DETERMINANTS OF IMPLEMENTATION OF THE HIV/AIDS WORKPLACE POLICY IN NAIROBI CITY COUNTY, KENYA

GITONGA LINET KANANA
C153/CTY/PT/26047/2013

A RESEARCH PROJECT SUBMITTED TO THE SCHOOL OF HUMANITIES AND SOCIAL SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF ARTS IN PUBLIC POLICY AND ADMINISTRATION OF KENYATTA UNIVERSITY

MAY 2021

DECLARATION

I declare that this project is my original work and has not been presented in any other university.

Signature_____ Date_____

Name: Gitonga Linet Kanana C153/CTY/PT/26047/2013

Supervisor Declaration

I confirm that the work in this research project was done by the candidate under my supervision.

_____ Date _____

Dr. Felix Kiruthu Department of Public Policy and Administration

Kenyatta University

DEDICATION

I dedicate this project to my family for their immeasurable support during this period of the study.

ACKNOWLEDGEMENT

The accomplishment of this project could not have been possible without the assistance of numerous supporters. I would like to acknowledge God for His help throughout this academic journey.

I would like to appreciate my supervisor Dr. Felix Kiruthu, who tirelessly guided and encouraged me over the years to complete this project. Additionally, I would like to appreciate the chairman and staff of the department of Public Policy and Administration for their input.

Additionally, I would like to appreciate LVCT-health staff for their invaluable cooperation and contribution to the success of this study.

And to my family and close friends, I am thankful for your prayers, financial and unwavering support during this process.

The Lord bless you all!

ABSTRACT

HIV has been termed as a great threat to the country's economic development. Despite the efforts in prevention and management of HIV/AIDS over the years, this threat that the epidemic poses to the world is still substantial. The threat cannot ignore, it is critical that prevention and management efforts towards the eradication of the disease continue to be sustained. One of the means through which prevention and management efforts can be enabled is through the relevant HIV/AIDS policies being implemented at the workplace. The project aimed at assessing the determinants of the implementation of the HIV/AIDS workplace policy at LVCT-health, Nairobi, Kenya. The objectives of the research were to examine how staff awareness, organizational practices and staff attitudes determine the implementation of HIV/AIDS workplace policy. The study drew theoretical knowledge regarding policy implementation in the workplace from the Matland bottom-up paradigm management implementation process. The study employed a descriptive research design methodology and the respondents were sampled from employees through a stratified sampling approach to include both management and employees. The primary data collection was carried out through scheduled Interviews for the managers and questionnaires for the staff. The quantitative data was analyzed using the Statistical Package for Social Science (SPSS) while content analysis was employed for the qualitative data. The findings were thematically presented using tables and graphs of rates, bar graphs, pie charts, and a narrative to address the results of the research according to the objectives. According to the study findings, the three objectives, held varying percentages of significant with staff awareness at 91.3% followed by organizational practices at 74.4% and finally staff attitude at 70.6%. The study therefore concluded that at a determinant staff awareness carries greater weight and therefore held greater significance in the implementation of the HIV/AIDS Work place policy at LVCT Health in Nairobi City County Kenya.

OPERATIONAL DEFINITION OF TERMS

Affected: A person subjected to the effect of HIV and AIDS as a result of an illness or the death of people related to them, friends or workmates.

AIDS Acquired Immune Deficiency Syndrome: This refers to a collection of medical conditions referred to as opportunistic infections that occur as a result of being infected by the Human Immunodeficiency Virus

A HIV and AIDs workplace policy Refers to a document that states the position, provision and practices in regards to HIV/AIDS

Awareness Understanding of HIV/AIDs policy and the provisions therein

Comprehensive Care These are services that are offered to HIV-positive persons for example, clinical services, nutritional and psychosocial support.

Confidentiality the legal provision that protects the health information every staff member of job seeker, ensuring that the personal information is not disclosed to anyone else without their consent.

Determinant these are factors which affect the nature or outcome of the implementation of the HIV/AIDS workplace policy.

Discrimination Refers to unfair treatment of a person based on his or her actual or alleged HIV positive status.

HIV testing services (HTS): HIV testing services that are provided which consist of counseling and the appropriate support to ensure the delivery of accurate results and relevant support to the individual being tested.

Pandemic An outbreak of a disease occurring rapidly over a large geographical area e.g. across continents and affecting large populations.

Policy A declaration stating the position of an organization regarding specific issue.

Policy implementation: The process that involves the translation of what is stated in the policy into an action.

Prevalence of HIV: The percentage of the number of people infected with HIV

Stigma: Devaluing of people, infected with or affected by HIV and AIDs for example declining to undertake a project with a staff perceived to be HIV positive.

Support: These are services that are provided to help a person cope with difficult situations and challenges they are facing as a result of living with HIV/AIDS.

Viral suppression: This occurs as a result of the ARV interventions, where the HIV virus in a person infected with the virus is no longer detectable hence the person is able to lead a normal life.

Workplace Program: Activities within an organizations that focus on prevention, care and support of employees in matters related to HIV and AIDS

LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CDC	Center for disease control
GNP	Gross National Product
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
ILO	International Labour Organization
LVCT	Liverpool voluntary counseling and testing
NACC	National AIDS Control Council
NACOSTI	National Commission for Science, Technology & Innovation
PLHIV	People Living with Human Immunodeficiency Virus
SDGs	Sustainable Development Goals
SPSS	Statistical Package for Social Science
UNAIDS	United Nation's Program on HIV/AIDS
WHO	World Health Organization

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE:
INTRODUCTION

1.1 Background to the Study

Decades since the disease was first described in the early 1980's, HIV is still a key cause of illnesses and mortality. While the efforts in the HIV response have achieved great results, globally, in 2019, according to UNAIDS, there were close to 40 million infected with HIV, with about 2 million people being new infections. There were 690,000 deaths caused by AIDS-related illness with a cumulative total of deaths since the beginning of the epidemic approximated as 100 million people. In East and Southern Africa alone, the recorded number is 38 million with while in Kenya, the number of infections is recorded as 1.5 million. This is a costly disease as noted in the approximate expenditure where the country spent a total of USD 755,000,000. (UNAIDS, 2020). These infection rates can be assumed to be a reflection of the rates at the workplaces. (International Finance Corporation, 2002)

The epidemic justifies the special attention due to its effects on all sectors including the economy. HIV/AIDS is a serious challenge that Kenya has encountered since gaining independence. The pandemic is known to have significantly impacted on the economy to the extent of reversing some development progress e.g. in the life expectancy and the mortality rate among infants. It has greatly exerted pressure on the country's health system with no known cure in sight. Due to its broad impact across the economic, social and cultural areas, the disease is indeed more than a health issue. (Kenya, 2003).

HIV/AIDS is not simply a health issue but a substantial threat to socio-economic development, imposing a heavy burden on families, communities, and economies. The pandemic has affected most countries in the world: UNAIDS estimated that 38 million persons were HIV-positive worldwide in 2003. Almost 26 million were workers between the ages of 15 and 49—the most productive age group. This has implications for families and economies in terms of employment and labor market changes (Coulibably, 2011).

The effect of HIV/AIDS on labor force growth was not observable from the beginning of the epidemic until the early 1990s in all groups of countries. The effect of the disease on the most productive labor force participants (15-49 age group) became apparent in the mid- 1990s as a larger proportion of workers were affected by the epidemic (Coulibably, 2011). The HIV/AIDS pandemic has an impact on labor supply, through an increase in the mortality and morbidity. This is compounded by loss of skills in key sectors of the labor market (Dixon,

2002). There is a reduction in labor productivity due to the lengthy periods of illness linked with the infection. A report showed that the costs linked to the illness and a reduction in productivity among the workforce is high e.g. $17 (ksh 1731)) per staff in an industry in Kenya and $300 in the Corporate organization in Uganda (Dixon, 2002). It is also believed that workers who have colleagues living with HIV/AIDS face mental challenges due to fear of infection or extra work because their infected colleagues have slowed down. Evidence has also shown that the HIV/AIDS infection is linked with suicidal tendencies. (A. Byrne, 2006)

The ILO recognizes that HIV has a potentially devastating impact on labor and productivity and can represent an enormous burden on working people, their families, and communities in a number of ways. HIV-related stigma and discrimination threaten fundamental rights at work and undermine opportunities for people to obtain decent and sustainable employment. (ILO and UNAIDS, 2015)

Research on the implementation of the HIV workplace policies is required to support the global and local efforts geared towards the specific needs of PLHIV in the work force. However, as noted by Nyaga (2004) much of the HIV/AIDS research in Kenya is mainly focused on studies regarding particular risk groups with a focus on medical research. Some of these may be regarded as studies designed to increase awareness or advocate for funding towards HIV/AIDS activities. (Nyaga Et. al, 2004) The research specific to the implementation of HIV/AIDS workplace policy in the country is limited.

1.1.1 HIV and Policy

Several issues surrounding the protection of PLHIV are addressed through various frameworks. For instance, the non-discrimination of workers or potential workers living with HIV/AIDS is outlawed. The workers should be accorded similar treatment despite their real or perceived HIV status, or the fact that they belong to groups of people believed to be at a greater risk to HIV infection. (UNAIDS, 2015)

To date, the policy background of the response to HIV is captured in the Constitution of Kenya, 2010, The Government of Kenya vision 2030, HIV policy of 1999 and the Kenya health policy, the employment Act Cap.226, Sexual Offences Act, HIV and AIDS Sessional Paper No. 4 of 1997, The Government of Kenya Economic Recovery Strategy 2003-2207 and NACC: Kenya National AIDS Strategic Plans among others. Internationally, this is captured by the ILO Code of Practice on HIV/AIDS and further with the SDGs (Sustainable development goals).

HIV is a costly disease that cannot be ignored. According to a report by the NACC, the total spending on the HIV response from 2009 to 2013 increased from Kshs. 63 billion to Kshs72 billion respectively. Therefore, addressing HIV/AIDS at the workplace is critical. This can be achieved by having a workplace policy that stipulates how an organization plans to handle issues related to the disease at the place of work. This policy particularly outlines an organization's intentions in regards prevention and managemnt of HIV among the workers in the organization. (Smartwork, 2004)The existence of a policy guiding the organizaiton in regards to HIV/AIDS, demonstrates an acknowledgement by the organization's leadership that indeed HIV and AIDS is a key issue. This also serves to provide direction to the managaers and the employees on the expected conduct in addressing HIV and AIDS matters within the organization.

Some studies have shown that organizations that have and are implemnting a HIV/AIDS workplace policy have greater confidence in their capacity to respond to the pandemic. (Bloom Et.al, 2006) (Ellis, 2003). Despite the numerous gains in the response of HIV/AIDS, there have been setbacks. For example, work related discrimination where by women infected with HIV reported higher levels of stigma compared to men (4.9% versus 2.7%) (G.C. Mugoya, 2014). In the implementation of workplace policies, the company has to be aware that a good policy does not always guarantee implementation of the policy.

According to Dickison, it is important to take note of the possible gaps between policy and practice (Dickinson, 2003). Rosen, observes that organizations in Africa encounter several challenges in the course of engaging in business some which include taxes and politics (Rosen Et.al, 2007). In the presences of such competing priorities, an organizaiton responding to HIV and AIDS might not feature in the organization's list of key priorities. In addition, when organizations are faced with more urgent concerns to keep the organization surviving, long-term concerns like the effects posed by HIV/AIDS could easily be understimated. (UNDP/Government of Malawi, 2002).

1.2 Statement of the Problem

Developing and implemnting a policy are two distint processes. An organization may therefore formally adopt a HIV and AIDS workplace policy but may be faced with challenges when it comes to the implementation of the same. This may lead to some organizations failing to implement the policy. (Bloom et al., 2006). In addition, some studies have also argued that some countries in the African have do not have a problem with formulating

policy, however the challenges lie in the implementation of the same. Some reasons for this include the lack of involvement of the target beneficiaries in the process. (Dialoke et.al, 2017)

Rau (2002) noted that organizations have to understand the costs-benefits of investing in HIV and AIDS workplace policies. Research on the implemnetaiton of these policies is required to support the global and local efforts geared towards the specific needs of PLHIV in the work force. However, as noted by Nyaga (2004) much of the HIV/AIDS research in Kenya is either sector-specific case studies or surveys of specific risk groups, including medical and clinical studies. Some of these may be viewed as 'doomsday-scenario' studies intended to promote awareness or provide a justificatoin for funding AIDS activties . (Nyaga Et. al, 2004) The research on the implementation of HIV/AIDS workplace policy in Kenya is limited. This study therefore sought to meet this gap by assessing the determinants of the implementation of HIV/AIDS workplace policies. The study specifically focused on staff awareness, organizational practices and staff attitudes of the LVCT-Health HIV/AIDS employees working within the organization in the Nairobi County.

1.3 Objectives of the Study

1. To examine how staff awareness determines the implementation of HIV/AIDS workplace policy
2. To establish how LVCT-Health's organizational practices determine the implementation of HIV/AIDS workplace policy
3. To investigate how attitudes among the staff determine the implementation of HIV/AIDS workplace policy

1.4 Research Questions

1. How does staff awareness at LVCT-Health determine the implementation of the HIV/AIDS workplace policy?
2. How do the organizational practices determine the implementation of the HIV/AIDS workplace policy?
3. How do the attitudes among the staff at LVCT-Health determine the implementation of the HIV/AIDS workplace policy?

1.6 Justification and Significance for the Study

Research on the effectiveness of the HIV workplace policies is desperately required to support the global and local efforts to the specific needs of PLHIV in the work force. To achieve this end, this study assessed determinants of the LVCT-Health HIV/AIDS workplace policies on staff working within the organization. The Nairobi office was an ideal location because it is the headquarters of the operations of all the organization activities across the country. In addition, Nairobi City County is among the counties that bear the highest burden of HIV in Kenya, with the 2018 report by National AIDS Control Council reporting that, the county is leading the new infections of HIV and that the county's prevalence rate still remains above the National prevalence rate.

Bhuyan et al. (2010) state some reasons that justify the assessment of policy implementation. First, it encourages accountability in the achievement of the set goals. Further, it promotes effectiveness since when there is an understanding of barriers to implementation, then the suitable mitigation strategies are put in place. In addition, assessment of policy implementation brings about equity and quality through the establishment of standard operational practices.

Having a HIV/AIDS policy is key because the disease is a serious long-term illness, it is essential that the employees of all cadres have a clear understanding of the provisions made by the organization to respond to the disease especially in the case of those that are infected by the HIV. This gives confidence to the employees that they will be protected from discrimination and will receive fair treatment at their workplace in spite of their HIV status. (The International Finance Corporation (IFC) and the Global Business Coalition on HIV/AIDS)

At the micro level, organization experience a huge impact of HIV/AIDS through their employees, which has a direct effect on their profits and loses. For instance an increase in the health insurance to address the illness, funeral related expenses, increased recruitment and induction cost to replace lost staff. In addition, increased absenteeism and staff turnover impacts on the productivity and employee morale, which could lead to a decline in productivity. (The International Finance Corporation (IFC) and the Global Business Coalition on HIV/AIDS)

The HIV/AIDS pandemic remains a significant threat to the development of manpower that is desperately needed in the country for nation building. However, Workplace policy in Kenya is often written on paper and rarely implemented (GOK, 2014) and policies that serve the purpose of addressing concerns regarding the welfare of staff members are often not implemented (WHO-AFRO, 2015). The ILO code of conduct on HIV/AIDS, 2001 and the Kenya Public Sector Workplace Policy on HIV/AIDS 2010, call for mandatory implementation of HIV/AIDS workplace policy to safe guard workers interests and rights. A significant way of responding HIV/AIDs issues in the workplace is to have a policy and beyond that, ensure its implementation. This provides the guidelines for ways to prevent and manage the impact of the disease at the workplace. (ILO, 2009). Therefore, addressing concerns regarding the pace and success of the implementation of the policy process is crucial to the development of the Kenyan workforce. Assessing the aspect of policy implementation is key because some studies show that policies may be adopted but not implemented hence not achieve the envisioned results (Pressman & Wildavsky 1973; Calista 1994; Love 2004; Bhuyan et al. 2010).

This study, therefore, was critical to the understanding of the extent to which various factors determine the implementation of HIV/AIDS policies and in so doing reveal gaps in efficacy attainment.

Recommendations for policy implementation processes generated from the outcome of the research are appropriate in advising stakeholders such as policy development agents and employers. Such advice would be important to the knowledge development process that could facilitate proper implementation of HIV/AIDS workplace policies in an effort to improve prevention treatment and management of HIV/AIDS and the safeguarding of the rights of employees living with HIV/AIDS in the work place. The information from this research is a pronounced addition to the limited information on the implementation of HIV work place policies specifically in Kenya. This is also important because Kenya like many other countries globally, has focused on the 90-90-90 global goals guided United Nations strategy on HIV and AIDS focusing on the achievement of a 90% diagnosis of HIV, 90% provision of ARV to the infected persons and ensuring that 90% of the infected population achieves a viral suppression. In addition to contributing to the broad knowledge, this study provides LVCT-Health with valuable input to enhance the implementation process of their HIV/AIDS workplace policy and other related policies and further, be a point of reference to support future policy development within the organization.

1.7 Scope and limitations of the study

The area of focus for the study was the determinants of policy implementation, specifically on HIV/AIDS workplace policy. The physical area coverage was limited as a case study of LVCT-Health headquarters in Nairobi. All the research data that was collected comprises information pertaining to the staff members working in the organization. The research focused on assessing the determinants of the implementation of the HIV/AIDS workplace policies on holistic or overall worker's benefit in regards to prevention and management HIV/AIDS.

The limitations and scope of the study were informed by the backdrop of the stigma and discomfort that is linked to HIV and AIDS which remains prevalent in social settings in Kenya (ILO AND UNAIDS, 2015). The researcher anticipated to encounter fears in regards to HIV/AIDS and stigma which could deter the respondents from participation. In addition, the fear of victimization due to the fact that the research was related to organization policies. Further, due to previous challenges encountered by the researcher in getting a place to conduct the study, the researcher anticipated the concern that organizations expressed with information being exposed that could negatively affect the organization. To address these fears and concerns, the Human resource department and all the respondents were assured that the research was purely for academic purpose and would not be used for any other purpose. They were clearly informed that their personal information would be handled confidentially and protected to ensure that no staff was exposed against their will. The random distribution and anonymous responses to the questionnaires further reassured the respondents. The researcher also held consultative meetings to address any concerns. In addition, the researcher provided the organization with all the relevant supportive information e.g the authorization letter from Kenyatta University and the research permit from NACOSTI.

Therefore, the study ensured that the research was confined to legal and policy frameworks to protect the worker as well as the organization. The responses were made anonymous to ensure that no one would be exposed against their wishes. Intentional effort was made to ensure that the respondents were reassured of their privacy and confidentiality during the data collection and analyses. This effort cushioned against the reluctance of the workers to share personal information while maintaining the highest possible ethical and moral standards.

CHAPTER TWO:
LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 REVIEW OF LITERATURE

2.1 Introduction

This section of the research examines secondary sources of literature from a broader perspective thorough review of the content in a 3 phase decreasing hierarchical framework. This review illuminates the global, regional and ultimately the Kenyan perspective. Further, the section discusses the determinants of the HIV/AIDS workplace policy in alignment to the study objectives of awareness, organization practice and lastly staff attitudes. The section also discusses the theoretical and conceptual frameworks that guided the study.

2.2 Implementation of HIV/AIDS workplace policy

The workplace is an essential and effective setting for responding to the HIV epidemic. About two thirds people living with HIV are engaged in work, making the workplace a good setting for promoting HIV prevention and management activities. In such a setting, individuals in high risk age groups are brought together every day. This provides a critical opportunity for responding to the epidemic in regards to creating awareness, proving information, prevention services and promoting non-discrimination among other issues. (UNAIDS, 2007)

The ILO through its Code of Practice on HIV/AIDS and the World of Work code states that HIV/AIDS is a workplace issue, not only because it affects the workforce but also because the workplace can play a vital role in limiting the spread and effects of the epidemic. (International Labour Organization , 2001) The International Labour Organization (ILO) is the institution tasked with the establishment of global standards that can be utilized in informing policy as pertains to workplace relations (Marwitz, 2010). The ILO reports that the development and implementation of HIV policy in the workplace has three main purposes that include; 1) the protection of the rights of individuals affected by HIV/AIDS, 2) the prevention of infection through information, education and training, and 3) the assurance of care and support for workers and their families. Similar sentiments by Marwitz and Were-Okello are in support of the initiative by the ILO towards ensuring that prevention and management of HIV/AIDS in the workplace is achieved through policy adoption and implementation in the workplace. (Marwitz, 2010)

In Kenya, Policy and programming frameworks guiding workplace HIV and AIDS in interventions in Kenya include The Employment Act 2007 and the HIV and AIDS Prevention and Control Act, 2006. The Employment Act has provide the acceptable standards in relation to employment and health. The act is explicit about discrimination against employees on the basis of their HIV status. According to the act, an individual cannot be dismissed or incur disciplinary penalties due to their HIV status. (Mywage, 2020) The HIV and AIDS Prevention and Control Act, 2006, provides specific guidance in regards to HIV and AIDS workplace policies. For example in regards to discrimination and confidentiality issues. (GOK , 2006)

Despite the solutions to preventions and management of the disease being available, the WHO describes the global statistics in regards to HIV as worrying (Soko Et, 2012). Moreover, workplace policies on HIV/AIDS have had average success on a global perspective in eradicating and managing the spread of HIV/AIDS (U.S. Department of Health & Human Services, 2016). Notably, the epidemic is more prevalent in the third world as compared to developed nations where the prevalence is much lower and better managed. (Steenkamp, 2015) . Consequently, more success has been achieved in the developed world in the management of HIV/AIDS through workplace policy that had been done in the developing world. (Mortier et al, 2016). A major challenge in policy implementation particularly in developing countries is the broadening gap between the goals and the outcomes. Abdussamad and Hiola (2017) argue that policy is only a good plan stored in the archive if it is not implemented correctly.

This information suggests that there are gaps present between the available policies and the intended results in the Kenyan context. Notably, workplace policies have not been effective in the region of sub-Sahara Africa in regards to the spread of awareness and the need for self-evaluation among staff (Charalambous, et al., 2007).

Kenya has the joint third-largest epidemic in the world, alongside Mozambique and Uganda. In Kenya alone in 2021, there were over one and half million individuals who are living with HIV across the country of these, 42, 000 were new infections (Avert, 2021) The epidemic has impacted the country's economy by lowering per capital output by 4.1 per cent. According to the Kenyan government, approximately one third of new infections are among key populations in major cities engaged in the formal and informal work (Nyaga Et. al,

2004). Hence the researcher's focus on the working class adults in Nairobi City County which is host to the capital city of the country and which is also the largest city.

The assessment of the policy implementation process is critical because it gives a understanding of success or failure and the factors that influence them. (Love 2003). The CDC and ILO provide that a HIV workplace policy ought to comply to the legal requirements, comprise of prevention guidelines, address issues of hiring and dismissal of employees in regards to HIV. They further state that the policy should guide managers on ways to address discrimination in relation to HIV at the workplace. The policy should also be able to provide relevant information to the employees. Hence, the researcher in alignment to the above focused on the 3 broad objectives to examine staff awareness, organization practices and staff attitudes as determinants to the implementation of HIV/AIDS workplace policy. The responsibility of policy implementation does not lie with only one individual or one aspect. The implementation of the policy comprises various aspects including human, material and financial resources.(Ajulor, 2016) As noted by Dimitrakopoulos and Richardson (2001) it is agreed that resources need to be made available for implementation to succeed. The researcher therefore sought to observe how the HIV/AIDS workplace policies, which are a legal requirement, are implemented an aspect which has not been adequately researched in Kenya. The researcher regarded, the available Policy documents, Provisions of the policy, Implementation strategies, Human and financial resources Monitoring, evaluation and feedback mechanism as the variables in line with the dependent variable of policy implementation.

2.3 Staff Awareness and implementation of HIV/AIDS workplace policy

It is an uphill task to implement workplace policies on HIV/AIDS in most third world countries due to various reasons such as lack of awareness of employees and complacency on the part of the policy implementers (Steenkamp Et. al, 2015). This is corroborated by the fact that more than half (53%) of the 1.6 million people living with HIV in Kenya are unaware of their HIV status. (AVERT)

Organizations are encouraged to ensure that their employees are aware and can access the services stipulated in the HIV/AIDS workplace policy. This means including this in the employee orientation programs, ensuring that all new and current employees have copies of the policy, requiring and encouraging employees at all levels to participate in period activities and maintaining a steady stream of information on HIV/AIDS in through available

communication channels. (Rau, 2002) Policies and their implementation are envisioned to provide the awareness regarding the detection and punishment of inappropriate behavior. (Keel, 2005). In relation, the notion of social deviance is defined as normative violations especially where noncompliance to the policy guidelines results in sanctions. (Best, 2006).

According to Bakuwa (2010), lack of involvement or participation by employees is a key factor that hinders the adoption of HIV/AIDS workplace policies. Involving everyone from the beginning helps them understand the need for everyone to do something about managing HIV/AIDs within their workplace and ensures everyone's views are taken into account. (Katili, 2018) In some cases, the presence HIV infection does not necessarily result in the loose of working capabilities, within the workplace, however, employees infected with HIV have been dismissed from work or re-deployed as a result of their HIV status, ignoring their ability to perform the required duties. (Ojienda, 2010)

In view of these sentiments, the researcher focused on how the awareness of the HIV/AIDS workplace policy determines the implementation. The research focused on policy communication and dissemination, staff engagement, incentives and deterrence mechanism deterrence/motivation mechanisms as the dependent variables in regards to the awareness as a determinant.

2.4 Organizational practices and the implementation of HIV/AIDS workplace policy

Every organization has practices and norms that form the organization culture. Culture comprises of beliefs and behaviors which affects organizational behavior. According to Kilman et al. organizational culture comprises of values, beliefs, behaviors and norms that bind an organization.

Globally, one of the means that international organizations are utilizing in the development of information regarding HIV/AIDS is through the facilitation of workplace policy development and implementation framework that provides an international perspective on global standards on HIV/AIDS workplace policy. There has been a notable differences in the implementation of policies across the globe. A reason behind the stark differences between the developed and developing nations is in the fact that the process of policy adoption in the first world is readily facilitated by authorities tasked with the duty of enacting those policies (Marwitz, 2010).

In regards to organizational practices, non-involvement in policy development is a severe challenge to implementing policies. As observed policy documents are usually prepared by bureaucrats with minimal or no input from the implementer and other stakeholders who will be impacted either negatively or positively by the policy. At times, policy instruments are prepared and stakeholders asked to provide comments on the draft regulation or policy document. This makes it difficult for the stakeholders to own both the policy and the implementation process (Spratt, 2009)

Deborah (2008) observes that it is important to go beyond designing of good policies into ensuring that they are successfully implemented. To achieve this, there should be a consensus among the relevant stakeholders. This can be achieved by bring all the stakeholders on board. Successful implementation, according to Matland, involves complying with directives and goals. Successful implementation therefore requires the input of mangers to avoid implementation gaps. (Maduabum, 2008) Policy implementation cannot not succeed without the necessarily resources to support the process. In addition, according to the ILO of importance is having supportive organization practices e.g practices that support HIV Testing that is not mandatory.

In light of this, the researcher sought to examine the organization practices at LVCT- health by observing Policy communication and dissemination, staff engagement, incentives and deterrence mechanism as the variables of the organizational practices at LVCT-Health.

2.5 Staff attitudes and the implementation of HIV/AIDS workplace policy

Attitudes are explicit or implicit. The former, involves those that individuals are conscious of and have an influence on behaviors and beliefs. The later, even though they are unconscious, they still affect an individual's behaviors and beliefs. HIV infection among individuals can result in an attitude of stigma with discrimination as a result. This discrimination can occur various settings including at the workplace. Employees found to be HIV positive may lose their jobs or benefits. (Nyaga Et. al, 2004) Lamptey, Wright, fife (2002) and Herek (1999) draw a connection between the stigma as a result of HIV infections and the fact that the first HIV cases globally were observed amongst the homosexuals who were regarded as deviants. While in Kenya, it was linked with sex workers.

Everywhere in the world HIV and AIDS has been accompanied by stigma and discrimination but stigma seems to be more prevalent in sub Saharan Africa than other parts of the world. Rankin, W., Brenan, S., Schell, L. and Rankin, S. (2005) attribute this to the communal life of

the Africans. Shorter and Onyancha (1998) Mugambi and Kirima (1976) agree with this African view that the sick are blamed for their illness when they think the disease is caused by a curse. Knox (2008) argues that in Africa, misfortune and suffering are usually interpreted as punishment from the ancestors for the breach of taboo or failure to perform a prescribed ritual or duty. He is of the view that deviation from traditional morality is likely to be interpreted as cause of illness leading to stigmatization of the sick.

A report by the United Nations Development Program, indicates that decades since the discovery of the first case, HIV stigma is still rampart, despite the various interventions that have been put in place. The National HIV stigma index study was carried out in Kenya in 2014 indicated that it is important to address discrimination at the work place. UNAIDS and the World Health Organization (WHO) mentions the fear of being stigmatized and discriminated upon as a major hindrance to HIV testing and also disclosing one's HIV status. World Health Organization. (WHO, 2011) And (UNAIDS, 2014) In addition, in many countries, there is evidence from the People Living with HIV Stigma Index to show that stigma and discrimination as a result of HIV at the workplace cause a denial of a working opportunity. In Kenya, this was it was shown that 28% of respondents in a study had been denied a promotion or the nature of their work engagements altered due to their HIV status. (GNP+, 2012)

The attitudes towards HIV/AIDS and the workplace policy are possible determinants in the implementation process. According to Makinde, successful implementation depends on how those that are implementing view the policy as affecting them at an organizational or personal level. He further argues that that in the likelihood that the implementer will lose, then their attitude towards the implementation will be negatively affected. Where else, if the implement views it as a possible gain on their part, then the implementation is positively affected. (Makinde,2003).

The internal stage, which is also critical to the discussion on the HIV/AIDS pandemic has portrayed limited research in the area of HIV/AIDS workplace policy implementation. (Mortier et al, 2016). More so, a notable gap is the discussion on workplace policies towards curbing stigmatization of the disease is equally important in the evaluation of the progress that can be achieved in the fight against HIV/AIDS worldwide. (AIDS.gov, 2016).

In Kenya, The employment Act, emphasizes the importance of upholding the privacy in regards to HIV status of the employees. It prohibits compelling of employees to undergo HIV tests unless in the event of violations of the sexual offences Act (2006). In addition, it prohibits the sharing of an employee's HIV tests or HIV information to others without a consent which should be in written form. It further criminalizes discrimination of an employee or prospective employee on the basis of their HIV status whether real or imagined. (Mywage, 2020) (Governement of Kenya, 2007)

In light of this, the researcher sought to examine the staff attitudes at LVCT- health by observing stigma and discrimination, confidentiality, perceptions towards the policy as the variables of the staff attitudes at LVCT-Health

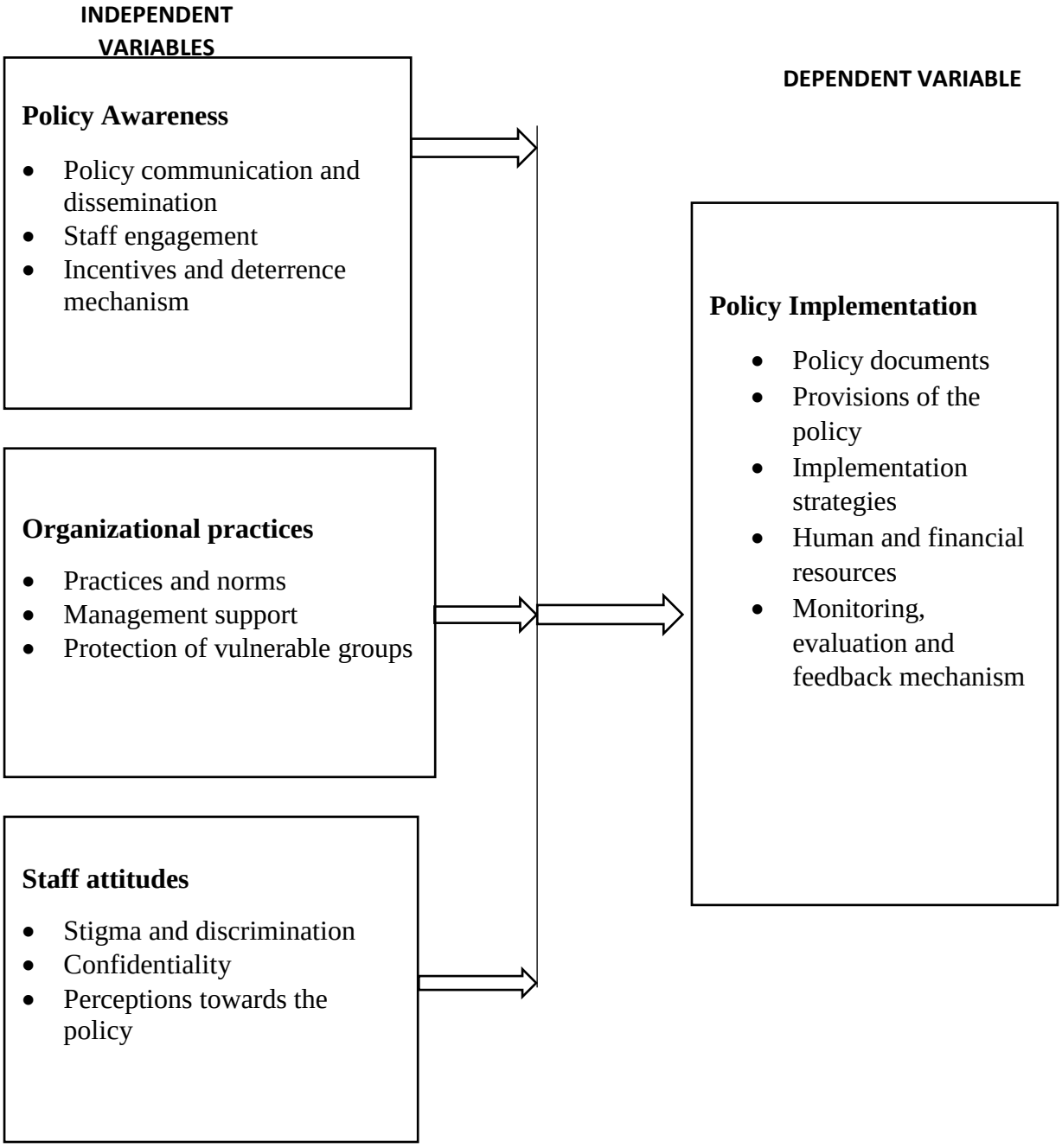
2.2 Theoretical framework

Matland (1995), identifies paradigms that can be utilized in the policy implementation process in the workplace. These include top-down, and bottom-up management implementation processes. The framework of the study was drawn from this theoretical knowledge as regards to policy implementation in the workplace. The research focused on the bottom-up management implementation process. This proved useful in evaluating the determinants of the implementation of the HIV/AIDS workplace policy. The bottom-up view focus on the formal and informal relations involved in regards to the designing and implementation of policies. (Montjoy & O'Toole, 1979). This perspective focuses on individuals and their behaviors, whereby street-level workers are the key focus in the process because of their understanding of the needs of the common person. (O'Toole Jr., 2000). This framework proved critical because the bottom-up paradigms depend on the participation of the subordinated in the decision-making process regarding policy implementation (Paudel, 2009). In addition, bottom-up approaches begin from a behavioral change perspective in implementing the policy (O'Toole Jr., 2000). Further, bottom-up systems depend largely on the soundness of the relationships between stakeholders in the policy implementation process (Montjoy & O'Toole, 1979).

In that respect, applying the theory of policy implementation to the study was fundamental to understanding the determinants of the implementation of the workplace HIV/AIDS policy at LVCT-Health. This objectively provided insights on the determinants both from the staff level and also the management level. The staff and the management were able to share opinions regarding the policy implementation process.(O'Toole Jr., 2000).

2.3 **Conceptual framework**

In this study, the dependent variable in the study was implementation HIV/AIDS workplace policy, whereby Policy documents, Provisions of the policy, implementation strategies, human and financial resources, monitoring, evaluation and feedback mechanism were the variables in regards to the dependent variable. The independent variables were policy awareness, organizational practices and staff attitudes.



CHAPTER THREE:
RESEARCH METHODOLOGY

3.1 Research Design

This research employed a descriptive research design. As argued by Sekaran and Bougie (2009) this design is useful in explanatory studies because it ensures that the researcher is able to collect data, analyze and present it with clarity. The descriptive design was instrumental in collecting information about the behaviors, attitudes and points of view of the staff and management at LVCT-Health (Orodho and Kombo, 2002). This design was valuable in the collection of information through the interviews and questionnaires to the respondents. (Rodeo, 2003). This design proved suitable because it allowed the researcher to effectively collect and analyze qualitative and quantities data on the determinants of HIV/AIDS workplace policy at LVCT-Health in Nairobi City County. Further, this design enabled the research to establish the facts and make recommendations that will improve the knowledge available in the area of HIV/AIDS workplace policies.

3.2 Site of the study

The research was carried out at LVCT-Health headquarters in Nairobi Kenya. LVCT-Health is a Kenyan non-governmental and non-profit organization which was registered in 2001.The organization's programs are in the areas of HIV testing, prevention and management and gender based violence.The organization is current working in over half of the counties in Kenya. Among the several programs that the organization runs is a workplace program WEMA Kazini that address health care at the workplace with a focus on reduction of health costs and an increase in productivity. (LVCT-Health, 2021)

3.3 Study population

The respondents for this research were drawn from staff in various departments within the LVCT-Health Nairobi headquarters in Nairobi. The respondents included both management and employees of LVCT-Health sampled from the employees in Nairobi. According to the data shared to the researcher by LVCT-Health Human resource department, there is a total of 175 staff based in Nairobi City County. Of these, 26 hold a management.

3.4 Sampling techniques and sample size

Sample size determination

This was established by employing was established by employing the formula presented by Mugenda and Mugenda (2013)

$$nf = \frac{n}{1 + n/N}$$

Where;

nf- Population desired sample size when population is less than 10000

n- Desired sample size

N- Population size

Thus

$$nf = \frac{52}{1+52/175}$$

Substituting in the formula based on the population of the staff at LVCT-Health as provided by the Human Resources department, the researcher obtained the approximate sample size of 40 respondents. With the guidance from the Human resource department, the researcher was able to identify 10 managers for the interviews who represented all the key departments within the organization.

3.5 Sampling technique

The researcher used a stratified random sampling to identify managers to be interviewed and staff to respond to the questionnaires with the support of the organization's human resources department. The employees were first categories into two broad categories of managers and staff. Following the broad stratification, respondents were then randomly selected. This technique ensured that managers and staff from all departments were engaged in the data collection either through scheduled interviews for managers and questionnaires for staff. In addition, it ensured that the respondents were reassured that they were not specifically singled out which enhanced the confidence by the respondents. This also ensured that in the event of unavailability of one staff, replacements were done.

3.6 Data collection and research instruments

Data from secondary sources was collected from various books, journals and reports accessed at the Kenyatta University library City Campus and on the internet listed in the reference section of this report. This information was accessed at the Kenyatta university library and the internet which was done severally during the entire process of the study. In regards to the primary sources, the researcher employed questionnaires and scheduled interviews with key informants. The questionnaires and interview guides were designed to present both open and closed ended questions to provide the researcher with both qualitative and quantities data from sampled respondents. The online or physical copies questionnaires were administered to 30 staff at LVCT-Health in Nairobi depending on the preference of the respondents. The interviews were conducted through scheduled phone calls to the 10 managers as was their preference due to the Covid 19 pandemic restrictions. In addition, the Human resource department at LVCT-Health provided valuable information regarding their HIV/AIDS workplace policy.

3.7 Validity and Reliability

The validity of the study was achieved through engaging the opinions of experts in the area of HIV/AIDS workplace polices. This was achieved by engaging the supervisor and lecturers at Kenyatta University specifically from the Public Policy and Administration department and other relevant professionals. To enhance content validity, expert opinion from the supervisor was sought and his inputs taken into account in development of the study tools.The consultative process ensured that the researcher modified the research instruments appropriately to achieve validity. The researcher administered the same research instruments to a chosen population during the pilot phase of the study to test for the reliability, and modified the instruments accordingly prior to the actual research. This proved to be critical in the quest to ensure efficacy of each tool to collect reliable data.

3.8 Data Analysis

The analysis process comprised both qualitative and quantitative analysis that combined physical tally or respondent’s support for certain theme against a qualitative analysis or review of the opinions of the participants. The quantitative data collected through the questionnaires was structured to provide the researcher with the ability to tally the similar responses and assign them into the various categories. In addition, quantitative data in regards to the demographics of age, gender, marital status and years of service at the organization

was recorded. The quantitative data was then analyzed using SPSS. Thereafter, it was analysed in themes corresponding to the objectives of the research objectives of staff awareness, organization practice and staff attitudes in the implementation of HIV/AIDS workplace policies. The findings were thematically presented using tables and graphs of rates, bar graphs, pie charts.The scheduled interviews which provided the qualitative data enriched the data collection because the researcher was able to clearly capture the responses and options through clarification. The researcher employed content analysis to analyze this data according the research objectives. The data was then captured as narratives which were reported within the objectives of the study.

3.9 Data Management and Ethical Considerations

The principle of confidentiality was critical in the preparation and compilation of this research report. Based on the stigmatization and victimization that is characteristic of HIV/AIDS issues, the data collected from the respondents was confidential and stored safely, and respondents were asked not to fill their personal details on the questionnaire form. The researcher explained the objectives of the study to all potential participants prior to the data collection exercise. The researcher further explained the measures taken to ensure their confidentiality and decision to answer the questions was taken as informed consent. Further, the researcher ensured that there was informed consent. The request to be a respondent was accompanied by full disclosure of the purposes of the study in collecting data. Therefore, all the respondents who consented to participate did that from a well-informed background of the knowledge on the academic purposes which was the intent of the researcher.

In addition, due to the Covid 19 pandemic restrictions that were being implemented across the country, the researcher adjusted the process to adhere the MOH protocols that had been put in place. Further, the respondents were offered the option to fill out an online or hard copy questionnaires. The sampled managers were also offered the option for telephone/online or face-face meeting. In regards to the questionnaires, the majority (78%) opted for hard copies while over 90% of the managers opted for telephone interviews. The researcher formally requested the verbal consent from the interview schedules by reading out the content of the consent form before proceeding with the interview. In relation to the questionnaire the consent request was on the first page of the document. The researcher strictly adhered to the research guidelines stipulated by the Kenyatta University. In addition, the research licence was sought and granted by the NACOSTI.

CHAPTER FOUR:
DATA ANALYSIS, PRESENTATION AND DISCUSSION

4.1 Introduction

This chapter presents the results from the analysis conducted for this research. The chapter is structured systematically to allow easier comprehension and understanding of the results. Demographic information from the participants will provide an in-depth understanding of the sample. The other results of the study are arranged based on the objectives that were examined. Both the qualitative and quantitative aspects of the research have been included under each section as relevant. The questionnaire have been analyzed using both qualitative and quantitative methods while the analysis for interviews was done using qualitative methods.

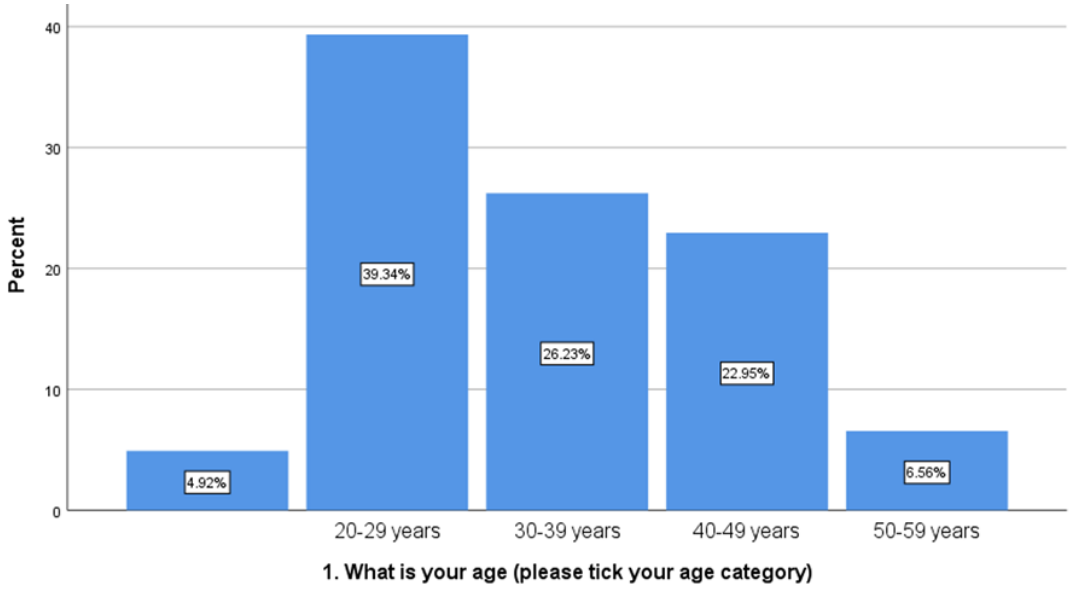
4.2 Demographic Information

The research participants were required to provide their personal and demographic information that was used to provide more information about the sample. Information on age, gender, marital status and working experience was collected because these characteristics could determine an individual's perception or answers to the research questions of interest.

4.2.1 Age of the respondents

The graph below indicates the demographics of age.

Figure 1: Age ranges of the participants



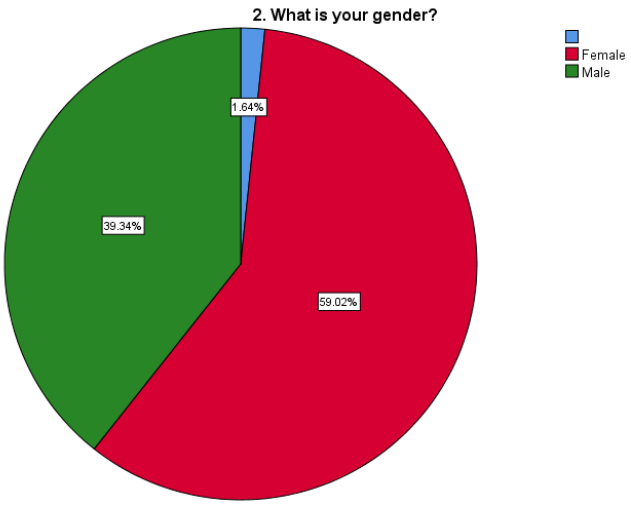
Source (Researcher, 2021)

With regards to age 39.3% of the participants were aged between 20-29 years while 26.2% were aged between 30-39 years old. Individuals aged 40-49 years old only accounted for 23% of the sample. The specific profile of the participants in terms of their age is summarized in Figure 1. The demographics in terms of age were key in this study because HIV/AIDS issues have different implications for different age categories. In regards to age, of interest to HIV/AIDS related studies is the fact that there is a rapid rise of infections among younger populations, e.g. in 2015, more than half of all new HIV infections in Kenya occurred among young people between the ages of 15-24. (Avert, 2016)

4.2.2 Gender of the respondents

Figure 2. Gender profile of the participants

The pie chart below represents the demographics according to gender



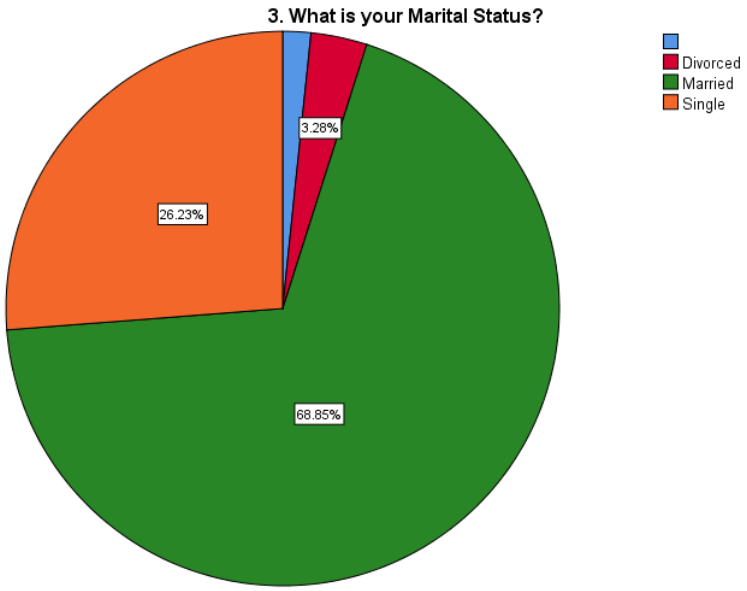
Source (Researcher, 2021)

In relation to the gender, majority of the participants included in the sample were male which accounted for 59% while the participants remaining 39.3% of the participants were female (Figure 2). There is a gender factor in regards to HIV/AIDS issues that drove the researcher to take collect the data in regards to gender. According to research young women are almost as twice as likely to get HIV infection in comparison to their male counterparts. (Avert, 2016) The demographics in regards to gender ensured that the researcher was able to get a balance sample of the respondents. The study noted that there was an adequate representation from both the male and female employees within the organization.

4.2.3 Marital status of the respondents

The pie chart below indicates the demographics in relation to the marital status of the responds.

Figure 3. Respondent's marital status



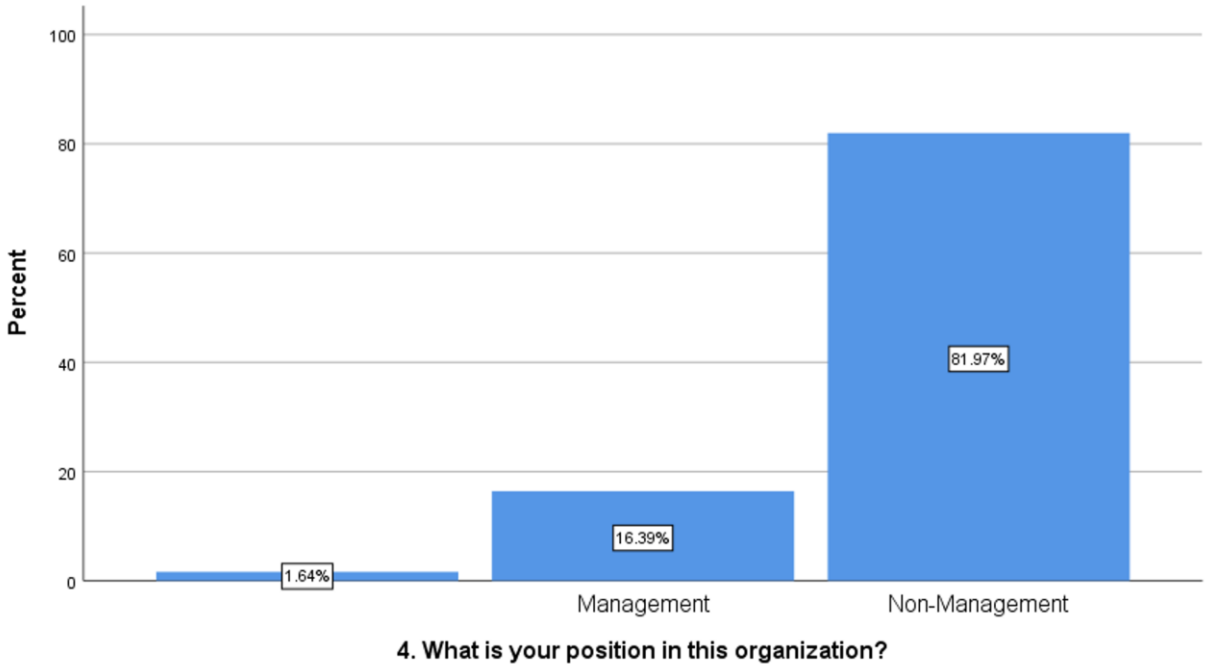
Source (Researcher, 2021)

With regards to the marital status, the greater number of respondents (68.9%) were married while 26.2% of the participants were single. Only a small proportion of the participants were divorced which accounted for 3.3% of the sample (Figure 3). The researcher was interested in the demographic information regarding marital status because, HIV is mainly transmitted through sexual contact. And of interest was the fact that encouraging protection among partners is still a challenge and a priority in Kenya. (NASCOP Kenya AIDS Indicaor Survey (KAIS), 2009) Of interest to the researcher in this study was how the organization HIV workplace policy put this into consideration. The study observed that the main focus of the policy is the employees. This was supported by a statement by interview respondent 03 who said that ‘’the policy should look outwards, not just the staff but other people in the circles of the staff’’

4.2.4 Job position of the respondents

The graph below indicates the job position categorized into either staff or manager.

Figure 4. Employee's current job position at the organization



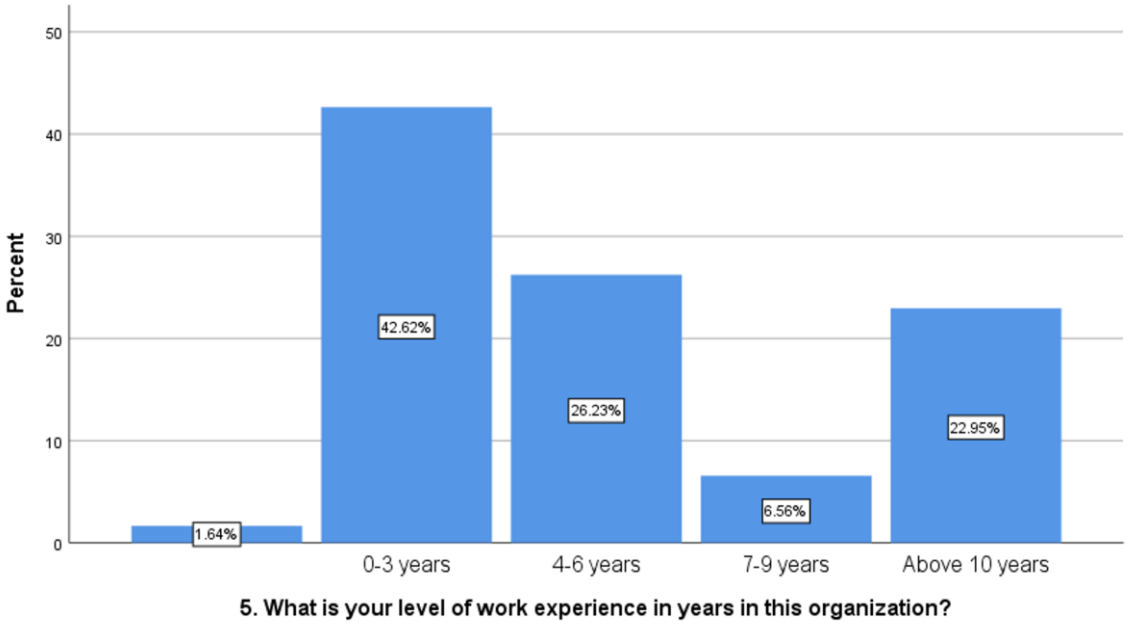
Source (Researcher, 2021)

The data was collected from different employees therefore, it was crucial to collect information on the position occupied by the employees. It was evident that majority of the employees (82%) worked in non-management positions while only 16.4% worked in management position (Figure 4). This profile was expected since in many organizations, management or leadership positions are held by few people. According to Kinicki Angelo at every stage within the organization structure, a manger has a number of employees directly under them. (Lunenburg, 2012)

4.2.5 Working Experience of the respondents

The graph below indicates the working experience within the organization.

Figure 5. Employee working experience in years (Researcher, 2021)

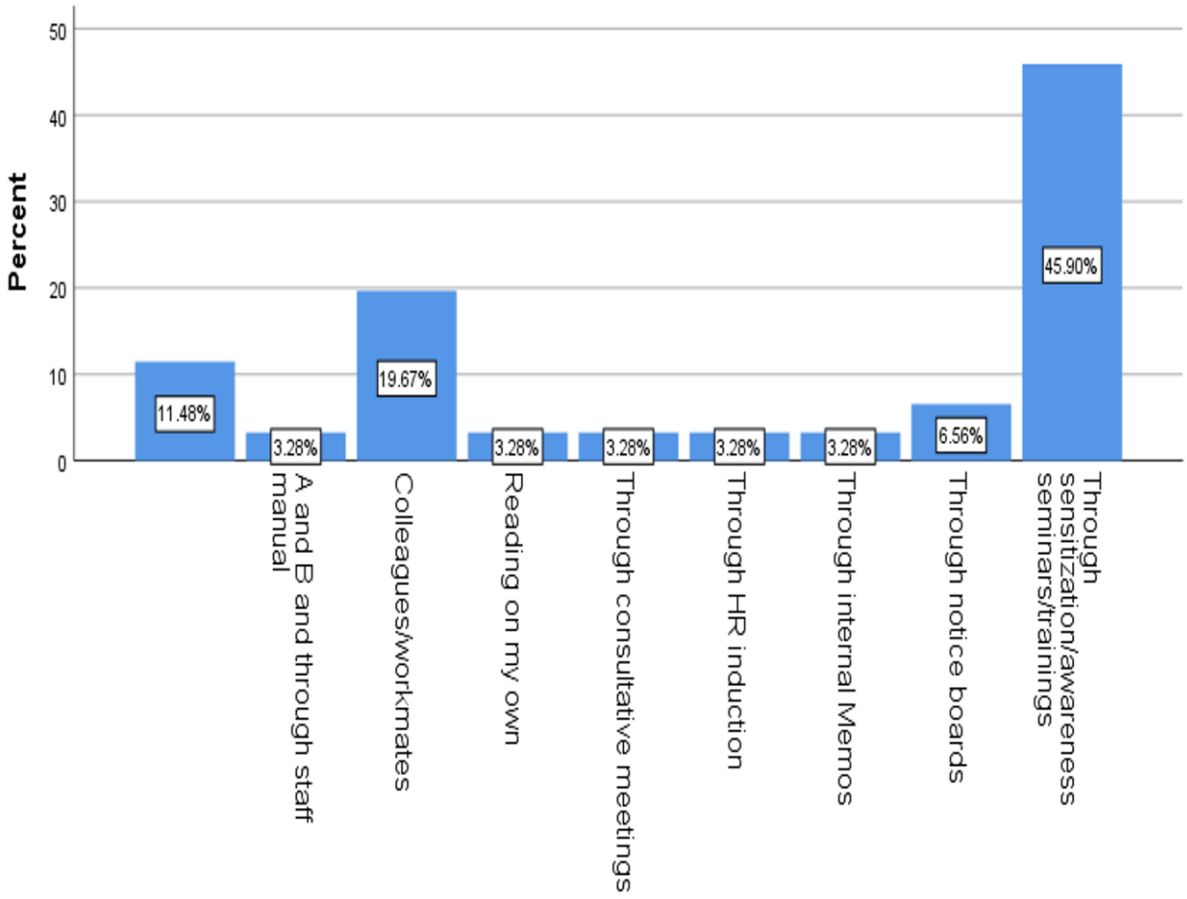


While some employees included in the study have worked in the organization for many years, others have only worked for a few years. As shown in Figure 5, majority of the employees (42.6%) have worked at the organization for 0-3 years while another 26.2% have worked for 4-6 years. Another 23% of the employees have worked at the organization for over 10 years (Figure 5) This information also ensured that the researcher was able to get objective information from a broad base of respondents. Some studies have also shown that length of service among employees has a potential to influence attitudes of employees towards (Jaffu, 2018). In this regards, the researcher did not observe any significant relationship in this study.

4.3 Staff awareness and the implementation of HIV/AIDS workplace policy

The first objective of the study sought to examine how awareness determines the implementation of the HIV/AIDS workplace at LVCT-Health. The following graph indicates sources of information regarding the HIV/AIDS workplace policy.

Figure 6: Graph of HIV/AIDS policy awareness



(Researcher, 2021)

The respondents were required to indicate whether they were aware that the HIV/AIDS workplace policy exists, then in the case of a positive response, they were then referred to the next question which examined the relationship between staff awareness about the presence of HIV/AIDS workplace policies. As shown in Figure 6, the participants were aware that the organization has appropriate policies for HIV/AIDS implementation. Of interest in the result is how the employees were aware of these policies. Majority of the employees (45.9%) were aware about the policies through sensitization/awareness/seminars/training programs implemented by the organization while 19.7% were aware from other colleagues or workmates. Therefore, these two avenues played crucial roles in increasing employee awareness about the programs. The also study observed that there is a responsibility placed on staff whether directly or indirectly to communicate policy issues. Policy communication is mainly through sensitization meetings, a direct responsibility of the Human resources department or other heads of departments and staff-staff communication which is an indirect

responsibility on the staff. The findings of this study are supported by a study relating to HIV/AIDS workplace policies, factories in Machakos County, Kenya, where the study results showed that companies used both formal and informal channels for informing employees on the existence and the contents of the HIV policy. That study also indicated that majority of employees knew the details of the company HIV/AIDs policy which was demonstrated by 77.7% of the respondents. (Kaliti, 2018)

The participants were also required to provide information as to whether the HIV/AIDS policies were implemented on different areas that affected employees. This is summarized in table 1 below

Table 1: Level of awareness of employee with the HIV/AIDS policies (Researcher, 2021)

Variable	No	Not sure	Yes
Recognizes HIV/AIDS as a workplace issue and provides support systems for employees living with HIV/AIDS	2(3.3%)	2(3.3%)	54(88.5%
Prohibits discrimination of employees based on HIV/AIDS status	3(4.9%)		58(95.1%)
Promotes HIV counselling and testing	3(4.9%)	2(3.3%)	56(91.8%)
Provides for the confidentiality of an employee's HIV/AIDS status	3(4.9%)	2(3.3%)	56(91.8%)
Provides for HIV/AIDS education	3(4.9%)	6(9.8%)	52(85.2%)
Encourages acceptance of people living with HIV/AIDS	3(4.9%)		58(95.1%)
Promotes Condom distribution in the organization	5(8.2%)		56(91.8%)

Results from table 6 show that the organization is implementing various policies or interventions to deal with HIV/AIDS in the workplace. As shown in Table 1, various measures have been taken by the organization to implement the HIV/AIDS policies including recognizing HIV as an issue at the organization, preventing discrimination and stigma, encouraging testing and self-management, providing educations opportunities for employees, and implementing preventive measures such as condom distribution in the organization. The results of this study are different from other studies. For instance, a study by Bakuwa, & Mamman, (2012) which focusing on the barriers to adopting HIV and AIDS policies at work showed that many companies especially in Africa had not yet to recognized nor responded to

HIV/AIDS as an issue at the workplace. Further, the findings also showed that factors that are internal rather than external influence the implementation of policy in the workplace.

In addition, interviews were conducted among the participants to further address the research question and objectives. The interviews showed differing perspectives in regards to awareness about the policies. However, many agreed that they were aware of these policies and that the organization was implementing the policies appropriately. For instance, interview respondent-01 said that "the level of awareness was high" while interview respondent-03 said that "the level of awareness was 50%". Furthermore, interview respondent- 04 opined that "the staff may not be aware of the policy". These quotes from the employees support the fact that there is some level of awareness about the HIV/AIDS policies. These results are also in line with the results from a study by Bakuwa, & Mamman, (2012) that show that internal factors (level of awareness of employees) provides some explanation in regards to why the organizations adopt the policy. Hence, the study observed that the staff may adhere to the policy 'unaware' as expressed by some of the respondent's e.g. Respondent 01: "There's an assumption that since the organization is the field of HIV, staff are aware" on the other hand, the results imply that in the case of LVCT-Health, the staff adhere to the policy because they are aware of its existence and its contents. The observation was informed by Martland's bottom-up perspectives of policy implementation that allowed the researcher to give attention to the formal and informal relationships, and observe the participation of the employees in the implementation process. In addition the theoretical framework enabled the researcher to focus on persons and their behaviors.

4.4 Organizational practices and the implementation of HIV/AIDS workplace policy

The second objective of the study sought to examine how the organizational practices determine the implementation of the HIV/AIDS workplace at LVCT-Health. Information on the organization's practices with regards to the implementation of the policies was also determined and the results are shown in table 2.

Organizational practices affecting HIV/AIDS implementation

Variable	No	Not sure	Yes
Policies at the organization are always implemented	2(3.3%)	12(19.7%)	46(75.4%)
The HIV/AIDS workplace policy at the organization is being implemented	4(8.2%)	4(6.6%)	52(85.2%)
I would report a policy violation	4(6.6%)	10(16.4%)	46(75.4%)
Only some employees benefit from the policies	48(78.7%)	10(16.4%)	2(3.3%)
When you raise an issue about policy violation, it is addressed	2(3.3%)	26(42.6%)	32(52.5%)
Employees comply with policy violation	1(1.6%)	14(23%)	46(75.4%)
Management complies with policies	1(1.6%)	12(19.7%)	48(78.7%)

Table 2

Source (Researcher, 2021)

The result support the presence of appropriate practices related to policy implementation. It is shown from the results that there are appropriate HIV/AIDS policies at the organization and these policies are implemented fully. The results also show that both the employees and the company management comply with the HIV/AIDS policies. In cases where policies have been violated the organization takes appropriate actions against the culprits and interventions to address the issues raised. Many of the employees would report a violation of the policies and this reflects an appropriate organizational culture, however, it was noted that a significant percentage was unsure if the reported violations would be addressed. These findings agree with the results of other studies that have noted that organizational practices indeed affect the implementation of HIV/AIDS policies. Chillag et al, (2002) showed that the factors that affect the implementation of HIV/AIDs interventions include structural, social cultural, organizational and individual factors.

The findings from the survey were also supported by the results from the interviews which showed that the organization has policies, the policies and being implemented and any violations to the policies is punished. For instance, respondent-01 said that there was a commitment to implement policies e.g., during annual staff meeting this is discussed. Respondent-05 said that being an organization that is in the area of HIV, the staff are highly

sensitized on HIV issues. Moreover, respondent-06 said that "service provision for staff living with HIV is available without having to go through the HR making it easy".

The study observed in the results the various deterrence measures ensure adherence to the policy. The study also noted that supportive facilities are readily available and voluntary as supported by the data that among those offered the HIV test, 100% was on voluntary basis.

The researcher concluded that in the case of LVCT-Health, organizational practices are key determinants of the implementation of HIV/AIDS workplace policy at LVCT-Health.

4.5 Staff attitudes and the implementation of HIV/AIDS workplace policy

The third objective of the study sought to examine how attitudes among the staff determine the implementation of the HIV/AIDS workplace at LVCT-Health. The study also collected information on the attitudes of the employees towards the implementation of the HIV/AIDS policies. Table 3 shows the results from the respondents.

Table 3: Summary of employee attitudes towards the implementation of HIV/AIDS policies

Attitude	No	Not sure	Yes
HIV/AIDS policy is helpful	2(3.4%)		56 (96.6%)
I know a colleague living with HIV/AIDS	18(26.2%)	6(9.8%)	38(62.3%)
I have been tested for HIV/AIDS at work	30(50%)		30(50%)
A colleague has lost their jobs due to their HIV/AIDS status	48(78.7%)	8(13.1%)	5(8.2%)
Staff discuss about other staff who they suspect are living with HIV/AIDS	40(65.6%)	12(19.7%)	3(4.9%)

Source (Researcher, 2021)

The information shows the attitudes of employees with regards to the implementation of HIV/AIDS policies in the workplace. The results showed that most of the respondents (96.6%) have confidence in that the HIV/AIDS policies at the organization are being implemented appropriately and are that they are also helpful to the employees. This can be proven by the fact 78.7% of the respondents disagree that an employee at the organization has lost their job due to the HIV/AIDS. These answers support the notion that the HIV/AIDS policies at the organization are being implemented accordingly and are helping people in difference ways.

On the contrary, the results from the interviews failed to support the fact that employees have positive attitudes towards the policies. For instance interview respondent-01 said that "there was an assumption that since the organization is the field of HIV, staff are aware". Interview respondent-02 said that "the implementation of the staff policy is not the priory- work (implementing programs) is the main focus". Moreover, interview respondent-09 said that "management may be more interested in work (staff performance of work) so the implementation of the HIV workplace policy may not be a priority". These results point towards a possible gap in the implementation the HIV/AIDS policies at the organization as shown by the attitudes of employees. The researcher observed a relationship between organization practices and staff attitudes. E.g. the staff believed that in the organization a policy violation is punishable when reported, hence the deterrence to ensure that the staff e.g. do not stigmatize. This is supported by Nick's opinion that, organization commitment can result from good employee attitudes that are a result of empowering organizational practices. (Nick et al. 1994). Similar sentiments are expressed in a study on job-related attitudes and institutional factors on performance in Mombasa, Kenya that observed that participation and involvement of employees creates morale and ownership. (Ibua, 2017)

The study observed that on one hand, the employees at LVCT-Health believe that the HIV/AIDS policies at the organization are being implemented appropriately and are helpful to the employees. However, on the other hand, the study observed that a gap in regardis to paying attention to the to the HIV/AIDS workplace at LVCT-Health due to the assumption that LVCT-Health in the sector of HIV/AIDS therefore all employees are naturally aware of HIV/AIDS policies.

In regards to stigma and discrimination, on one hand, the study observed that there is a positive attitude towards PLHIV. On the other hand, the study observed that there are unexplored issues in regards to the attitudes towards co-workers who are living with HIV. This was due to the face that half of the respondents were unsure or would not reveal their status to their colleagues. Similar sentiment were also shared by respondent 15 who said that "a manager may not go to a clinic to be served by a junior staff 'this was also supported by the fact that 30% of the respondents shared that staff discuss other staff who they suspect are infected with HIV. The respondents were not questioned further to reveal their reasons for the discomfort. However, a study conducted in South Africa revealed that half of the respondents had lost their jobs within that year due to their HIV status. In Kenya, a study revealed that HIV stigma has hindered health workers who were infected with HIV from revealing their HIV status. (Soko D. et. al, 2012) Similar sentiments are observed in a study where many

workers expressed concern that if their HIV status was exposed to their, they would be faced with stigma e.g. be avoided and ridiculed. (Roberb Stewart, 2002) Similarly, in a study carried out in South Africa, more than half of the employees were unwilling to disclose their HIV status even if they were aware of the existence of a HIV policy within the organization. (Liana Steenkamp et.al, 2015) . The researcher observed that there was a high level of awareness in regards to the existence HIV/AIDS workplace policy which is believed to have a significant influence on the implementation of the HIV/AIDS workplace policy at LVCT-Health.

CHAPTER FIVE:
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summarized findings on each of the objectives of the study, draws conclusions and makes recommendations for action by the relevant policy makers and further research.

5.2 Summary

The main purpose of this study was to assess the determinants of implementation of the HIV/AIDS workplace policy in Nairobi city county, Kenya, with a specific focus on LVCT-Health organization as a case study. The study was directed by three key objectives relating to staff awareness, organizational practices and staff attitudes in relation to the implementation of the HIV/AIDS workplace policy at the organization. In relation to the first objective, the researcher focused on staff awareness. The study observed that in regards to policy communication and dissemination, the HIV/AIDS workplace policy is in place is shared to the majority of employees. The study also observed that there is staff involvement in different ways in regards to the policy. The study observed that there are provisions in the policy to deter policy that staff are aware of. The study further observed that there is a high level awareness in regards to HIV/AIDS matters, however the level awareness in specific to the HIV/AIDS workplace policy was contentious.

In relation to the second objective, the researcher focused on organizational practices The study observed that there are various measures that have been undertaken by the organization to implement HIV/AIDS workplace policies including recognizing HIV as an issue at the organization, preventing stigma and discrimination encouraging resting and management of HIV, and implementing preventative measures such as condom distribution in the organization. The study observed that the respondents believe that there is compliance to policies within the organization. In addition, the study observed that some respondents believed that there is a gap in support from management.

In relation to the third objective, the researcher focused staff attitudes. The study observed that there is an acceptance of employees living with HIV. It further observed that there is a significant level of confidentiality in regards to HIV issues. The respondents believed that the HIV/AIDS workplace policy is useful. The study further noted that a significant number of

staff are have concerns regarding stigma and discrimination at the workplace and would not disclose their HIV status to their colleagues.

5.3 Conclusion

Based on empirical evidence on determinants of the implementation of HIV/AIDS workplace policy brought out in this study, several conclusions have been made. These conclusions relate to staff awareness, organizational practices and staff attitudes in relation to the implementation of policies at the workplace.

In regards to staff awareness, the study concluded that staff awareness carried more weight as a determinant with 91.3%. When the staff are aware of the policy and the content, they are most likely to adhere to it. This was followed by organizational practices at 74.4%. When there is a practice of compliance to policies both by the staff and management there is a positive influence on the implementation of the HIV/AIDS workplace policy. And finally, staff awareness at 70.6%. In the presence of real or perceived stigma the staff may not utilize the services provided for by the policy and hence negatively impact on the implementation of the policy. The study further concluded that, even the presence of staff attitude challenges, the staff will comply with the involuntary provisions but may abstain from the voluntary provisions e.g. the treatment services offered by the organization. The study therefore concluded that at LVCT-Health, in regards to determinants, staff awareness (91.1%) was found to be the greatest determinant, followed by organization practices (74.4%) and lastly staff attitudes (70.6%)

5.4 Recommendations

This section makes recommendations to the ministry of health, policy makers, and researchers based on the evidence presented in this study in line with the contemporary literature on determinants of the implementation of HIV/AIDS workplace policy.

a) Recommendations for the Ministry of Health and Policy Makers

This sub-section presents recommendations and policy implication for action to the ministry of health and other stakeholders in the sector of HIV/AIDS and organizational leaders in charge of policy development and implementation.

1. Reviewing the HIV/AIDS workplace policy to incorporate the spouses/partners. This study noted that with regards to the marital status, majority of the participants (68.9%)

were married. HIV/AIDS is mainly transmitted sexually (quote) hence in practice, the HIV/AIDS policy cannot be administered to the member of staff apart from their spouse as far as prevention and management of the disease is concerned. A recommendation from this study is to therefore encourage a holistic approach that caters for the spouses so that the benefits of the policy are not negated in any way e.g. in the event where the staff is covered at the work place but not in the home and hence get infected or re-infected away from the work place.

2. The ministry of Health through NACC to consider up-scaling their support to organizations in the development and implementation of HIV/AIDS workplace policies in the county. In the quest for a study location, the researcher encountered several barriers which included, lack of HIV/AIDS workplace policies, a reluctance by the organizations to take part in the study for fear of negative exposure in the event of policy violations. Deliberate effort should be made to support organizations in the development and implementation of HIV/AIDS workplace policies in the country.

3. In regards to practice, it is critical to ensure that the management and staff are operating on the same platform in regards to the implementation of the policy to address any communication barriers thus strengthening the implementation process.

b) Recommendations for Further Research

This sub-section makes recommendations for further research.

1. Policy implementation: Although the study did not directly focus on policy implementation, in the course of the research, the researcher observed a gap in the aspect of research in regards, to policy implementation in line with the stipulated policies and the gaps therein, hence the recommendation for further research to explore the implementation process of HIV/AIDS workplace policy. Further research in this aspect will explore the extent to HIV/AIDS workplace policy is affecting the response to HIV/AIDS in Kenya
2. Staff awareness: Further research to understand the extent to which communication between management and staff affects the implantation of HIV/AIDS policies
3. Organization Practices: The relationship between the organization practices and staff attitudes in the implementation of HIV/AIDS workplace policies

4. Staff Attitudes: HIV/AIDS stigma at the workplace remains an understudied area. The researcher recommends in-depth studies concerning the employee concerns in regards to possibilities of stigma and discrimination at the workplace.

REFERENCES

Abdhalah K. Z. (2011). *Determinants for HIV testing and counselling in Nairobi urban informal settlements.* African Population and Health Research Center, Nairobi, Kenya

Aisha, N. Z. et, al. (2015). *HIV policy and implementation: a national policy review and an implementation case study of a rural area of northern Malawi*, London School of Hygiene and Tropical Medicine, London, UK

AVERT (2016). *HIV and AIDS in Kenya*. Retrieved 1 21, 2017, from www.avert.org: https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/kenya

Bill, R. S. (2002). *Work place HIV/AIDS programs: an action guide for managers.* Family Health International.

Bloom, D. Et.al, (2006). *Business and HIV/AIDS: a healthy partnership? A global review of the business response to HIV/AIDS 2005-2006.* Switzerland:.

Bulletin of the World Health Organization (2002), 80 (12) *International law, human rights and HIV/AIDS* David Patterson1 & Leslie London

Byrne, A. P., (2006). *Mental health and HIV/AIDS in Central and Eastern Europe.*

Cawley, C. et al (2017) *Identifying gaps in HIV policy and practice along the HIV care continuum: evidence from a national policy review and health facility surveys in urban and rural Kenya.* Advance Access Publication Date: 28 July 2017

CFBT. (July 2006). *An Analysis Of Hiv/Aids Policy Formulation & Implementation Structures, Mechanisms & Processes In The Education Sector In Kenya*. CFBT Kenya.

Charalambous, S., et. al (2007). Establishing a Workplace Antiretroviral Therapy Programme in South Africa. *AIDS Care, 19*(1), 34-41. Retrieved 1 21, 2017, from http://hivinsite.ucsf.edu/InSite?page=jl-12-04

Corbett, E. L., et. al (2007). HIV Incidence during a cluster-randomized trial of two strategies providing voluntary counseling and testing at the workplace, Zimbabwe. *AIDS, 21*(4), 483-489. Retrieved 1 21, 2017, from http://hivinsite.ucsf.edu/InSite?page=jl-11-01

Coulibaly, I. (2011). *The impact of HIV/AIDS on the labour force in Sub-Saharan Africa: a preliminary assessment.* ILO.

Christopher, C. P., & Harries J., (2006) *The determinants of policy effectiveness.* Bulletin of the World Health Organization | November 2006, 84 (11)

Dialoke et.al, U. F. (2017). Policy formulation and implementation in Nigeria: the bane of underdevelopment. *International Journal of capacity building in education.*

Dixon, S. M. (2002). The impact of HIV and AIDS on Africa's economic development.

Diane, A. et al (2018) *Factors Influencing the Successful Implementation of HIV Linkage and Retention Interventions in Healthcare Agencies across New York State.* Springer Science Business Media, LLC, part of Springer Nature, New York

Ellis, L. T. (2003). *The Economic Impact of HIV/AIDS on Business in South Africa.*

GNP+. (2012). The PLHIV Stigma Index . *Evidence Brief:Stigma and Discrimination at Work: Findings from teh PLHIV Stigma Index*. GNP+, ILO.

GOK (2014). *The National Guidelines For Prevention Of Mother To Child Transmission.* Nairobi: Government Printers.

GOK (2006). *Hiv And Aids Prevention And Control Act.* Governement of Kenya. (2007). The Employment Act.

GOK (2014) *Kenya AIDS Response Progress Report 2014 Progress towards Zero March 2014.*

GOK (2003). *Economic Recovery Strategy for wealth and employment creation 2003-2007.* Nairobi: Government of Kenya.

GOK (2013). *Education Sector Policy on HIV and AIDS.* Nairobi: Ministry of Education, Science, and Technology. Retrieved 1 21, 2017, from https://www.usaid.gov/sites/default/files/documents/1860/Final%20policy%20HIV%20and%20AIDS%202013.pdf

Greenfield, E. L. (1997). Maintaining Employees' Privacy of HIV and AIDS Information in the Workplace. *Hofstra Labor and Employment Law Journal Volume 15 | Issue 1 Article 9.*

IFC/WORLD BANK (December 2002). *Good Practice Note: HIV/AIDS in the Workplace,* Number 2

ILO. (2001). *An ILO code of practice on HIV/AIDS and the world of work. International Labour Organization .*

ILO. (2008). *Managing Hiv / Aids In The Workplace: Employers Handbook For Action.* Manila, Philippines : ILO Subregional office for southeast Asia and the Pacific.

ILO, & UNAIDS. (2015). *Getting to Zero at Work: Inspirational voices from workers.*

Ibua, M. P. (2017). The joint effect of employee empowerment, job-related attitudes and institutional factors on performance of public universities in Kenya. *International Journal of Education and Research Vol.5 No.2*.

ILO and UNAIDS. (2015). *Getting to Zero at Work: Inspirational voices from workers.*

International Finance Corporation (2002). HIV/AIDS In The Workplace. *Goodpractice Note*.

International Labour Organization . (2001). An ILO code of practice on HIV/AIDS and the world of work.

Jaffu, R. (2018). The Influence of Employee Length of Service on Attitudes towards Job-related Factors: The Case of Human Resource for Health in Kigoma Region, Tanzania. *Saudi Journal of Humanities and Social sciences (SJHSS)*.

Kaliti, J. M. (2018). *Assessment of HIV/AIDS workplace policy adoption in factories in Machakos County, Kenya*. Kenyatta University.

Kelley, K., et. al (2003). Good practice in the conduct and reporting of survey research. (Y.-C. (. Li, Ed.) *International Journal for Quality in Health Care, 15*(3), 261-266. doi: http://dx.doi.org/10.1093/intqhc/mzg031

Keuogh, V. A., & Tanabe, P. (2011). Survey Research: An Effective Design for Conducting Nursing Research. *Journal of Nursing Regulation, 1*(4), 37-44. Retrieved from http://dx.doi.org/10.1016/S2155-8256(15)30315-X

Liana S. et.al, J. V.W. (2015). *Should HIV and AIDS workplace programmes still be advocated in the automotive industry?* South Africa.

Lunenburg, F. C. (2012). Organizational Structure: Mintzberg's Framework. *International Journal Of Scholarly, Academic, Intellectual Diversity Volume 14, Number 1, .*

LVCT-Health. (2021). Retrieved from https://lvcthealth.org/

Lunenburg, F. C. (2012) Organizational Structure: Mintzberg's Framework. *International Journal Of Scholarly, Academic, Intellectual Diversity Volume 14, Number 1*

Marwitz, J. V., & Were-Okello, T. (2010). HIV/AIDS in the workplace: a case study from higher education. *African Journal of Economic and Management Studies, 1*(2), 197-210. doi:10.1108/20400701011073491

Marwitz, J. V.-O. (2010). HIV/AIDS in the workplace: a case study from higher education. *African Journal of Economic and Management Studies*.

Mortier et al, S. D. (2016). A decade of an HIV workplace program in armed conflict zones; a social responsibility response of the International Committee of the Red Cross. *Journal of Occupational Medicine and Toxicology*.

Mywage. (2020). *Mywage*. Retrieved from My wage: https://mywage.org/kenya/labour-laws/work-and-sickness/hiv-aids-and-work

Mwangome, M. N. (2017) *A qualitative study of the determinants of HIV guidelines implementation in two south-eastern districts of Tanzania*. Ifakara Health Institute, Dar es Salaam Tanzania,

Mathenge, E. M. (2009). *HIV and AIDS Policy.* Nairobi: Ministry of Gender, Children and Social Development. Retrieved 1 21, 2017, from http://www.health.go.ke/wp-content/uploads/2015/09/Workplace-Policy-on-HIV-and-AIDS.pdf

Mathiyazhagan, T., & Nandan, D. (2010). Survey research method. *Media Mimansa, July-September*, 34-82.

Matland, R. E. (1995). Synthesizing the implementation literature: The Ambiguity-Conflict Model of Policy Implementation. *Journal of Public Administration Research and Theory, 5*(2), 145-174. Retrieved 12 12, 2016, from http://www.jstor.org/stable/1181674 .

McLaughlin, M. W. (1978). Learning from experience: Lessons from policy Implementation. *Educational Evaluation and Policy Analysis, 9*(2), 171-178. Retrieved 12 12, 2016, from http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.830.8272&rep=rep1&type=pdf

Mithat, K. (2015) International Strategic Management Conference. The Effect Of Organizational Culture On Organizational Efficiency: The Moderating Role Of Organizational Environment and CEO Values. *Journal of Public Policy* Vol. 2 | No. 2 August | 2015

MOH (2014). *The HIV stigma index 2014 a report of the first The National HIV and AIDS Stigma Survey in Kenya*

Montjoy, R. S., & O'Toole, L. J. (1979). Toward a Theory of Policy Implementation: An Organizational Perspective. *Public Administration Review, 39*(5), 465-476. doi:10.2307/3109921

Mortier, S. D., et.al (2016). A decade of an HIV workplace program in armed conflict zones; a social responsibility response of the International Committee of the Red Cross. *Journal of Occupational Medicine and Toxicology*. doi:10.1186/s12995-016-0119-4

Mthethwa R. M. (2012). Critical dimensions for policy implementation. School of Public Management and Administration, Volume 5 number 2 September 2012 *African Journal of Public Affairs*, University of Pretoria South Africa

Mugoya, G. C., & Emst, K. (2014). Gender differences in HIV-related stigma in Kenya. *AIDS Care: Psychological and Socio-Medical Aspects of AIDS/HIV, 26*(2).

Mwange, N. N. (January 2013). HIV/AIDS and Labour Productivity in Kenyan Manufacturing. *African Journal of Economic review, volume 1, issue 1*.

NASCOP Kenya AIDS Indicaor Survey (KAIS). (2009). Nairobi.

Nyaga Et. al, D. N. (2004). *HIV/AIDS in Kenya: A Review of Research and Policy Issues.* NAIROBI: Kenya Institute for Public Policy Research and Analysis.

NACC, K. (2014). *Kenya Aids Strategic Framework 2014/2015 - 2018/2019.* Government Of Kenya.

Ndabuki, J. K. (2006). HIV-AIDS Policy Formulation in Kenya. *Bridging Research and Policy on HIV/AIDS in Developing Countries Working and Discussion Papers.* Nairobi. Retrieved 1 21, 2017, from https://www.odi.org/publications/2806-hiv-aids-policy-formulation-kenya

Ndua, D.N., (2013) *Challenges Facing the Implementation Of Policies In The Culture Sector In Kenya*

The African Health Monitor, (October 2015).Fighting HIV/AIDS in the workplace a company management guide.*he African Health Monitor Special issue: Universal Health Coverage Issue 20*.

Nyaga, R. K., et.al (2004). *HIV/AIDS in Kenya: A Review of Research and Policy Issues.* Nairobi: Kenya Institute for Public Policy Research and Analysis. Retrieved 1 21, 2017, from http://pdf.usaid.gov/pdf_docs/Pnads077.pdf

Odongo, P. O., (2013) *Determinants Of Implementation Of HIV/Aids Related Programmes Targeting Secondary School Students In Kisumu East District, Kenya*

Ojienda, T. O. (2010). HIV/AIDS AND THE LABOUR SECTOR: Examining the role of the law in protecting the HIV positive worker in Kenya.

O'Toole Jr., L. J. (2000). Research on Policy Implementation: Assessment and Prospects. *Journal of Public Administration Research and Theory, 10*(2), 263-288. Retrieved 12 12, 2016, from http://jpart.oxfordjournals.org/content/10/2/263.short

Paudel, N. R. (2009). A Critical Account of Policy Implementation Theories: Status and Reconsideration. *Nepalese Journal of Public Policy and Governance, XXV*(2), 36-54. Retrieved 12 12, 2016, from http://sjpg.pactu.edu.np/system/files/journal/articles/3-narendra-paudel-a-critical-account-of-policy-implementation-theories.pdf

Prafulta, J. (2015). Acceptability, feasibility, and challenges of implementing an HIV prevention intervention for people living with HIV/. *Journal of Social Aspects of HIV/AIDS: An open Access Journal*.

Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods, 40*(3), 879-891. doi:10.3758/BRM.40.3.879

Rada, V. D., & Martin, V. M. (2014). Random Route and Quota Sampling: Do they offer any advantage over probably sampling methods? *Open Journal of Statistics, 4*, 391-401. doi:10.4236/ojs.2014.45038

Rosen, S. et at (2007). The private sector and HIV/AIDS in Africa: taking stock of 6 years of applied research. AIDS. 2007 Jul;21 Suppl 3:S41-51. doi: 10.1097/01.aids.0000279693.61652.2d. PMID: 17666961

Rau, B. S. (2002). Workplace Hiv/Program: An Action Guide For Managers. *Workplace Hiv/Program: An Action Guide For Managers*. Family Jealth International .

Roberb, S., e. J.-W. (2002, June). Addressing HIV/AIDS stigma and discrimination in a workplace program: Emerging findings.

Roberts, M. W. (2004). Lessons of SMARTWork: A Six Country AIDS and the Workplace Program. washington, USA.

Rosen Et.al. (2007, 7 21). *The private sector and HIV/AIDS in Africa: taking stock of 6 years of applied research. AIDS.* Suppl 3:S41-51. doi: 10.1097/01.aids.0000279693.61652.2d. PMID: 17666961.

SAFARICOM. (2019, November 20). *SAFARICOM*. Retrieved from SAFARICOM: www.safaricom.co.ke

SMART WORK. (2004). A Workplace Guide for Managers and Labour Leaders:. *A Workplace Guide for Managers and Labour Leaders:*.

Soko D. et. al, U. E. (2012). HIV and AIDS workplace interventions; gaps between policy and practice at the College of Medicine.

Steenkamp, Et. al, L. M.-W. (2015). Should HIV and AIDS workplace programs be advocated in the automotive industry? . *South Africa Journal of Human Resource Management*.

Steenkamp, J. V.-W. (2015). Should HIV and AIDS workplace programmes still be advocated in the automotive industry. *SA Journal of Human Resource Management*.

Smit, R. (2004). *Issues and Innovations In Nursing Practice HIV/AIDS And The Workplace: Perceptions Of Nurses In A Public Hospital In South Africa.* Rand Afrikaans University, Johannesburg, South Africa

Smit, R. (2005) Workplace action on HIV/AIDS: identifying and sharing best practice Background report for Tripartite Interregional Meeting on Best Practices in HIV/AIDS Workplace Policies and Programmes *Journal of Advanced Nursing* 51(1), 22–29 retrieved on 15-17 December 2003, ILO, Geneva

Soko, D., Umar, E., Noniwa, T., & Lakudzala, A. (2012). HIV and AIDS workplace interventions; Gaps between policy and practice at the College of Medicine. *Malawi Medical Journal, 24*(3), 52-55. Retrieved 1 21, 2017, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3576826/

Steenkamp, L., Marwitz, J. v., Baasner-Weihs, F., & Pietersen, J. (2015). Should HIV and AIDS workplace programs be advocated in the automotive industry? *South Africa Journal of Human Resource Management, 13*(1), 609-619. doi:10.4102/sajhrm.v13i1.609

Tau, E., Chen, D., Eslick, I., & Brown, J. (1995). A First Generation DPGA Implementation. In *Proceeding of the Third Canadian Workshop on Field-Programmable Devices* (pp. 138-143).

The African Health Monitor, (October 2015).Fighting HIV/AIDS in the workplace a company management guide.*he African Health Monitor Special issue: Universal Health Coverage Issue 20*.

U.S. Department of Health & Human Services. (2016). *Global Statistics.* Retrieved from www.aids.gov.

UNAIDS. (2007). AIDS is Everybody's Business UNAIDS & Business: Working Together .

UNAIDS. (2014). *Guidance note: Reduction of HIV-related stigma and discrimination*.

UNAIDS. (2015). How AIDS has changed everything: MDG 6: 15 years, 15 lessons of hope from the AIDS response. Geneva: UNAIDS.

UNAIDS. (2020, 12 1). *UNAIDS*. Retrieved from UNAIDS: https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

UNAIDS. (2011). *Countdown To Zero:Global Plan For The Elimination Of New Hiv Infections By 2015 And Keeping Mothers Alive, 2011-2015.* Geneva: Unaids.

UNAIDS. (2015). *Unaids Terminology Guidelines.* UNAIDS.

UNAIDS. (March 2014). *Kenya AIDS Response Progress Report 2014 Progress towards Zero* . UNAIDS.

U.S. Department of Health & Human Services (2016). *Global Statistics*. Retrieved 1 21, 2017, from www.aids.gov: https://www.aids.gov/hiv-aids-basics/hiv-aids-101/global-statistics/

Vass, J. R. (APRIL 2008). The role of HIV/AIDS committees in effective workplace governance of HIV/AIDS in South African small and medium-sized enterprises (SMEs). *Journal of Social Aspects of HIV/AIDS VOL. 5 NO. 1*.

Verbooy, K., et al (2018). Are people living with HIV less productive at work? *AIDS care : Psychological and socio-Medical aspects of aids/hiv*, *30*(10), 1265-1272. https://doi.org/10.1080/09540121.2018.1447076

WHO. (2011). GLOBAL HIV/AIDS RESPONSE: Epidemic update and health sector progress towards universal access: Progress report.

WHO. (2014). *Kenya fact sheet of health statistics* . WHO.

WHO. (2015). *Antimicrobial resistance: draft global action plan on antimicrobial resistance.* Geneva: WHO.

WHO. (2015). *Health in 2015: from MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals. WHO 2015.* Geneva: WHO.

WHO-AFRO. (2015). *HIV/AIDS Policy in the CGIAR Workplace: The Challenge of Implementation working paper NO.38.* WHO-AFRO.

WHO (2014). *Global update on the health sector response to HIV*. World Health Organization.

Wilson, J. (2010). *Essentials of Business Research: A Guide to Doing Your Research Project.* New York: SAGE Publications.

Wright, K. B. (2005). Researching Internet-Based Populations: Advantages and Disadvantages of Online Survey Research, Online Questionnaire Authoring Software Packages, and Web Survey Services. *Journal of Computer-Mediated Communication, 10*(3), 00. doi:10.1111/j.1083-6101.2005.tb00259.x

Yang, K., & Banamah, A. (2014). Quota Sampling as an Alternative to Probability Sampling? An Experimental Study. *Sociological Research Online, 19*(1). Retrieved 10 19, 2016, from http://www.socresonline.org.uk/19/1/29.html

APPENDICES

A1: Cover letter

LINET KANANA GITONGA
NAIROBI

Dear sir/madam

My name is Linet Kanana Gitonga a student at Kenyatta University. As part of my master's degree in public policy and administration, I am carrying out a study on the determinants of implementation of the HIV/AIDS workplace policy in Nairobi City County, Kenya .

The vision of this study is to assess the implementation of the HIV workplace policy and enumerate the determinants of its implementation with aim of enhancing HIV/AIDS prevention and management at the workplace.

I humbly ask for your cooperation as a randomly selected participant for this study. Your contributions in this regard are of utmost importance. All your information will be handled with confidentiality. For privacy purpose, use of names will be avoided, so do not write your name anywhere in this questionnaire.

Thank you for your contribution.

A2: Research Questionnaire

QUESTIONAIRE

SECTION A

My name is Linet Kanana Gitonga a student at Kenyatta University. As part of my master's degree in public policy and administration, I am carrying out a study on the determinants of implementation of the HIV/AIDS workplace policy in Nairobi City County, Kenya

The vision of this study is to assess the implementation of the HIV workplace policy and enumerate the determinants of its implementation with aim of enhancing HIV/AIDS prevention and management at the workplace.

I humbly ask for your cooperation as a randomly selected participant for this study. Your contributions in this regard are of utmost importance. All your information will be handled with confidentiality. For privacy purpose, use of names will be avoided, so **do not** write your name anywhere in this questionnaire. Also, the questionnaire is strictly for academic purposes and all ethical standards will be upheld. Thank you for your contribution.

SECTION B

BACKGROUND CHARACTERISTICS

1. What is your age (please tick your age category)

[ ] 20-29 years [ ] 30-39 years [ ] 40- 49 years

[ ] 50- 59 years [ ] Over 60 years

2. What is your gender? [ ] Male [ ] Female

3. What is your Marital Status? [ ] Married [ ] Single [ ] Widowed [ ] Divorced

4. What is your position in this organization? [ ] Management [ ] Non-Management

6. What is your level of work experience in years in this organization?

[ ] 0 to 3 years [ ] 4-6 years 71 [ ] 7-9 years [ ] 10 years and above

SECTION C:

POLICY IMPLEMENTATION

6. Does this organization have a HIV/AIDs workplace policy? [ ] Yes [ ] No

7. If you are aware of a HIV/AIDs workplace policy in this organization, please specify how you got to know and or hear about the policy?

[ ] Through consultative meetings [ ] Through sensitization/awareness seminars/trainings

[ ] Through notice boards [ ] Through internal Memos

[ ] Colleagues/workmates

Others (specify)_____

8. If Yes in question 6 above, please tick whether the policy addresses any of the following issues at the work place

THE POLICY	YES	NO	NOT SURE
Recognizes HIV/AIDs as a workplace issue and provides for support systems for employees living with HIV/AIDS			
Prohibits discrimination of employees based on HIV and AIDs status			
Promotes HIV counseling and testing			
Provides for the confidentiality of an employee's HIV status			
Provides for HIV and AIDs education			
Encourages acceptance of people living with HIV/AIDS			
Promotes Condom distribution in the organization			
Prohibits pre-employment HIV/AIDs screening or as part of job recruitment			
Provides precautions to ensure healthy and safe work environment			
Enhances employees and employer engagement in HIV/AIDs programmes			

9. On a scale of 1-5, please rate the following statements about the organization policy;

Where 1=strongly disagree, 2=Disagree, 3=neither agree or disagree, 4=Agree, 5=strongly agree

The policy:

a) Has enhanced continued employee engagement _____
b) Recognizes HIV/AIDs as a workplace issue and provides for the support systems for employees living with HIV/AIDS

   _____

c) Has provided precautions to ensure healthy and safe work environment

   _____

d) Has provided for continuous communication on aspects of HIV and AIDs----------
e) Has enhanced employees and employer involvement in HIV/AIDs programmes---------
f) Prohibits unfair discrimination of employees based on HIV and AIDs----------
g) Has enhanced confidentiality of an employee's HIV status----------
h) Prohibits pre-employment HIV/AIDs screening or as part of job----------
i) Has encouraged acceptance of people living with HIV at the work place----------
j) Promotes HIV counseling and testing----------
k) Has improved condom distribution in the organization----------
l) Has improved HIV and AIDs education and awareness among the employees ----------

10. Please indicate whether in your opinion the following statement are true, false or you are not sure.

Statement	True	False	Not sure
i) Employees are involved in HIV/AIDs activities			
ii) The top management is committed in implementing and supporting HIV/AIDs activities in the organization programmes and policies			
iii) There is stigma/ discrimination in the organization in regards to			

HIV/AIDs status			
v) There is open discussion on HIV/AIDs among employees			
vi) I can disclose my status to colleagues/staff/management if diagnosed with HIV/AIDs			

11. ATTITUDES (Please indicate whether in your opinion the following statement are true, false or you are not sure)

Statement	True	False	Not sure
The HIV/AIDS policy is helpful			
I know a colleagues who is living with HIV/AIDS			
I have been tested for HIV at the work place			
If c above is yes, The test was voluntary			
A colleague has lost their job on the basis of their HIV status			
I have been requested to bring your HIV test results to my employer			
I am comfortable to work with people who are living with HIV/AIDS			
Staff discuss about other staff who they suspect are living with HIV/AIDS			

12: Practices (Please indicate whether in your opinion the following statement are true, false or you are not sure)

	True	False	Not sure
Policies at LVCT-Health are not implemented			
The polices are always implemented			
The HIV/AIDS workplace policy at LVCT-Health is being implemented			
The HIV/AIDS workplace policy at LVCT-Health will continue being implemented			
I would report a policy violation			
Only some employees benefit from the HIV/AIDS policies			
There are disciplinary measures taken on those who violate the HIV/AIDS workplace policy			
There are rewards given to those who observe the HIV/AIDS workplace policy			
If you raise an issue about a HIV/AIDS			

policy violation you could be punished for it			
When you raise an issue about the policy violation it is addressed			
I prefer not to report a policy violation			
The employees comply with the policy provisions			
The employees comply with the HIV/AIDS workplace policy			
The management comply with organization policies			
The management comply with the HIV/AIDS workplace policy			

13. In your opinion, what challenges does this organization encounter in the implementation of the HIV/AIDs workplace policy?

a) ----------

b) ----------

c) ----------

d) ----------

e) ----------

Thank you for your co-operation

A3: Interview guides

Interview Guide for Management

Date and time of Interview _____

Name of Interviewer_____

Name/position of the respondent _____

Guiding questions

1. Does this organization have HIV/AIDs workplace policy? Is the policy offered as part of human Resource policies? Probe for how the policy was developed and participation of the stakeholders, probe to know if they have hard/soft copies available. (Ask to see copies from Human resource department).

2. In your own view, what is the level of awareness of employees on the policy and its contents?

Probe for methods used to share information and ways in which the policy is enforced.

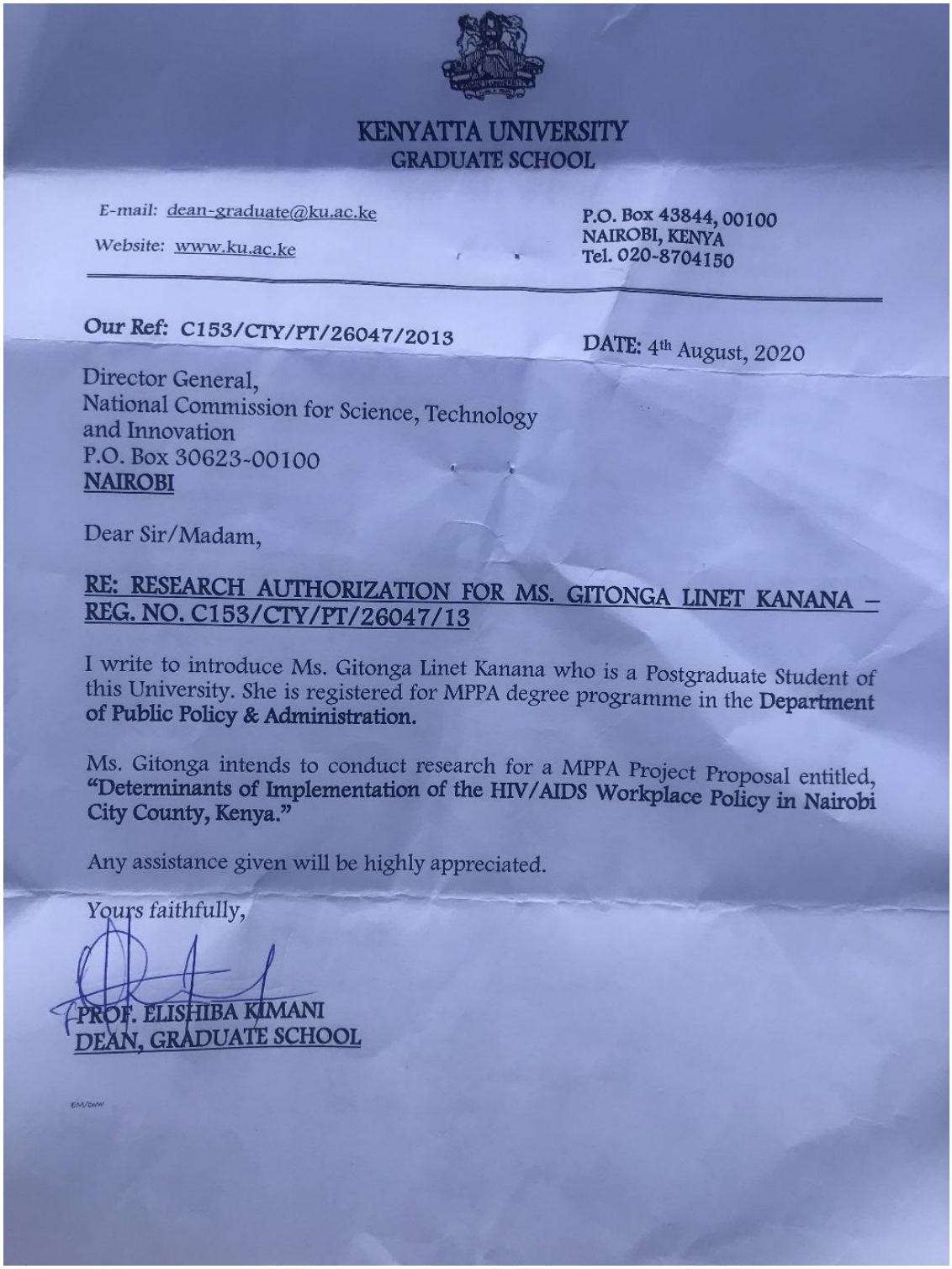
3. What are the main factors which influence the implementation of the of HIV/AIDs workplace

Policy at the organization? Probe for involvement, commitment, supervision, resources, (attitudes

e.g stigma and discrimination), organization practices.

4. In your opinion what are the key challenges facing the implementation of HIV/AIDs policy at the organization?

A4: Kenyatta University authorization letter



KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 020-8704150

Our Ref: C153/CTY/PT/26047/2013

DATE: 4th August, 2020

Director General,
National Commission for Science, Technology
and Innovation
P.O. Box 30623-00100
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FOR MS. GITONGA LINET KANANA – REG. NO. C153/CTY/PT/26047/13

I write to introduce Ms. Gitonga Linet Kanana who is a Postgraduate Student of this University. She is registered for MPPA degree programme in the **Department of Public Policy & Administration.**

Ms. Gitonga intends to conduct research for a MPPA Project Proposal entitled, **"Determinants of Implementation of the HIV/AIDS Workplace Policy in Nairobi City County, Kenya."**

Any assistance given will be highly appreciated.

Yours faithfully,

PROF. ELISHIBA KIMANI
DEAN, GRADUATE SCHOOL

EM/ww

A6: Interview respondents

Code	Designation	Date of interview
Respondent 01	Supervisor at LVCT-Health	January 20th 2021
Respondent 02	Supervisor at LVCT-Health	January 20th 2021
Respondent 03	Supervisor at LVCT-Health	January 20th 2021
Respondent 04	Supervisor at LVCT-Health	January 21st 2021
Respondent 05	Supervisor at LVCT-Health	January 22nd 2021
Respondent 06	Supervisor at LVCT-Health	January 22nd 2021
Respondent 07	Supervisor at LVCT-Health	January 23rd 2021
Respondent 08	Supervisor at LVCT-Health	March 1st 2021
Respondent 09	Supervisor at LVCT-Health	March 1st 2021
Respondent 10	Supervisor at LVCT-Health	March 10th 2021