmes.

Opsomming

‘n Kommerwekkende koers van MIV/VIGS in die land het die Lesotho regering gedwing om veranderinge in die Arbeids wet aan te bring, om sodoende MIV/VIGS in die werkplek te akkomodeer. Om besighede te help om die Arbeids wet se riglyne na te kom, het die regering sekere riglyne in plek gestel wat daarop gemik is om MIV/VIGS programme te ontwikkel en implementeer in die werkplek. Dit is egter opgemerk dat KMG ondernemings nie die riglyne toe pas nie. Die doel van die studie is dus om vas te stel wat die vlak van kennis die KMG’s het in verband met die regering se riglyne; of hulle enige bestaande MIV/VIGS beleide in plek het en om die eise wat die implementering van die riglyne om ‘n MIV/VIGS beleid in die werkplek stel. Die doel is dus om die riglyne te voorsien wat die implementering van werkplek MIV/VIGS beleid ondersteun.

Die resultate toon dat 46.7% en 46% van werkgewers en werknemers onderskeidelik, nie bewus is van die riglyne nie. Daar was slegs 5 bestuurders wat aangedui het dat daar wel ‘n beleid in plek is. Net 21 werknemers was bewus van die MIV/VIGS beleid by hul werk. Verskeie uitdagings is deur die KMG’s uitgewys. Sommige besighede het aangedui dat hulle wel die kennis en finansies om die MIV/VIGS beleid te ontwikkel en te implementeer. Verder is ook aangedui dat die riglyne nie duidelik is nie en daarom nie geïmplementeer kon word nie.

Dit is daarom noodsaaklik om te verseker dat opleiding verskaf word aan die KMG’s en hul werknemers, om te verseker dat hulle verstaan wat van hulle verwag word. Ook is dit noodsaaklik dat persone wat finansiële hulp benodig ondersteun moet word. ‘n Ander belangrike aspek wat aangespreek moet word tydens opleiding is hoe MIV/VIGS behandel moet word in die werkplek. Dit sal vir KMG’s verlig hoe belangrik die ontwikkeling en implementering van werkplek beleid en programme is. Sodoende sal hulle die voordele van effektiewe bestuur van MIV/VIGS in die werkplek, wat deur effektiewe MIV/VIGS beleid en programme te weeg gebring kan word, beter verstaan.

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ACRONYMS

AIDS	-	Acquired Immuno-Deficiency Syndrome
HIV	-	Human Immuno Virus
UNAIDS	-	Joint United Nations' Programme on HIV and AIDS
NAC	-	National AIDS Commission
USAID	-	United States Agency for International Development
MTICM	-	Ministry of Trade and Industry, Cooperatives and Marketing
SME	-	Small and Medium Enterprise
CDC	-	Centre for Disease Control and Prevention
KFF	-	The Henry Kaizer Family Foundation
WHO	-	World Health Organisation
MOHSW	-	Ministry of Health and Social Welfare
EU	-	European Union
ILO	-	International Labour Organisation
SADC	-	Southern African Development Community
SAFAIDS	-	Southern African HIV and AIDS Information Dissemination Services
NABCOA	-	Namibia Business Coalition on HIV/AIDS
SABOCHA	-	South African Business Coalition on HIV/AIDS
IFC	-	International Finance Corporation
MNC	-	Multi National Corporation
PABC	-	Pan African Business Coalition on HIV/AIDS
OBSSR	-	The office of Behavioral and social Science Research

CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

In this chapter, the current situation and the motivation are discussed. The research problem and question are stipulated as well as the significance of the study. Furthermore, the aim and objectives of the study are also outlined. A plan of the various chapters provides a framework of the study and the limitations places the work in context.

1.2 BACKGROUND AND RATIONALE

It has been determined AIDS constitutes an alarming danger in Lesotho, threatening the social and economic structure. Nearly a quarter of the adult population (23.2%) is estimated to be HIV positive according to the United States Agency for International Development (USAID Lesotho 2010). This makes Lesotho when considering the evidence provided to be one of the highly affected countries in the world. USAID stated according to NAC approximately 25 000 new infections occurred in 2008 (USAID, Lesotho 2010).

The majority of people living with HIV and AIDS are the economically active segment of the population contributing towards the GDP. The epidemic has affected development, damaged an already strained economy and there is an increased demand on the health care system. The impact of HIV and AIDS blight has a marked effect on the workplace and national economy. It is believed more than 50% to 60% of outpatients and inpatients respectively have AIDS related ailments. It is estimated in Lesotho 60% of those infected are part of the active workforce. The impact of HIV on a lesser scale has brought about a concern in the informal businesses sector.

The challenges the epidemic poses on the working age group become evident through high absenteeism, loss of skilled workers, reduced productivity and increased costs to employers. The 2004 World Bank report estimated HIV/AIDS will contribute towards reducing the gross domestic product in the country by almost a third through to 2015 (USAID, Lesotho 2010). Bruton (cited in Laas, 2009) also indicated the impact of HIV/AIDS will have an effect on productivity, competitiveness, profitability and service delivery.

The challenges posed by HIV and AIDS in the workplace were addressed by amending the labour code No.5 of 2006, to include HIV and AIDS management in the workplace (Government of

Lesotho 2006). This was done in consultation with Employers and Workers Association. The code obligated every employer to meet certain standards in terms of workplace policies and programmes with the objective of preventing HIV and AIDS at workplace and mitigating the adverse effects in the labour market.

In ensuring the smooth implementation of workplace HIV and AIDS policy and programmes, guidelines were developed and published to pave the way for the future. However, “for the small and medium enterprises sector, there has been a limited commensurate response” according to the Ministry of Trade and Industry, Cooperative and Marketing (MTICM 2007). SME employers and employees find it difficult to comply with the new legislation or indeed to take action in any form (MTICM 2007). The Government through MTICM developed a guide to support small and medium enterprises (SMEs) in all sectors to implement HIV/AIDS workplace responses. However, it seems as if SMEs are not using the provided guide to implement the HIV/AIDS policies and programmes.

When considering the present situation it is therefore important to address challenges encountered by SMEs in using the guide to implement workplace HIV/AIDS policies and programmes. However, enabling this it is imperative to understand what the root causes and consequences of the problem are and how they impact on SMEs.

1.3 RESEARCH PROBLEM AND QUESTION

It has not been established what the reasons are for the SMEs for not using the Government guide to implement workplace HIV/AIDS policies and programmes. The Government has a guide in place that was developed to support SMEs in Lesotho to implement HIV/AIDS workplace responses.

The research questions which guides this study is: What are the challenges that SMEs in Lesotho face in using the government guide to implement workplace HIV/AIDS policies and programmes?

1.4 SIGNIFICANCE OF THE STUDY

The study will assist in establishing the challenges faced by SMEs in implementing workplace HIV/AIDS policies and programmes. An identification of the root causes will assist to examine the challenges with the aim of formulating guidelines for SMEs towards implementation and enjoying the fruits of their endeavors. The guidelines will provide support to SMEs to deal with

the predicaments they are faced with, when implementing workplace HIV/AIDS policy and programmes.

1.5 AIM OF THE STUDY

The aim of the study is to identify the challenges facing Small and Medium Enterprises in using the Government workplace HIV/AIDS guide, to implement workplace HIV/AIDS policies and programmes. This is done in order to formulate guidelines for providing support in the implementation of workplace HIV/AIDS policies and programmes.

1.6 OBJECTIVES OF THE STUDY

The objectives of the study are:

- To establish the level of knowledge SMEs has about the government workplace HIV/AIDS guide;
- To determine whether the SMEs have existing workplace HIV/AIDS policies;
- To establish the challenges SMEs face in using the guide to implement workplace HIV/AIDS policies and programmes;
- To provide guidelines for support in the implementation of workplace HIV/AIDS policies.

1.7 RESEARCH METHODOLOGY

The mixed method research has been employed to carry out the study. Its central premise is the use of quantitative and qualitative approaches, in combination, provides a better understanding of research problems than either approach alone (De Silva, T. 2010). Convenience sampling has been utilized using fifteen SMEs as a method of data collection.

1.8 OUTLINE OF THE CHAPTERS

Chapter two: Literature review

In this chapter, the evolution of HIV/AIDS and its impact on different parts of the world will be discussed. The focus will also be on SMEs (definition), and the role played by SMEs in the economy, and how HIV/AIDS impact on them. In addition HIV/AIDS and the workplace will be discussed and the importance of HIV/AIDS policy and programmes.

There will be a discussion on why SMEs should respond to HIV/AIDS. The challenges faced by SMEs, in responding to HIV/AIDS will be outlined, as well as ways in which support can be provided to SMEs. A look is also taken on how large businesses can support their supply chain (SMEs). Different ways in which the government can put in place measures to assist SMEs will be stipulated.

Chapter three: Research methodology

Research methods adopted will be discussed. The problem statement as well as the objectives will be stated. The research design as well as data collection methods will be looked at. Sampling used will be discussed as well as data analysis methods used. Ethical consideration will form part of this chapter.

Chapter four: Discussion of results

Different response of the managers in regard to the questions asked will be discussed, together with those of the employees.

Chapter five: Recommendations and conclusion

In this chapter, recommendations and conclusion are provided, taking into consideration the objectives of the study.

1.9 LIMITATIONS OF THE STUDY

In mixed method research it is necessary to learn about multiple methods and approaches and understand how to combine them appropriately. The application of mixed methods in a single study is a complex issue, since the rationale for methodological decisions are often justified by the questions addressed and the way data have to be analysed (Migiro & Magangi, 2010). Mixed method research can be complex especially if the two approaches are expected to be used concurrently.

1.10 CONCLUSION

HIV/AIDS dominate the lives of the economic active individuals in Lesotho and has further implications in the social section of the communities. The Government has endeavored to provide guidelines to businesses to support those that are affected by the disease.

The literature review will take into consideration various aspects such as the history of HIV/AIDS, What is HIV/AIDS, how it is transmitted, and how it has impacted on different parts

of the world. Furthermore, the definition of an SME, the role of an SME in the economy, as well as how the pandemic impacts on them will be highlighted. Moreover, attention will be paid to HIV/AIDS as a workplace issue and the need to respond. In addition, the challenges faced by the SMEs and various ways in which support can be provided to SMEs by various stakeholders in various ways will form part of the conversation.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The world is under pressure in the fight against HIV/AIDS and many disciplines have joined hands by working tirelessly to find a cure, however, the endeavors have been in vain. In order to have an understanding of what is HIV/AIDS, the origin of the infection and the impact on the world with a particular focus on Africa need to be reviewed and placed in context of the study.

The review will provide a brief explanation of SMEs, as well as how the HIV/AIDS pandemic impact on them. A further elaboration is provided on workplace HIV/AIDS policy and programmes and what they should entail. Moreover an impression will be formed of the challenges faced by SMEs in implementing workplace HIV/AIDS policies and programmes. Finally ways in which support can be provided to SMEs to implement these policies and programmes will be examined.

2.2 THE HISTORY OF HIV/AIDS

There is speculation about the origin of HIV and when it actually infected the human race. A type of chimpanzee was discovered by scientists in West Africa, which is believed to be the source of HIV infection. Scientists believed these chimpanzees had immunodeficiency virus called simian immunodeficiency virus (SIV) (Avert, 2011). It is believed these chimpanzees were hunted for meat to be consumed by individuals. During this period the virus was transmitted to humans by coming into contact with the blood and the virus mutated into HIV in humans. The virus gradually over the years spread across Africa and then to other parts of the world.

The first incident of AIDS outside Africa came to light in the USA in the early 1980's. It was discovered amongst a number of gay men who suddenly developed rare opportunistic infections which were seemingly resistant to treatment. AIDS did not have a name then, however, it was discovered that all the gay men were suffering from the same symptoms. Some of the evident symptoms detected were a person infected with HIV developed flu like symptoms within a few weeks of infection; others did not have any symptoms at all. Many of the infected persons appeared to be healthy for a number of years (Avert, 2011).

2.3 WHAT ARE HIV/AIDS INFECTIONS?

HIV stands for Human Immuno Deficiency Virus; it slowly but progressively attacks the immune system by destroying body cells. As this happens the body becomes vulnerable to infections and it becomes difficult for the body to maintain resistance. As the virus progresses the person infected with HIV is said to have AIDS. AIDS is termed as Acquired Immuno Deficiency Syndrome; an advanced stage of HIV (CDC, 2011).

There are two types of infection namely HIV-1 and HIV2; transmission is in the same manner. Generally when people refer to HIV without specifying, it is normally type 1. HIV 2 is relatively not common and is concentrated in West Africa and rarely found anywhere else in the world (CDC, 2011).

2.4 HOW IS HIV TRANSMITTED?

The virus is primarily transmitted through unprotected sex (not using a condom during sex) with a person infected with the HIV virus. Another vehicle for transmission of the virus is the sharing of needles by drug users. In addition if no prevention measures are taken by a mother with HIV transmission can take place to the baby during pregnancy, birth or breast feeding. There are other ways in which HIV can be transmitted, however, these modes are the most common (CDC, 2011).

2.5 HIV/AIDS AROUND THE WORLD

The UNAIDS 2011 World AIDS Day report indicated 34 million people were living with HIV in 2010; an increase of 17% since 2001. The infected adult population accounted for 30.1 million where 16.8 million were women; 2.7 million new infections globally. The number of new infections decreased by 21% in 2010 (compared to 1997 when HIV was at the peak). In 2010 the number of deaths declined from a peak of 2.2 million to 1.8 million (UNAIDS) (2010). Since the beginning of the epidemic approximately 30 million people died of AIDS related causes (U.S. Global health Policy) (2012).

In 2008 about 430 000 children were born with HIV; bringing the number of children under 15 years living with the infection to 2.1 million. Young people (15+) accounted for 40% of all new infections worldwide (UNAIDS) (2009). In 2010 new infections were estimated at 2.7 million (2.4million – 2.9million). Worldwide between 22 000 to 290 000 children under the age of 15 died as a result of AIDS (UNAIDS) (2010). Table 2.1 indicates the extent of the global epidemic.

Table 2.1*The global epidemic*

	2001	2005	2008	2009	2010
People living with HIV	28.6 million [26.7-30.9million]	31.0 million [29.2-32.7million]	32.3 million [30.4-33.8million]	32.9 million [31.0-34.4million]	34 million [31.6-35.2million]
New HIV infections	3.15 million [2.96-3.33million]	2.81million [2.63-2.97million]	2.74 million [2.52-2.93million]	2.72 million [2.48-2.93million]	2.67 million [2.46-2.90]
AIDS-related deaths	1.85 million [1.67-2.16million]	2.22million 2.07-2.48million]	2.04 million [1.87-2.21million]	1.89 million [1.72-2.05million]	1.76 million [1.59-1.91million]
New infections in children	[490000-620000]	540 000 [48000-600000]	460 000 [400000-510000]	430000 [370000-490000]	390000 [340000-450000]

Source: UNAIDS 2011(world AIDS Day report)

2.5.1 UNITED STATES OF AMERICA (USA)

In the United States (US) the Centre for Disease Control and Prevention (CDC) estimated 1.2 million people are living with HIV infection. One in five people of those infected are not aware of their status (CDC 2012). Despite an increase in the number of people living with HIV infection the increase of new infections has displayed a stable upward trend. The US has seen an annual increase in the number of new infections with approximately 50 000 people every year. Since the beginning of the epidemic an estimated 1,1 million people have been diagnosed with AIDS; an estimated 17 774 people with AIDS died in 2009. In total approximately 619 400 people with AIDS in the US have died since the epidemic was detected.

2.5.2 SUB-SAHARAN AFRICA

This region in Africa is home to only 12 per cent of the global population. However, according to UNAIDS in 2010, 68 percent of all people living with HIV resided in this region. A decrease of

25 percent in 22 Sub-Saharan countries was seen between 2001 and 2009. Though there was a decline in HIV incidence, the region continues to account for 70 percent of all new infections worldwide. While cases have been reported in all regions of the world, almost all those living with HIV (97%) reside in low- and middle-income countries, particularly in sub-Saharan Africa (U.S. Global health Policy) (2012). It has been established AIDS related deaths have claimed one million lives annually in the Sub- Saharan region since 1998 (RST ESA, UNAIDS).

2.5.3 EASTERN AFRICA

In this region it was estimated 5.4 million people were living with HIV in 2010. The new infections seen in 2010 represented 37 percent of new infections in Eastern and Southern Africa; the rate of new infections seems to be stabilising. In 2003 the death toll reached the peak. Nonetheless, AIDS related deaths have decreased to an estimated number of 280 000 in 2010 (RST, UNAIDS). Thus when comparing 2003 to 2010 there has been a decrease of about 40 percent.

2.5.4 SOUTHERN AFRICA

Southern Africa continues to bear a disproportionate share of the global AIDS burden. In 2010 an estimated 11.1 million people were living with HIV in Southern Africa. This number increased by 14 percent as compared to a decade ago. However, some regions such as Zambia and Zimbabwe saw a decrease of 25% between 2001 and 2009. Southern Africa represented 63 percent of 770 000 new infections that occurred in 2010. It was estimated for the Eastern and Southern African region the new infections were 41 percent fewer as compared to 1998. It was found in this region since 1998 AIDS has claimed half a million lives annually. However, UNAIDS note in 2010, AIDS related deaths decreased by 32 percent compared to 2005.

Amongst the most heavily affected Southern Africa countries, Swaziland is worst hit by the epidemic. It had an adult HIV prevalence rate of 26 percent in 2007. Swaziland has been identified as an area where there is the most severe level of infections in the world (UNAIDS, WHO) (2009).

2.5.5 SOUTH AFRICA

South Africa continues to be home to the world largest population of people living with HIV. In 2007 the number of infected individuals was estimated to be 5.7 million; one of the most heavily affected countries of the world. The epidemic has already had an intense impact on different aspects such as the economy, education and health sectors according to The Henry Kaiser Family

Foundation (KFF 2008). The KFF foundation further pointed out in 2007 an estimated 350 000 South Africans died of HIV. AIDS in South Africa has been cited as the major cause of premature deaths.

The South African Government has estimated the number of children living with HIV in 2007 at 180 000; in contrast UNAIDS estimated 280 000 children were living with HIV. The country has one of the highest numbers of children living with HIV in the world (KFF) (2008). It is estimated that women account for over half of adults aged 15 and over of adults living with HIV in South Africa.

2.5.6 LESOTHO

Lesotho a small country with the population estimated at 1.9 million (mid-2010) has the third highest HIV adult prevalence rate in the world. The prevalence rate is estimated at 23.2 percent in 2007 (USAID). In the same year it was estimated there were 270 000 people living with HIV/AIDS.

In 2011 the country's HIV prevalence for adults aged 15-49 years remained at 23 percent, signifying a continuing stability of the epidemic (MOHSW, 2012). It is estimated there were around 23000 new HIV infections in 2009; approximately 14,000 people died from AIDS. Over half of 260,000 adults living with HIV are women and their life expectancy has dropped to 51 years. The HIV/AIDS epidemic has impacted on individuals, families and the nation as a whole. Children are forced to leave school and run the household as parents become too sick to work and die (Avert 2011).

2.6 DEFINITION OF AN SME

There is no single, uniformly acceptable definition of an SME. Different factors are being used to determine whether a company can be classified as an SME. In Lesotho an SME may be defined either in terms of its turnover or size. The Ministry of Trade and Industry Marketing and Corporative (MTIMC) in Lesotho defines a small business as a firm that is independently owned and owner-managed. SME operations tend to be labour intensive including a management process. Many exist to supply unsophisticated products and services through simple marketing channels to localise niche markets principally oriented towards low- income groups".

The MTIMC defines SMEs as follows:

Business Type Employee number

Micro	>3
Small	3-9
Medium	10-49

In South Africa the National Small Business Act of 1996 (RSA, 1996) defined small businesses as companies: Employing 5-50 individuals, while medium sized businesses accommodate 51-200 permanent workers (Vass & Phakathi, 2006).

Canada uses the term SME to refer to businesses with fewer than 500 employees and less than \$50 million in gross revenue (Ward, 2012). The EU also uses the head count as a means of defining an SME. Different factors are being used to define an SME, such as level of capitalisation, sales and employment. However, these factors if applied in one sector may lead to a different definition. This shows there is no universal definition for an SME. Table 2.2 defines an SME according to EU (EU enterprise and industry).

Table 2.2

SME definition

Company category	Employees	Turnover	or	Balance sheet total
Medium-sized	< 250	≤ € 50 m		≤ € 43 m
Small	< 50	≤ € 10 m		≤ € 10 m
Micro	< 10	≤ € 2 m		≤ € 2 m

Source: European Commission

2.7 THE ROLE OF SMEs IN AN ECONOMY

Historically, SMEs played an important role in contributing to the economic development of many countries around the world. Naturally businesses start out as small enterprises focusing on a particular sector with the aim to make a profit and a contribution to the community. Evidence shows SMEs represent vast portion of businesses in developing countries including South Africa.

SMEs in South Africa account for about 91% of the formal business entities contributing to about 51% and 57% of GDP; providing almost 60% of employment (Kongolo, 2010).

One of the evident characteristics of flourishing and growing economy is a booming and blooming SME sector. SMEs create employment for the rural and urban growing labour force; provide desirable sustainability and innovation in the economy as a whole. Furthermore a large number of people rely on an economic basis on small and medium enterprises directly or indirectly (Fida, 2008).

2.8 THE IMPACT OF HIV/AIDS ON SMEs

HIV/AIDS affects businesses in a different number of ways. However, SMEs seem to be more vulnerable due to the small number of employees that are employed. It is generally recognised that SMEs face unique issues, one which affect their growth and profitability and hence, diminish their ability to contribute effectively to sustainable development (Wanjohi, 2010).

The vast majority of people living with HIV in Africa are between the ages of 15 and 49; in the prime of their working lives. HIV/AIDS noticeably affect labour, setting back economic and social progress. AIDS damages businesses by decreasing productivity through increased absenteeism. Comparative studies of East African businesses have shown that absenteeism can account for as much as 25-54% of company cost.

A study in several Southern African countries has estimated the combined impact of AIDS-related absenteeism, productivity declines, health-care expenditures and recruitment and training expenses could cut profits by at least 6-8%. Another study of a thousand companies in Southern Africa found 9% had suffered a significant negative impact due to AIDS. In areas that have been hit hardest by the epidemic, it was found up to 40% of companies reported HIV and AIDS were having a negative effect on profits (Avert, 2012).

2.8.1 SUPPLY AND MARKET DEMAND

A 2008 study carried out by the Small Business Project (SBP) indicated among those businesses who reported HIV/AIDS had a large impact on their business; the primary concern was illness and death among customers – reducing an already limited market for goods and services (65 percent of the sub sample responses). Fourteen percent said the ill health of their employees was a key reason for the large impact of HIV/AIDS on their business.

In assessing the impact of HIV/AIDS on MSME sector in Zimbabwe, it was revealed on average the sector lost 40% of productive time per month. This was due to high absenteeism associated

with HIV/AIDS related illness and deaths (ILO, 2008). The study further indicated MSMEs resorted to the sharing of jobs among available staff and productivity declined as a result of employees taking heavy workloads.

2.8.2 RECRUITMENT AND TRAINING COSTS

Due to the loss of employees to HIV/AIDS businesses find themselves compelled to spend on recruitment and training costs. A considerable amount of time and money is being spent, which has a negative impact on the productivity and profitability of the business.

2.8.3 HIV/AIDS AND THE PLACE OF WORK

HIV/AIDS has proven to have a devastating impact on the performance of businesses; vital to treat HIV/AIDS as a workplace issue. This can be achieved by ensuring issues addressing HIV/AIDS in the workplace are being dealt with. Thus, an HIV/AIDS policy and programmes should be developed and implemented to assist businesses to pave their ways forward and remain effective.

2.8.4 WHAT ARE AN HIV/AIDS WORKPLACE POLICY AND ITS IMPORTANCE?

An HIV/AIDS workplace policy is a written document that sets out an organisation position and practices as they relate to HIV/AIDS (Heath Policy Initiative, 2009). It defines organisation's position on HIV/AIDS and sets out clear guidelines on how it will be managed within the workplace.

An HIV/AIDS policy plays an imperative role in providing managers and employees with a structure that can be followed in fighting the impact of HIV/AIDS. It serves as a guide to managers and supervisors on how to manage HIV/AIDS within the workplace. It further sets the standards for communication about HIV/AIDS and lets employees to know what assistance is available to them (Laas, 2009).

The Ministry of Labour and Employment in Lesotho identified the ten key principles that should be considered when developing the workplace policy. These principles should be core to any comprehensive workplace strategy to protect the rights at work of infected and affected workers. These principles are:

- Recognition of HIV/AIDS as a workplace issue
- Non-discrimination on the basis of real or perceived HIV status
- Gender equality must be an integral consideration in a workplace response

- Healthy work environment for all concerned parties
- Social dialogue in developing and implementing a workplace strategy
- No screening for purposes of exclusion from employment
- Confidentiality of HIV-related personal information
- Continuation of employment relationship
- Prevention strategies in the workplace
- Care and support for infected and affected workers.

2.8.5 WORKPLACE HIV/AIDS PROGRAMMES AND THEIR PURPOSE

Whereas, an HIV/AIDS programme outlines how all the different principles within the policy will be translated into practice at the workplace (Health Policy Initiative, 2009). It provides a map on how an Organisation will implement the policy to manage the impact of HIV/AIDS in the workplace. What should be included in a workplace programme to reduce the spread of HIV and the impact of AIDS? Prevention through information and education; training, care and support, should be included in workplace HIV/AIDS programmes.

2.8.6 STEPS IN THE DEVELOPMENT AND IMPLEMENTATION OF WORKPLACE HIV/AIDS POLICY

The process of developing an HIV/AIDS policy may prove to be complex especially for small businesses. There are useful steps that SMEs can follow as a guide in the development of workplace HIV/AIDS policy (Health Policy Initiative, 2009):

- Acknowledge that HIV/AIDS as a workplace issue;
- Secure management support and identify potential champions;
- Appoint a task team;
- Gather relevant information;
- Reach agreement on key elements of the policy;
- Draft the policy;
- Establish process of consultations;
- Popularize and implement the policy, and

- Monitor and evaluate the policy.

2.9 WHY SHOULD SMEs SECTOR RESPOND?

Individuals infected with HIV/AIDS are the concern of all individuals. Responses to HIV/AIDS that have relied merely on the health sector have failed. The pandemic does require a number of health-related responses, however, there still need to be development to provide guidance for the future. Large businesses have already begun to take HIV/AIDS as a workplace issue by placing preventive measures in place compared to SMEs that seem to be lagging behind (MTICT, 2010).

Across the SME sector a number of factors and certain perceptions about HIV/AIDS have hindered effective responses to date. Employers are skeptical about workplace interventions believing their activities in their business will be compromised. There is a need for SMEs to understand how the epidemic is affecting their operations. This will enable them to work out where they have a comparative advantage and make a difference by taking necessary steps (MTICT, 2010).

2.10 CHALLENGES FACED BY SMEs IN THE DEVELOPMENT AND IMPLEMENTATION OF HIV/AIDS POLICIES

Small and medium enterprises have largely not responded to HIV/AIDS, due to limited financial and human resources capacity and other factors according to Mahajan, Colvin, Rudatsikira & Ettl (2007). Amongst other challenges faced by the SMEs in developing and implementing HIV/AIDS policies and programmes there is a lack of information and guidance, capacity, cost and communication.

2.10.1 INFORMATION AND GUIDANCE

There has been a little response in the SME sector whether in industry, commerce, agri-business or trade. SME employers and employees found it difficult to take action in anyway. This is evident in that, SMEs in Lesotho found it difficult to comply with the obligations of the labour act, regarding management of HIV/AIDS in the workplace. The major reason for not responding is due to a lack of information and guidance (MTICM, 2010).

2.10.2 CAPACITY

Research in South African companies reveals the SME sector is not effectively dealing with and mitigating the impact of HIV/AIDS. Most SMEs operating in the Southern African Development Community (SADC) are not well equipped to deal with the impact of the epidemic in the

workplace (Vass & Phakathi, 2006). They further pointed out Connelly and Rosen (2004a; 2004b; 2004c) found most SMEs had little knowledge of the available HIV/AIDS services.

However, the lack of capacity may be as a result of SMEs not receiving the attention they deserve. Connelly and Rosen (cited in Vass & Phakathi, 2006) identified some of the key constraints for demand for HIV/AIDS services by SMEs, as the unwillingness to pay for services. SMEs do not take HIV/AIDS as a major cause for worker attrition. Again, SMEs are not motivated to invest in employee welfare due to lack of both internal and external pressure to act.

2.10.3 COST

“According to the study done by the Ministry of Small and Medium Enterprises (SME) development in Zimbabwe, a single SME lost an average of 3.6 days in a month because of workers attending funerals” according to the Southern African HIV and AIDS Information Dissemination Services (SAFAIDS 2007). The study suggests the average cost of time lost to each SME as a result of funerals, illness and absenteeism was estimated at Z\$3.8 billion over the last 12 months.

Phakathi & Vass (2006) found HIV/AIDS service providers tend to have fixed costs for their services which prove to be expensive for SMEs. Even though this might be the case, the reluctance to invest in HIV/AIDS services is a factor that can also be attributed to costs that must be incurred by SMEs (Phakathi & Vass, 2007).

Francis Kimani Njwang'iru (Program Manager, Kenya HIV/AIDS Business Council) pointed out with 12 to 25% of workers HIV-positive the annual cost can be between half and up to three-and-a-half times the worker's annual salary; that will have a massive impact on the bottom line. He added the cumulative loss of the workforce in Sub Saharan Africa will approach 74 million individuals by 2015 if no intervention in place (BIZCOMMUNITY, 2012). NABCOA also indicated there are many small companies in Namibia's private sector whose profits are limited and have little resources for the development of HIV/AIDS programs.

2.10.4 COMMUNICATION

The technicality of legal obligations may prove difficult for SMEs to gain understanding of what are to be expected of them to deal with the situation posed to them. MTICM (2007) pointed out that for the small and medium enterprises sector there has been a limited commensurate response. SME employers and employees find it difficult to comply with the new legislation. Fraser et al. (2003) as well as Connelly and Rosen (2004a, 2004b cited in Vass & Phakathi, 2006) argued

SMEs face particular structural constraints in designing and implementing effective HIV/AIDS workplace programmes. For an HIV/AIDS policy to work it must be communicated and acted upon throughout the Organisation (Health initiative Policy, 2009).

2.11 PROVIDING SUPPORT TO SMES

Despite an increasing number of large organisations responding to the HIV/AIDS business threat by implementing Work Place Programmes; the same cannot be said for the majority of SMEs (NABCOA, 2009).

SMEs face a number of barriers in implementing HIV/AIDS WPP and large organizations need small workforces to be healthy because without being fully effective the restricted enterprises in their supply chain cannot function to make a contribution. As the impact of HIV/AIDS on SMEs grows it will affect business' ability to reliably supply goods. The key challenge in private sector response therefore remains: "How to protect SME's against HIV/AIDS" (NABCOA, 2009). A major effort to increase HIV workplace interventions in SME involves large firms encouraging their small suppliers to act in a positive manner (Mahajan et al., 2007).

There are a number of ways which large companies can explore in order to provide support to SMEs. A few of them are building capacity, protecting people and profitability and supporting supply chain.

2.11.1 BUILDING CAPACITY FOR SMES

As a means to extent a helping hand in building capacity for SMEs, The South African Business Coalition against HIV/AIDS (SABCOHA, 2010) has funded the Strategic HIV/AIDS Workplace Programme. The project provides training and capacity building for SMEs to mitigate the impact of HIV/AIDS on their businesses (SABCOHA, 2010).

SABCOHA further stated for successful implementation of HIV/AIDS policy all stakeholders should by-in and become part of the equation. At the end of the training course the project therefore aims to achieve capacity building by ensuring the following:

- Management to understand & manage the impact of HIV;
- Setting up an HIV/AIDS workplace steering committee;
- Appointment of workplace champions to spearhead business strategy in management of HIV/AIDS;

- Peer counseling and
- To provide support and mentoring in implementation of strategies for six months.

2.11. 2 PROTECTING PEOPLE AND PROFITABILITY

Recognizing that HIV/AIDS is as much a business issue as a development and humanitarian concern, the International Finance Corporation (IFC), the private sector arm of the World Bank group, aims to promote the involvement of the private sector in the fight against the disease through its IFC Against AIDS program.

Given the extent of the impact of AIDS on corporate costs the International Finance Corporation (IFC) against AIDS has embarked on a mammoth task to provide assistance to SMEs. The programme places a strong emphasis on equipping client companies with skills, tools and support to develop, implement and effectively manage workplace programmes (IFC against AIDS). The IFC against AIDS is now seeking the expansion of the programme. The expansion is carried out through pan-Africa PEP Africa Project: Managing HIV/AIDS in Small and Medium Size Enterprises. There are two objectives under this project; proactive management of HIV/AIDS as an operational risk and prevention and care for the employees and communities of their clients.

2.12 SUPPORTING SUPPLY CHAIN AGAINST HIV/AIDS

Today it is primarily large businesses or multinationals addressing HIV/AIDS in the workplace. Yet small and medium enterprises (SMEs) are facing the same dilemma but are not in a position to pay their full attention to these issues. Unfortunately these smaller businesses do not have the resources to address the challenges they are facing as the epidemic spreads across Africa (World Economic Forum, Global - Health Initiative, 2006). In a quest to identify the means in which large business and multinationals can assist their supply chain, the World Economic Forum came up with the guidelines.

2.12. 1 DIRECTLY SUPPORTING WORKPLACE PROGRAMME SET-UP

MNCs can provide SMEs with workplace programme material which they used to develop their own. For example, Unilever Tea Kenya tailored its internal programmes (consisting of 15 units that make up the Unilever 'roadmap') to select the seven key topics that were most relevant for suppliers. Again, large companies can use their own HIV/AIDS champions to train SME staff. Furthermore, MNCs can contract service provider, with services tailored for SME to train them. In this regard, Eskom South Africa is partnering with SABOCHA to provide training free of charge to suppliers.

2.12.2 ENABLING WORKPLACE PROGRAMME SET-UP

The large companies can communicate information on existing government services such as testing and treatment clinics. By so doing MNCs can link SMEs to existing services and make a strong impact. As part of their training programme, Unilever made its suppliers aware of the existing facilities and they are now using the services. MNCs can allow their suppliers to use their already existing facilities; VCT campaigns at Eskom are accessed by SMEs free of charge.

2.12.3 LEVERAGE INFLUENCE WITH ENABLING INSTITUTIONS

The MNCs can relieve SMEs on the high cost involved of establishing workplace programmes. This can be achieved by including SMEs in the scale they already have and bargain for lower prices. For example, VW South Africa has given its SMEs chain supply the same access to clinics at the same price where they have access. In addition, MNCs can assist by identifying funding partners to assist in providing support to its supply chain. Eskom has planned to seek financial assistance for antiretroviral treatment to support its supply chain.

2.12.4 LEVERAGE INFLUENCE DIRECTLY WITH SMEs

The large businesses can advocate and encourage SMEs to establish workplace programmes by explaining to them what they constitute and how to implement the procedures. This could include: Why a workplace programme is important (i.e. what impact HIV/AIDS can have on the business); what difference a workplace programme can make; and what currently happens within the large company? MNCs can build in a component of HIV/AIDS programme in already existing contracts, to enforce SMEs to establish workplace programmes. This approach however, should clearly define the minimum requirements for an HIV/AIDS programme. Appropriate support should be provided by MNCs to enable SMEs to meet these requirements. Shell is one company that is engaged in a pilot program to make HIV/AIDS policy a requirement to do business with SMEs.

2.13 THE ROLE OF THE GOVERNMENT

Government is one of the powerful vehicles that can help SMEs to address HIV/AIDS. It can use its resources to provide information and guidance to SMEs. It can also partner with the private sector to help SMEs fight the pandemic. Again the Government can also help businesses to become a part of a bigger picture by joining bodies that assist national coalition in the region.

2.13.1 INFORMATION AND GUIDANCE

In an effort to effectively address the infections within the SME sector the Government, with the involvement of the SME sector and in consultation with relevant stakeholders, has drawn up the HIV and AIDS Policy for the Micro, Small and Medium Enterprise Sector of Zimbabwe. The Policy provides guidelines and an institutional framework for mitigating HIV and AIDS in the SME sector. The task at hand is to sensitize SMEs on the importance of developing their workplace HIV and AIDS policies. Given the close linkages between small and medium enterprises and the communities in which they operate this policy should further improve the country's response to HIV and AIDS (ILO, 2008)

In addition, The Ministry of Trade and Industry, Cooperatives and Marketing (MTICM) is responsible for SME sector in Lesotho. When it became evident the pandemic was threatening the survival of SMEs in Lesotho, MTICM commissioned a number of products to bridge the information and guidance gap; first product is a booklet which is a guide for use by employers. The second is a poster that contains key information for SME and can be displayed in small workplaces. The third and the last product is a pamphlet with uncomplicated but powerful messages for employees working in SMEs. (MTICM) (2007).

2.13.2 PUBLIC AND PRIVATE PARTNERSHIPS

“A Public Private Partnership (PPP) is a partnership between the public sector, usually government, and the private sector, such as for-profit companies and NGOs (non-government organizations). The benefit of a Public Private Partnership is its efforts allow the collective sharing of resources to make plans once deemed unrealistic a reality. Furthermore, PPPs are becoming more attractive as the country needs to sustain the levels of healthcare service without becoming entirely dependent on government and donor funding (NABCOA, 2010). NABCOA (Namibia Business Coalition on AIDS) a private sector NGO, uses PPPs instrumentally for providing HIV/AIDS workplace programs to various areas of Namibia”.

The Siyakhana Project in the Eastern Cape, South Africa is an initiative of a PPP. The global motorcar giant Daimler, the Border-Kei Chamber of Business and the German development agency joint hands in forming the Siyakhana project (NABCOA, 2010).

According to NABCOA it was realised that many small and medium-sized enterprises (SMEs) were unable to pay for employee healthcare coverage. Employees were forced to choose between their health and their job. Accessing treatment in overburdened public sector health services required at least one full day off work; resulted in a loss of productivity. The project was

therefore set with the objective of addressing these challenges that the SMEs are facing by providing SMEs with HIV/AIDS awareness, counseling, testing, treatment, care and support (NABCOA, 2010).

2.13.3 NATIONAL BUSINESS COALITIONS

Business coalitions have important roles to play in the fight against HIV. They signify organisations of businesses joined together to address the issue of AIDS. It may also include sectorial associations, chambers of commerce, labour unions, employer federations and other groups of companies that have committed themselves to addressing the issue of AIDS (WEF, 2008).

In 2008 PABC, a nonprofit making Organisation was established with the focus on African Health problems in the private sector. PABC is the coordinating body for National Business Coalitions (NBC) across Sub-Saharan continent. The Organisation focus is on the following main issues:

- Mobilise and support country coalitions to take effective action on HIV/AIDS and other health issues. Activities include advocacy, networking, promotion and assisting national business coalitions to build capacity and access funding.
- Build partnerships with international development organisations and regional government bodies.
- Promotes investment in the response to HIV/AIDS, TB, Malaria and other emerging health threats in Africa.

One of its initiatives PABC has implemented a training programme called BizAIDS. The focus of the programme is on micro and small business owners and informal traders. It was established that the focus groups do not have access to workplace programmes and business skills training, hence the introduction of the initiatives (PABC, 2010). According to PABC the focus of the programme is on the concept of building a healthy business such as financial management, record keeping and health related practices for owners and their staff (PABC, 2010).

2.14 CONCLUSION

HIV/AIDS was placed in context of its origin and the prevalence in the work place. In the next section, the research methodology adopted will be dealt with. In addition, the research problem as

well as the objective of the study will be restated. A brief review on the sampling method used will be given. Furthermore, an evaluation of data collected as well as ethical considerations regarding the study will form part of the discussion to follow.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The purpose of the study has been achieved through mixed research method. Thus both qualitative and quantitative research designs were adopted. This method is suitable in problems where qualitative or quantitative research method by itself is inadequate to develop multiple perspectives and a complete understanding about a research problem or question, (office of Behavioural and Social Sciences Research (OBSSR)). A brief description of qualitative and quantitative research methods, together with their strengths and weaknesses will be provided.

3.2 QUALITATIVE METHODS

The main methods employed in qualitative research are observation, interviews and documentary analysis. This method of data collection is based on describing meaning, rather than drawing statistical inferences, (Gordeeva, K). Qualitative research focuses on subjectivity. Subjective information allows subjects to incorporate their personal thoughts and ideas into the research, allowing them to find a broader understanding of the information being studied. This research method seeks to provide reasons why or how certain things occur, instead of only providing statistics.

Whatever is lost under quantitative method in terms of reliability is gained in terms of validity. A more in-depth and rich description is provided. This type of research is strong for paying attention to details. It embraces both the verbal and non-verbal behaviour, to penetrate fronts, discover meanings and reveal the subtlety and complexity of cases or issues. Qualitative data portrays perspectives and convey feelings and experiences. The theory is generated from the empirical data; as a result, there is close fit between theory and data. This type of research allows more complex aspects of a person's experience to be studied. There are fewer restrictions placed on data collected; participants are able to provide data in their own words and their own way.

However, it has been argued qualitative studies cannot provide grounds for generalising across cases or situations. It is difficult to make predictions, hence it is considered to be a high risk- low yield exercise (Southalabama.edu). In addition, it generally takes more time to collect the data and analyse it. Again, there is a high likelihood that results are more likely to be influenced by the researchers' personal bias.

3.3 QUANTITATIVE METHODS

Quantitative methods focus on numbers and frequencies rather than on meaning and experience, i.e. questionnaires. Quantitative studies' great strength is providing data that is descriptive—for example, allowing capturing a snapshot of a user population, (Madrigal & McClain, 2012). Statistical analysis derive important facts from research data, including preference trends, differences between groups, and demographics. The quantitative methods are associated with the scientific and experimental approach and are criticised for not providing an in depth description.

3.4 PROBLEM STATEMENT AND OBJECTIVES

The problem statement places the project in context and is: What are the challenges that Small and Medium Enterprises in Lesotho face in using the government guide to implement workplace HIV/AIDS policies and programmes?

The objectives of the study provide a roadmap for the direction of the research and are:

- To establish the level of knowledge SMEs has about the government workplace HIV/AIDS guide;
- To determine whether the SMEs have existing workplace HIV/AIDS policies;
- To establish the challenges SMEs face in using the guide to implement workplace HIV/AIDS policies and programmes;
- To provide guidelines for support in the implementation of workplace HIV/AIDS policies.

3.5 RESEARCH DESIGN

Both qualitative and quantitative research designs were applied in the study. In order to conduct interviews, unstructured questions were formulated as a guide. The reason behind using unstructured questions is to allow respondents to express themselves and allow for asking further questions for clarification.

The aim of the interview is to gather information on the knowledge and perceptions managers have about the existence of the government guide that is available. It is further intended to determine if they understand how HIV/AIDS impact on their businesses. As a result this will provide light on the challenges faced by businesses in implementing workplace HIV/AIDS policies. The information obtained through qualitative research approach not only provided answers, but it also provided reasons for the answers (Mbuso, 2010).

Further a non-experimental quantitative research design was used to obtain quantitative data. Structured questionnaires were administered to employees of the businesses participating in the interviews. This type of research provides an accurate description of a particular situation and identifies the variables that exist in a situation as well as the relationship that exist between these variables (Christensen cited in Laas, 2009).

3.5.1 DATA COLLECTION METHODS

A semi-structured interview guide was used during the interviews. This method of inquiry uses pre-determined open questions that prompt discussions. Semi-structured interviews do not limit respondents to a set of predetermined answers. Rather, they allow respondents to discuss and raise issues that an interviewer may have not considered. Furthermore, the method also enables the interviewer to explore particular themes or responses further. This method is beneficial in that it helps to understand how interventions work, and how they could be improved (Mbuso, 2010).

The interview guide comprised of three sections:

Section A was an introduction and the purpose of the research. It also notified the interviewee of his/her rights to participate to be interviewed or to withdraw. Furthermore it sought approval to record the interview, as well as the signature and date the interview was conducted.

Section B included the personal information of the interviewee, the age, gender, location of interview as well as the date. The interviews were recorded, and did not exceed 30 minutes.

Section C comprised of questions that guided the interview. The questions gathered information on whether managers/directors were aware of the government guidelines. In a nut shell, the interviews sought to establish the feelings and perceptions of managers, regarding the development and implementation of HIV/AIDS at work. In addition the aim was also to find out if they were aware of labour act amendments as well as the guidelines.

3.5.2 TARGET POPULATION AND SAMPLING

The target population comprised of Small and Medium Enterprises of Basotho and Indians, in Maseru. The targeted businesses were those in retail and services.

The convenience method of sampling has been used as non-probability sampling technique. Non-probability sampling represents a valuable group of sampling techniques that can be used in

research that follows a qualitative, mixed methods, and even quantitative research design (Laerd dissertation).

In convenience sampling, the units selected for inclusion in the sample are the easiest to access. This type of sampling is very easy to carry out with few rules governing how the sample should be collected. The comparative cost and time required to carry out a convenience sample are small as compared to probability sampling techniques.

This enables one to achieve the sample size wanted in a relatively fast and inexpensive way (Laerd dissertation). It can help you gather useful data and information that would not have been possible using probability sampling techniques, which require more formal access to lists of populations see, for example, the article on simple random sampling. Convenience sampling as has its own shortcomings. It can lead to the under- representation or over representation of particular groups within the sample. Since the sampling structure is not known and the sample is not chosen at random, the inherent bias in convenience sampling means that the sample is unlikely to be representative of the population being studied. This undermines the ability to make generalisations from a sample to the population being studied (Laerd dissertation).

3.5.3 SAMPLE SIZE

The sample comprised of 17 businesses providing goods and services of different kinds. However, the targeted number of businesses is 15. Fifty employees from the businesses that agreed to take part in the study; formed part of the purpose of quantitative research. Both men and women were included in the sample of this study. Some businesses have fewer employees than others, therefore questionnaires were not distributed proportionately, but employees from the all businesses that participated were given questionnaires

3.6 DATA ANALYSIS

Once the data has been gathered from the responses of incumbents it is presented in meaningful forms to assist with the interpretation.

3.6.1 QUALITATIVE DATA

The responses of the managers were analysed using Microsoft excel. During interviews codes were assigned to interviewees; codes were used as IDs when capturing data onto excel. Columns for each question and responses were created. Similar responses were coded by assigning different numbers for different answers. Similar descriptive words were observed and assigned into segments.

3.6.2 QUANTITATIVE DATA

Responses for each question were allocated a column. A pattern of dimensions was observed; entered into excel. Similar responses were grouped together.

3.7 ETHICAL CONSIDERATIONS

The objectives and importance of the study was communicated to all the participants. They were informed of their rights to voluntarily choose to participate in the interviews. They were also made aware that they have the right to withdraw during the interview, if they experienced any type of discomfort; all signed the consent form. They were assigned codes to protect their identity as well as ensuring confidentiality. Employees were asked to participate voluntarily. They were not requested to write their personal information on the questionnaires to ensure anonymity.

3.8 CONCLUSION

There is an increasing interest in the field of mixed methods research and the diverse ways in which quantitative and qualitative methodologies can be systematically combined (De Lisle, 2011). This research methodology has been employed to establish the level of knowledge SMEs has about the government workplace HIV/AIDS guide; and to determine whether the SMEs have existing workplace HIV/AIDS policies. It further seeks to establish the challenges SMEs face in using the guide to implement workplace HIV/AIDS policies and programmes; with the aim of providing guidelines for support in the implementation of workplace HIV/AIDS policies.

CHAPTER 4

DISCUSSION OF RESULTS

4.1 INTRODUCTION

The data gathered from the interviews and responses from the questionnaires need to be analysed and discussed to provide meaning for interpretation.

4.2 MANAGERS/DIRECTORS' RESPONSES

There are 15 businesses that participated in interviews, as well as completed the structured questionnaires. The businesses comprised of those in the sectors of security, cleaning, construction and retail trade.

4.2.1 AWARENESS OF LABOUR ACT AND GUIDELINES

The findings indicated 53.3% were aware of the amendments made by the Government to the labour act. The same figure was also aware that there were guidelines that were put in place, to enable businesses to comply with the amendments made. Those not aware of the amendments were 46.7% and were not aware there are guidelines that were obligating employers to implement HIV/AIDS workplace policies and programmes (Figure 4.1).

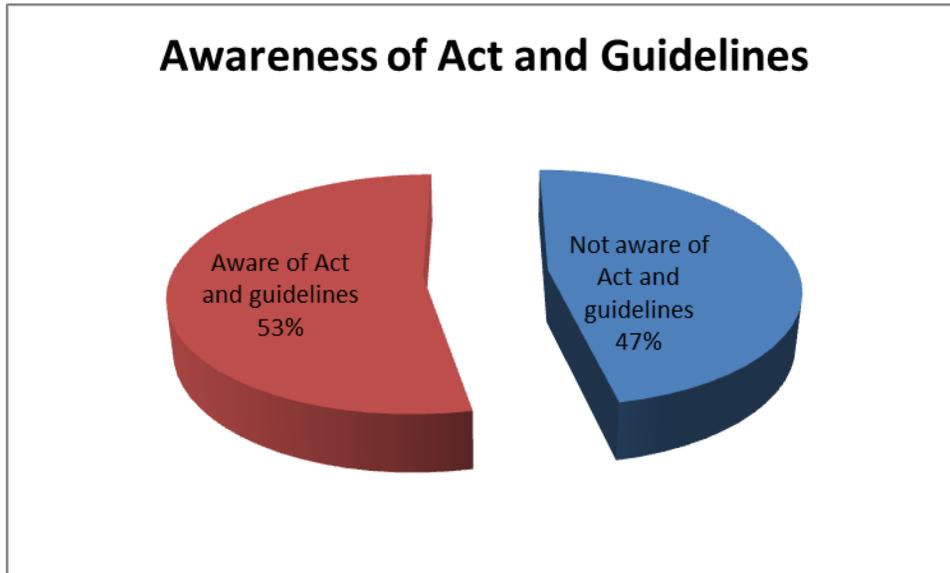


Figure 4.1 - Awareness of Act and Guidelines

Nine of the fifteen managers were satisfied with the guidelines; believe they are clear and useful. However, according to 3 managers the guidelines are not clear and do not serve the purpose intended; they could not say whether the guidelines were helpful or not. Some of the reasons stipulated were:

- They did not have time to look at them;
- They do not understand the purpose of the guidelines;
- They feel they need assistance to enable them to use the guidelines.

There were 2 managers who were aware there were guidelines, though they could not indicate if they were helpful or not. The reason given being that they were not aware of the contents.

The percentage of managers not aware of the amendments made to the Labour Act and guidelines in place is a clear indication many SMEs are still lurking behind, in regard to implementation of HIV/AIDS workplace policies and programmes.

4.2.2 AVAILABILITY OF WORKPLACE HIV/AIDS POLICY AND ITS PURPOSE

According to 5 managers their businesses have HIV/AIDS workplace policies, however, some are not utilised. They complied because of the requirements in the Labour Act. In contrast some businesses find it difficult to implement the policy, as employees are not comfortable to open up about HIV issues. The reason being singled out is that due to the stigma and discrimination attached to the disease; consequently people still do not feel comfortable to discuss issues surrounding HIV/AIDS.

The managers who did not have HIV/AIDS workplace policies and programmes in place were represented by a number of 10. Thus, 66% of the businesses do not have policies in place. These managers do not feel the urge to ensure there are HIV/AIDS policies and programmes in place.

There are managers who understand the importance to have an HIV/AIDS workplace policy and programmes in place. They feel it is a vital tool to pass across and deal with HIV/AIDS at work. The other focal point seen as a reason to have the policy in place and implemented is that, if employees are well informed, they will be able to look after themselves. The policy is also seen as the means of communication, within the business in regard to HIV/AIDS. Furthermore these managers believe employees tend to be more open to talk about HIV, knowing they will not be

ill-treated as the policy will protect them. In contrast there are those managers who do not feel the presence of the policy can have any impact on the management of HIV/AIDS in the workplace.

4.2.3 HIV/AIDS AS A WORKPLACE ISSUE

It is the conviction of 11 managers that HIV/AIDS should be dealt with as a workplace issue. According to these managers, HIV has negative impact on their businesses and as the pandemic affects the profitability of the business. Due to ill health employees tend to spend most of the time on sick leave. Businesses especially those who sell services view people as a vital resource in ensuring continuity of their businesses. As a result management feel HIV/AIDS has adverse effects on their businesses.

The managers are of the opinion that, if HIV is dealt with at work, employees will be well informed and as such they will be able to take care of themselves. There is a strong feeling that, not only businesses will benefit but the families of the employees as well and the community at large; when well informed employees will share the information.

Some of these managers have already invested in the education and awareness of HIV/AIDS. They have invited people with knowledge in the field to address their employees. They felt employees would open up more easily to outsiders than to their own employers. On the contrary 4 managers do not share the same sentiments. They feel it is the responsibility of the Government to ensure people are informed. Further they also feel due to the impact of the disease it should not be treated as a workplace issue.

4.2.4 KNOWLEDGE, SKILLS AND FINANCIAL MUSCLE TO DEVELOP AND IMPLEMENT HIV/AIDS POLICY AND PROGRAMMES

There were different views expressed in regard to knowledge, skills and financial capability needed to develop and implement the policy. Figure 4.2 illustrates 6.7% percent of the managers indicated they lacked knowledge and skills as well as financial capacity to develop and implement workplace HIV/AIDS policy. They would need help in terms of skills and financial assistance to enable them to develop and implement the policy and programmes (Figure 4.2).

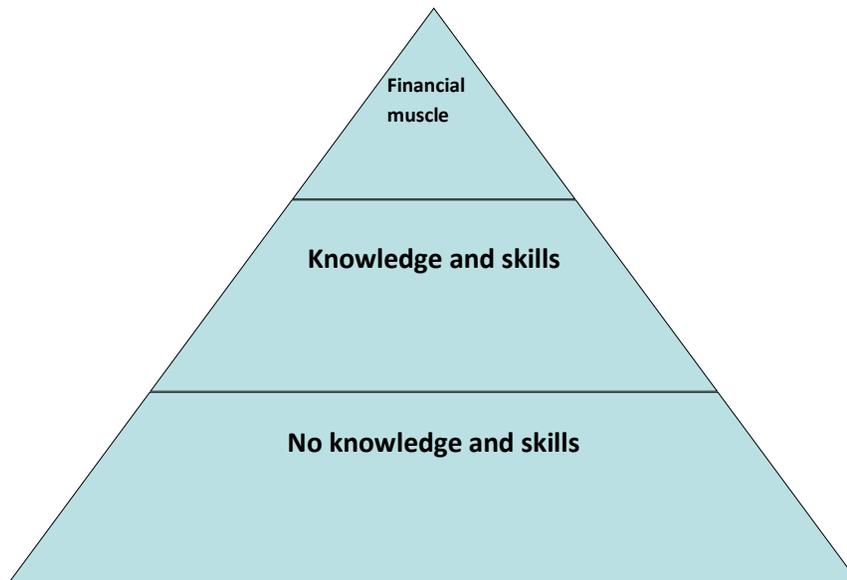


Figure4.2 - Knowledge, Skills and Financial Muscle

The managers who felt they have all the necessary skills and financial muscle were represented by 13.3%. They felt they do not need any assistance to ensure that policies are put in place. Some felt as HIV /AIDS is a well discussed topic, there will be no need to request special assistance. They felt the internet is a vital tool that can assist them with the necessary information; other resources would not be a problem.

The remaining 80% of the managers did not have knowledge, skills and financial capability. However, most of them did not see this as an obstacle to develop and implement HIV/AIDS workplace policies and programme. The managers pointed out the government through the Ministry of a Labour and ILO some of their employees were already being trained. There were those who have not yet been approached by the Ministry of Labour and they were not aware that such assistance is being offered by the Government.

4.2.5 COMMITMENT IN THE FIGHT AGAINST HIV/AIDS IN THE WORKPLACE

Three out of the interviewed managers expressed their own views. They all felt it is imperative that employees should form part of the development and implementation of HIV/AIDS workplace policies and programmes. They expressed strong feelings that in this way, employees will feel the ownership of the policy and be able to ensure that all necessary precaution is taken. They,

however, felt it is not their responsibility to play an active part in the fight against HIV at workplace. They pointed out they have already helped the Government by creating jobs. As a result the Government should ensure there are measures put in place to fight HIV at workplace. One director in particular emphasised with great concern, he thinks that HIV/AIDS is being blown out of proportion. There are people who are taking advantage of it for their own personal gain. He said until such time people understand that they should not make money out of others misery, he does not feel any obligation to help in the fight against HIV/AIDS.

The remaining 12 managers felt their duty as businesses in the fight against HIV/AIDS goes beyond workplace. They indicated that their businesses exist because of their communities. Thus they have a social responsibility towards the community. It was further pointed out that the government on its own cannot manage to fight the pandemic. It is therefore their responsibility to help the Government, by ensuring that HIV/AIDS in the workplace receives a special attention. They, however, indicated Government should provide them with guidance. The other issue tabulated was that employees form an integral part in the fight against HIV/AIDS. Therefore, they needed to work hand-in-hand to ensure successful transition in the fight against HIV/AIDS (development and implementation).

4.3 EMPLOYEES RESPONSES

Fifty questionnaires were distributed and all were completed; there were no spoilt questionnaires.

4.3.1 KNOWLEDGE OF LABOUR ACT AMENDMENTS

Forty eight percent of the employees were aware the Government made amendments to the Labour Act calling upon employers to treat HIV/AIDS as a workplace issue. Forty six percent of the employees were not aware of such amendments (Table 4.1). Six percent of the employees were not sure whether they have heard or not. This shows a large number is still not aware the Government made provisions in the Labour Act to accommodate laws that deal with HIV/AIDS in the workplace.

Table 4.1**Knowledge of Labour Act Amendments**

Value	Frequency	Percentage
Aware	24	48
Not aware	23	46
Not sure	3	6
Total	50	100

4.3.2 GOVERNMENT GUIDELINES

Out of 50 employees only 17 were aware the Government has put in place guidelines, aimed at assisting employers to ensure that workplace HIV/AIDS policies are implemented. Thirty three employees were not aware that such guidelines do exist. Thus, most employees are not aware the Government is extending a hand in assisting employers to ensure that HIV/AIDS is treated as a workplace issue.

4.3.3 HIV/AIDS AS A WORKPLACE ISSUE

On average 72% of the employees believe that HIV/AIDS should be treated as a work place issue. Fourteen percent did not believe HIV/AIDS has anything to do with the workplace, while 6% were clueless regarding treatment of HIV as a workplace issue. Eight 8 percent of the employees were unsure. This could be attributed to the fact that some of the employees were not aware of what is meant by workplace HIV/AIDS policy and its purpose.

4.4 EXISTENCE OF HIV/AIDS WORKPLACE POLICY

Forty two percent of the employees indicated their businesses had an HIV/AIDS policy, while 22% of the businesses did not have it in place. A total of 18% of the employees were not sure whether the policy existed or not. The same percentage (18%) did not know whether there is a policy or not (Table 4.2).

Table 4.2**Existence of HIV/AIDS workplace policy**

Value	Frequency	Percentage
Yes	21	42
No	11	22
Don't know	9	18
Not sure	9	18
Total	50	100

Thus, the responses apart from yes indicate that, workplace HIV/AIDS policies have not been implemented as yet. This shows that the number of businesses that have policies is greater than those that do not have policies. As a result, there is still more to be done, to ensure that businesses do implement the workplace policies.

4.5 THE IMPORTANCE OF IMPLEMENTATION OF WORKPLACE HIV/AIDS POLICY

There was a total of the 50 employees, 41 of them believe it is important and necessary to implement workplace HIV/AIDS policies. Only one employee does not believe in the importance of implementation of workplace policy. Four employees do not know if it is important, while 4 are not sure if implementation of workplace HIV/AIDS policy is of any importance.

The question that is related to whose responsibility is it to implement the policy? A total of 62% of the employees believe it is the responsibility of both the employer and the employee to ensure the implementation of the workplace HIV/AIDS policy. Those who believe the responsibility to be the employer's accounted for 16% while those who believed it is the sole responsibility of the employee were 8%. Fourteen percent were unable to say who is liable to ensure implementation of workplace HIV/AIDS policy. Thirty five employees believed that implementation of HIV/AIDS policy and programmes can reduce the impact of HIV/AIDS. Two of the employees did not share the same view, while 7 did not know and 6 were not sure if implementation can have an impact in the reduction of the pandemic.

4.6 IMPACT OF HIV/AIDS ON EMPLOYEES

In regard to the impact that HIV/AIDS has on employees, 84% believe the disease has an impact on employees, while only 4% did not think HIV has an impact on employees. Ten percent did not know if HIV has an impact, while 2% was unsure of the impact that HIV might have on employees.

4.7 INVESTMENT IN WORKPLACE HIV/AIDS PROGRAMMES

Figure 4.3 shows 72% of the employees are of the opinion that employers should invest in the HIV/AIDS workplace programmes, while 14% do not share the same believe. Eight percent do not know if employers should invest in workplace programmes while six percent are not sure if it is necessary for employers to invest in such programmes.

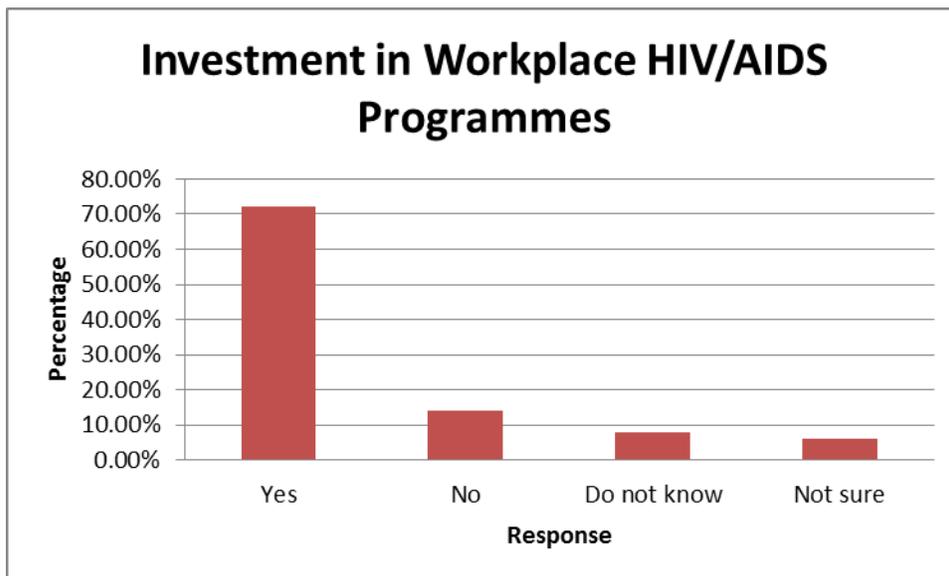


Figure 4.3 - Investment in Workplace HIV/AIDS Programmes

4.8 CONCLUSION

Mixed method research can answer a broader and more complete range of research questions, because the researcher is not confined to a single method approach. A researcher can use strengths of an additional method to overcome the weaknesses in another method by using both in a research study. Mixed method research can add insight (Magangi, 2010). Qualitative and quantitative research used together produces more complete knowledge necessary to inform theory and practice.

CHAPTER 5

RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

Introducing and implementing policies related to HIV/AIDS in the workplace requires a commitment from management and support from Government structures.

The problem statement is: What are the challenges that Small and Medium Enterprises in Lesotho face in using the government guide to implement workplace HIV/AIDS policies and programmes?

The objectives of the study provide a roadmap for the direction of the research and to provide insight into the findings of the research each objective will be placed in context:

5.2 OBJECTIVE ONE

To establish the level of knowledge SMEs has about the government workplace HIV/AIDS guide.

It has been discovered from the findings that 46.7% of managers are not aware of the guidelines provided by the Government to assist businesses in developing and implementing HIV/AIDS workplace policies. There is still a lot to be done, in terms of ensuring that managers are aware of the guidelines. In addition an analysis of questionnaires shows that 46 percent of employees still lack knowledge in regard to the government guidelines.

Even though it has been indicated by some of the managers that, they are aware of the guidelines as government in collaboration with ILO is already providing training, it is evident that quite a large number of SMEs has not been reached. It is proposed therefore that the government should put in place measures that will speed up the training process, aimed at enlightening SMEs about the existence of guidelines, their purpose and how to effectively utilise them.

5.3 OBJECTIVE TWO

To determine whether the SMEs have existing workplace HIV/AIDS policies in place?

According to the findings only five managers indicated that their businesses have policies in place. Nevertheless, some of these policies are not effective. Some managers pointed out that they have policies in order to comply with the Act. SMEs that do not have HIV/AIDS policies in place

represent 66.6 percent of the sampled businesses. This is a clear indication that a very significant number of SMEs is still lurking behind, in terms of treating HIV/AIDS as a workplace issue.

As depicted in table 4.2, only 21 employees were aware of the existence of workplace HIV/AIDS policies at their workplace. None existence of workplace policies can be attributed to lack of knowledge about labour amendment Act and the guidelines, as well as the purpose they serve. It is of utmost importance to ensure that SMEs are aware of the amendments in the Act, which gave birth to the guidelines, and the reasons behind.

It is therefore imperative that the same light be shed on both employers and employee. This will enable them to work towards the same objective, which will help them to effectively and efficiently develop and implement HIV/AIDS workplace policies.

5.4 OBJECTIVE THREE

To establish the challenges SMEs face in using the guide to implement workplace HIV/AIDS policies and programmes

The outcome of the results shows there are managers who felt the guidelines are not clear and therefore do not serve the purpose they were intended. Thus, they have not been able to utilise them as a result. There were 2 managers who were aware there were guidelines, though they could not indicate if they were helpful or not. The reason given being that they were not aware of what the guidelines entailed. Again there were those who do not understand the purpose of the guidelines, and as such could not use them.

The percentage of managers not aware of the amendments made to the Labour Act and guidelines in place (table 4.1), clearly poses as a challenge. Lack of awareness will render underutilisation of the guidelines.

Figure 4.2 provides an illustration on lack of knowledge, skills and financial muscles in developing and implementing HIV/AIDS workplace policies. The figure referred to shows that 80% of the SMEs do not have necessary knowledge and skills to develop and implement policies. As such, it proves difficult to use the guidelines. It is fundamental that knowledge, skills and financial support be expended across to SMEs to enable them to use the guidelines.

There were different views expressed in regard to knowledge, skills and financial capability needed to develop and implement the policy. Figure 4.2 also illustrate only 6.7% percent of the

SMEs, have financial muscle to develop and implement policies. This is a very small percentage compared to those that are in need of financial assistance.

In a nut shell financial assistance should not be isolated from provision of knowledge and skills.

5.5 OBJECTIVE FOUR

To provide guidelines for support in the implementation of workplace HIV/AIDS policies.

It has been observed from the responses that 46.7% of the managers were not aware of the guidelines; employees lacked knowledge regarding the existence of the guide. This is confirmed by the high number of employees who are not aware of the guidelines. An analysis of the questionnaire indicates that 33 employees out of 50 were not aware that the guidelines existed. It is also evident that, SMEs do not understand what the guidelines are intended for.

Furthermore, some of the managers alleged they were not aware of the guidelines. In addition, other managers indicated that they need assistance to be able to put in use the guidelines. It is imperative that the government together with its stakeholder take measures together to provide education to SMEs. The purpose of the guidelines together with its contents should clearly be outlined. Support should be provided to enable SMEs to use the guide, as shown that some SMEs need assistance in order to make use of the guidelines.

One other aspect that has been stipulated as a challenge is lack of financial ability to utilise the guidelines. However, there are SMEs that did not have financial constraints, but lacked knowledge and skills. Technical and financial assistance should be provided to these SMEs to ensure that effective policies are developed and implemented.

The Government alone cannot win the battle against HIV/AIDS. According to the findings, there are SMEs who believe that it is not their responsibility to contribute towards the fight against HIV/AIDS. SMEs have a crucial part to play in this matter. It is therefore of paramount importance to make them aware of the negative repercussions that HIV/AIDS has on their businesses, and the role they can play to reduce the impact of AIDS on their businesses. Thus, the importance of investing in HIV/AIDS workplaces policies and programmes should be highlighted. This will enable them to understand why HIV/AIDS should be treated as workplace issue, as 14% of SMEs do not believe that the pandemic should be treated as workplace issue.

The other factor that has been observed as a test is 16% of the employees believe it is the task of the employer to ensure development and implementation of policies and programmes. Further

14% were uncertain who should take the responsibility, between the employee and the employer. Effective and efficient implementation of the policy cannot take precedence if both the employer and the employees do not work together. Attention should therefore be drawn to both the employer and the employees, on the benefits that can be derived in working hand in hand.

5.6 CONCLUSION

The alarming rate of HIV/AIDS in Lesotho calls for extensive measures to be adopted. The Government in partnership with large businesses; private sector; and NGOs should join hands to assist SMEs. SMEs contribute a lot in fighting unemployment in the country. Thus survival of SMEs is very crucial; and therefore necessary help should be provided to ensure their sustainability.

The limitations of the study can be overcome by conducting further research focusing either on only qualitative or quantitative methods. A comparison of both methods from further research might make a positive contribution towards highlighting underlying factors of solving a research problem.

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7. APPENDICES

INTERVIEW QUESTIONS TO DIRECTORS/ MANAGERS

Interview guide

SECTION A: PREAMBLE

Hello, I am Bojoalo Nthinya; I am conducting a study on implementation of workplace HIV/AIDS Policy and Programmes by Small and Medium Enterprises. I would appreciate very much if you can take part in this study.

You are kindly requested to answer all the questions if you can. Please note that you have the right to refuse to answer any question, and stop the interview at any time. I guarantee confidentiality of your answers. It will not be possible to identify you or your organisation in any reports emanating from this study. Your answers together with those of other participants will be entered into the computer. The survey results will only be used as a summary.

- Would you like to ask any question about the study?
- Do you agree to take part in the study?
- Do I have your approval to record the interview?

Participant's signature: _____ Date: _____

SECTIN B: Personal Information

Interviewee code name: _____

Gender: _____

Age: _____

Period of service: _____

Location of interview: _____

Date of interview: _____

SECTION C: Questions

1. Are you aware of the amendment made to labour act 2006, to incorporate workplace HIV/AIDS policy? If yes can you briefly describe what it entails?
2. Do you know about the government guidelines aimed at assisting businesses to implement workplace HIV/AIDS policy? If yes, what is your understanding of the requirements of guidelines?
3. Are the guidelines clear and helpful? If yes please explain.
4. What is your understanding of workplace HIV/AIDS policy and programmes?
5. In your opinion, do you think HIV/AIDS should be treated as a workplace issue and why?
6. Does your business have a workplace HIV/AIDS policy in place, and what purpose do you think it serves?
7. If no, do you think you have the expertise (knowledge, skills and financial muscles) to develop and implement HIV/AIDS policy?
8. Do you think HIV/AIDS has any impact on your business, if yes what kind of impact?
9. In your opinion, do you think it is necessary to invest on workplace HIV/AIDS programmes and why?
10. Do you think employees should be part of workplace HIV/AIDS policy implementation?
11. In your view, do think businesses have a role to play in the fight against HIV/AIDS pandemic? If yes what role should they play?

QUESTIONNAIRES TO EMPLOYEES

You are kindly asked to complete the questions below. Please note that completion of these questions is voluntary. You are not required to give any personal information in order to identify yourself. The data collected will be used as a summary together with other respondents' answers, for the purpose of the research.

Are you aware of the amendments made to labour act in regard to HIV/AIDS?

- Aware
- Unaware
- Not sure

Do you know about the government guidelines aimed at assisting businesses to implement workplace HIV/AIDS policy?

- Know
- don't know

Do you think HIV/AIDS should be treated as a workplace issue?

- Yes
- No
- Don't know
- Not sure

Do you understand what is meant by workplace HIV/AIDS policy?

- Understand
- don't understand
- not sure

Do you think HIV/AIDS has an impact on the employees?

- Yes
- No
- don't know
- Not sure

Can implementation of workplace HIV/AIDS policy and programmes reduce the impact of HIV/AIDS?

- Yes
- No
- don't know
- Not sure

As an employee, do you think you have a role to play in the fight against HIV/AIDS pandemic?

- Yes
- No
- don't know
- Not sure

Should employers invest in HIV/AIDS programmes?

- Yes
- No
- don't know
- Not sure

Does your company have workplace HIV/AIDS policy?

- Yes
- No
- don't know
- not sure

Is the policy being implemented or not?

- Yes
- no
- don't know
- not sure

Do you think it is necessary for a business to implement workplace HIV/AIDS policy?

- Necessary
- not necessary
- don't know
- not sure

Whose responsibility do you think it is to ensure implementation of workplace HIV/AIDS policy?

- Employer
- Employee
- both
- don't know

Do you think employees should form part of implementation process?

- Yes
- No
- don't know
- Not sure




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16 May 2012

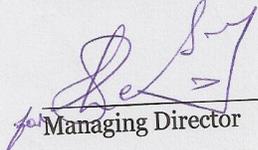
The Research Ethics Committee
University of Stellenbosch
Stellenbosch

Dear Sir / Madam

**RE: Implementation of Workplace HIV/AIDS Policy and Programmes
by Small and Medium Enterprises.**

This is to confirm that Ms. Bojoalo Nthinya has been granted permission to conduct an interview at **W.N. Letsapo Construction (Pty) Ltd** on the above mentioned subject. She has also been allowed to give questionnaires to the employees of this business.

Yours Faithfully



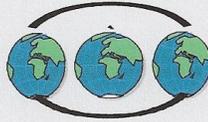
Managing Director

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16 May 2012

The Research Ethics Committee
University of Stellenbosch
Stellenbosch

Dear Sir / Madam

**RE: Implementation of Workplace HIV/AIDS Policy and Programmes
by Small and Medium Enterprises.**

This is to confirm that Ms. Bojoalo Nthinya has been granted permission to conduct an interview at **Med Suppliers** on the above mentioned subject. She has also been allowed to give questionnaires to the employees of this business.

Yours Faithfully

Managing Director

Med Suppliers
P.O. Box 7462
Tel.: 22313833/22325967

SENTEBALE GAP FUNERAL SERVICES



Gap Buildings, Thabana-Morena Road
P.O. Box 868, Mafeteng, Lesotho
Tel.: (+266) 22 701 073 Fax: (+266) 22 700 489

Mohale's Hoek
Tel.: (+266) 22 780 472

Maseru
Tel.: (266) 22 326 055

Branches at: **TY**
Tel.: (266) 28 501 291

Morija
Tel.: (266) 22 360 593

17th May 2012

The Research Ethics Committee
University of Stellenbosch
Stellenbosch

Dear Sir / Madam

RE: Implementation of Workplace HIV/AIDS Policy and Programmes by Small and Medium Enterprises.

This is to confirm that Ms. Bojoalo Nthinya has been granted permission to conduct an interview at Sentebale GAP Funeral Services on the above mentioned subject. She has also been allowed to give questionnaires to the employees of this business.

Yours Faithfully

A handwritten signature in black ink, appearing to read 'Motlatsi Kuena', written over a horizontal line.

Motlatsi Kuena
Admin Manager



Thetsane Industrial Area, P.O. Box 4043, Maseru 100, email: tntauctioneers@ymail.com
Tel: (+266) 2232 6295 - Cell: (+266) 5885 4002/6285 4002

19 May 2012

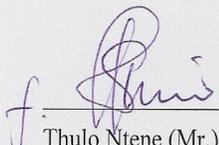
The Research Ethics Committee
University of Stellenbosch
Stellenbosch

Dear Sir / Madam

RE: Implementation of Workplace HIV/AIDS Policy and Programmes by Small and Medium Enterprises.

This is to confirm that Ms. Bojoalo Nthinya has been granted permission to conduct an interview at TnT Auctioneers on the above mentioned subject. She has also been allowed to give questionnaires to the employees of this business.

Yours Faithfully



Thulo Ntene (Mr.)
Managing Director



Tradorette mini market room 34 P.O Box 12280 Cell: +266 58917499/62917499/63013253 Reg.2004/103

16 May 2012

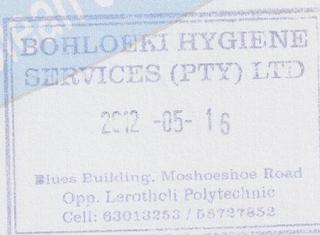
THE RESEARCH ETHICS COMMITTEE
UNIVERSITY OF STELLENBOSCH
STELLENBOSCH

Dear Sir / Madam

RE: IMPLEMENTATION OF WORKPLACE HIV/AIDS POLICY AND PROGRAMMES BY SMALL AND MEDIUM ENTERPRISES.

This is to confirm that Ms. Bojoalo Nthinya has been granted permission to conduct an interview at Bohloeki Hygiene Services on the above mentioned subject. She has also been allowed to give questionnaires to the employees of this business.

Yours Faithfully



Denver Technologies (Pty) Ltd

P.O. Box 7179
Maseru
Lesotho
sales@denver.co.ls
Tel: 22320059
52500059
Fax: 22325333
16 May 2012

Ref: Adm-2012-MLO1-0020

16 May 2012

The Research Ethics Committee
University of Stellenbosch
Stellenbosch

Dear Sir / Madam

RE: Implementation of Workplace HIV/AIDS Policy and Programmes by Small and Medium Enterprises.

This is to confirm that Ms. Bojoalo Nthinya has been granted permission to conduct an interview at Denver Technologies (Pty) Ltd on the above mentioned subject. She has also been allowed to give questionnaires to the employees of this business.

Yours Faithfully



Managing Director



Laraib Monna-Thebe
T/A Galaxy Starlet Supermarket

P.O. Box 2306

Maseru 102

Tel: +266 22320291/ +266 22325802

cell: +266 58870785 fax +266 22310069

e-mail: galaxymaseru@gmail.com

The Research Ethics Committee

University of Stellenbosch

Stellenbosch

18th May 2012

Dear Sir/Madam,

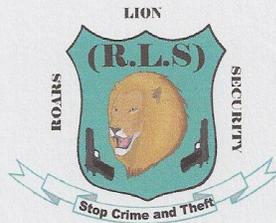
RE: RESEARCH ON IMPLEMENTATION OF WORKPLACE HIV/AIDS POLICY AND PROGRAMMES BY SMALL AND MEDIUM ENTERPRISES IN MASERU

This is to confirm that Ms Bojoalo Nthinya has been granted permission to conduct an interview on the above mentioned topic. She has also been allowed to give employee questionnaires.

Yours Faithfully,

Mr. Tariq Hussain

(Managing Director)



ROARS LION SECURITY

P.O. Box 7078, Maseru – 100, Lesotho. Tell: (+22315071 / 58953644 / Fax: 22313421. Email: roarslion@yahoo.com:
Motsoeneng Road, Main South 1, Lithabaneng, Engen Garage, 2nd - Floor

21 June 2012

The Research Ethics Committee
University of Stellenbosch
Stellenbosch

Dear Sir / Madam

**RE: Implementation of Workplace HIV/AIDS Policy and Programmes
by Small and Medium Enterprises.**

This is to confirm that Ms. Bojoalo Nthinya has been granted permission to conduct an interview at Roars Lion Security Services (Pty) Ltd on the above mentioned subject. She has also been allowed to give questionnaires to the employees of this business.

Yours Faithfully

Managing Director

19 May 2012

The Research Ethics Committee
University of Stellenbosch
Stellenbosch

Dear Sir / Madam

RE: Implementation of Workplace HIV/AIDS Policy and Programmes by Small and Medium Enterprises.

This is to confirm that Ms. Bojoalo Nthinya has been granted permission to conduct an interview at Kasty Gaming Zone on the above mentioned subject. She has also been allowed to give questionnaires to the employees of this business.

Yours Faithfully



Managing Director

Kasty Gaming Zone
Khubetsoana
P.O. Box 2558 Maseru 102
CEL: +266 59 202 514 / 63 488 831

Mokhesi Suppliers



Contacts

Cell #: +26658841977

: +26628322429

Fax: +22332778.

E-mail: mohlalefi@lec.co.ls

Box 11014

Maseru 100

Lesotho.

20 November 2012

The Research Ethics Committee
University of Stellenbosch
Stellenbosch
RSA

Dear Sir/Madam

RE: IMPLEMENTATION OF WORKPLACE HIV/AIDS POLICY AND PROMMES BY SMALL AND MEDIUM ENTERPRISES

This is to confirm that Ms. Bojoalo Nthinya has been granted permission to conduct an interview at Mokhesi Suppliers. She has also been allowed to give questionnaires to the employees of this business, regarding the same subject matter.

Yours Faithfully

A handwritten signature in black ink, appearing to read 'Kabeli Mohlalefi'.

Kabeli Mohlalefi (Mr.)
Managing Director



Real Building Construction

Tel: (+266) 27000642 Cell: (+266) 62009640 Fax: (+22312091)
2nd Floor, BNP Center, P.O. Box 1457, Maseru 100, Lesotho

14 November 2012

The Research Ethics Committee

University of Stellenbosch

Stellenbosch

RSA

Dear Sir/Madam

IMPLEMENTATION OF WORKPLACE HIV/AIDS POLICY AND PROGRAMMES BY SMALL AND MEDIUM ENTERPRISES

This is to certify that Ms Bojoalo Nthinya has been given permission to conduct a study at this business, through interviews and questionnaires.

Yours Faithfully

Putsoa Moletsane (Mr.)

Manager



The Ethics Committee
University of Stellenbosch
Stellenbosch

18 September 2012

Dear Sir /Madam

RE: IMPLEMENTATION OF WORKPLACE HIV/AIDS POLICY AND PROGRAMMES BY SMALL AND MEDIUM BUSINESSES.

This is to confirm that Ms. Bojoalo Nthinya has been granted permission to conduct an interview at Prestige Furnitures. She has also been allowed to give questionnaires to the employees.

Yours faithfully

Mrs. Aliciah Mots'oane
Managing Director

Head Office
City Centre Complex
Thabana-Morena Road
PO Box 868
Mafeteng 900, Lesotho
Tel :(+266) 22 701 594 • Fax: 22 701 594 • E-Mail: prestige@eo.co.ls

Branches
Tel.:(+266) 22 326 055 (Maseru)
Tel.:(+266) 22 400 640 (Leribe)

Directors: A.M. Motsoane (Managing), M.F.T. Motsoane, N.W.C. Maboe



BJ SUPPLIES

P. O. Box 4043, Maseru 100
Cell: (+266) 6300 7591
(+266) 59775500
Home: (+266) 2700 4700
bjsuppliers@yahoo.com

17 November 2012

The Research Ethics Committee
University of Stellenbosch
Stellenbosch
RSA

Dear Sir/Madam

**RE: IMPLEMENTATION OF WORKPLACE HIV/AIDS POLICY AND
PROGRAMMES BY SMALL AND MEDIUM ENTERPRISES**

This is to confirm that Ms. Bojoalo Nthinya has been granted permission to conduct an interview at BJ Suppliers. She has also been allowed to give questionnaires to the employees of this business, regarding the same subject heading.

Yours Faithfully

A handwritten signature in blue ink, appearing to read "Sekhonyana Seeiso".

Sekhonyana Seeiso (Mr.)
Managing Director

FULENG CLOTHING

PIONEER SHOPPING MALL MASERU LESOTHO SHOP NO UG 22

CELL+266 63297676

01 November 2012

The Research Ethics Committee



University of Stellenbosch

Stellenbosch

RSA

Dear Sir/Madam

RE: IMPLEMENTATION OF WORKPLACE HIV/AIDS POLICY AND PROMMES BY SMALL AND MEDIUM ENTERPRISES

This is to confirm that Ms. Bojoalo Nthinya has been granted permission to conduct an interview Fuleng Clothing. She has also been allowed to give questionnaires to the employees of this business, regarding the same subject heading.

Yours Faithfully

PMOHLAHOE

Managing Director



Promo-Shell Services

Contacts: +26659169558

: +26658841977

Fax no: + 26622324536

E-mail: Rethabile.m@yahoo.com

P.O.Box 11014
Maseru 100
Tradorette Complex room B13
Kingsway

20 November 2012

The Research Ethics Committee

University of Stellenbosch

Stellenbosch

RSA

Dear Sir/Madam

RE: IMPLEMENTATION OF WORKPLACE HIV/AIDS POLICY AND PROMMES BY SMALL AND MEDIUM ENTERPRISES

This is to confirm that Ms. Bojoalo Nthinya has been granted permission to conduct an interview at Promo-shell services. She has also been allowed to give questionnaires to the employees of this business, regarding the same subject matter.

Yours Faithfully

Kabeli Mohlalefi (Mr.)

Managing Director