

**THE DETERMINANTS INFLUENCING THE IMPLEMENTATION OF  
HIV/AIDS POLICY AT THE TEACHERS SERVICE COMMISSION IN KENYA**

**BY**

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## DECLARATION

This project is my original work and has not been presented for award of a degree in any other University.

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## **DEDICATION**

This project is dedicated to my wife Rose, our children Doreen and Derrick. A special dedication to my parents for their wise counsel, love for education, inspiration and contribution towards my success in education.

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## DEFINITION OF TERMS

**Advocacy-** this is the creation of awareness on HIV/AIDS in order to promote a positive cultural and behavior change among people

**Affected-** this is a person who is feeling the impact of HIV / AIDS through sickness or loss of relatives, friends or colleagues

**AIDS-** This is a disease that is caused by HIV virus which acts by weakening the immune system making the body susceptible to opportunistic diseases.

**Discrimination-** This is any form of arbitrary distinction, exclusion or restriction affecting a person.

**Evaluation** -Assessment of the impact of a program of a particular point in time

**HIV-** A virus that weakens the body's immune system causing AIDS

**Infected-**A person who is living with a virus that causes AIDS

**Monitoring-** Continuous assessment of a program

**Policy-** A course of action or in action chosen by an organization to address given problem or a related set of problems

**Prevalence of HIV-** The number of people with HIV at a particular point in time often expressed as a percentage of the total population

**Prevention-** A program designed to combat HIV infection and transmission

**Stigma** -A shameful feeling brought about by HIV/AIDS.

**Determinant-** An influencing or determining element or factor

**Implementation-** Putting Proposal or a plan or a recommendation into action

## ABBREVIATIONS AND ACRONYMS

ACU	-	Aids Control Unit
AIDS	-	Acquired Immune Deficiency Syndrome
CMS	-	Countries Monitoring System
GOK	-	Government of Kenya
GOSA	-	Government of South Africa
HIV	-	Human Immunodeficiency Virus
IEC	-	Instructional and Educational Communication
ILO	-	International Labour Organization
KAWI	-	Kenya Aids Watch Institute
KNASP	-	Kenya National Aids Subsector Policy
ECOT	-	Employers' Confederation of Thailand
MDGS	-	Millennium Development Goals
MEU, SA	-	Monitoring, Evaluation Unit, South Africa
NACC	-	National Aids Country Council
PLHA	-	People Living with HIV/AIDS
ROK	-	Republic of Kenya
SIV	-	Simian Immune Deficiency Virus
SPSS	-	Statistical Package for Social Sciences
STI	-	Sexually Transmitted Infections
TB	-	Tuberculosis

TSC	-	Teachers Service Commission
UK	-	United Kingdom
UNAIDS	-	United Nations Aids
VCT	-	Voluntary Counseling and Testing
WHO	-	World Health Organization

## ABSTRACT

Over the years, HIV /AIDS has become a major threat to the socio-economic development in the world especially in economically poor countries. HIV/AIDS continues to be the leading cause of death in the region with 2.1 million AIDS related deaths. A total of 33.2 million people worldwide were also living with HIV/AIDS (WHO, 2007). Due to high prevalence of HIV/AIDS worldwide, HIV/AIDS policies have become crucial in many organizations for the purpose of addressing the scourge. These policies have implications in productivity, attainment of harmonious working relationships, facilitation of equal opportunities and availability of certain privileges to employees who are HIV positive (Krammar, 2001). Although the TSC has developed a sub-sector workplace policy on HIV/AIDS the implementation of this policy has remained a major challenge. However no scientific research has been done to establish the determinants influencing the implementation of the HIV/AIDS policy at the Teachers Service Commission of Kenya. This study therefore sought to establish the determinants influencing the implementation of the HIV/AIDS policy at the Teachers Service Commission of Kenya. As part of the specific objectives, the study sought to establish the effects of education and training, discrimination and stigma, monitoring and evaluation, care, treatment and support and resource allocation on the implementation of the HIV/AIDS policy at the Teachers Service Commission of Kenya.

The study design was descriptive. The target population was 2400 secretariat staff comprising of 24 Commissioners, 200 senior management staff, 976 Middle management staff and 1200 junior staff. A stratified sample of 10% (240) was selected from the population of 2400. Data collection tool used in the research was a questionnaire which was administered to the respondents. The questionnaire had both closed and open-ended questions. Descriptive statistics was used to analyze the data through the aid of Statistical Package for Social Sciences (SPSS). Data was presented in form of frequency distribution, percentages or pie charts. The findings established low level of the Teachers' Service Commission (TSC) management supports for education and training of staff with HIV/AIDS. This study recommends that the TSC management need to sensitize staff on issues of HIV/AIDS through organizing seminars and workshops on HIV/AIDS policy. In addition, the management needs to embark on a consorted effort to support education and training for all staff without any form of discrimination. This will go along way in improving the employees output in the organization.

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the Study

Over the years, HIV /AIDS has become a major threat to the socio-economic development in the world especially in economically poor countries. According to the World Health Organization (WHO) 2007, an estimated 2.7 million people were newly infected with the disease worldwide. Out of this number, 1.7 million occurred in sub-Saharan Africa. In addition HIV/AIDS continues to be the leading cause of death in the region with 2.1 million AIDS related deaths. A total of 33.2 million people worldwide were also living with HIV/AIDS (WHO, 2007).

In 2008 globally, about 2 million people died of AIDS, 33.4 million were living with HIV and 2.7 million people were newly infected with the virus. In Asia, an estimated 4.9 million people were living with HIV. The prevalence of HIV was highest in the South Eastern Asian countries, but large number of people were affected in India as well. In Eastern Europe and Central Asia the number of people living with HIV/AIDS had increased from 630,000 in 2001 to 1.6 million in 2007 (UNAIDS, 2009).

In Africa about 32% of the people living with HIV/AIDS globally live in South Africa. In addition, an estimated 1.4 million adults and children were living with HIV in the United Republic of Tanzania by the end of 2005 (WHO, 2006).

Due to high prevalence of HIV/AIDS worldwide, HIV/AIDS policies have become crucial in many organizations for the purpose of addressing the scourge. These policies have implications in productivity, attainment of harmonious working relationships, facilitation of equal opportunities and availability of certain privileges to employees who are HIV positive (Krammar, 2001). In view of these factors, many organizations have developed HIV/AIDS policies to ensure effective management of the pandemic at workplaces (Armstrong, 2005).

Every organization should develop a HIV/AIDS policy in order to ensure that employees infected and affected by the disease are not unfairly discriminated against in employment

policies and practices. A supportive policy environment is the foundation on which to scale up effective, sustainable health programs. Development of good policies is important, and must be put into practice. However, best policies can encounter implementation challenges (GOK, 1998).

Policies are "living documents." They require various inputs to help them thrive and fulfill their goals. These inputs include clear guidelines and implementation plans, strong leadership, multisectoral stakeholder involvement, adequate and accessible resources, and effective feedback and monitoring systems. The Policy Implementation Assessment Tool is designed to assist the government and civil society advocates to "take the pulse" of policies in their countries. With this information, stakeholders can better understand policy implementation dynamics and identify recommendations for translating health policies into action. Through regular check-ups and renewed commitment, policies can keep on track toward achieving policy goals (David, 1997).

In Kenya, Participatory strategic policy development processes and concerted efforts to build the capacity of NGOs to influence HIV/AIDS policy are beginning to yield tangible results. Through the sessional paper No. 4 of 1997 on AIDS in Kenya, the Government put in place a national policy, defined an institutional framework and intensified measures for the prevention, management, control and mitigation of impact of HIV/AIDS. This policy was developed 2005 to address the crisis imposed by the pandemic in the public sector. It aims at providing guidance to the management of employees who are infected and affected by HIV/AIDS as well as prevention of further infections. The policy defines the public sector's position and practices for the multi-sectoral response to HIV/AIDS pandemic. In addition, it provides guidance for those who deal with the day to day HIV/AIDS related issues and the problems that arise within the workplace. It also outlines the employees' rights, responsibilities and the expected behavior in the workplace (GOK, 2005).

In the Teachers Service Commission of Kenya, HIV/AIDS presents a challenge to service delivery to the teachers and stakeholders. It has led to loss of skilled and experienced manpower through death, loss of man hours due to prolonged illness and absenteeism, reduced performance, increase stress, stigma and discrimination (TSC, 2009).

In response to these challenges the Commission developed a sub-sector workplace policy on HIV/AIDS in 2006. This was in compliance with the Directorate of Personnel Management requirement that all Government Departments develop a workplace policy on HIV/AIDS in line with public sector and education sector policies on HIV/AIDS. The policy is meant to set minimum internal requirements for managing HIV/AIDS in workplace, establish structures and promote programs to ensure non-discrimination and non-stigmatization of the infected and affected employees. In addition, it establishes monitoring and evaluation of HIV/AIDS programs, provides adequate allocation of resources to HIV/AIDS and guide employees and managers on their rights and obligations regarding HIV/AIDS (TSC 2006).

## **1.2 Statement of the Problem**

Once organizations' employees are infected with HIV/AIDS or any other long term illnesses it suffers from loss of skilled and experienced workforce through death, loss of man hours due to lateness, absenteeism and prolonged illness, increased expenditure on medical treatment and burial expenses, reduced performance, increased stress, stigma and discrimination. This impacts' negatively on service delivery

HIV/AIDS has caused debilitating illness and premature deaths among many TSC employees during their prime years of life and career causing devastating effects on their families and communities. It has also complicated efforts by the commission to fight poverty, improve health, and promote career development of TSC employees. HIV/AIDS diminishes employee's ability to work, support and provide for his family. It also increases the cost of treatment and health-care related to HIV/AIDS. This consumes a high proportion of the household incomes and has the combined effect of reduced income and increased costs thus impoverishing individuals and households. In addition, HIV/AIDS has had a deepening socioeconomic and gender disparities at the commission with women being at a high risk of infection with few options for providing for their families. HIV/AIDS has also caused strain in the commission resources on the provision of health care, treatment and support for infected employees' which has had a negative impact on productivity.

Although the TSC has developed a sub-sector workplace policy on HIV/AIDS the implementation of this policy has remained a major challenge. This has been attributed to employee education and training, stigma and discrimination, monitoring and evaluation, care treatment and support and resource allocation. However no scientific research has been done to establish the determinants influencing the implementation of the HIV/AIDS policy at the Teachers Service Commission of Kenya. This study therefore sought to establish the determinants influencing the implementation of the HIV/AIDS policy at the Teachers Service Commission of Kenya.

### **1.3 Objectives of the Study**

#### **1.3.1 General Objective**

To establish the determinants influencing the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya.

#### **1.3.2 Specific Objectives**

- i. To establish the effects of education and training in the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya.
- ii. To find out the effects of discrimination and stigma in the implementation of HIV/AIDS policy at the Teacher Service Commission of Kenya.
- iii. To find out the effects of monitoring and evaluation in the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya.
- iv. To establish the effects of care, treatment and support in implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya.
- v. To find out the effects of resource allocation in the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya.

## **1.4 Research Questions**

- i. How does education and training affect the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya?
- ii. How is discrimination and stigma affecting the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya?
- iii. How does monitoring and evaluation affect the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya?
- iv. How does care, treatment and support affect the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya?
- v. Can resource allocation affect the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya?

## **1.5 Significance of the Study**

The findings of the study will be beneficial to the following: The Teachers Service Commission will appreciate the value of education and training of employees, effective monitoring and evaluation systems, care, treatment and support systems in successful implementation of HIV/AIDS policies. The study will enable the TSC employees to know HIV related issues through education, awareness and advocacy. They will also be trained on safe sex practices, behavior change and various methods of handling infected and affected colleagues as well as fighting stigma among others. The government will appreciate the need for adequate budgetary allocation for the implementation of HIV/AIDS policies. The stakeholders in education and members of the public in general will appreciate the efforts being made by the Teachers Service Commission to address the HIV related issues affecting its employees.

## **1.6 Scope of the Study**

Although the Teachers Service Commission employees are located in the Provincial Directors of Education (PDE) offices, District TSC units, Primary, Secondary and Post Secondary institutions

countrywide, the study was conducted at the TSC headquarters Nairobi. It focused on all secretariat staff including the TSC commissioners.

### **1.7 Limitation of the Study**

There was lack of adequate relevant literature materials on the implementation of policies in general including the Teachers Service Commission policy on HIV/AIDS. This was overcome by accessing the internet and visiting various libraries such as Kenyatta University, Kenya National Library Services, Ministry of Education and TSC library. There was Lack of co-operation by some TSC staff, claimed to be very busy and unable to avail the required information. The researcher pleaded with them to avail time at their own convenience.

Some Commissioners who are policy makers are critical sources of information and were available when the researcher needs them as they were engaged in many activities inside and outside the Commission. The researcher made appointments to meet them at their convenience.

Information regarding HIV/AIDS issues is only available at the AIDS control unit. Such information is treated with great confidentiality and some officers were reluctant to avail it. A written authority was sought from the Ministry of Education and TSC Management for the same.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

This chapter sought to review literature related to HIV/AIDS and policies with a view to establishing the determinants influencing the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya.

#### 2.2 Theoretical Review

Over the years HIV/AIDS policies have become crucial in many organizations. These policies have serious implications in the organizations' productivity, attainment of harmonious working relationships, and facilitation of equal opportunity and availability of certain privileges to employees who are HIV positive (Kramer, 2001). It is in view of these factors that organizations are developing HIV/AIDS policies to ensure effective management of the pandemic at work places (Armstrong, 2005). Every work place should develop HIV/AIDS policy in order to ensure that employees affected by HIV/AIDS are not unfairly discriminated against in employment policies and practices (GOK, 1998).

All over the world, mankind has been battling with HIV/AIDS since early 1980's. This battle has not been won since no cure for the disease has been found. The World Health Organization has set up several programs to fight the disease through safe sex practices, care, treatment and support, prevention, advocacy of behavioral change and use of condoms among other methods (KAWI, 2000)

Recognition of HIV/AIDS at the workplace has caused big concern in organizations as it threatens productivity, profitability, welfare of employees and their families. The workplace, as an integral part of the community has vital role to play in terms of prevention and creation of a supportive environment to enable employees living with HIV/AIDS to continue working under normal conditions. This is necessary for effective service delivery (Armstrong, 2005). Protection of human rights and dignity of people living with HIV/AIDS is essential for the prevention and

control of the epidemic. Recognition of the fact that HIV/AIDS has a disproportionate impact on women should be taken into account in developing workplace policies and programs. In addition it should be noted that HIV is preventable and that the workplace needs to promote effective efforts to curb the disease (KAWI, 2000).

Africa as a continent has been adversely affected by HIV/AIDS. Countries like Botswana, Swaziland and south Africa are leading in prevalence levels. This high prevalence of HIV/AIDS IN Africa has been attributed to high poverty levels, cultural behavior especially wife inheritance and lack of information or facts about HIV/AIDS awareness (Kramer, 2001). This epidemic has had a negative impact on the society, socially economically and politically. The economic impact of HIV/AIDS is noticed in slow growth, distortion in speeding and changing demographic structure of Population (Kiarie, 2000).

Kenya is experiencing 300000 infections every year. It is because of this high magnitude of prevalence that Kenya Government declared HIV/AIDS a national disaster on 25<sup>th</sup> November 1999. A presidential decree was made to create the National AIDS Control Council (NACC) as corporate body to deal with HIV/AIDS issues (GOK, 2000).

### **2.2.1 TSC Sub-sector Workplace Policy on HIV/AIDS**

The development of TSC sub-sector workplace policy on HIV/AIDS in line with the government National policy on HIV/AIDS in June 2006 was necessitated by the challenges posed by the epidemic in the workplace. The disease has affected many teachers and secretariat staff at a very prime age. The illness and subsequent deaths of the commissions' employees resulting from the disease has had an enormous impact on the performance of individual employees and service delivery. A lot of working hours are diverted to treatment, care and support for HIV/AIDS related illness leading to erosion of resources and achievement (TSC, 2006).

The TSC sub-sector workplace policy on HIV/AIDS recognizes that stigma and discrimination is a critical element in combating HIV/AIDS pandemic in the work place. It emphasizes the need for HIV/AIDS activities to be mainstreamed in the core activities of the Teachers Service Commission. In addition the policy provides guidance for those who deal with the day to day

HIV related issues and problems that arise within the workplace. It also outlines employee's rights and responsibilities and expected behavior at the workplace (TSC, 2006).

The strategies outlined in the policy aims at minimizing the effects of the pandemic on the commission and providing the means towards service delivery. The policy emphasizes on performance improvement as the teachers and secretariat staff will be healthier and live longer regardless of their HIV/AIDS status once properly managed (TSC, 2006)

The TSC sub-sector workplace policy on HIV/AIDS is based on the following principles: Recognition of the HIV status as a workplace issue, Non-discrimination, Gender equality, safe and healthy environment, social dialogue, non-screening for the purpose of employment , confidentiality, continuation of employment relationship, prevention, care, treatment and support, management responsibility, partnerships, fair labour practices and work ethics. The implementation of the policy is expected to militate against the impact of the pandemic in the Teachers Service Commission (TSC, 2006)

## **2.3 Empirical Review**

### **2.3.1 Effects of Education and Training on the Implementation of HIV/AIDS Policy**

Everywhere in the world corporations offer a wide variety of education and training to meet the organizational needs arising from changes in technology, new production methods, and lifestyles. This demands that employees are trained to cope with these changes (Mcgraw-hill, 2003)

A right number of educated and well trained staff is necessary for effective service delivery in any organization. Organizations must have a well defined reason for needing individuals who possess' specific skills, knowledge and abilities that are likened to specific jobs required in an organization. They must determine if training is needed and if so what types of training needs exist (Decenzo & Ronbbins, 1999).

Employee training needs should be based on the needs analysis derived from a comparison of actual performance and behavior with the required performance and behavior. Any deviation

from the actual and desired performance and behavior indicates lack of adequate knowledge and skills required to do the job hence need for training (Weihrich, 2001).

Training should improve workers competence, equip them for higher level work, increase the quality of output or performance and enhance human morale. It should also create a flexible and adaptable workforce and less need for detailed supervision, increase job satisfaction resulting in higher output, less absenteeism and lower turnover of staff (Bennet, 1997).

According to Daft (2000) employee education, training and development presents a planned effort by an organization to facilitate employee learning of job related behaviors. Every year, organizations spent large sums of money on training and development of their employees.

Education and training should be used to improve employees' performance through effective use of learning resources improvement of skills and add to the level of existing knowledge so that the employees are better equipped to do their present jobs. or prepare him for higher position with increased responsibilities. The purpose of education and training is to ensure that the organization has skilled, knowledgeable and competent people to meet its present and future needs (Armstrong, 2005).

All employees in their respective organizations have a right to continuing education and information relating to modes of transmission of HIV, means of preventing transmission, counseling and care, the social impact of those infected and affected could be minimized. Education and training is an important means of combating discrimination and irrational responses to HIV/AIDS in the workplace.

The management has a responsibility of taking initiative of informing employees on issues of HIV/AIDS affecting the organization. They should educate and train people on how to manage the scourge through awareness creation and advocacy. This can help employees to reduce the spread of HIV/AIDS, help to fight stigma and to undergo Voluntary Counseling and Testing (VCT).

If the Teachers Service Commission has sufficiently educated and trained staff, then implementation of TSC policy on HIV/AIDS would be made a reality. This study therefore seeks to establish the effects of education and training in the implementation of the TSC policy on HIV/AIDS at the Teachers Service Commission of Kenya.

### **2.3.2 Effects of Discrimination and Stigma on the Implementation of HIV/AIDS Policy**

Stigma and discrimination presents a major challenge to the successful implementation of workplace HIV/AIDS programs. In the workplace, employees may suffer from HIV-related stigma from their co-workers and supervisors, such as social isolation and ridicule or experience discriminatory practices, such as being fired from their jobs. The fear of negative reactions from colleagues and employers may discourage workers from undergoing voluntary counseling and testing (VCT) and seeking available prevention and care services. Little is known about how best to reduce stigma and discrimination in the workplace (Buszaj, 1999).

Since the origin of the HIV/AIDS epidemic, stigma and discrimination has fuelled the transmission of HIV/AIDS and has greatly increased the negative impact associated with the epidemic. HIV-related stigma and discrimination continue to be manifested in every region of the world, creating major barriers for preventing further infection, alleviating impact and providing adequate care, support and treatment (McNailj & Andersons, 1998).

Stigma associated with HIV/AIDS has silenced open discussion, both of its causes and of appropriate responses. Visibility and openness about AIDS are prerequisites for the successful mobilization of government, communities and individuals to respond to the epidemic. Concealment encourages denial that there is a problem and delays urgent action. It causes people living with HIV to be seen as a 'problem', rather than as a solution to containing and managing the epidemic (McNailj & Andersons, 1998).

Stigmatization associated with HIV/AIDS is underpinned by many factors, including lack of understanding of the illness, misconceptions about how HIV is transmitted, lack of access to treatment, irresponsible media reporting on the epidemic, the incurability of AIDS, and prejudice

and fears relating to a number of socially sensitive issues including sexuality, disease and death, and drug use (McNailj & Andersons, 1998).

Stigma can lead to discrimination and other violations of human rights which affect the well-being of people living with HIV/AIDS in fundamental ways. In countries all over the world, there are well-documented cases of people living with HIV/AIDS being denied the right to health-care, work, education, and freedom of movement, among others (McNailj & Andersons, 1998).

Global consensus on the importance of tackling HIV/AIDS-related stigma and discrimination is highlighted by the Declaration of Commitment adopted by the United Nations General Assembly Special Session on HIV/AIDS in June 2001. The Declaration states that confronting stigma and discrimination is a prerequisite for effective prevention and care, and reaffirms that discrimination on the grounds of one's HIV/AIDS status is a violation of human rights (Busczaji, 1999).

Although HIV/AIDS-related discrimination is a human rights violation, it is necessary to address such discrimination and stigma in order to achieve public health goals and overcome the epidemic. Responses to HIV/AIDS can be placed along a continuum of prevention, care and treatment. The negative effects of stigma and discrimination can be seen on each of these aspects of the response. Ideally, people should be able to seek and receive voluntary and confidential counseling and testing to identify their HIV status without fear of repercussions. Those who test HIV-negative should receive prevention counseling so as to be able to stay negative. Those who test HIV-positive should receive available treatment and care, and prevention counseling to protect others from infection and themselves from re-infection. People living with HIV/AIDS should be able to live openly and experience compassion and support within their communities. Their open example personalizes the risk and experience to others, thereby aiding prevention, care and treatment efforts (UNAIDS, 1999).

Stigmatizing and discriminatory actions, violates the fundamental human right to freedom from discrimination. In addition to being a violation of human rights in itself, discrimination directed at people living with HIV/AIDS or those believed to be HIV-infected, leads to the violation of

other human rights, such as the rights to health, dignity, privacy, equality before the law, and freedom from inhuman, degrading treatment or punishment. A social environment which promotes violations of human rights may, in turn, legitimate stigma and discrimination. The need to deal with issues of discrimination stigmatization and creating awareness about HIV/AIDS warrants the need for procedures on how to handle HIV and AIDS in organization (UNAIDS, 1999).

HIV/AIDS can provide a source of discrimination especially among employees who are HIV positive. The pandemic has a huge effect on employee performance and productivity and thus a need to establish policy formulation within an organization is necessary (Riechepo & Otieno, 2007).

### **2.3.3 Effects of Monitoring and Evaluation on the Implementation of HIV/AIDS Policy**

Monitoring and evaluation is critical component in the implementation of HIV/AIDS policy in any organization. It establishes consistency within an organization, sets standards for communication about HIV/AIDS, provides a foundation on which to build an HIV/AIDS workplace program and informs employees about the program (GOSA, 2005)

UNAIDS (2006) harmonizes monitoring and evaluation (M&E) approaches at global, regional and country levels to generate reliable and timely information on the epidemic and the response through the evaluation Divisions. In addition it provides scientific leadership, sets international M&E standards, and prepares normative guidelines for strengthening the national M&E systems. This is done by convening global monitoring and evaluation technical experts from the collaborating agencies, national HIV/AIDS programs, universities and the civil society under the auspices of the UNAIDS .

Furthermore UNAIDS in collaboration with other units, establishes and maintains a global monitoring system and database for monitoring national programmatic inputs, outputs (coverage), outcomes (behavioral trends), impact and evaluation of the effectiveness of national program and policy responses. This includes monitoring the UNGASS, Declaration of Commitment by the 192 member nations, aligning the indicator reporting on Universal Access

and the Millennium Development Goals (MDGs), supplementing this with special in-depth evaluation studies and operations research where needed (UNAIDS, 2002). See Table 2.1.

**Table 2.1: Monitoring and Evaluation Table**

<b>Monitoring</b>		<b>Evaluation</b>	
<b>"Process Evaluation"</b>		<b>"Effectiveness Evaluation"</b>	
<b>Inputs</b>	<b>Outputs</b>	<b>Outcomes</b>	<b>Impact</b>
Funds	Trained Staff	Comprehensive care,treatment and suport package	HIV-Related morbidity and mortality
Supplies/Drugs	No.of staff receiving VCT	Rational prescription care and treatment	Acceptance in community
Policies	Referral services	Enhanced quality of life	Stigma reduction
Guidelines	No.of Clients receiving HAART	Improved community attitude towards PLHA	Restored productivity
Procedures	No. receiving HBC		
	Coverage		

**Source: (UNAIDS, 2002)**

The Country's Monitoring Systems (CMS) leads UNAIDS' software development efforts for monitoring and evaluation, manages global HIV data, and facilitates the development, application and use of data systems at country level. The team develops the tools for collating and managing the global HIV/AIDS data as well as developing reports from the system (UNAIDS, 2002).

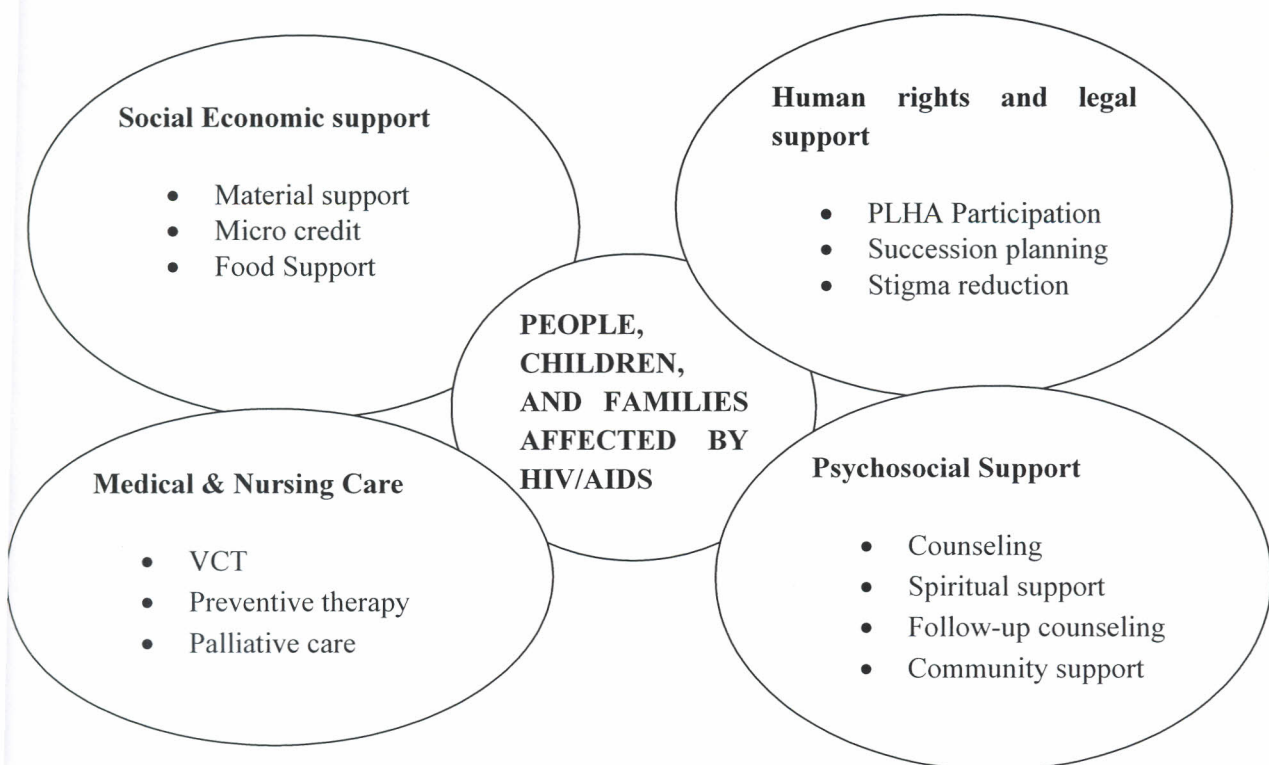
In November 2003 the cabinet of South Africa approved the operational plan for comprehensive HIV/AIDS care management and treatment program which included monitoring and evaluation framework. This was aimed at monitoring the resources allocated, activities to be implemented, services delivered, evaluating the outcomes achieved and the long term impact made. In addition, the program attempts to ensure that the great majority of South Africans who are currently not infected with HIV/AIDS remain uninfected. The messages of prevention, changing lifestyles and behavior are critically important starting points in managing the spread of HIV and impact of AIDS (GOSA, 2004).

If the Teachers Service Commission has effective monitoring and evaluation systems, the implementation of HIV/AIDS policy would be effective. This research therefore seeks to establish the effect of monitoring and evaluation in the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya.

### 2.3.4 Effects of Care, Treatment and Support Programs on the Implementation of HIV/AIDS Policy

Care, treatment and support programs at workplace helps to ensure that employees infected with HIV/AIDS remain healthy and productive at work. Such programs can boost workforce morale by showing that the organizations are truly concerned about the health and well-being of its employees. Many organizations have their own health services in place which with a little training, can offer counseling and care in relation to HIV/AIDS. Costs can be further reduced by collaborating with community health centres, hospitals and specialized NGOs, including self-help groups of people with HIV/AIDS. (ECOT, 2003).

**Figure 2.1: Care, Treatment and Support Programs**



Source: (: (UNAIDS, 2002)

Care and support programs include the creation of supportive workplace environment where discrimination is not tolerated and where working conditions are flexible enough to allow workers with HIV/AIDS to remain employed and productive. The programs further include, referral to clinics providing voluntary confidential counseling and testing; treatment for sexually transmitted diseases, prophylaxis and treatment for opportunistic infections related to HIV/AIDS; antiretroviral therapy to help people with HIV/AIDS to stay healthy and employee and family assistance programs. (ECOT, 2003). See diagram above.

People living with HIV/AIDS have a wide range of care and support needs. These include psychosocial support as well as treatment for 'opportunistic infections'. When their HIV infection reaches the stage that it becomes life-threatening, they require treatment with antiretroviral drugs (ECOT, 2003).

However, the vast majority of people around the world do not yet have access to such services. Reaching out to them is a global priority. AIDS-related care, treatment and support are key elements in the response to the epidemic: not only do they directly benefit people living with HIV, but also help to reduce the social and economic impact of the epidemic as well as HIV prevention (ECOT, 2003).

The key care, treatment and support programs in the workplace includes: impact assessment of HIV/AIDS in the organization, HIV/AIDS awareness, Voluntary Testing and Counseling (VCT), education and training, condom distribution, treatment for STI's and TB, Universal infection control and creation of an open accepting environment. Other programs include wellness programs for employees affected by HIV/AIDS, provision of antiretroviral or the referrals to relevant service providers, education on awareness about antiretroviral and treatment literacy programs, reasonable accommodation for infected employees and strategies to address direct and indirect costs of HIV/AIDS (UNAIDS, 1999).

If the Teachers Service Commission has established care, treatment and support systems implementations of HIV/AIDS policy would be easier. This study seeks to establish the effects

of care and support programs in the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya.

### **2.3.5 Effects of Resource Allocation on the Implementation of HIV/AIDS Policy**

All economic development comes through human resources such as labour, skills, numbers and innovation technology capital. Resource allocation is a critical management activity that enables effective performance in any organization. It is the fact that resources are scarce that leads to the need for allocation (Graham et al, 2003).

Resource insufficiency is a common challenge to successful operations of any organization. Scarcity of resources such as money, information and supplies in an organization may create conflicts between individual employees and teams as they compete for scarce and declining resources to achieve their goals (Daft, 2000).

If resources are adequate and equitably distributed between particular divisions, departments, the organizational goals and objectives will be achieved (David, 1997). Adequate supply of financial resources in an organization must be available to ensure payment of current obligations arising from current operations. Materials must be purchased, wages and debts paid in time. Adequate budgetary allocation must be provided at all times (Donnelly et al, 1984)

If the Teachers Service Commission has adequate budgetary allocation it will be able to carry out advocacy and awareness campaigns, develop adequate IEC materials on HIV/AIDS, provide adequate care and support programs for its HIV/AIDS infected and affected employees countrywide, train and educate its employees on HIV/AIDS issues and establish effective monitoring and evaluation systems which would have a cumulative effect in the implementation of HIV/AIDS policy. This study therefore seeks to establish the effects of resource allocation in the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya.

### **2.4 Overview of Literature Review**

The Literature review has revealed the social and economic effects of HIV/AIDS worldwide and the importance of good policies to address the scourge as well as the effects of education and

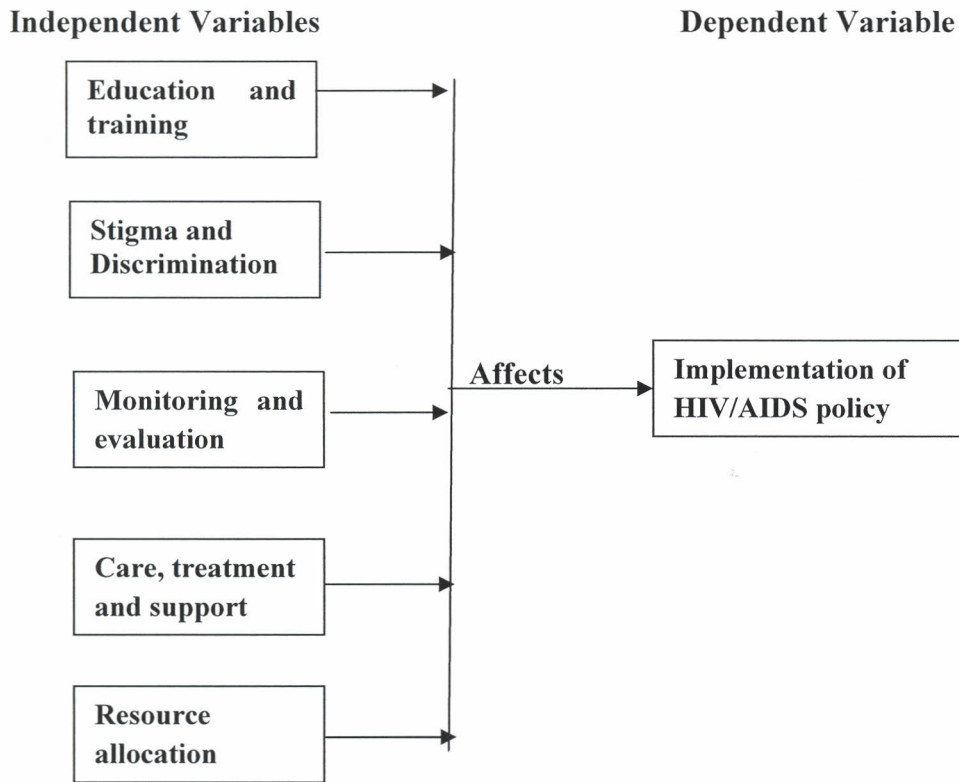
training, discrimination and stigma, monitoring and evaluation, care, treatment and support programs and resource allocation on the implementation of policies.

However no studies have been done to show the effects of education and training, discrimination and stigma, monitoring and evaluation, care, treatment and support programs and resource allocation on the implementation of HIV/AIDS policy at the Teachers Service Commission. This study therefore seeks to establish the effects of the above variables on the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya.

## **2.5 Conceptual Framework**

In this Conceptual frame work, the researcher sought to study the relationship between the Independent variables (Education and Training, Stigma and discrimination, Monitoring and evaluation, care, treatment and support and Resource Allocation) and the dependent variable (Implementation of HIV/AIDS policy).

**Figure 2.2: Conceptual Framework Diagram**



**Source (Researcher, 2010)**

If education and training is effectively done, discrimination and stigma are eradicated among the employees, effective monitoring and evaluation systems established, effective care, treatment and support programs developed and adequate resource allocation to the commission the outcome would be efficient and effective implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya.

# **CHAPTER THREE**

## **RESEARCH METHODOLOGY**

### **3.1 Introduction**

This chapter contains the research design, target population, sampling procedure and sample size, research instruments, their validity and reliability, data collection procedure, data analysis and presentation methods.

### **3.2 Research Design**

The study adopted a description survey design. This design describes the characteristics of a particular individual or groups. The researcher sampled the population, studied it and made a generalization about the entire population under study (Kothari, 2004). The study got samples from the commissioners, senior management staff, middle management staff and junior staff from the population of the Teachers Service Commission Secretariat at the TSC Head Quarters.

### **3.3 Target Population**

The target population was 2400 secretariat staff comprising of four categories which included 24 Commissioners, 200 senior management staff, 976 middle management staff and 1200 junior staff as shown in the table 3.1.

**Table 3.1: Target Population**

<b>Category</b>	<b>Total Population</b>	<b>Percentage</b>
Commissioners	24	1%
Senior Management	200	8.3%
Middle Management	976	40.7%
Junior staff	1200	50%
<b>Total</b>	<b>2400</b>	<b>100%</b>

**Source: (TSC, 2010)**

### **3.4 Sampling Techniques and Sample Size**

The study used stratified random sampling in order to obtain a representative sample. This sample comprised of four distinct groups of employees derived from the total population. The Commissioners, senior management staff, Middle management staff and junior staff. The sample included both male and female respondents.

The sample size was 240 which was 10% of the target population as recommended by Mugenda and Mugenda (2003). It comprised of 2 commissioners, 20 senior management staff, 97 Middle management staff and 120 junior staff. The sample was selected from the population of 2400.

The respondents were selected from the four categories to ensure that it was as representative as possible. This was because of the position they occupy within their respective service areas and their experience in the commission. (See table below).

**Table 3.2: Sample Frame**

<b>Category</b>	<b>Population (N)</b>	<b>Multiplier Factor</b>	<b>Sample (n)</b>	<b>Percentage</b>
Commissioners	24	0.1	2	1%
Senior management staff	200	0.1	20	8%
Middle management staff	976	0.1	98	41%
Junior staff	1200	0.1	120	50%
<b>TOTAL</b>	<b>2400</b>	<b>0.1</b>	<b>240</b>	<b>100%</b>

**Source: (Researcher, 2010)**

### **3.5 Data Collection Tools**

The researcher used a questionnaire which was distributed to the respondents to respond within the period of two weeks. The researcher used closed and open- ended questions based on the objectives of research.

### **3.6 Validity and Reliability**

#### **3.6.1 Validity**

The researcher sought to determine the validity of the questionnaire by ensuring that the instrument is accurate, correct, true and meaningful. The researcher developed each of the items in the questionnaire with guidance of the research objectives. In the process of developing the

questionnaire, the researcher sought the guidance of the study supervisors to ensure that the instrument were valid enough to capture all data required for the research.

### **3.6.2 Reliability**

The researcher subjected the questionnaire to a Pilot Study. A random sample of 1 commissioner, 5 senior management staff, 10 Middle management staff and 15 junior staff were studied. The Pilot study was administered to identify problems in the organization of the intended study, to assess if the questions were properly understood and well framed, to make adjustments in order to carry out a successful final interview and make appropriate correction for the major study.

### **3.7 Data Collection Procedure**

The researcher collected data in two week since made prior arrangements with the respondents. The researcher personally administered the questionnaire to the respondents. This was done to ensure immediate response.

### **3.8 Data Analysis**

Completed questionnaire were coded, data analyzed and interpreted to provide meaningful results. Descriptive statistics was used to summarize data.

Data analysis was done using Statistical Package for Social Sciences (SPSS). Qualitative analysis was used for the open-ended questions and presented in form of frequency distribution, percentages (summarized in graphs or pie charts).

## CHAPTER FOUR

### DATA ANALYSIS AND FINDINGS

#### 4.1 Introduction

This chapter deals with data analysis, presentation and the interpretation of findings. The study sought to establish the factors affecting the implementation of the HIV/AIDS policy at the teacher service commission. Descriptive statistics were used in analyzing the findings of this project. The key descriptive statistics used included; frequency tabulations, percentages, means, standard deviations among other. The percentages were preferred to other methods in analyzing the responses on attitude items of Likert scale in accordance with Best and Kahn's (1992) argument that, "The simplest way to describe opinion is to indicate percentage responses for each statement, responses agree, not sure and disagree". Key issues investigated included; Education and training, Stigma and discrimination, Care treatment and support, Monitoring and evaluation and Resource allocation. The study targeted a total of 240 questionnaires and these formed the basis of the data analysis and findings contained in this chapter. This chapter is organized based on the study objectives and research questions.

#### 4.2 Demographic Information

In order to achieve the main purpose of this study, the researcher found it paramount to find out the personal information of the respondents under which interpretation would be justifiably made. The personal information sought included gender, age and marital status. The study finding with regard to the demographic data is as summarized below.

**Table 4.1: Demographic data**

<b>Demographic characteristic</b>	<b>Frequency</b>	<b>Percent</b>
<b>Gender</b>		
Female	127	52.9%
male	113	47.1%
<b>Age</b>		
20-29	26	10.8%
30-39	89	36.7%
40-49	93	38.8%
50-59	30	12.5%
60 and above	2	1.3%
<b>Marital status</b>		
Married	165	68.8%
Single	67	27.9%
others	8	3.3%
<b>Number of years of service in the TSC</b>		
Less than 5 years	34	14.2%
5-10 years	90	37.5%
11-15 years	58	24.1%
16 – 20 years	24	10%
21 years and above	34	14.2%
<b>Education Level</b>		

Below form four	2	.8%
Form four	67	28%
Diploma	73	30.5%
Graduate	63	25.5%
Postgraduate	36	15.1%
<b>Position of the interviewee</b>		
Junior staff	107	44.6%
Middle management	103	42.9%
Senior management	28	11.7%
Commissioner	2	.8%
<b>Department</b>		
Administration	57	23.8%
Finance	50	20.8%
Human resource	40	16.7%
Staffing	44	18.3%
Internal audit	49	20.4%

(Source: Field Data, 2010)

The gender of the respondents was categorized into males and females. The respondent's information was summarized as shown in the table 4.1. The study findings shows majority 127 (52.9%) of the respondents were females while males were 113 (47.1%).

The researcher found it important to seek the information on the respondents age, the study findings indicated majority 93 (38.8%) aged between 40-49 years of age, this was followed by 89 (36.7%) who are between 30-39 years. This means that most of the employees are middle

aged are the most needed labour force as they are associated with more skills and potential. Only 2 (1.3%) of the respondents aged 60 years and above and a closer scrutiny indicated they were commissioners thus they had more managerial skills for having served in a long period.

Further, the researcher sought information on the marital status, the findings indicated that majority 165 (68.8%) of the respondents were married, 67 (27.9%) were single while 8 (3.3%) indicated their marital status as others because of their own reasons.

The researcher wanted to find out the number of years the respondents has served in the commission. Number of years of service was divided into four periods: less than 5 years, 5 – 10 years, 11-15 years and 21 years and above. The analysis showed that 90 (37.5%) of the employees indicated 5-10 years as the period they have served the commission, 58 (24.1%) had served for 11-15 years while 34 (14.2%) had served for less than 5 years and 21 years and above respectively and 24 (10%) had served for 16- 20 years. This analysis showed there is high transition of employees many employees had served the commission for 5 – 10 years.

In order to investigate the factors affecting the implementation of HIV/AIDS policy in the commission it was paramount for the researcher to find out the education level. The findings indicated 73 (30.5%) of the respondents were diploma holders while 67 (28%) were form four. 63 (25.5%) of the respondents were graduate and 36 (15.1%) had postgraduate qualification while a few of the respondents had below form four qualification. This clearly shows that since most of the respondents were form four and above graduate it becomes easier to educate and train on HIV/AIDS policy.

The researcher wanted to find out the level of management for each respondent. The findings indicated 107 (44.6%) of the respondents were junior staff, 103 (42.9%) were in middle management, this was followed by 28 (11.7%) who were in senior management. According to these findings there is need for the policy implementation in the commission as majority of the employees serves in the lower levels of the management ladder and they are mostly involved in the day to day running of the commission.

In addition, as the commission is subdivided into various departments the researcher sought the information on the respondent's departmental information. The analysis above indicates that 57 (23.8%) had the highest number of employees, this was followed closely by finance 50 (20.8%) and internal audit 49 (20.4%) while staffing and human resource had 44 (18.3%) and 40 (16.7%) respectively. This shows the administration department is highly staffed department and the staff in this section needs to be sensitized more on the policy implementation.

### **4.3 Education and Training**

The study sought to establish the effects of education and training on the implementation of HIV/Aids policy at TSC. The study adopted a five point likert scale to measure the various variables in the study. Descriptive statistics which comprised measures of central tendency dispersion, frequency and percentages were computed. The key to the scale index used in the five point likert scale was be as follows; strongly agree=1, agree=2, not sure=3, disagree=, 4 strongly disagree=5.

**Table 4.2: Effects of education and training**

<b>Education and Training</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Not sure</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Mean</b>	<b>Std. Deviation</b>
TSC management supports education and training for staff with HIV/AIDS	14.23% 34	8.37% 20	19.67% 47	39.75% 96	17.99% 43	1.83	0.77
All categories of TSC staff are regularly sensitized on HIV/AIDS issues	2.08% 5	14.1% 34	16.25% 39	57.92% 139	9.58% 23	2.23	0.93
Regular seminars and workshops are organized for HIV/AIDS awareness for TSC employees	3.35% 8	22.59% 54	14.23% 34	47.28% 113	12.55% 31	2.57	1.07
The commission regularly develops information education and communication (IEC) materials.	2.08% 5	10.42% 25	13.75% 33	56.25% 135	17.5% 42	2.41	0.92
The commission has well trained counselors to handle HIV/AIDS workplace challenges.	.42% 1	4.51% 11	1.8% 4	62.02% 149	31.25% 75	2.61	1.27

**(Source: Field Data, 2010)**

The findings shown in table 4.2 show that most of the respondents agreed with the fact that TSC management supports education and training for staff with HIV/AIDS, All categories of TSC staff are regularly sensitized on HIV/AIDS issues and that the commission regularly develops information education and communication (IEC) materials as accounted by 1.83, 2.23 and 2.41 mean scores respectively. In addition, most of the respondents were unsure of the fact that regular seminars and workshops were organized for HIV/AIDS awareness for TSC employees and the commission has well trained counselors to handle HIV/AIDS workplace challenges as

accounted for by 2.57 and 2.61 mean scores respectively as shown in table 4.2. This implies that TSC management supports education and training for staff with HIV/AIDS, All categories of TSC staff are regularly sensitized on HIV/AIDS issues and that the commission regularly develops information education and communication (IEC) materials. This has an effect on the implementation of the HIV/AIDS policy at TSC.

#### **4.4 Stigma and Discrimination**

The study sought to investigate the effect of stigma and discrimination on the implementation of HIV/AIDS policy at TSC. The percentages, frequencies means and the standard deviations for various aspects investigated were computed and the findings presented in table 4.3.

The table 4.3 show that the means for declaring ones' status is a challenge due to fear of stigma and discrimination, no screening for HIV/AIDS during recruitment of the TSC employees, there is no discrimination in the work place for the affected and unaffected employees at the TSC secretariat, employees are not discriminated against promotion due to their HIV/AIDS status and employees are not refused to interact with fellow colleagues on the grounds that the latter are infected or perceived infected were 1.97, 1.99, 1.99, 1.78, 1.73 respectively as shown in table 4.3. This mean scores falls on the agree category.

**Table 4.3: Effects of Stigma and Discrimination**

<b>Stigma and discrimination</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Not sure</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Mean</b>	<b>Std. Deviation</b>
Declaring ones status is a challenge due to fear of stigma and discrimination.	2.52% 6	10.1% 24	6.72% 16	43.70% 105	36.97% 89	1.97	1.03
No screening for HIV/AIDS during recruitment of the TSC employees.	10.42% 25	2.9% 7	10.42% 25	27.5% 66	48.75% 117	1.99	1.29
There is no discrimination in the work place for the affected and unaffected employees at the TSC secretariat.	3.75% 9	2.9% 7	18.75% 45	37.92% 91	36.67% 88	1.99	1.01
Employees are not discriminated against promotion due to their HIV/AIDS status.	1.25% 3	2.5% 6	8.75% 21	47.92% 115	39.58% 95	1.78	0.81
Employees are not refused to interact with fellow colleagues on the grounds that the latter are infected or perceived infected.	4.67% 11	.74% 2	4.17% 10	46.67% 112	43.75% 105	1.73	0.84

**(Source: Field Data, 2010)**

This implies that declaring ones' HIV status is a challenge due to fear of stigma and discrimination, there is no screening for HIV/AIDS during recruitment of the TSC employees, there is no discrimination in the work place for the affected employees at the TSC secretariat,

employees are not discriminated against promotion due to their HIV/AIDS status and employees are refused to interact with fellow colleagues on the grounds that the latter are infected or perceived infected. This show low level of stigma and discrimination at the Teacher Service Commission on the basis of HIV/AIDS status and this has an effect of the way the HIV/AIDS policy is implemented.

#### 4.5 Monitoring and Evaluation

The study sought to establish the effects of monitoring and evaluation in the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya. The percentages frequencies means and standard deviations for the various aspects investigated were computed and the results presented in table 4.4.

**Table 4.4: Effects of monitoring and evaluation**

<b>Monitoring and Evaluation</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Not sure</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Mean</b>	<b>Std. Deviation</b>
TSC has regular monitoring and evaluation program for HIV/AIDS policy.	1.7% 4	18.9% 45	37.8% 91	34% 82	7.6% 18	2.73	.911
The commission regularly compiles HIV/AIDS monitoring and evaluation reports for implementation.	3% 8	19.8% 48	44.7% 107	24.9% 60	7.6% 18	2.86	.923
Monitoring and evaluation recommendations are fully implemented by the commission.	15.6% 38	11% 26	44.3% 106	23.6% 57	5.5% 13	3.08	1.090

(Source: Field Data, 2010)

The findings presented in table 4.4 show that most respondents were not sure whether the TSC has regular monitoring and evaluation program for HIV/AIDS policy, regularly compiles HIV/AIDS monitoring and evaluation reports for implementation and whether monitoring and evaluation recommendations are fully implemented by the commission as accounted by 2.73, 2.86 and 3.08 mean scores respectively. These findings imply that either monitoring and evaluation program for HIV/AIDS policy do not exist and if they do exist, they are not known by most employees. It's also implies that the commission does not regularly compile HIV/AIDS monitoring and evaluation reports for implementation and if it's does, this is not known by most employees. The finding further implies that monitoring and evaluation recommendations are not fully implemented and if the implantation is done, this intervention is not known by most employees.

#### **4.6 Care Support and Treatment**

The study sought to establish the effects of care, treatment and support in implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya. The descriptive statistics for various aspects investigated were computed and the findings presented in table 4.5.

**Table 4.5: Effects of care support and treatment**

<b>Care Support and Treatment</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Not sure</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Mean</b>	<b>Std. Deviation</b>
TSC has well established care treatment and support programs for HIV/AIDS infected employees.	3.4% 8	12.2% 29	29.4% 71	39.5% 95	15.5% 37	2.48	1.01
A TSC medical scheme covers all employees regardless of HIV/AIDS status.	1.2% 3	2.9% 7	7.2% 17	47.7% 114	41% 98	1.76	0.81
TSC has supportive environment for HIV infected employees.	4.2% 10	20.4% 49	22.5% 54	33.8% 81	19.2% 46	2.57	1.14
TSC HIV/AIDS policy allows continuation of employment for HIV/AIDS infected employees.	.3% 1	3.4% 8	20.5% 49	38.1% 91	37.7% 90	1.91	0.86

**(Source: Field Data, 2010)**

The findings presented in table 4.5 show that most respondents agreed with the fact that TSC HIV/AIDS policy allows continuation of employment for HIV/AIDS infected employees, TSC medical scheme covers all employees regardless of HIV/AIDS status and TSC has well established care treatment and support programs for HIV/AIDS infected employees. In addition, most respondents were however not sure if TSC had supportive environment for HIV infected employees.

#### **4.7 Resource Allocation**

The study sought to find out the effects of resource allocation on the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya. The descriptive statistics for various aspects investigated were computed and the findings presented in table 4.6.

The findings presented in table 4.6 show that most respondents agreed with the fact that; disbursement of finances to the commission is always timely to ensure continuity of HIV/AIDS activities, the AIDS control unit has enough equipment and facilities to carry out its operations and that work equipment and facilities are regularly serviced to ensure non-interruption of work in HIV/AIDS control unit as accounted by the following means scores 2.07, 2.06 and 2.09 respectively.

**Table 4.6: Effects of resource allocation**

Resource Allocation	Strongly disagree	Disagree	Not sure	Agree	Strongly agree	Mean	Std. Deviation
TSC has adequate budgetary allocation to carry out HIV/AIDS awareness and advocacy.	2.5% 6	13.4% 32	48.5% 117	23.8% 57	11.7% 28	2.71	.928
Disbursement of finances to the commission is always timely to ensure continuity of HIV/AIDS activities.	2.5% 6	12.6% 30	50% 120	29% 70	5.9% 14	2.77	.838
The aids control unit has enough equipment and facilities to carry out its operations.	4.2% 10	17.2% 41	48.1% 115	21.8% 52	8.8% 21	2.86	.945
Work equipment and facilities are regularly serviced to ensure to ensure non-interruption of work in HIV/AIDS control unit.	2.2% 5	8.6% 21	59.9% 144	25% 60	4.3% 10	2.79	.745
The commission has adequate staff to cope with existing workload of HIV/AIDS control units.	3% 7	33.2% 80	36.6% 88	21.3% 51	6% 14	3.06	.950
Work is equitably distributed to ensure equity and fairness.	5% 12	26.4% 63	23% 55	33.9% 81	11.7% 28	2.79	1.111

**(Source: Field Data, 2010)**

In addition, the findings show that most respondents were not sure with the fact; TSC has adequate budgetary allocation to carry out HIV/AIDS awareness and advocacy, the commission has adequate staff to cope with existing workload of HIV/AIDS control units and work is equitably distributed to ensure equity and fairness as accounted by the following means scores; 2.71, 3.06 and 2.79 respectively. These findings are shown in table 4.6. This shows that disbursement of finances to the commission is always timely to ensure continuity of HIV/AIDS activities, the AIDS control unit has enough equipment and facilities to carry out its operations and that working equipment and facilities are regularly serviced to ensure non-interruption of work in HIV/AIDS control unit.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter contains the summary, conclusions and deductions made in the study. The main issues presented in this chapter include; the summary of the findings, conclusions, recommendations and suggestions for further research.

#### 5.2 Summary of Findings

The main purpose of this study was to investigate factors affecting the implementation of the HIV/AIDS policy in the TSC. This sub-section summarizes the study findings. The analysis of background information showed that, this survey captured responses from both male and female with females who were the majority accounting for 52.9% while males accounted for 47.1%. In addition, most of the respondents (38.8%) were within the age category of 40-49 with majority of them (37.5%) having served at the commission for a period of 5-10 years. This show that most of the respondents were well versed with the commission operations.

##### 5.2.1 Education and Training

The study sought to establish the effects of education and training on the implementation of HIV/Aids policy at TSC. Through the use of a five point likert scale the study established that most of the respondents agreed with the fact that TSC management supports education and training for staff with HIV/AIDS, all categories of TSC staff are regularly sensitized on HIV/AIDS issues and that the commission regularly develops information education and communication (IEC) materials as accounted by 1.83, 2.23 and 2.41 mean scores respectively. This implies that TSC management supports education and training for staff with HIV/AIDS, all categories of TSC staff are regularly sensitized on HIV/AIDS issues and that the commission regularly develops information education and communication (IEC) materials. This has an effect on the implementation of the HIV/AIDS policy at TSC.

### **5.2.2 Stigma and Discrimination**

The study sought to investigate the effect of stigma and discrimination on the implementation of HIV/AIDS policy at TSC. Through the use of a five point likert scale the study established that most of the respondents agreed with the fact that declaring ones' status is a challenge due to fear of stigma and discrimination, no screening for HIV/AIDS during recruitment of the TSC employees, there is no discrimination in the work place for the affected and unaffected employees at the TSC secretariat, employees are not discriminated against promotion due to their HIV/AIDS status and employees are not refused to interact with fellow colleagues on the grounds that the latter are infected or perceived infected as accounted by 1.97, 1.99, 1.99, 1.78 and 1.73 mean scores respectively.

This implies that declaring ones' HIV status is a challenge due to fear of stigma and discrimination, there is no screening for HIV/AIDS during recruitment of the TSC employees, there is no discrimination in the work place for the affected employees at the TSC secretariat, employees are not discriminated against promotion due to their HIV/AIDS status and employees are not refused to interact with fellow colleagues on the grounds that the latter are infected or perceived infected. This show low level of stigma and discrimination at the Teacher Service Commission on the basis of HIV/AIDS status and this has an effect on the way the HIV/AIDS policy is implemented.

### **5.2.3 Monitoring and Evaluation**

The study sought to establish the effects of monitoring and evaluation in the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya. The findings showed that most respondents were not sure whether the TSC has regular monitoring and evaluation program for HIV/AIDS policy, regularly compiles HIV/AIDS monitoring and evaluation reports for implementation and whether monitoring and evaluation recommendations are fully implemented by the commission as accounted by 2.73, 2.86 and 3.08 mean scores respectively. These findings imply that either monitoring and evaluation program for HIV/AIDS policy do not exist and if they do exists, they are not known by most employees. It's also implies that the commission does not regularly compile HIV/AIDS monitoring and evaluation reports for implementation and if

it's does, this is not known by most employees. The finding further implies that monitoring and evaluation recommendations are not fully implemented and if the implementation is done, this intervention is not known by most employees.

#### **5.2.4 Care, Support and Treatment**

The study sought to establish the effects of care, treatment and support in implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya. The findings presented showed that most respondents agreed with the fact that at TSC, HIV/AIDS policy allows continuation of employment for HIV/AIDS infected employees, TSC medical scheme covers all employees regardless of HIV/AIDS status and TSC has well established care treatment and support programs for HIV/AIDS infected employees. These findings implies that HIV/AIDS policy at TSC allows for continuation of employment for HIV/AIDS infected employees, TSC medical scheme covers all employees regardless of HIV/AIDS status and that TSC have a well established care treatment and support programs for HIV/AIDS infected employees.

#### **5.2.5 Resource Allocation**

The study sought to find out the effects of resource allocation on the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya. The findings showed that most respondents agreed with the fact that; disbursement of finances to the commission is always timely to ensure continuity of HIV/AIDS activities, the AIDS control unit has enough equipment and facilities to carry out its operations and that work equipment and facilities are regularly serviced to ensure to ensure non-interruption of work in HIV/AIDS control unit as accounted by the following means scores 2.07, 2.06 and 2.09 respectively. These findings implies that disbursement of finances to the commission is always timely to ensure continuity of HIV/AIDS activities, the AIDS control unit have enough equipment and facilities to carry out its operations and that work equipment and facilities are regularly serviced to ensure to ensure non-interruption of work in HIV/AIDS control unit. This affects the way policies are implemented at Teachers' Service Commission.

### 5.3 Conclusion

The aim of this study was to establish the determinants influencing the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya. Key issues investigated included; Education and training, stigma and discrimination, monitoring and evaluation, care, support and treatment and resource allocation.

Based on the study findings, it can be concluded that the Teachers' Service Commission (TSC) management supports education and training for staff with HIV/AIDS and that most categories of TSC staff are regularly sensitized on HIV/AIDS issues. In addition, the study showed that the commission regularly develops information education and communication (IEC) materials and this affected the implementation of the HIV/AIDS policy at TSC.

Stigma and discrimination were however evident in the study. Declaring ones' HIV status is a challenge due to fear of stigma and discrimination. However, screening for HIV/AIDS during recruitment of employees is not a requirement. There is also no discrimination at the work place for the affected employees as well as no discrimination based on HIV/AIDS status during promotion. Employees are also not refused to interact with fellow colleagues on the grounds that the latter are infected or perceived to be infected. This showed low level of stigma and discrimination at the Teacher Service Commission on the basis of HIV/AIDS status and this has an effect of the way the HIV/AIDS policy is implemented.

The overall effect of HIV/ AIDS on the well-being of affected employee depends on the care support and treatment given to the infected person. TSC have a well established care treatment and support programs for HIV/AIDS infected employees. In addition, the commission also allows for continuation of employment for HIV/AIDS infected employees. It was however evident from the study that the TSC medical scheme covers all employees regardless of HIV/AIDS status. The stronger the care, support and treatment accorded to a employee, the better the chances that the employees can withstand the crisis without resorting to coping behavior such as the absenteeism, low morale, loneliness , or migration of place of duty. The size of the care, support and treatment safety net can depend on two factors: the initial financial standing of the employer, and the ability to build a financial base over time. Government and

nongovernmental organizations strengthens the second of these: offering employers' opportunities to build assets, diversify income sources, and generally strengthen their financial footing. Therefore, even in its most basic form, access to funds can help to build care treatment and support program which will in long term improve the infected employees performance.

It was also evident from the study that the AIDS control unit has enough equipment and facilities to carry out its operations effectively and that existing work equipment and facilities are regularly serviced to ensure non-interruption of work in HIV/AIDS control unit. This adequacy of equipment and facilities affects positively the implementation of the HIV/AIDS policy at TSC.

#### **5.4 Recommendations**

The study makes the following recommendations;

There is need for the TSC management to sensitize staff more on issues of HIV/AIDS through organizing seminars and workshops. In addition, the management needs to embark on a concerted effort to support education and training for all staff without any form of discrimination. There is also a need for the commission to invest on well trained counselors to handle HIV/AIDS at the workplace.

There is need for development and implementation of proper monitoring and evaluation practices for HIV/AIDS policy within the commission since these practices were found inexistence and not known to most employees.

Despite the fact that the study showed that TSC, HIV/AIDS policy allows continuation of employment for HIV/AIDS infected employees and that TSC medical scheme covers all employees regardless of HIV/AIDS status, there is a need for TSC to enhance the care, treatment and support programs for HIV/AIDS infected employees. This should go along way in creating a supportive environment for HIV infected employees hence reducing the stigma associated with it.

There is need for TSC to do adequate budgetary allocation for HIV/AIDS awareness and advocacy and increase the staff needed so as to cope with existing workload of HIV/AIDS control units. This will go along way in enhancing the implementation of HIV/AIDS policy in the commission.

### **5.5 Suggestions for Further Study**

Future studies can be conducted to target on other strategies and policies in the organization since this study only focused on the implementation of HIV/AIDS policy. This will enhance effectiveness in all the policy implementation in the organizations.

Future studies can also focus on the effects of AIDS epidemic on employee performance.

Further studies can also be conducted in other sectors or industry to ascertain the challenges in policy implementation especially in private sector.

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## APPENDICES

### Appendix One: Letter of Introduction

Joseph M. Musyoka  
Kenyatta University  
P.O. Box 43844 – 00100  
NAIROBI.

Dear Sir/Madam,

#### **RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH**

I am a Master of Business Administration (MBA) student at Kenyatta University specializing in Human Resource Management (HRM). I am carrying out a research on the determinants influencing the implementation of HIV/AIDS policy at the Teachers Service Commission in Kenya.

I am therefore seeking your assistance in providing the necessary information on the topic. Any information given will be treated with strict confidence and will be used for academic purpose only.

Your Co-operation will be highly appreciated.

Yours faithfully

Joseph M. Musyoka  
Reg. No. D53/OL/16171/2006  
Mobile No: 0710-386 081

## Appendix Two: Questionnaire

The questionnaire is designed to establish the determinants influencing the implementation of HIV/AIDS policy at the Teachers Service Commission of Kenya. Kindly respond to these questions as frankly and honesty as possible.

Please note that your responses will be used by the researcher for academic purposes only and will be treated with confidentiality. The questionnaire has two sections A and B. Do not indicate your name. Kindly tick as appropriate or write short answers.

### Section A: Demographic Data

1. **Gender:** Male  Female
2. **Age**
  - (i) 20 – 29
  - (ii) 30 – 39
  - (iii) 40 – 49
  - (iv) 50 – 59
  - (v) 60 and above
3. **Marital Status**  
Married  Single  others
4. **Number of Years Served at the TSC Secretariat**
  - (i) Less than 5 years
  - (ii) 5 – 10 years

- (iii) 11 – 15 years
- (iv) 16 – 20 years
- (v) 21 years and above

**5. Educational Level**

- (i) Below Form 4
- (ii) Form 4
- (iii) Diploma
- (iv) Graduate
- (v) Post Graduate

**6. Position of the Interviewee**

- (i) Commissioner
- (ii) Senior Management
- (iii) Middle Management
- (iv) Junior Staff

**7. Department**

- (i) Administration
- (ii) Finance
- (iii) Human Resource

(iv) Staffing

(v) Internal Audit

**Section B: Factors Influencing Implementation of HIV/AIDS Policy**

Please indicate by ticking in the boxes provided the extent to which you agree with the following statements on a five point likert scale of 1 – 5 where:

(i) Strongly Agree (ii) Agree (iii) Not Sure (iv) Disagree (v) Strongly Disagree

1	Education and Training	Strongly agree	agree	Not sure	disagree	Strongly disagree
(i)	TSC management supports education and training for staff with HIV/AIDS.					
(ii)	All categories of TSC staff are regularly sensitized on HIV/AIDS issues.					
(iii)	Regular seminars and workshops are organized for HIV/AIDS awareness for TSC employees.					
(iv)	The commission regularly develops information education and communication (IEC) materials.					
(v)	The commission has well trained counselors to handle HIV/AIDS workplace challenges.					

2	<b>Stigma and Discrimination</b>	Strongly Agree	Agree	Not Sure	Disagree	Strongly Agree
(i)	Declaring ones' status is not a challenge due to fear of stigma and discrimination.					
(ii)	No screening for HIV/AIDS during recruitment of the TSC employees.					
(iii)	There is no discrimination in the work place for the affected and unaffected employees at the TSC secretariat.					
(iv)	Employees are not discriminated against promotion due to their HIV/AIDS status.					
(v)	Employees are not refused to interact with fellow colleagues on the grounds that the latter are infected or perceived infected.					

3	Care Support and Treatment	Strongly Agree	Agree	Not sure	Disagree	Strongly disagree
(i)	TSC has well established care treatment and support programs for HIV/AIDS infected employees.					
(ii)	A TSC medical scheme covers all employees regardless of HIV/AIDS status.					
(iii)	TSC has supportive environment for HIV infected employees.					
(iv)	TSC HIV/AIDS policy allows continuation of employment for HIV/AIDS infected employees.					

4	Monitoring and Evaluation	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
(i)	TSC has regular monitoring and evaluation program for HIV/AIDS policy.					
(ii)	The commission regularly compiles HIV/AIDS monitoring and evaluation reports for implementation.					
(iii)	Monitoring and evaluation recommendations are fully implemented by the commission.					

5	Resource Allocation	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
(i)	TSC has adequate budgetary allocation to carry out HIV/AIDS awareness and advocacy.					
(ii)	Disbursement of finances to the commission is always timely to ensure continuity of HIV/AIDS activities.					
(iii)	The aids control unit has enough equipment and facilities to carry out its operations.					
(iv)	Work equipment and facilities are regularly serviced to ensure to ensure non-interruption of work in HIV/AIDS control unit.					
(v)	The commission has adequate staff to cope with existing workload of HIV/AIDS control units.					
(vi)	Work is equitably distributed to ensure equity and fairness.					

3. In your opinion what can the commission do to ensure effective implementation of HIV/Policy?

.....  
 .....