THE EFFECTS OF HIV/AIDS EPIDEMIC ON PERFORMANCE MANAGEMENT OF CIVIL SERVANTS: A CASE OF MINISTRY OF EDUCATION SCIENCE & TECHNOLOGY - NYERI DISTRICT.

BY

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Wambugu, Julius M. The effects of HIV/AIDS epidemic on

2007
DECLARATION

I hereby declare that this research study is my original work obtained from my own personal research and has not been submitted for the award of a degree in any other university.

Signed by;

Julius M. Wambugu

REGISTRATION NUMBER D53/OL/5228/2003

This project has been submitted for examination with my approval as university supervisor.

Mr. Ngaba D.K

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ACKNOWLEDGEMENT

I take this opportunity to acknowledge the people, whom without their assistance, advice and contribution; this work could not have been accomplished considering the crucial deadline that the work was to be submitted.

To Mr. Ngaba my supervisor, thank you for your valuable suggestions, criticisms and recommendations.

I am indebted to my wife, sons Ian and MG, brothers and Sister Rachel for supporting me all through. I cannot forget all those friends who supported me financially and morally during the time of study.

Finally, it is Gods' grace to come this far. I feel great about it!
DEDICATION

To my beloved mum, Wambui wa Maingi.

“You taught me the power of knowledge”
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<td>Acquired Immune deficiency Syndrome</td>
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<tr>
<td>HIV</td>
<td>Human Immuno Deficiency Virus</td>
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<td>NGO</td>
<td>Non Governmental Organization</td>
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<td>UNAIDS</td>
<td>Joint United nations programme on HIV/AIDS</td>
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<tr>
<td>STD/I</td>
<td>Sexually Transmitted Disease/Infection</td>
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<td>MOEST</td>
<td>Ministry of Education Science and Technology</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>UNICEF</td>
<td>United Nations International Children’s Fund</td>
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<td>EFA</td>
<td>Education For All</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>International Labour Organisation</td>
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<td>HR/M</td>
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<td>NACC</td>
<td>National AIDS Control Council</td>
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<td>TSC</td>
<td>Teachers Service Commission</td>
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<td>ARV</td>
<td>Anti-retroviral</td>
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<td>PM</td>
<td>Performance Management</td>
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<td>Board of Governor</td>
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Definition of terms

Performance management is a strategic and integrated approach to delivering sustained success to organizations by improving the performance of people who work in them and developing the capabilities of teams and individual contributions (Armstrong and Baron 1998).

HIV/AIDS - Human immunodeficiency virus/ Acquired immune deficiency syndrome.

Mainstreaming AIDS is a process that enables organizations to address the causes and effects of AIDS in an effective and sustained manner, both through their usual work and within their workplace.

Human resources management means achieving the organizations objectives through the efforts of others.

Performance appraisal is a system for evaluating the employees job results achieved against the specified objectives in order to initiate corrective action and improve future performance.
Abstract

The aim of this study was to investigate the impact of HIV/AIDS epidemic on performance management of civil servants, as one of the emerging issues in HRM. The issue of performance contract has become popular in most of the government ministries by start of 2003 here in Kenya. The aim is to weigh the results against the objectives in evaluating performance. Going by the fact that HIV virus does not discriminate on type or cadre of employees to infect and, or affect, likewise employees in education institutions have become victims. As a result of this, quality of service delivery in education has continued to deteriorate.

As a nation we lack a universal HIV/AIDS workplace policy that can be used as a guide by employers, managers and employees in general in order to avoid discrimination and stigmatization of the HIV/AIDS victims. The proposed HIV bill by the Ministry of Health is yet to go through parliament to become a law, this creates a vacuum where HIV/AIDS victims have continued to be discriminated, stigmatized and denied jobs by employers, managers and fellow workmates due to their condition. Likewise the achievement of job objectives by HIV affected and/or infected employees have continued to deteriorate.

In the presentation and analysis of the data it emerges clearly that there is a need for concerted efforts by the Ministry of education and other stake holders to come together and address the effects of HIV/AIDS scourge among employees, to facilitate the achievement of objectives and delivery of services within the ministry.

The findings of this research go along way in providing the much-needed information by HR managers to educate their employees on HIV/AIDS and how to treat their colleagues who are affected or infected in the workplace. It is anticipated that the findings have shed some light on the contribution of HIV/AIDS to poor results in delivery of services within the Ministry of Education. The study also sort to establish if the current performance management tools in the ministry of education are effective in the context of HIV/AIDS. The study forms a basis for further research on HIV/AIDS in HR management.
CHAPTER ONE

1.0 INTRODUCTION

1.1 BACKGROUND INFORMATION

The HR management function includes a variety of activities, and key among them is deciding what needs you have as a HR manager and whether to use independent contractors or hire employees to fulfill these needs; recruiting and training the best employees, ensuring they are high performers. Armstrong, M (2005) emphasizes that performance management is based on principles of management by agreement or contract rather than management by command. Activities also include managing approach to employees' benefits and compensation, employee records and personnel policies. Employee's manuals of most organizations today, are lacking in content by failing to recognize that there is HIV/AIDS scourge which have affected the performance of employees and hence that of organizations in achieving their objectives.

Robert M et al (2002) notes that HIV/AIDS pandemic is the most devastating disaster in the entire history of mankind. It is the fourth leading cause of death in Africa. The number of people infected with HIV continues to rise with figures being revised upward every time a new report is published. According to Demographic Health Survey (2003) it indicated that most of the people infected with HIV/AIDS are in the age bracket of 25-44, which is the most productive stage of an employee.

HIV/AIDS continues to pose a great threat to the society with approximately 1.4 million Kenyans living with the virus and the ever-increasing number of orphans standing at 1.8 million. The disease has impacted negatively on the country’s economy, particularly agricultural sector which is the backbone of our economy. To reverse this trend, the National AIDS Control Council (NACC) together with other stake holders continues to scale up the fight against HIV/AIDS through multi-sectoral approach that has seen the country register a decline in the national prevalence rate from 13.5% to below 6.1% by year 2005.

The National AIDS Control Council (NACC) was established as a body corporate under the Corporations Act by legal notice No.170 of 1999. It was created to
provide policy and strategic framework for mobilising and co-ordinating resources for prevention of HIV transmission and provision of care and support to infected and affected persons in Kenya in a multi-sectoral forum.

Kelly (2005) notes that the insurance companies have continued to deny HIV/AIDS people medical and life covers, compounding the victims' problems, at a time when they require constant medical care, which in this country is very expensive for ordinary citizens. With the advancement in HIV/AIDS research, new life prolonging drugs known as ARVs (Anti-retroviral) have been discovered giving hope to the victims. The drugs have been known to rejuvenate the health of the victim such that they become normal once again, meaning these people can reclaim their rightful space in the workplace.

The Kenya army has been praised for their exemplary performance in UN-peace keeping missions in Congo, Yugoslavia, East Timor and many other places they have participated. But one thing is a fact, by being away from their spouses they are likely to engage in promiscuity behaviour thus getting into risks of contracting HIV/AIDS, a situation UN have not been able to address fully. The projection indicates that this disease will be with us for generations. Despite the optimism that pervades much public discussion, things will get much worse before they get better.

This discussion does not zero in on an individual who learns that he or she is HIV positive, but what happens when it becomes the norm in society, to die in one's thirties. What does it mean for society when its young adults no longer expect to live out what is considered a normal lifespan? What does it mean for their decisions concerning their families, when they do not expect to live to see their grandchildren? What does it mean for their economic decision-making, if they have no reason to save for later life, and mortgage companies will not extend them loans to buy houses? What does it mean for the running of complex institutions, such as governments?

A modern institution relies heavily on the experience and networks of the key individuals that staff it. A contrast of a university administration and a student union shows that a university administration will typically find individuals with many years of experience, with careers built up over decades and with an extensive range of personal
contacts to match. The sophistication of their operation rests on these pillars. On the other hand, a student union, where the officers serve for only a year or so, there exists a very flat administrative system and management style based upon energetic mobilisation rather than administrative science and craft. Student unions can do many things, but they would find it difficult to administer a university.

The lesson learnt here is that, as people die at the height of their careers, and as career trajectories shorten, as institutions moving from the university administration style towards the student union style. Political parties become more like their youth wings, armies become more like militias, thus unless checked HIV is going to wipe the Human capital on the surface of earth.

The impact of HIV/AIDS for instance on security portrays a set of three concentric circles. In the centre, is the impact on armies as institution. What we see is a decline in the capacity of armies. For example according to UNAIDS survey of 2004, the South African National Defense has great difficulty in finding sufficient healthy troops to provide fully operational brigades. More of the military's resources are devoted to their medical budget. An armed force that has no HR plan for its crew that test HIV positive may find, it becomes exorbitantly expensive to train replacements of officers like pilots. Junior non-commissioned officers are promoted rapidly to fill the ranks of more experienced officers, who have fallen sick or died, thus compromising the performance and quality of the institution.

In the second concentric circle, for example there are peacekeeping forces, essential to so much of the security agenda. If they are riven with HIV, they may find it impossible to deploy. There are the police and other civilian support institutions, also suffering institution degradation in the midst of HIV/AIDS epidemic.

The outermost circle is the impact of the epidemic on the functioning of the society as a whole. This includes other institutions of government, such as Healthy and Education services, e.g. Zambia public healthy sector lost 25% of its professional staff in 2003 only. A third due to AIDS, a third due to overseas recruitment, and a third to private sector. If this trend continues, in few years the country will have no public health
service. Much the same is true, to differing degrees, for the education sector, for agricultural extension work, for the judiciary and many others.

Alex de Waal, *Justice Africa journal*, (May 2004), notes that absent near-universal provision of anti-retroviral therapy, and all the attendant health, nutrition and social support infrastructure that this entails, these levels of attrition will continue for the next decade if not longer. The report presented to the UN Secretary General, on threats, challenges and change of HIV/AIDS on food security in Africa, indicates that there are millions of children orphaned by AIDS, women on the other hand bear the disproportionate burden of caring for the sick, bringing up children orphaned by AIDS, and holding together AIDS impacted families.

The rollout of anti-retroviral therapy also puts governments and their aid partners in the position of deciding who lives and who dies. Equity in treatment provision will be a profound political issue in the coming years, and possibly a source of conflict. Again, a national consensus on this key issue will be necessary if it is not to tear a society apart.

The expansion of internationally funded HIV/AIDS programmes also changes Africa's relationship to the rest of the world. We cannot realistically expect African nations to ‘graduate’ from donor funding for the foreseeable future, there will be a new form of aid dependency centred on AIDS. It will have a particular symbolic significance because the very survival of thousands of citizens will be dependent on the largesse of foreign governments, foundations and pharmaceutical companies.

To sustain democracy under these circumstances, it calls for, at the very minimum, an open and frank discussion of the New World that Africa is entering, in the shadow of the HIV/AIDS pandemic. More than that, there is a need for a new social contract, not only within Africa, but between Africa and developed world.

**1.1.2 GLOBAL TRENDS**

The HIV epidemic has evolved in different ways in different parts of the world, and at varying speeds. In many regions it is still in its early stages.
Currently, between eight and nine per cent of adults in Sub-Saharan Africa are infected with HIV. For teenagers on the continent today, this translates into approximately 20% chance of contracting HIV during their lifetimes. This is a very different prospect to young adults in countries with traditionally low life expectancies (Bhorat H et al. 2004).

About 21.8 million people have died of AIDS epidemic in Africa so far (WHO/UNAIDS, 2002). HIV/AIDS represents not only a tragedy at a human level but also heavily affects the economic development of countries, many of which are already severely strained for resources. Southern Africa is losing an estimated 7% per capita growth per year as a direct result of HIV/AIDS and that the situation is likely to get worse with time (World Bank, 2002). Estimates puts it that between 50 to 80 percent of hospital beds in Southern Africa are occupied by people with HIV related infections (UNAIDS Press release, 2001).

In November 2003, UNICEF report entitled ‘Africa’s orphaned Generations’ predicted that there would be 20 million AIDS orphans in Africa by 2010. According to US Centre for Diseases Control by 1997 more than 38,000 Americans had died of AIDS. And that one in every 300 Americans is infected.

1.1.3 IMPACT OF HIV/AIDS ON HR

The HIV/AIDS epidemic is an event on an evolutionary timescale, and of a Darwinian magnitude, but one that compels man to deal with within his own historical and political frameworks, which are very poorly adapted to such a challenge. The HIV/AIDS pandemic meets all the criteria for being a major concern of the HR management; it is a threat, it is a challenge, and it has set in train some of the most profound changes in the workplace.

The HR at risk are not confined to teachers, but include all of those who have roles in the delivery of educational services. These include, but are not limited to central and local administrators and planners, as well as those involved in the teaching and training of teachers. The sector is seen as critical for human development because education and skills development are a way to raise the living standards for the country as a whole. The threat posed by the HIV/AIDS epidemic is eroding the human resource
base of educational systems in ways that are generally not being measured, assessed or responded to.

By 2010, the UNAIDS estimates that there will be 71 million fewer people in Sub-Saharan Africa because of HIV/AIDS, with some African countries experiencing a 20 percent decline in gross national product. The ILO estimates that, by 2020, the countries of Zimbabwe, Botswana, and Namibia could each lose nearly 35 percent of their labour force due to HIV/AIDS.

In Thailand, households are reported to spend up to 50 percent more on funerals than on health care. Despite the estimates from these regions, the potential impact of HIV/AIDS is not yet known in other areas where the epidemic is emerging, such as Eastern Europe.

The majority of HIV infections are among persons who are 20–49 years old who often comprise the bulk of the workforce; Today’s workforce and the workforce of the future may be affected by HIV/AIDS in a variety of ways, including impact on deepening poverty; the purchase of goods by fewer consumers; decreased life expectancy, especially among trained workers; and benefit costs for workers.

The HIV/AIDS scourge is a challenge facing all those in the labour market and all social partners, including business organisations, labour, and community in general and this is the reason why the governments all over the world are leading in the fight against it (UNAIDS guidelines on HIV/AIDS and Employment, 2004).

1.1.4 THE REGIONAL VIEW

Most of the African nations have been ravaged by the HIV/AIDS scourge, which is further complicated by the famine situation. According to Loenweson and Whiteside (2001) in Africa, Botswana is leading with an adult infection rate of 35.8%, followed by Swaziland and Zimbabwe with rates of 25.25% and 25.06% respectively. Notable cases are also South Africa and Malawi where more than 15% of the population is infected.

A World Bank report (2004) notes, for increased production, it is necessary that workers be healthy, both in the formal and in the informal sectors, particularly concerning HIV/AIDS. The report further notes that the most affected areas by HIV are found on the border points, a concern for truck drivers, because of the movement of
many people from different countries, with their mixed habits, even prevention is difficult.

Representative of the World Bank in Mozambique - 2004, Michael Baxter once noted that the continuous reduction of life expectancy is a consequence of HIV/AIDS.

1.1.5 THE KENYAN SITUATION

The AIDS pandemic in Kenya is a tragedy of devastating proportion in that it has disrupted the socio-economic lives of many. Our country to a great extent is reliant on agriculture, partly on manufacturing and service industry for food sustainability and export purposes. Production in Kenya depends greatly on human labour unlike the developed world where use of machinery is widely in use. The production has been greatly affected by HIV/AIDS in that a lot of time and effort is spent on attending to the sick, funerals, going to hospitals or the affected such as the old and orphaned.

By the year 2000 the studies showed that about 700 people were dying daily due to HIV/AIDS related complications (USAIDS report 2004). In 1980s the HIV prevalence was very low, however, by the end of 1998, almost 14% of Kenya’s adult population was living with the HIV virus an equivalent of 2.1 million people (WHO/UNAIDS, 2002). Fresh statistics from National AIDS Control Council (NACC) indicates that infection cases among Kenyans have fallen from 10% in 2003 to 6.1% in 2005.

Despite the huge impact that HIV/AIDS has had on the economy, the HR Survey of 2005, by Pricewater House-Coopers shows only 66% of the participating companies indicated that they have a policy to address the issue. Also a study initiated by KNUT in 2006 indicates that teachers just like any other workforce are affected by HIV/AIDS, a situation that compromises their performance in teaching. This study focused on the effects of HIV/AIDS on the performance management of civil servants in the Ministry of Education Nyeri District.
1.2 STATEMENT OF THE PROBLEM

The positive impact of the performance management is now widely embraced particularly by the emerging economic giants such as China, South Korea, Japan and so on. Due to its underlying logic that; what gets measured gets done, if you do not measure results, you cannot tell success from failure, if you cannot see success, you are probably rewarding failure, if you cannot recognize failure you cannot correct it and, if you can demonstrate results, you can win public support.

In 1980s and early 1990s Nyeri District schools were performing very well in national examinations but this trend has continued to decline without sufficient explanation. Since the emergence of HIV in early eighties, about 2.5 million people have been infected (WHO/UNAIDS 2002). Out of these, 2.3 million comprise of persons aged 15-49 years which is the most productive stage of an employee.

Okumbe (1998) stresses that the sure way in education management is by excelling wonderfully well in the external examinations, because the expectations of the learners and those of their sponsors are met. People are perishable resources, they have to be developed and utilised at the right time. Workers who are a great resource at the moment will depreciate in the near future.

Kelly (1999) notes that HIV/AIDS has a huge impact on the world of work - threatening the livelihoods of workers and employers and undermining employment rights by reducing the supply of labour and available skills, reducing productivity, increasing labour costs and increased levels of absenteeism, as well as high staff turnover. There is also increased disability claims from the insurance companies, negative effect on staff morale and increased withdrawals and as well as decreased contributions to employee benefit funds.

Teachers as civil servants are probably the most important resource that any country has. This is because an efficient human capital development depends on the quality and effectiveness of teachers. Teachers thus play key role in the overall human resource development in any country.

This study thus sort to provide an understanding of the problem of effects of HIV/AIDS on the performance management of employees in education sector in Kenya.
1.3 OBJECTIVE OF THE STUDY

The main purpose of this study was to determine the extent to which HIV/AIDS have affected the performance management of employees in the education sector.

SPECIFIC OBJECTIVES OF THE STUDY

The specific objectives of the study were to;

i) determine the effects of HIV/AIDS on performance management of civil servants in education sector.

ii) establish the extent to which the effects of HIV/AIDS in (1) above have constrained performance management of civil servants in education sector.

iii) establish if there is a mainstreaming framework by the MOEST for its employees in management and mitigation of HIV/AIDS.

iv) identify solutions that would assist the policy makers and HR managers in addressing performance management in this era of HIV/AIDS.

1.5 RESEARCH QUESTIONS

The study was guided by the following research questions;

i) What are the effects of HIV/AIDS on performance management of civil servants?

ii) To what extent do the effects of HIV/AIDS mentioned above constrained performance management of civil servants?

iii) What measures are taken by the MOEST in controlling and managing HIV/AIDS among civil servants?

iv) What are the possible solutions in addressing the effects of HIV/AIDS on performance management?
1.6 SCOPE OF THE STUDY

The study targeted the employees of TSC, MOEST officials and officials of local NGOs within Nyeri district. TSC is a corporate body under the MOEST charged with the responsibility of recruiting and deploying teachers in all public schools ranging from primary, secondary and tertiary institutions here in Kenya. The commission receives its share of the budget from the ministry of education in order to meet its obligations. Therefore it operates under the directive of the ministry.

The Commission in its organisational structure has a department of HR, which is divided, into sections and regions. In terms of sections it is divided into primary, secondary, and tertiary section and in terms of regions it is divided into provinces and districts. Most of the operations of TSC are centralised in its headquarters in Nairobi with minimum services being offered at district levels. This particular study targeted civil servants in education sector within Nyeri District.

1.7 SIGNIFICANCE OF THE STUDY

The study sought to identify if the effects of HIV/AIDS on performance management of employees had major ramifications on delivery of services to the various stakeholders in the education sector. The findings are of paramount importance to the MOEST and TSC-HR departments in manpower planning and in formulating HIV/AIDS policy in the workplace. And employees were educated on HIV/AIDS.

1.8 LIMITATIONS OF THE STUDY

The study had the following limitations

i) The study concentrated on only one theme of effects of HIV/AIDS on performance management of employees, isolating management response of mitigation process, prevention, care and support.

ii) The study could not achieve a hundred percent National outlook due to stratified and cluster sampling methods used even though the method was cost effective.
iii) The study depended on responses from MOEST officials, TCS HR managers, and NGOs officers in Nyeri district. With this enormous amount of data it was impossible to verify the facts on each questionnaire form. Thus this definitely affected the validity of the findings.

iv) Some respondents were biased in answering some questions. However, this was dealt with where and when it arose through the research methods.

1.9 ASSUMPTIONS OF THE STUDY

The study was based on the following assumptions;

i) HIV is not hereditary thus anybody can get it.

ii) HIV/AIDS remains a challenge in the workplace and thus continues to affect PM of employees.

iii) Medical and scientific research on HIV is still going on.

iv) Performance Management is practiced in MOEST.
CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

This chapter reviewed the theories and myths surrounding the HIV/AIDS and also reviews the effects of HIV/AIDS on performance management of teachers.

In the last two decades since the first case of HIV/AIDS was reported, the research institutions in this field have grown enormously. The research conducted covers a wide range of topics, from the strict medical studies to the social and demographic implications as well as the research into interventions and best practices that may help to halt the spread of the disease.

As a matter of fact HIV/AIDS is draining the supply of education, eroding its quality, weakening demand and access, drying up countries' pools of skilled workers, and increasing sector costs, already high in relation to available public resources. Kelly (2004) notes that the full scope of the epidemic's impact on education comes into view when seen in the context of the formidable challenges already confronting the sector. Due to the effects of HIV to most countries the attainment of EFA goals is but just a mirage. A total of 88 countries in Africa are estimated to be at risk of not attaining universal primary education by 2015 (UNESCO 2000). The goal of eliminating gender disparity in primary and secondary schools that were set to be achieved by 2005 have been overlapped by challenges posed by the HIV, more and more girls are dropping out of school to care for the sick and orphans (UNAIDS 2005).

2.2 UNDERPINNING THEORIES AND MYTHS OF ORIGIN OF HIV

According to US Centre for disease control report (1993), the earliest known case of HIV-1 in a human was from a blood sample collected in 1959 from a man in Kinshasa, Democratic Republic of Congo. How he became infected is not known. Genetic analysis of blood sample suggested that HIV-1 may have stemmed from single virus in the late 1940s or early 1950s.
In the United States the virus is known to have existed from mid to late 1970s, when rare types of pneumonia, cancer, and other illnesses were reported by doctors in Los Angeles and New York among homosexual patients.

In 1983, scientists discovered the virus that causes AIDS. The virus was at first named HTLV-11/LAV, (human T-cell lymphotrophic virus-type 11/lymphadenopathy-associated virus) by an international scientific committee. This name was later changed to HIV (human immunodeficiency virus). For many years scientists theorized as to the origins of HIV and how it appeared in the human population, most believing that HIV originated in other primates. Essex et al (1999), a team of international researchers reported that they had discovered the origins of HIV-1, the predominant strain of HIV in the developed world. Sub-species of chimpanzees native to west equatorial Africa had been identified as the original source of the virus. The researchers believed that HIV-1 was introduced into the human population when hunters became exposed to infected blood in DR Congo in late 1940s and 1950s (Alcamo Edward 2003).

Acquired means that the disease is not hereditary, but develops after birth from contact with disease causing agent (in this case, HIV). Immunodeficiency means that the disease is characterised by weakening of the immune system. Syndrome refers to a group of symptoms that collectively indicate or characterise a disease.

Kassler (1992) put it that in some minority communities there are those who believe that HIV was purposely introduced into the community by the government to control population growth. Another school of thought believes that the virus was created through genetic engineering to kill off undesirable gays and minorities. Condom promotion is seen by some as a population control imposed by the majority so as to decrease the minority population. Others view needle exchange programmes as a way to promote drug use in the African-American community. The Tuskegee syphilis study is used in the argument on role of scientists like Thomas SB and Quinn between 1932 - 1972. According to Tom Curtis and Edward Hooper in the journal, (National commission on AIDS in United states 1992) suggests that, HIV was ignited when oral polio vaccine was tested in the late 1950s on hundred of vonluteers in the DR Congo.
2.3 MODES OF TRANSMISSION

HIV is the virus that causes AIDS. This virus may be passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes. In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breast-feeding. People with HIV have what is called HIV infection. Some of these people will develop AIDS as a result of their HIV infection.

HIV destroys a certain kind of blood cell (CD4+ T cells), which is crucial to the normal function of the human immune system. Loss of these cells in people with HIV is an extremely powerful predictor of the development of AIDS. Reducing the amount of virus in the body with anti-retroviral therapies can dramatically slow the destruction of a person's immune system.

The conclusion after more than 20 years of scientific research is that people, if exposed to HIV through sexual contact or injecting drug use for example, may become infected with HIV, if they do become infected, most will eventually develop AIDS.

2.4 PERFORMANCE MANAGEMENT DEFINED

According to Armstrong and Baron (1998) performance management is defined as a strategic and integrated approach to delivering sustained success to organisations by improving the performance of people who work in them and develop the capabilities of teams and individual contributors.

Grobler P.A et al (2002) argues that performance management is a broader term than performance appraisal, which became popular in 1980s as a total quality management programme meant to achieve performance goals.

Bernadin et al (1994) defines performance as the outcome of work because they provide the strongest linkage to the strategic goals of the organisation, customer satisfaction and economic contributions.

Oxford English dictionary defines performance as the accomplishment, execution, carrying out or, working out of anything ordered or undertaken.
Brumbach (1988) says performance means both behaviours and results.

Therefore PM is a freely negotiated performance agreement or contract between the government acting as the owner of a public organization and the management of that organization. It is a management tool that specifies clearly the mutual obligations, intentions and responsibilities of the two parties. It organizes and defines tasks so that management can perform them systematically, purposefully and with reasonable probability of accomplishment. It in addition, assists management of the organization to link resource allocation to measurable results.

PM emerges as strategic and integrated approach to delivering sustained success to organisations by improving the performance of the people who work in them and by developing the capabilities of the teams and individual contributors. Performance has to do with behavior (inputs) and results (outputs).

PM assists institution to realize their full economic potential because they recognize that competitive advantage of organization is predicated on efficiency in the exploitation and utilization of it resources optimally.

Figure 1. Performance Management model

Source; Armstrong (1994).
2.5 PERFORMANCE MANAGEMENT IN EDUCATION

Revees et al (2004) defines PM as the process for assessing the overall performance of a teacher/Headteacher in the context of the individual’s job description and the provisions of the schools pay conditions and making plans for the individual’s future development in the context of the school’s improvement plan.

PM demonstrates schools’ commitment to develop all teachers effectively to ensure job satisfaction, high levels of expertise and progression of staff in their chosen profession. Effective performance management helps teachers to meet the needs of children and raise standards. PM is a way of helping schools to improve by supporting and improving teachers’ work, both as individuals and in teams. It sets a framework for teachers and their team leader to agree and review priorities and objectives within the overall framework of schools’ development plans. It focuses attention on more effective teaching and leadership to benefit pupils, teachers, and schools. There is strong evidence that where schools and individual teachers are clear about what they expect pupils to achieve, standards rise.

There are two major benefits namely:

i) pupils will benefit because their teachers will have a more sharply focused picture of what, with encouragement, support and high expectations, their pupils can achieve.

ii) teachers will benefit in that they have the right to expect that their performance will be regularly assessed and that they will have a proper opportunity for professional discussion with their team leader about their work and their professional development.

An institution that practices PM is characterised by target setting, monitoring and evaluation of the progress. Therefore such schools have;

i) a commitment to the attainment and welfare of pupils.

ii) an appreciation of the crucial role that teachers play.

iii) an atmosphere of trust between teacher and team leader, which allows them to evaluate strengths and identify areas for development

iv) encouragement to share good practice.

v) the integration of performance management with the overall approach to managing the school.
Teachers work in different types of teams such as pastoral or curriculum teams. The head may be the team leader for all school staff in a small school or team leader of the senior management team in a larger school. Performance management works best when it is an integral part of a school’s culture because it is seen to be fair and open, well understood by everyone and based on shared commitment to supporting continuous improvement and recognising success.

This means:

i) raising standards- looking at the way schools work to provide the best possible education for their pupils and planning the work of individual teachers in that context.

ii) continuous professional development- promoting professional growth, identifying and taking account of teachers’ individual development needs.

iii) involvement- encouraging teachers to be fully engaged in school planning and to control the development of their own work and to support each other.

iv) manageability- so that performance management is regarded as an integral and essential part of how schools operate.

v) equity - to ensure policies and processes are open and fair, while respecting confidentiality for individuals.

Figure 2.2. Performance Management Cycle and skills

Source: Implementing PM by Joan Dean (2002)
Performance Management is an ongoing cycle, not an event. It involves three stages namely:

i) planning: team leaders discuss and record priorities and objectives with each of the teachers in their team. They discuss how progress will be monitored.

ii) monitoring: the teacher and team leader keep progress under review throughout the cycle, taking any supportive action needed.

iii) review: the teacher and the team leader review achievements over the year and evaluate the teacher's overall performance taking account of progress against objectives.

2.5.1 PREPARING A SCHOOL PM POLICY

Mahoney and Hextall (2001) insist that all schools need a written and agreed performance management policy so that everyone in the school community understands how performance management works and what their responsibilities and rights are within it. The policy should set out clearly where responsibilities lie for individuals' performance management. It should be fair, i.e. treat all teachers consistently and be simple to operate and implement. It should encourage teachers to share good practice and build up a shared understanding of teaching skills.

The head is responsible for implementing the school's performance management policy and ensuring performance management reviews take place, including those for teachers for whom he or she is team leader. The head will also ensure:

i) that other team leaders carry out their responsibilities, and, where relevant, take account of teachers' performance reviews in making recommendations to the governing body about teachers' pay.

ii) individual plans and standards are agreed for all teachers and that professional development is targeted.

iii) monitoring of teaching takes place and that feedback allows the teacher to both reflect on his or her performance and to participate fully in the discussion.
2.5.2 EQUAL OPPORTUNITIES

Fairness and consistency of judgement are essential in any PM system. Each school needs to ensure that all teachers have equality of opportunity to achieve their full potential and are not discriminated against when agreeing objectives and assessing performance. Each school needs to ensure that teachers are not discriminated against because of age, disability, gender, nationality, race, religion, or are treated unfairly because they work part-time or are union representatives. It is important to be aware of the potential for unconscious discrimination, to avoid assumptions about individuals based on stereotypes and to use the performance management arrangements actively to encourage all teachers to achieve their full potential.

2.5.3 MANAGING WEAK PERFORMANCE

Good management, with clear expectations and appropriate support will go a long way towards identifying and handling any weaknesses in performance. Performance review should not form part of disciplinary or dismissal procedures. The basic needs for business performance are divided into four levels namely organisation performance, process, team and job performance and in turn categorised into goals, design, and management. In this study the researcher concentrated on job performance of teachers. Performance criteria can be trait-based, behaviour based, and outcome based (Grobler et al 2002).

An effective PM process sets the foundation for rewarding excellence. The terms used to express performance are quality based on accuracy and precision, quantity based on work done, timeliness based on deadlines met, effective use of resources such as money saved, waste reduced and so on. And effects of efforts, manner and method of performance.

Aspects of performance can be expressed in terms of specific objectives, observable, job-related and behaviour, as well as customer service orientation, teamwork, decision making and result orientation, fostering safe and secure work environment.
2.6 HR AT HIGH RISK OF CONTRACTING HIV

A report from the ILO shows that as many as 36 million of the 39 million people living with HIV are engaged in some form of productive activity. Many workplace situations and work patterns actually increase the risk of workers contracting HIV the virus that causes AIDS. For example many migrant workers, in South African mines, and long-distance transport workers, all of whom are separated from their homes and families for long periods. Violence and harassment at the workplace are also factors of risk, especially for women. A number of workers are exposed to the risk of being infected at work, for example in the health services and caregivers to AIDS patients.

2.7 GENERAL IMPACT OF HIV/AIDS ON HR

In the health sector, HIV/AIDS increases the demand for care, the level and complexity of work and the risk of infection, whilst also placing a strain on resources. These burdens exacerbate problems of sickness, absenteeism and workload, increasing losses of health workers. The stress and fear lowers health worker morale and adds to factors pushing them out of low-income countries and into the international labour market.

ILO on HIV/AIDS (2000) 'A Threat to Decent Work, Productivity and Development' the paper looks at the impact of HIV/AIDS on the workforce, employers and their organizations and the responses to the epidemic by employers and workers. The principal ways, in which HIV/AIDS affects macro-economic performance, are:

i) population growth rates are reduced.

ii) life expectancy declines.

iii) the labour force is smaller than it otherwise would be. The labour force in high prevalence countries is estimated to be about 10 to 22 percent smaller than it otherwise would be.

iv) death of workers especially skilled ones, leads to replacement by less-skilled workers and greater training costs, leading to reduced productivity or increased costs.
v) higher costs and possibly less-adequate performance can lead to a reduction in international competitiveness.

vi) various sources of savings (government revenues, health insurance, social security and pension funds, and private savings) are reduced and this can lead to reduced investment and job creation.

vii) government health and other HIV/AIDS related expenditure increases.

The AIDS Briefs (Health and Human Resources Analysis for Africa) attempts to provide administrators and managers with a set of checklists for integrating HIV/AIDS into the HR planning processes in commercial and, subsistence agriculture, education, health, manufacturing, mining, tourism and military populations.

Sehgal, Jag M. (1999) 'The labour implications of HIV/AIDS' states that Life expectancy at birth in some of the 29 most affected African countries has declined by 7 years on average. The impact of the AIDS epidemic is felt severely in the working population, since a large proportion of the HIV infected population is in the age group 20-49 years. The reduced labour force has the following effects on society and the economy.

Household and Community Level Impact:

i) drop in household income and consumption, increase of debt.

ii) withdrawal of children from school.

iii) early entry of children in the labour market in order to supplement family income.

iv) continued presence of older household members in the labour market.

v) loss of family support and social exclusion for those infected with HIV.

vi) increased number of orphans in society.
National Level Impact:

i) redistribution of scarce resources with an increasing demand for expenditure on health and social services.

ii) a collapse of the educational system due to high morbidity and mortality rates in the teaching force and school age population.

iii) as younger and less experienced workers replace older, more experienced AIDS related casualties, reduction in productivity may be an outcome.

iv) employers are likely to face increased labour costs because of low productivity, absenteeism, sick leave and other benefits, early retirement and additional training costs.

While the immediate impact on employment may be mitigated by excess capacity due to unemployment or under-employment, there may be a mismatch between available HR and labour requirements in terms of training and qualifications.


N'Daba L and J. Hodges (1998) proposes a number of criteria for the development of a tripartite strategy to combat AIDS at the workplace, and provides a model policy guide on measures that can be taken at the national level to prevent and combat discrimination in employment on the grounds of HIV-positive status or infection with AIDS such as supply of condoms to employees, HIV education, counseling among others..

2.8 HR STRATEGIES AND PROGRAMS TO COPE WITH HIV/AIDS

Hoover and Deborah A. (2000) argue that majority of company intervention strategies, when they do occur typically focus on a combination of preventing new
infections and avoiding and/or reducing the costs associated with existing and probable infections.

a) prevention of new infections is achieved through;
   i) AIDS education and awareness programs.
   ii) HIV/AIDS counselling, STD testing, and treatment
   iii) distribution of male condoms.
 iv) control of organisational and environmental factors increasing the risk of HIV. (e.g. controlling safety issues relating to blood and tissue in hospitals.)
 v) in-kind services (i.e. providing services such as food or released time from work to encourage HIV prevention activities.

b) Cost avoidance and/or cost reduction is achieved by;
   i) companies avoid hiring infected or high-risk employees.
   ii) modifying benefits to reduce costs (e.g. by making employees pay more or by not paying for AIDS-related illnesses.
   iii) outsourcing production activities and taking other measures such as short term contracts to reduce benefit costs.
   iv) where possible, shift to more capital-intensive production technologies.
   v) "Counselling" of HIV positive employees to retire, or modification of funeral ceremonies, to hold them outside of working hours.

c) Adjustments to employment, training and benefit schemes involves;
   i) additional hiring to compensate for illness.
   ii) increased insurance coverage.
   iii) multi-skilling strategies i.e. having several skills.
iv) succession guidance and training.

d) Other (socially responsible) interventions are;

i) assurance of care and non-discrimination.

ii) adjustments to employee benefits.

ii) hospice programs.

iii) company foundations and fund-raising efforts.

iv) return to work programmes.

Aventin et al (UNESCO 1997) in an article on HIV/AIDS notes that the dysfunction caused by the epidemic resulted in two categories of costs, that is (i) the observable and quantifiable costs, such as absenteeism on health grounds, the cost of medical care and falling productivity; and (ii) the less easily perceptible effects of the gradual disorganization of work.

Michael K (1999) identified the best practices of managing HIV/AIDS in the workplace by coming up with five key areas in HIV prevention namely; managing ill health; HR development and industrial relations; employee benefits and survivor support; monitoring and planning for change in the workplace.

Snodgrass and Donald (2000), Williams and Campbell (1998) all concur that the epidemic of HIV/AIDS is at an advanced stage in many African countries, but little attention has been given to the impact that this will have on HR. The researchers presented intervention mechanism that aims not only to reduce STDs (sexually transmitted diseases), but also promote awareness of HIV risks, and distribute condoms, as existing programs have done, but also to address the broader social-cultural, and community contexts that facilitate HIV transmission.
2.9 HIV/AIDS IMPACT ON EDUCATION, FAMILY AND COMMUNITY

Kalikiti and Mukuka (1995) in their study acknowledged that there has been cases of teachers death due to AIDS related complications in Zambia. The deaths were more in urban areas than in rural areas. The authors of the report noted that cases of absenteeism rates are expected to increase, especially for girls. The AIDS cases among teachers had the following perceived negative impacts; teachers become nervous and depressed, frequent absenteeism, attitudes toward work deteriorates, decreased performance, and negative psychological impacts on children,

The average number of teaching hours per week lost due to teachers' illness and/or teacher attendance of funerals was higher in the urban areas. An increased mortality rate among teachers is expected to expand the teacher/pupil ratio in schools, expand class size and reduce the hours of instruction. Costs, both human and economic, will be incurred in five areas namely loss of labour due to illness, loss of labour (man-hour lost) due to funeral attendance, increased expenditures on teacher recruitment and training, costs for teacher funerals, payment of benefits in the case of teacher deaths.

Foster et al (1998) noted that there is increased number of orphans below age 15 years due to the impact of HIV/AIDS. Orphan household heads were likely to be older and less educated than non-orphan household heads. The majority of orphaned children are being cared for satisfactorily within extended families, often under difficult circumstances.

According to Kelly (1999) between one-third and one-quarter of children below age fifteen have lost one or both of their parents. The large number of orphans and the demographic, economic and social effects of AIDS have impacted the education sector in several ways. As a result of the epidemic, demand for schooling is reduced and the supply of education and resource base are jeopardized. A large section of the potential clientele for schooling is forced into activities that are not compatible with regular school attendance. Major adjustments are required in the process, content, role and organization of the traditional education system.
The HIV/AIDS affects the education of children and the pattern of child labour across the world. There are estimated to be 14 million children under the age of fifteen who have lost one or both parents to AIDS, 95% of them in Africa. The epidemic force children out of school and into child labour, often into exploitative and extremely hazardous forms of work. Young female orphans are especially vulnerable to sexual exploitation.

High dropouts rates from schools will lower still further the qualifications and skill level of the workforce. This in turn will have a negative impact on productivity and performance.

The vision of EFA (Education For All) was envisaged in 1990 in Jomtien Thailand and reaffirmed in April 2000 in Dakar Senegal, all nations agreed to continue facilitating the basic education for all by 2015. Among the issues discussed, was the impact of HIV/AIDS in implementing the programme in that HIV threatens the infrastructure of education by causing untold suffering to the children and their families. The EFA goals aims at improving the early childhood care and education, eliminating the gender disparity in education system, improve adult education and improving the overall quality of education particularly in essential life skills, numeracy and literacy (UNESCO 2000).

Pitayanon, et al (2000) analyzed the economic impact of adult AIDS deaths on rural households. The study found that the economic impact of an adult AIDS death is sizeable and significant despite all the coping strategies employed. The least able to cope were the poorest and least educated households engaged in agricultural work. The economic impact of an adult AIDS death was more severe than the impact of death from other causes.

Cohen Desmond (1999) notes that investment by countries in education is being increasingly threatened by the HIV/AIDS epidemic. There is little direct information on the impact of the HIV/AIDS epidemic on human resources directly employed in education. However, it is probable that the rate of HIV infection among employees of the education system is at least as high as that of the adult population as a whole.

The ‘Health and Human Resources Analysis for Africa’ (HHRAA) Project of the USAID Africa Bureau, (2002), provides the key points related to how HIV/AIDS impacts the Education sector; school supply and demand, effect on education quality, and some suggestions on how the education sector can respond to the crisis.

The report further says the demand for schooling may be decreasing for various reasons such as, lack of attendance due to the need for children to work or care for sick family members, inability to afford school because ill parents are not able to generate the necessary income, and ostracism due to infection of HIV/AIDS in the family. Girls may be disproportionately represented in the numbers of children not attending school. In addition, girls may be encouraged to marry early in order to leave overcrowded, extended families, because men are seeking younger and presumably uninfected wives, or to escape a 'dangerous' school environment that represents a risk of infection due to consensual, or forced sexual activity.

Schooling supply may suffer due to deaths of teachers and other personnel, school closures related to decreasing numbers of students in affected areas and decreasing budgets for education as competition for scarce resources intensify. The quality of education may suffer as a less qualified teaching force replaces more experienced teachers who die or may otherwise be unable to teach due to illness. Teacher absenteeism may increase along with discrimination and isolation of teachers suffering from HIV/AIDS.

Similar findings have been echoed by Catraye et al (2001), Dakuyo et al (2002), and Kanga (1999), who reported that 64.9% of teachers deaths in West Africa were due to HIV/AIDS. The possible reasons attributed to these deaths are one, male teachers are forced to leave their wives behind when they are sent to work in remote areas and second young unmarried teachers tend to engage in unsafe sex. Cilus (2002) “male teachers engage in risky sexual behaviour with multiple partners claiming to be, ‘living their youth’,
the young unmarried female teachers say they are looking for ‘self-discovery’ and claim that experiencing sexual intercourse with multiple partners is one way of discovering the self”.

Cilus also identified other causes as cultural and religious beliefs and practices that facilitates the spread of HIV among education personnel, separation of young male teachers from their spouses, or habitual sexual partners, lack of entertainment or leisure activities, sexual harassment from older female pupils, the practice of exchanging sexual services for grades, parental hospitality which involves offering sexual favours to ‘warm the strangers bed’, ignorant by some teachers that HIV is there.

Nkwenti (2002) says that inadequate knowledge on HIV/AIDS among teachers and taboo nature of sexuality subject hinders the education on the prevention on HIV.

Dakuyo et al (2002) Indicate that the professional lives of teachers infected by HIV/AIDS exhibits one, or more of the following:

i) long and frequent absence due to being sick, taking sick to hospital or attending burials

ii) low productivity-infected teachers become weak and are unable to concentrate on their work. C. Hayford (2001) says the work of such teachers is unproductive given the little efforts and time they put in preparing their lessons.

iii) increased workloads on the side of healthy teachers and this reduces effectiveness in class.

iv) non-completion of curricula-the affected and, or infected do not have time and energy to complete programs on time.

v) permanent financial crisis- buying of ARVs antibiotics is expensive and this compounds the teachers situation making it very difficult for them to function properly (UNDP2001).

vi) teachers suffer from stigma and discrimination further compounding their already precarious situation and rendering them more or less ineffective in their jobs. Relations
with colleagues, students and parents become strained making it difficult for the teacher concerned to come to school.

Kelly M ‘The encounter between HIV/AIDS and Education’ (UNESCO February 2000), reveals that education can be used as a mitigating force to combat HIV/AIDS. The HIV/AIDS has the potential to affect education through the following; reduction in demand, reduction in supply, reduction in availability of resources, adjustments in response to an increasing number of orphans, curriculum modification, changes in the roles of teachers and the education system, changes in education organization, modification of planning and management systems, and donor support for education.

Shaeffer Sheldon F. The impact of HIV/AIDS on Education by UNESCO (1995) gives an overview of AIDS impact on socio-economic development within societies. The paper focuses on how education must change in order to effectively cope with the epidemic. In the absence of vaccines, treatment and cures, education is the only means of inhibiting the transmission of HIV. The education system must take on an advocacy role rather than simply acting as a disseminator of knowledge. Shaeffer describes how education sector will have to meet the needs of new types of students i.e. students who are orphans, have high absentee rates, or are working to support their families. The school will also have to assume new roles such as that of counselors and sex education advocates. The curriculum content will change so as to include information about the impact of HIV/AIDS and teachers’ new skills, attitudes, and values.

UNAID (1997) Learning and Teaching About AIDS at school the paper makes a case for early AIDS education and argues that young people are particularly vulnerable to HIV, but can also be a great asset in helping prevent infection and spread of the virus. By promoting effective AIDS programs in schools and encouraging preventative efforts in the community and the media, youth can protect their health and ultimately, the health and well-being of their nations. Successful AIDS education programs also tend to focus on life skills, such as decision-making, negotiation, and communication.

However, AIDS education is often denied to young people because: the subject is considered too sensitive or controversial, the curriculum is too over-crowded, education is
limited to certain age groups, behavioral skills are not taught; and the curriculum is of low quality. According to UNAIDS the above problems can be overcome by creating partnerships between policy-makers, religious and community leaders, parents and teachers, setting sound policies on AIDS education and designing a good curriculum.

2.9.1 COST OF HIV/AIDS ON ECONOMY AND HEALTHCARE

HIV/AIDS affects the availability of national resources for education in almost the same ways as it affects the availability of private funds. When AIDS is present, the national income declines, costs increase, and priorities change. Among other reasons, the national income declines because of reduced productivity, reduced tax base, disinvestment and reduced savings and reduced capacity to manage resources. Productivity falls because of the deaths, repeated illnesses, absenteeism, late coming, or low work levels of HIV-infected or affected workers.

The disease takes the same course with industrial, agricultural, service and public sector workers as it does with teachers. They experience the same social obligations, to care for the sick or attend funerals. They are equally disturbed in their work by the devastation that is occurring in their families. AIDS deaths make it necessary to pay terminal and life-insurance benefits earlier than originally planned for. This reduces capital accumulation, which is further impaired by the lowered capacity of individuals to save.

Alcamo (2003) notes that funds to study and deal with AIDS in US by 2001 were estimated to be $2.5 billion. These comprised of direct and indirect costs of caring for the patients. It is estimated that without unprecedented infusion of foreign aid national income of Zambia could go down by 10% (Seshamani 1999). According to Central Bureau of Statistics of 2006, Kenya Gross National Product is expected to reduce by 12.5% due to effects of AIDS.

Ainsworth, Martha and Mead (1997) put it that people who develop AIDS are prime-age adults. Without AIDS, this 15-to-50 age group accounts for only 10 to 20 percent of all deaths in a developing country, but these deaths typically generate a
disproportionate share of total health care demand. Several studies suggest that adults with AIDS use more health care prior to death than those who die of other causes, or even of other prolonged illnesses, the percentage increase in the demand for care by adults is likely to exceed the percentage increase in their mortality due to AIDS.

Cohen Desmond on the paper 'The Economic Impact of the HIV Epidemic' identifies the main macroeconomic effects of HIV as reduction in level of net savings, reduced rate of investment, slow rate of economic growth and the level of GDP (Gross National Product), per capita income and on the size of the effective labor supply, which has critical implications for what can be produced, and under what conditions of production. He shows the importance to establish the economic case for effective policies for HIV prevention, and to place this analysis within the framework of the social-economic impact of the epidemic.

Resource availability for education will also be affected by the priorities, which affect intra-sectoral allocations, such as increase in health budgets to manage the disease. Almost inevitably, additional funds will have to be directed to the recruitment and training of replacements for those lost to the epidemic.

This epidemic will make it increasingly difficult, if not impossible, for the Ministry of Education to implement its mandate as effectively as it has in previous years. Meanwhile, the costs borne by the Ministry and its partners in educational development will increase dramatically due to the HIV/AIDS crisis.

2.10 MITIGATION AND LEGAL ISSUES OF HIV

Barnet T. et al (2000) acknowledges that present and immediately foreseeable medical knowledge suggest that HIV infection cannot be avoided by vaccination and that an affordable cure for the resulting syndrome, AIDS, is a long way off.

According to Buckley (2000) Brazil has made dramatic strides in reducing its HIV infection rate through a multi-pronged strategy that has included producing generic AIDS medicines and distributing them to patients.
Ainsworth and Semali (2000) emphasizes on three important health interventions namely immunization against measles, rehydration salts, and access to health care to mitigate the impact of adult mortality.

Anderson et al (1999) in a survey to explore people's attitudes about AIDS suggested, to achieve future behavioral and attitudinal changes, involvement of HIV carriers in education and role playing with people is vital.

Kinsman et al (1999) identified the language and cultural believes as a barrier in AIDS education among the rural communities. Proposed solutions include greater flexibility with the English language policy, alternative approaches to role-play activities, persuading influential individuals about the need for young people to learn about safe sex and designing a parallel community-based program to facilitate community acceptance of AIDS education.

Shuey D.A. et al (1999) in their findings emphasized on improved access to information, improved peer interaction and improved quality of performance in the existing school health education system. They also point out that AIDS education programs need not be expensive and can be implemented by simply using current local staff.

Kelly concludes that HIV/AIDS is having a great impact on teacher supply and morale, on school participation, and on curriculum content in Zambia. He argues that the limited availability of systematic information suggests the need for more focused research. The paper stresses there is urgent need to make school systems proactive about communicating messages and information about HIV/AIDS.

The benefits of acting at the workplace are that over 90% of people with HIV are adults in their productive prime - workers, employers, and managers in all sectors. The workplace is where they come together, where information messages can be shared, and policies, regulations, and training adapted to include HIV/AIDS.

ILO requires all countries to adopt legislation dealing specifically with the subject of HIV/AIDS and employment, employers and workers' representatives share responsibility for enforcing these laws. The workplace provides opportunities to protect
the rights of those affected through the development of appropriate policies, to reduce infection through education, care, and support to help infected workers live and work for longer.

In USA persons infected with HIV are categorised as handicapped people under the Federal Rehabilitation Act of 1988. In 1997 the US Supreme Court ruled that a person with HIV infection should be afforded the same rights as one with AIDS. Reasonable accommodation includes release time for doctors' appointments or other medical care, rest periods during the workday if medically necessary, physical restructuring of the work area for example ramps for wheelchair access and development of part-time work schedules to meet the individual's needs (Alcamo Edward 2003).

2.10.1 HUMAN RIGHTS AT WORKPLACE

According to United States Human Rights Arline was dismissed from her job because of contracting TB in 1987. The court ruled that it was against her human rights. She was reinstated and compensated accordingly.

The ILO Code of Practice on HIV/AIDS and the world of work sets out ten key principles that protect rights and guide the workplace response. They include non-discrimination, confidentiality, gender equality, a safe and healthy work environment, continuation of employment, and the right not to undergo compulsory HIV testing. The Code was approved by employers, unions, and government representatives from all regions in 2003.

It is vital to constantly reinforce the simple facts about HIV infection, how it is spread and not spread, and how to prevent it, contradict the persisting myths about HIV and AIDS, and combat superstitions and taboos related to sex, help people apply prevention messages to their own situation. Information and education should be provided in a variety of forms, not relying exclusively on the written word and including distance learning where necessary. Programmes should be tailored to the needs, context, and characteristics of the workforce. Peer education has been found to be particularly effective, as has the involvement of people living with HIV/AIDS in the design and implementation of programmes (Gudmund Hernes, UNESCO).
2.11 MAINSTREAMING HIV/ AIDS DEFINED

UNAIDS has recently proposed the following working definition of mainstreaming AIDS: Mainstreaming AIDS is a process that enables development actors to address the causes and effects of AIDS in an effective and sustained manner, both through their usual work and within their workplace.

Mainstreaming addresses both the direct and indirect aspects of HIV and AIDS within the context of the normal functions of an organization or community. It is essentially a process whereby a sector analyses how HIV and AIDS can impact it now and in the future, and considers how sectoral policies, decisions and actions might influence the longer-term development of the epidemic and the sector.

To respond effectively to the epidemic, it requires exceptional responses that demonstrate timeliness, scale, inclusiveness, partnerships, innovation and responsiveness. In other words, to stay on top of the rapidly evolving epidemics, actions need to be incorporated into sectors’ normal operations while simultaneously continue seeking innovations and extending new partnerships. Mainstreaming HIV and AIDS is a collective and concerted effort of all the stakeholders.

Although the National Action Framework for HIV and AIDS should be used as a frame of reference for mainstreaming efforts, in some instances these frameworks may require revision to reflect a broader and deeper conceptualisation of HIV and AIDS. In particular, it may be necessary to shift the NAF from a narrow focus on AIDS and work towards a broader focus on mainstreaming HIV/AIDS.

A critical feature of mainstreaming is to take account of an organization’s mission, mandate and comparative advantages and relate these to the direct and indirect aspects of the epidemic. Mainstreaming HIV and AIDS includes these direct efforts but also critically addresses the underlying causes of vulnerability to HIV infection and the longer term consequences of AIDS.

Mainstreaming means integrating HIV and AIDS into functions relevant to the core mandate of each sector and entity. Thus, mainstreaming in practical terms may differ between education and agriculture, mining and the media. However, there are certain
strategies and actions that are common to different sectors in reducing vulnerabilities to HIV infection and mitigating impacts of AIDS.

Lessons learned and knowledge gained from countries in the past two decades have shown that the underlying causes of vulnerability to HIV infection and impacts of AIDS are systemic and structural as well as influenced by societal values and cultural norms. To turn the tide of the growing epidemics, responses must go beyond the direct to confront and respond to the indirect factors that perpetuate vulnerability to HIV infections.

2.12 CARE, SUPPORT AND TREATMENT

ILO recognizes that access to care and treatment also contributes to the prevention of HIV infection. Care provision encourages confidential voluntary counselling and testing (VCT). It offers an opportunity to discuss with the infected person how she or he might prevent the risk of further transmission. By caring openly and compassionately for persons infected with HIV, caregivers alleviate the community's fear of HIV infection and reduce stigma and discrimination.

There are social and economic benefits of care and support for people living with HIV/AIDS. When people are helped to stay at work and live longer, then sickness, suffering, impacts on production and loss of income are postponed. Comprehensive care and support should meet the needs of workers with HIV/AIDS for treatment, for material and psychosocial support, and for protection against discrimination and rejection.

2.12.1 GENDER DIMENSIONS OF HIV/AIDS

ILO emphasizes the recognition of gender dimensions of HIV/AIDS. Gender refers to male and female social roles and behavior as opposed to the sex, which is the universal biological differences between men and women. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural and economic reasons. The greater the discrimination in societies and the lower the position of women the more negatively they are affected by HIV. Therefore, more equal gender relations and the empowerment of
women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV/AIDS.

Figure 2.3 The impact of HIV/AIDS on the education system

HIV/AIDS

\[ \rightarrow \]

Personnel in the education system

\[ \rightarrow \]

Personnel and other system losses

\[ \rightarrow \]

Weakening and disruption of system

\[ \rightarrow \]

Uncertainty, bewilderment, paralysis, disarray, turbulence in education sector

\[ \rightarrow \]

Reactive changes, adjustments, innovations

An education system that is limping and faltering because of inadequate incorporation of the HIV/AIDS

A functioning education system that has responded dynamically and creatively to the epidemic

2.13 CONCEPTUAL FRAMEWORK

Figure 2.4 VARIABLES

The study was based on the conceptual framework shown below.

Source: Author (2005)

HR planning is defined as a strategy for the acquisition, utilisation, improvement and preservation of the HR of an organisation. With proper HR planning it is easy to fill the position that falls vacant, proper objectives, succession policies and so on.

Equal opportunities- underscores the need to maintain the gender balance, age balance and avoiding discrimination or stigmatisation on grounds of disability such as HIV/AIDS.

Recruitment and Selection- aims at seeking and attracting qualified applicants to fill vacancies. It involves job analysis, person specifications, sources of potential employees, and analysing applicant's qualifications for determining their suitability.
Training and development-involves needs assessment in order to improve performance of employees. It involves developing performance standards, appraising performance and having programmes as required for developing existing HR, and conducting training.

Remuneration-entails the need to link the reward system to performance in order to enhance motivation of hardworking employees in an organisation.

2.13.1 OPERATIONAL DEFINITION OF VARIABLES

Olive and Abel Mugenda (1999) says operational definition refers to the measurement of a variable. It is the operation that will be used in measuring the variable.

WORKING CONDITIONS
- Absenteeism- being out of workplace by teachers on medical grounds
- Lateness for duty by teachers
- Objectives- goals set to be achieved by the teachers and schools
- Governance -change in leadership of schools.
- Reduced Performance by teachers

DEMOGRAPHY involves
- Decline of population growth- reduced number of people due to mortality rate
- Decline life expectancy- number of years one is likely to live
- Death of skilled workers – refers to trained teachers
- Reduced demand for education- number of those willing to go to school declines due to mortality rate,

TRAINING
- Costs of training teachers increases due demand
- Curriculum need to incorporate HIV/AIDS

ECONOMIC
- Reduced Productivity
- Increase in debt- teachers borrowing heavily to meet medical expenses.
• Reduced savings by teachers
• Increased healthy expenditure
• Reduced revenue to the state
• Reduced investment

LABOUR MARKET changes
• Child labour- kids working to provide basic needs for the family.
• Older generation remaining in the job

SOCIAL CHANGES
• Social exclusion- being discriminated and stigmatised by the society
• Increase in number of orphans in the society

HR PLANNING
• Strategic plan for teachers
• Succession plans

EQUAL OPPORTUNITIES
• Gender balance in teaching work

RECRUITMENT AND SELECTION
• Hiring of teachers
• Experience and qualifications

TRAINING AND DEVELOPMENT
• Need assessment for teachers

REMUNERATION
• Pay linked to performance

2.14 EMPIRICAL EVIDENCE

According to Kelly (2003), MOEST will need to evaluate how, when, in what numbers and at what cost it will recruit personnel to assist or replace those employees affected by epidemic. He emphasizes the need for close study of the policies on part-time or short-term appointments. It will also require a strengthened personnel section that will be fully appraised of staff losses and turnover, how long it takes to recruit replacement personnel.
staff, and how to draw up training plans for new staff and for those who have to be transferred to other areas of work. Kelly insists there is a need to accelerate appointments so that institutions and MOEST itself are not weakened by staff depletion. The concern of the MOEST should extend beyond adjusting itself to the personnel related impacts and responses required by HIV/AIDS. The well being of its employees should be of paramount importance, especially since it will almost certainly have to rely upon fewer of them to accomplish even more in these circumstances. This will certainly be possible through performance management.

SUMMARY OF LITERATURE REVIEW

When a person becomes infected with HIV, the virus attack a subset of immune system cells which are responsible of the body overall immunity. The body becomes weak to cope with the virus or protect the body from opportunistic infections. Inexorably the time arrives when the individual succumbs to these and eventually yields to death. Likewise HIV weakens or destroys vital structure, programmes, projects that propel the functioning and development of an education system.

The effects of HIV/AIDS pandemic among employees in the workplace fall within the realm of a social system where we see the interaction of the educators and the environment in which they operate. Ray Bishop and Keith Porter (2003) both underscores that Performance management means shared commitment to high performance. It helps to focus attention on more effective teaching and monitoring to raise the quality of teaching and to benefit pupils, teachers and the school. It means providing appropriate and effective personal training and development to ensure job satisfaction, a high level of expertise and progression of staff in their chosen career. There is a need to improve performance by developing the effectiveness of employees, both as individuals and as teams. The evidence is that standards rise when schools and individual teachers are clear about what they expect pupils to achieve. That is why performance management is important.
CHAPTER THREE

3.0 METHODOLOGY

3.1 INTRODUCTION

This chapter covers the various research methods applied to generate data in the study. The research design aims at determining how variables are related to one another in the study. In this study descriptive research design was employed. The researcher used the chosen measures to collect data, the data so collected was assigned numerical values in order for it to be analyzed statistically using MS Excel and SSPS computer packages.

3.2 RESEARCH DESIGN

Research design is the blueprint for the collection, measurement and analysis of data. This study relied on descriptive survey. Descriptive research design is defined by Gay as a process of collecting data in order to test hypothesis or to answer questions concerning the current status of the subjects in the study. Descriptive research attempts to describe such things as possible behaviour, attitude, values and characteristics. The study used questionnaire survey method and interview techniques in data collection. Closed-ended questionnaires served as the primary data collection instrument. Descriptive design allows the use of percentages, measures of central tendencies, dispersion and correlations. The questionnaire developed was used to test the relationship between independent and dependent variables.

3.3 POPULATION OF THE STUDY

Population of this study comprised of members of staff of MOEST, TSC officials, and NGOs officials in Nyeri District. Listing of members included in the study was developed with the help of District Education Office in Nyeri town. The members were drawn from six regions namely Mathira, Mukurwe-ini, Othaya, Nyeri Municipality, Kieni West and Kieni East according to Divisional administration. Based on the previous knowledge of the population and specific objectives of the study, the researcher used personal judgement in the selection of these regions. Moreover, these regions being town centres are inhabited by large number of employees from different parts of the country, providing multi-ethnic sample with varying backgrounds.
3.4 SAMPLING DESIGN

Sampling frame is defined as a list, directory or index of cases from which a sample can be selected.

The target population consisted of 200 members, made up of MOEST officials, TSC officials and NGOs officials working in Nyeri district. Since it was not possible to involve the whole population, only a manageable sample was selected. Koul (1998) notes that a sample is expected to provide reliable and detailed information and at the same time, save time and finances.

Sample size of 67 members was determined by the commonly used social science research method as seen in table 1 below. This was done using stratified sampling to ensure that each category was well represented in the study. The selection of sample from each category was done using simple random sampling. A sampling frame, that is a list of all employees and a list of NGOs were obtained from the MOEST and Social services offices in Nyeri town respectively.

TABLE 3.1 SAMPLING FRAME

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>TARGET POPULATION</th>
<th>RATIO</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSC OFFICIALS</td>
<td>60</td>
<td>0.3</td>
<td>30%</td>
</tr>
<tr>
<td>NGOS OFFICIALS</td>
<td>40</td>
<td>0.2</td>
<td>20%</td>
</tr>
<tr>
<td>MOEST OFFICIALS</td>
<td>100</td>
<td>0.5</td>
<td>50%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>200</strong></td>
<td><strong>0.5</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: District Education office, Nyeri

**SAMPLE SIZE** – depends on factors such as the number of variables in the study, the type of research design, the methods of data analysis and the size of the accessible population. With a large sample, the researcher is confident that if another sample of the same size were to be selected findings from the two samples would be similar to a high
degree. The small samples do not reproduce the salient features of accessible population to an acceptable degree. The discrepancy between the sample characteristics and the population characteristics is referred to as sampling error. A small sample is convenient when the researcher is constrained by time and resources. The sample size of this study was computed using the formula below.

\[ n = \frac{N}{1 + n(e)^2} \]

Taro Yamane (1970)

Where \( N \) is total population and \( e \) is error, that is the error in this case is 0.10 or confidence level is 90\% (z-score is 1.65).

\[ n = \frac{200}{1 + 200 (0.10)^2} = 66.7 = 67 \]

The sample was broken down as follows; 36 MOEST, 18 TSC officials, and 13 NGOs officials.

Due to the wide geographical area of the study and the homogeneity of the target population the researcher divided the area into six administrative regions which are namely Mathira, Mukurwe-ini, Othaya, Nyeri Municipality, Kieni East and Kieni West.

3.5 DATA COLLECTION

Both primary and secondary data collection methods were utilized because it involved researching using other materials available on the subject, that is the library, publications and internet. The information gathered helped to generate a profile of best ideas in handling the effects of HIV/AIDS pandemic on performance management of employees and it served as a guide to the researcher in the other part of the study. It also involved going to the field directly in order to verify and get first hand information.
3.5.1 RESEARCH INSTRUMENTS

Primary data was collected by use of structured and non-structured questionnaires. The questionnaires were given to already sampled respondents. The respondents were given a maximum of two days within which they handed in completed questionnaires for analysis. The structured questionnaires made it easy for the respondents to answer the questions. The approach assisted the study to obtain different views concerning the effects of HIV/AIDS on PM of employees.

The researcher also used interview schedules to collect data from MOEST officials, TSC staff and NGOs officials to supplement the questionnaires. The interview schedule enabled the researcher to probe further particularly on sensitive issues.

3.6 DATA ANALYSIS TECHNIQUES

The data collected was checked for accuracy and consistency during entry, spot checks were formed to ensure integrity of the data. The data was subjected to standardized statistical analysis techniques. Responses were converted into numerical codes to permit quantitative data analysis. The researcher used descriptive statistics such as frequency distribution tables, percentages, graphs, tables and charts, measures of central tendency such as mean, to analyse the data. It was done using statistical package for social sciences (SPSS), this helped to draw conclusions and make recommendations.
CHAPTER FOUR

4.0 DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

This chapter presents the data analysis, and interpretations of the research. The first section reports the respondents' background in terms of gender, level of education, and work experience. The second presentation was concern with the respondents' perceptions of effects of HIV/AIDS on Performance Management. The third part reports on performance appraisal of employees in this era of HIV/AIDS. The last part of this chapter gives a summary of the possible solutions, and MOEST mainstreaming framework for its employees in management and mitigation of HIV/AIDS.

4.2 SAMPLE CHARACTERISTICS

A random sample of 67 respondents was identified to form the research sample. This figure represented 33.5% of the total target population of about 200 employees in various management levels. As already explained this figure was arrived at specifically with a view to getting a wholly representative sample size for the purpose of this research. All the respondents satisfactorily participated in filling the questionnaires, and answering interview questions. However, 7 questionnaires were discarded during analysis after they were found to be faulty or incomplete. Therefore the response rate was 90%.

4.2.1 GENDER

The respondents were asked to indicate their gender and their responses are summarised in the table 4.1 below.

Table 4.1.Distribution of respondents by sex/gender

<table>
<thead>
<tr>
<th>SEX</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td>40</td>
<td>66.7</td>
</tr>
<tr>
<td>FEMALE</td>
<td>20</td>
<td>33.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>
As shown in the table above a total of 40 males and 20 females took part in the study. This translates into a ratio of 2:1, which indicates that both men and women were fairly represented in the study. This also shows that the majority of respondents were men, meaning more men than women still occupy or hold more positions in government offices.

4.2.2 AGE

The respondents were requested to indicate their ages and the results were as shown below in the pie chart.

Figure 4.1 Respondents by Age

From the above pie chart it can be deduced that majority of the respondents are mature people above thirty to forty years of age, with a total percentage of 42%. Those in age brackets, below 30, and fifty and above have 13% and 12% respectively. One can also deduce from the pie chart that most of the employees have many years of work experience, which is significant in analysing job performance.
4.2.3 ACADEMIC LEVELS

On the response to the question about their academic levels the respondents indicated the results as shown below in the bar graph figure 4.2.

Figure 4.2 Respondents by Academic levels

Education level varied from certificate to university degree. From the above bar graph it can be noted that majority of the participants in the study are degree holders. Those with masters, diploma and bachelors' degree were 42 out of the total 60 respondents. An indicator that most of the employees are learned which is a requirement for optimum performance in most jobs.

4.2.4 OCCUPATION/CATEGORY OF RESPONDENTS

Different categories of respondents who participated in the study were as summarised below in the table 4.2

Table 4.2 Respondents at different categories

<table>
<thead>
<tr>
<th>OCCUPATION/CATEGORY</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOEST OFFICERS</td>
<td>35</td>
<td>58.33</td>
</tr>
<tr>
<td>TSC OFFICERS</td>
<td>20</td>
<td>33.33</td>
</tr>
<tr>
<td>NGOs OFFICERS</td>
<td>5</td>
<td>8.33</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>60</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
From the above table it can be noted that majority of the respondents were civil servants with 92% who were the main target of the study. The table also reveals that none civil servants comprised of just 8%. This underscores the fact that government is also an equal opportunity employer. One can also conclude that the majority of civil servants in the education sector within the district level are in the MOEST, due to the fact that most of the TCS services are centralised in the Headquarters in Nairobi.

4.2.5 INFECTED, OR AFFECTED EMPLOYEES

The respondents were asked whether they have ever dealt with an infected or affected employee and their response was as indicated below.

Figure 4.3

According to the pie chart 83% of the employees indicated that they had dealt with a case of affected or infected colleague. Only 17% indicated they have not. This implies that it is true even civil servants are victims if HIV/AIDS.

4.2.6 CHARACTERISTICS EXHIBITED BY HIV INFECTED PERSONS

On the response to the characteristics exhibited by the HIV/AIDS persons the respondents gave the following results as shown in table 4.3 below.

Table 4.3

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>58</td>
<td>96.67</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
<td>3.33</td>
</tr>
<tr>
<td>TOTAL</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>
On the characteristics exhibited by HIV/AIDS employees 96.7% agrees that such employees are for instance unable to meet deadlines, they are absent most of the time, they are economically strained due to the demand of the medical care just to mention a few. Only a dismal number 3.3% do not agree wholly that victims of HIV/AIDS are inaccurate in their work, or they come to duty late. This reflected that HIV employees cannot be expected to perform wholly as per expectations of their organizations.

The respondents were further asked to indicate YES or NO on the characteristics exhibited by HIV/AIDS employees and the results are as shown in table 4.4 below.

<table>
<thead>
<tr>
<th>CHARACTERISTICS OF HIV/AIDS PERSONS</th>
<th>YES%</th>
<th>NO%</th>
<th>TOTAL%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Absenteeism</td>
<td>100</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>3 Incomplete work/duties</td>
<td>80</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>4 Failure to meet deadlines</td>
<td>85</td>
<td>15</td>
<td>100</td>
</tr>
<tr>
<td>5 Economic hardships</td>
<td>75</td>
<td>25</td>
<td>100</td>
</tr>
<tr>
<td>6 Reduced productivity</td>
<td>70</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>7 Increased medical expenditure</td>
<td>90</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td>8 Reduced work performance</td>
<td>95</td>
<td>5</td>
<td>100</td>
</tr>
<tr>
<td>9 Lateness to duty</td>
<td>80</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>10 Poor team work</td>
<td>90</td>
<td>10</td>
<td>100</td>
</tr>
</tbody>
</table>

The above table shows that the characteristics exhibited by HIV/AIDS ranges from absenteeism 100%, incomplete work 80%, economic hardships 75%, reduced productivity 70%, increased medical expenses 90%, reduced work performance 95%, lateness to duty 80% and poor team work 90%. Therefore it is true to conclude that HIV/AIDS pandemic do affect the performance of employee in their work, thus interfering with the achievement of organisations goals and set objectives (results), which are the tenets of PM.
4.2.7 EFFECTS OF HIV/AIDS ON PERFORMANCE MANAGEMENT

When asked to respond whether it is true or false on the constraints of HIV/AIDS on PM of employees the respondents response were as indicated in the table 4.5

Table 4.5 Extent to which HIV/AIDS effects have constrained PM of employees

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRUE</td>
<td>57</td>
<td>95</td>
</tr>
<tr>
<td>FALSE</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

From the table, we see that 95% of respondents agree that the effects of HIV/AIDS do constrain performance of employees. Only 5% indicates that they do not accept wholly that, effects of HIV/AIDS affects PM, implying there could be other factors behind poor performance of employees.

4.2.8 PM OF CIVIL SERVANTS

The respondents were asked to indicate their level of satisfaction of the performance appraisal, and the results are summarised in the figure 4.4 below.

Figure 4.4 Performance Management of employees

The overall performance appraisal of employees indicated that 50% are currently performing excellently, and only a very dismal number 8% needs training and
development. This indicates that objectives are achieved without major hindrances. On average 95% of respondents indicated that they are able to meet deadline, and make optimum use of time and resources. Like wise 100% of the respondents indicated that there are reduced customer complaints. This means that PM has generally improved service delivery to the public.

4.2.9 FREQUENCY OF PM APPRAISAL

In responding to the question on the frequency of performance appraisal the respondents gave the following results as indicated in the table 4.6.

Table 4.6 Frequency of performance appraisal

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONCE A YEAR</td>
<td>4</td>
<td>6.7</td>
</tr>
<tr>
<td>SEMI-ANNUAL</td>
<td>11</td>
<td>18.3</td>
</tr>
<tr>
<td>QUARTERLY</td>
<td>45</td>
<td>75</td>
</tr>
<tr>
<td>NOT AT ALL</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

On frequency of appraisal most of the respondents indicated that they are appraised, 75% says it is done on quarterly basis, 18.3% accepts it is done semi-annually and only 6.7% experience it annually. This indicates that with PM taking root in government ministries, evaluation of employees is being done.

On the question whether they receive performance appraisal feedback 90% accepted YES they do while 10% said NO. This indicates that employees are aware about their weaknesses and thus, able to improve on such weaknesses.

Respondents were asked their opinion on how to improve PM in the midst of HIV/AIDS and majority suggested that there is need for the employer to set a budget to support the medical care of the infected and counselling services of the affected and, or infected employees, have flexible working hours and link pay to performance.
4.2.10 INVOLVEMENT IN SETTING ACHIEVEMENT TARGETS

In responding whether they agree on objectives with their team leaders that is beforehand, the respondents gave the following results as shown in table 4.7

Table 4.7 Agreeing on objectives with the team leader

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>59</td>
<td>98.3</td>
</tr>
<tr>
<td>NO</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Ninety eight point three (98.3%) of respondents said that they agree beforehand the objectives expected of them to achieve. This goes with the process of PM that is result oriented. Only 1.7% said that they do not have such a system in their work place.

On what the ministry is supposed to do to improve performance, almost 90% of the respondents suggest there is need to support those affected, or infected medically, and socially.

4.2.11 AWARENESS OF FACTORS CONTRIBUTING TO PREVALENCE OF HIV/AIDS

The respondents were asked to indicate whether they agree or disagree to the following statements, and their results are summarised in table 4.8 below.

1=strongly disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly agree.

| 1 | I am sexually responsible since hearing about AIDS |
| 2 | Employees who contract HIV have themselves to blame |
| 3 | I do not think I can get HIV/AIDS |
| 4 | HIV/AIDS employees should be dismissed immediately |
| 5 | It is important for one to voluntarily test for HIV |
| 6 | Abstinence, being faithful and use of condoms controls HIV |
| 7 | Sexual harassment is real in workplace among civil servants |
| 8 | Sexual favours are used to reward employees by promotions |
| 9 | HIV/AIDS education is necessary at workplace |
| 10 | HIV/AIDS affects or, and infects anybody |
| 11 | Culturally I belief in wife inheritance |
| 12 | Our religion supports wife inheritance |
| 13 | In our society polygamous is practised |
| 14 | My income is very little I have to supplement it by commercial sex |
Table 4.8 Factors contributing to HIV prevalence among civil servants

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGREE</td>
<td>48</td>
<td>80</td>
</tr>
<tr>
<td>DISAGREE</td>
<td>12</td>
<td>20</td>
</tr>
<tr>
<td>TOTAL</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Since no respondents indicated neutral (3), other categories were collapsed into agree and disagree to allow the use of descriptive statistics (that is 1 and 2 into disagree, then 4 and 5 into agree). The 80% of respondents agrees that behaviour change is the only way to control the spread of HIV among employees. 90% of the respondents in the area of study concur that cultural and religious beliefs do not contribute to prevalence of HIV apart from 10% who attribute the spread of HIV to cultural beliefs such as wife inheritance. Only a dismal 12% of respondents disagreed that issues such as sexual harassment are real in work place, sexual favours are used to award employee promotion.

4.3 DISCUSSION OF THE FINDINGS

4.3.1 Effects of HIV/AIDS

The researcher found out that HIV/AIDS has profound implications on the individual as a person and the society at large. These effects range from economic hardship, changes in the labour market, decreasing populations, to changes in social issues. It was discovered that government and parents are incurring extra cost to train new teachers to replace those who leave employment or die due to HIV/AIDS. Due to unemployment in the country the shortage of employees has not been felt as a result of deaths occasioned by the HIV/AIDS scourge. Even though not directly related to HIV there are cases of civil servants being hired on contract after retirement. This portrays changes in the labour market.

4.3.2 ABSENTEEISM

On absenteeism, about 80% of the respondents felt that it was common but it could not be wholly attributed to the HIV/AIDS. The 60% of respondents noted that
where an employee was diagnosed with HIV/AIDS, cases of seclusion by others, absenteeism, late coming to work, economic hardships among others were rampant.

Most of the employees felt that performance to them as individuals was not very important. This was due to the fact that pay for a civil servant is decided by the employer and there is no room for hard working individuals to be remunerated separately. In the same line most of the respondents felt that recruitment is done on merit.

Almost all employees agreed that with introduction of PM in the ministry there is improved service delivery to the public and this has gone along way in improving the performance of schools in the district.

4.3.3 TRAINING

On refresher courses about 75% of the respondents felt that they were non-existence before but with introduction of PM under the civil service reforms; Rapid Result initiative(RRI), seminars are common as a way of improving performance of employees.

4.3.4 DEMOGRAPHIC CHANGES

According to MOEST and TSC official records and the comments on employees' demographic changes, can largely be attributed to natural attrition and labour turnover. This means there is nothing abnormal even in this era of HIV/AIDS.

Analysis of the factors contributing prevalence of HIV among employees, it was observed that 99% of them are well informed about the scourge and for that matter they are sexually responsible. The notion that HIV/AIDS is the disease of other people was not there.

4.3.5 SOCIAL-CULTURAL ISSUES

About 90% of the respondents accepted they have seen a colleague or someone they know die of AIDS in the society. Almost all respondents said they would be willing to go for HIV test but the VCT facilities were either too far or non-existent. Only 2% of the respondents reported they have witnessed a case of sexual harassment, particularly on new female employees.
On the response as to whether MOEST, and TSC have factored in the issue of HIV/AIDS mainstreaming plan in the workplace. The response was overwhelmingly yes, apart from the TSC that insisted the blueprint is at an advanced stage. MOEST and TSC offices already have condom boxes within their wash rooms an intervention mechanism that was introduced in late 1990s. However, most of the employees claimed that they no longer serve any purpose because there was no restocking of the condoms.

4.3.6 ECONOMIC HARDSHIPS

The study highlighted that the infected and, or affected employees seemed economically constrained due to the fact that most of their earnings were being used in the medical care for the self and, or a family member. This made them perpetually broke. Social seclusion was common by fellow employees. From the study it is true there are deaths of civil servants as a result of AIDS even though the number was not very big to cause an alarm. By any standards this affects the demographic structure of government employees in the country.

4.3.7 CONSTRAINTS OF HIV/AIDS ON PM

Radlett (2000) notes that Performance Management, by recognising the achievement of employees through constructive feedback on performance also helps them to identify areas for development and improvement, which eventually leads to self-esteem and job satisfaction.

Reeves (2004) states that for a teacher PM is now a tradition in English schools where it is supported within the Education ACT of 2002.

Notable constraints of HIV/AIDS on PM are namely; withdrawal of children from schools, meaning a teacher is not able to measure his or her performance using exam results. Social seclusion on employee makes them to be psychologically disturbed and hence unable to concentrate in work. Due to frequent absenteeism by the employee, the set objectives are not achieved; syllabus is never completed, which eventually translates to poor examination results.
5.1 INTRODUCTION

This study was carried with the main purpose of subjecting the civil servants within the education sector to an assessment of performance management in this era of HIV/AIDS. It therefore endeavoured to answer the question; in this time and era of HIV/AIDS, what steps have been taken by the employer to ensure optimum performance of the civil servants and achievement of organisations objectives?

In the face of the new political orthodoxy requiring public services to be efficient and effective by adopting the practices and approaches used in the private sector citizens have become customers, and new consumerist, market driven by the democracy based on the notion of stake- holding. This according to Clarke and Newman (1997) has come to replace the traditional way of serving the citizens in all public offices. Here in Kenya through the Rapid Response Initiative programme, popularly being referred to as ‘Huduma Bora ni haki yako’ that is ‘good service is your right’, has shown some tremendous improvement on how services are being offered to the public. The programme is objectively result oriented.

5.2 SUMMARY OF THE FINDINGS

Going by the words of Bottery (2000) that ‘PM within education service as in other public services is a contentious issue’. PM is defined by very specific set of practices developed to control the behaviour of individuals in organisations. It is an ongoing cycle throughout the year. Any organisation that practices PM has the following features; it communicates a vision of its objectives to all its employees, it sets departmental and individual performance targets that are related to wider objectives, conducts a formal review process to identify training, development and reward outcomes, evaluates the whole process in order to improve effectiveness.

In this research the approach taken was subjective and interpretative in the sense that it was aimed at identifying the individual representations with a view to exploring a phenomenon that has received very little, or no attention so far. 'Effects of HIV/AIDS on Performance Management of civil servants.'
The study concludes that HIV/AIDS affects performance of employee. The research raises very fundamental issues that employer of civil servants in Kenya need to review in order to improve the performance of both administrators and teachers in offices and schools respectively, for instance to attach pay to performance. The factors raised in this study shows that there is need for concerted efforts by all stakeholders to stem out HIV pandemic in the workplace and in the society. Hopefully the study added to the much needed theoretical framework for understanding the PM process.

5.3 RECOMMENDATIONS

From the findings of this study the researcher came up with the following recommendations.

1. Most of the administrators were stimulated by the study particularly on PM and it is high time the Ministry of Education through TSC introduces the PM in schools. Pay or reward system should be attached to PM. Results should be based on objectives as revealed by Drucker that management by objectives is a way of coordinating and motivating a firm's workforce by breaking the organisation's goals into specific objectives for each section, department and individual.

2. The next step after the introduction of PM in schools is to retrain the Headteachers in management of HR to make sure the system succeeds.

3. It was established from the research that it is important to address the HIV scourge in schools, probably by integrating it in the curriculum. This is going to equip the infected and, or affected with strategies and mechanisms to face life. Where possible employer should set aside some funds to rehabilitate the victims back to normal lives in the society.
5.4 SUGGESTIONS FOR FURTHER RESEARCH

The study opened up more areas of research despite providing an understanding of the effects of HIV/AIDS on PM of civil servants. Therefore the researcher suggest further research on the following fields.

1. This study illustrates the importance in future research of developing remuneration and rewards for the civil servants based on PM. This is in recognition that even the hard working employees find it difficult to continue expending their efforts yet they are not rewarded.

2. The research also suggests that the groups concerned with HIV/AIDS campaigns should develop a programme that can be integrated in the Education system, in order to benefit administrators, teachers and students.

3. This study attempted to subject civil servants to a HR function interrogation in order to assess their performance in the midst of HIV/AIDS scourge. This study can be replicated in any other organisation or institution. This will give a clear picture of the importance of measuring the results of HR just as an economist measures profitability or return on investment based on empirical studies rather than generalisations.
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Sample questionnaire

The purpose of this questionnaire is to collect data for research project leading to award of degree of Master of Business Administration of Kenyatta University. The questions are supposed to be filled by MOEST employees, TCS employees and various NGOs officers all within Nyeri district.

Your honest response will be held in strict confidence and will be used for academic purposes only.

Do not write your name.

QUESTIONNAIRE ON EFFECTS OF HIV/AIDS ON PERFORMANCE MANAGEMENT OF CIVIL SERVANTS: A CASE OF MINISTRY OF EDUCATION EMPLOYEES – NYERI DISTRICT.

Fill in the blank spaces or tick as required.

A. Personal information

0. OCCUPATION..........................

0. Sex

() Male

() Female

0. Age bracket

() Below-30

() 30- 40

() 40-50

() 50 and above

4. Academic level

() Masters

() Post Dip

() B.degree

() Diploma

() Others
Section I: Establishing the effects of HIV/AIDS on employees.

0. Have you dealt with case of employee infected or affected by HIV/AIDS?
   √ YES    × NO

Are HIV/AIDS employees associated with the following characteristics?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Absenteeism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Incomplete work/duties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Failure to meet deadlines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Economic hardships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Reduced productivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Increased medical expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Reduced work performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Lateness to duty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Poor team work</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section ii: This section measures the extent to which HIV/AIDS effects have constrained PM of civil servants. Indicate true, or false.

<table>
<thead>
<tr>
<th></th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Poor quality work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Lack of accuracy and precision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Reduced quantity of work done</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Increased wastage of materials and time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Reduced morale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Increased cost of operation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Increased customer complaints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Mental imbalance while working</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section iii: To be filled by HR managers/Administrators

Performance appraisal is a systematic and objective way of judging the relative worth or ability of an employee in performing his task. It is a process of reviewing an individual’s performance and progress in a job and assessing his potential for future improvement.

General Assessment of employee’s performance by HR managers/Administrators.
(tick appropriately)

No........ Excellent 1 Good 2 Satisfactory 3 Needs development

19. Employees plan effectively and set clear objectives.

20. Employees show good knowledge and understanding of their work.

23. Employees make effective use of time and resources

24. Employees meet deadlines

25. There is reduced customer complaints

26. Targets are achieved in time

Section iv: To be filled by junior employees.

27. How often is your performance appraised?
   Once a year () Semi-annually () Quarterly () Not at all

28. Before appraisal do you agree on the objectives with team leader?
   Yes () No ()

29. Do you receive the feedback of performance appraisal?
   Yes () No ()

30. How can you rate your performance?
   Excellent () Good () Satisfactory () Poor

31. In your opinion what need to be done to improve PM of civil servants in this era of HIV/AIDS?
Factors contributing to HIV prevalence among civil servants.

Please circle the number that best describes your feelings about HIV/AIDS in workplace; sexual behaviour, attitude, and beliefs.

1 = strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tr>
<td>1</td>
<td>I am sexually responsible since hearing about AIDS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Employees who contract HIV have themselves to blame</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>I do not think I can get HIV/AIDS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>HIV/AIDS employees should be dismissed immediately</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>It is important for one to voluntarily test for HIV</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Abstinence, being faithful and use of condoms controls HIV</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
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<td>7</td>
<td>Sexual harassment is real in workplace among civil servants</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>Sexual favours are used to reward employees by promotions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>HIV/AIDS education is necessary at workplace</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>HIV/AIDS affects or, and infects anybody</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11</td>
<td>Culturally I believe in wife inheritance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12</td>
<td>Our religion supports wife inheritance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>13</td>
<td>In our society polygamous is practised</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14</td>
<td>My income is very little I have to supplement it by commercial sex</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Thank you for responding to this questionnaire and may GOD bless you.
Interview schedule

To be used in interviewing the officials of MOEST, and NGOs.

1. Does ministry have a mainstreaming programme for its employees in control of HIV/AIDS?

2. Are there plans by the MOEST to integrate HIV/AIDS in education curriculum?

3. What is the Ministry doing about the affected and, or infected employees in the Ministry?

4. How can you describe the effects of HIV/AIDS on PM of civil servants?

NGOs

5. How effective are the efforts of your organisation in fight against HIV/AIDS among civil servants?

6. In your opinion what need to be done to scale down the effects of HIV/AIDS among civil servants in order to improve performance in the delivery of services?
## BUDGET

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PLAN AND SCHEDULE OF ACTIVITIES

Plan of Activities

Activity
1. Data collection
2. Data analysis
3. Compilation of report
4. Submission of Report

Time
one week
two weeks
three weeks
2\textsuperscript{nd} week of Nov. 2006

SCHEDULE OF ACTIVITIES

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<tr>
<td>3. Compilation of report</td>
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<td></td>
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<tr>
<td>4. Submission of Report</td>
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</table>
# PLAN AND SCHEDULE OF ACTIVITIES

## Plan of Activities

<table>
<thead>
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<th>Time</th>
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<tbody>
<tr>
<td>1. Data collection</td>
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## SCHEDULE OF ACTIVITIES

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<td>4. Submission of Report</td>
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