ASSESSMENT OF IMPACTS OF AIDS TO WORK ORGANIZATIONS:

A CASE OF IRINGA MUNICIPALITY

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A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF BUSINESS ADMINISTRATION IN THE OPEN UNIVERSITY OF TANZANIA.

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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by the Open University of Tanzania a dissertation entitled: ***"Assesment of Impacts of AIDS on work Organizations":A case of Iringa Municipality,*** in partial fulfilment of the requirements of the degree for Master of Business Administration of the Open University of Tanzania.

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Prof. B.A.T. Kundi

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DECLARATION

AND

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I, **Riziki K. Khamis**, declare that this dissertation is my own original work and that it has not been submitted and will not be presented to any other university for a similar or any other degree award.

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DEDICATION

This work is dedicated to all people who are living with HIV/AIDS in the world.

ABSTRACT

This study investigated impacts of HIV/AIDS to work organizations. The study was conducted to three public institutions and two private institutions. Data were mainly collected through interviews, questionnaire and documentary review.

Major assessed variables on this included types of impacts of AIDS to work organizations, increased staff turnover, morale decline, loss of tacit knowledge loss of skills, increased cost and declining productivity as a result of HIV/AIDS scourge.

The results revealed that the kinds of impacts of AIDS to work organizations are basically economic and social.

It was revealed that AIDS has impacts to work organizations as it increased costs, increased staff turnover, productivity declined, morale of staff declined, skills and knowledge were depleted.

Also results revealed that a forty percent of visited public institutions had workplace HIV/AIDS policies but they were not contextualised to reflect Iringa vulnerability towards the pandemic while one percent of the same had no laid down policy to handle HIV/AIDS. For private organizations 20 percent had policy documents and 20 percent had no such document.

It was found that existing HIV/AIDS response programmes provided promise of initiatives on curbing the pandemic at workplaces except most of them relied on donor support. That was a major setback in the fight against HIV/AIDS infections because once donors change priority everything will be at the end.

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LIST OFABBREVIATION

AIDS	Acquired Immunodeficiency Syndrome
ASO	AIDS Service Organization
CBO	Community Based Organizations
CWAPP	Chevron Workplace AIDS Prevention Programme
ESRF	Economic and Social Research Foundation
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
MD	Municipal Director
NGO	Non-Governmental Organizations
NACP	National AIDS Control Programme
PLWA	People Living with AIDS
RAS	Regional Administrative Officer
RMO	Regional Medical Officer
STDs	Sexually Transmitted Diseases
TB	Mycobacterium tuberculosis
THMIS	Tanzania HIV and Malaria Indicator Survey
TAZARA	Tanzania and Zambia Railway Authority
TNCs	Trans National Corporations
UNDP	United Nations Development Programme
UNAIDS	United Nations Acquired Immunodeficiency Syndrome
UNICEF	United Nations International Children’s Fund
USA	United States of America
WHO	World Health Organization

CHAPTER ONE

1.0 INTRODUCTION

This chapter presents the problem and its context. It is composed of the following sections: Background to the problem, statement of the problem, Objectives of the study, Significance of the study, Definition of key terms, Limitations of the study and Conceptual Framework.

1.1 Background to the Problem

Global concern has grown over the past decades about the significance of HIV/AIDS and the threat it poses on economic growth and development particularly on the sweeping human capital, which is the driver of the economy. While the impact of the pandemic is being felt in all countries, it is expected that the impact will be more profound in Southern African countries where majority of AIDS cases occur. In response to the crisis, the last few years have seen a proliferation of attempts by both public and private work institutions to create policy frameworks that are supposed to guide interventions related to HIV at work places. Most countries as well as work organizations in Southern Africa now have policies on HIV/AIDS.

However, success of such policies depends on a number of factors, among which the political will is key. Within the region, some countries such as Uganda recorded significant successes in the fight against HIV, while the situation worsened in countries such as the Republic of South Africa (RSA) and Botswana. Understanding current and potential impacts of HIV/AIDS at work organizations is an important step towards developing mitigation strategies. It is important to understand the

impact of HIV/AIDS at work organizations because labour is a crucial factor in the production process. Well functioning work organizations are engine for improving productivity because productivity has a direct bearing on welfare. Disruptions in labour supply, for example, have a direct bearing on production. Therefore, understanding how HIV/AIDS impacts work organizations is of great importance. It is also important to understand the relationship between HIV/AIDS prevalence and productivity because productivity is a major component of competitiveness.

Competitiveness is a financial counterpart to comparative advantage, both of which have policy implications. The HIV/AIDS pandemic has severe impacts to work organizations. It is important to understand how impacts can be mitigated so as to ensure economic health. Some impacts are felt instantly as a result of the victim's illness or death, while other impacts take time to be noticed. The impact of AIDS to Southern African countries economies' could be enormous, to the extent that development prospects of the region surely depend on how successful governments will be doing in combating the pandemic.

UNAIDS (2003) found that HIV/AIDS dramatically affects labour, setting back economic and social progress. The vast majority of people living with HIV in Africa are between the ages 15 and 49 in the prime of their working lives. AIDS damages businesses by squeezing productivity, adding costs, diverting productive resources and depleting skills. Company cost for health care, funeral benefits and pension fund commitments are likely to rise as the number of people taking early retirement or dying increases. It was found out further that as the impact of the epidemic on

households grow more severe, while market demand for products and services fall. The epidemic hits productivity through increased absenteeism. Comparative studies of East African businesses have shown that absenteeism can account for as much as 25-54 percent of company costs.

Another study on a thousand of companies in Southern Africa revealed that 9 percent had suffered a significant negative impact due to AIDS. In areas that have been hit hardest by the epidemic.

It was revealed that up to 40 percent of companies reported that HIV/AIDS had a negative effect on profits. The study found further that some companies successfully implemented programmes to deal with the epidemic. An example is the gold-mining industry in South Africa. The gold mines attract thousands of workers often from the poor and remote regions. Most live in hostels, separated from their families. As a result thriving sex industry operates around many mines such that HIV infection is common.

Altenroxel (2000) found out that the HIV/AIDS pandemic has an impact on labour supply through increased mortality and morbidity. It is compounded by loss of skills in key sectors of the labour market. In South Africa, for example, around 60 percent of the mining workforce is aged between 30 and 44 years. In 15 years this is predicted to fall to 10 percent (R Elias, University of Botswana, personal communication, 2000). In the South African healthcare sector 20 percent of student nurses are HIV positive.

Bollinger (1999) found that the long period of illness associated with AIDS reduces labour productivity. One review reported that annual costs associated with sickness and reduced productivity as a result of HIV/AIDS ranged from United States of America dollar 17 (£12; €19) per employee, in a Kenyan car manufacturing firm to $300 in the Ugandan Railway Corporation. These costs reduce competitiveness and profits. Government incomes also decline because tax revenues fall and governments are pressured to increase their spending so as to deal with the rising prevalence of AIDS thereby creating the potential for fiscal crises.

Government of South Africa (2000) reiterated that the world of work is under constant threat as a result of the epidemic in two aspects: financial consequences and the basic rights of the infected as well as affected worker. With respect to the first, both the worker and enterprise feel the impact. Earnings are reduced and enterprises are obliged to incur huge costs through declining productivity, increasing labour replacement and training interventions. Workers have to meet increasing costs for treatment in the expense of their life sustaining and direct family needs. The second gets in form of discrimination and stigmatization usually aimed at eroding workers basic human rights when they are amongst people living with and infected with HIV/AIDS.

The HIV/AIDS epidemic has progressed with different rates in various population groups in Tanzania. The impact has varied from being minor to being major, depending on time the infection was introduced in the area, rate of spread and proportion of affected population.

Experience from several parts of the country indicates that HIV infected persons, on average, die about 4 to 12 months after falling ill with one or more of the major manifestations of AIDS. During the said period a family member often has to stay at home or hospital with the patient so as to provide care especially during terminal stages of the disease. The medical, emotional and social costs on the patient and indeed, the family are frequently high. More socio-economic difficulties arise when the patient is the main bread earner. When death finally gets the traditional family structures, already stressed by poor health, increased burden of care and poverty, are in many cases at breaking points. Funeral costs have been estimated to exceed US $100 for every adult death in Kagera region. Available data from severely affected communities show that AIDS often leads to social and economic disruption of affected individuals, families and communities.

The poorest households are the least able to cope up with the impact of adult deaths due to AIDS and are frequently unable to obtain even the most basic needs in the short term. Child nutrition, education, health and living standards for survivors may be severely affected.

Hospital based data indicate that up to 50 per cent of beds are occupied by patients with HIV/AIDS related illnesses. Consequently demand for care as well as hospital supplies is enormous and large government health facilities are facing inadequate funding and manpower. It is estimated that in Tanzania an ideal lifetime and nursing care costs for HIV/AIDS is US $ 290 for adults and US$ 195 for children. Gains made during 1980s in TB control have been lost due to HIV/AIDS. TB case rates had

been declining steadily up to 1982 but since then there have been a sharp increase the number of reported TB cases. In most urban areas these have more than doubled. (Tanzania National Website).

The number of adult HIV infection in Tanzania in 1999 was estimated to be 1,745,320. Given fatality of the illness and with 1.7 million infected adults, HIV/AIDS can no longer be viewed as just a health problem. It has to be recognised as a problem to development.

The health sector in particular is experiencing an increased demand for its services as AIDS patients occupy an ever increasing number of beds in hospitals. Also given illness episodes per AIDS patient, the public expenditure on AIDS treatment is high. In the education sector, children are pulled out of school either due to lack of money or needed to help at home. The social welfare sector is experiencing a large increase of AIDS orphans.

Industries and other work places experiencing the loss of skilled workers are also facing high costs of recruitment and training of new personnel. As the labour force in agriculture declines, agricultural production will decline. Agriculture takes place on family farms where agricultural production is labour intensive and seasonal labour constraints are common.

Since agriculture is the backbone of the Tanzanian economy and most agricultural workers are in the age group 15-45, mostly affected by the epidemic, the impact of

HIV/AIDS is gradually becoming noticeable as the epidemic spreads to rural communities. Production of food and cash crops is bound to suffer due to the labour force getting sick and die from AIDS.

The World Bank (1999) estimated that because of the AIDS epidemic, life expectancy by 2010 had reverted to 47 years instead of the projected 56 years in absence of AIDS. The World Bank further predicted that the mean age of the working population (labour force) had to decline from 31.5 to 29 years between 1992 and 2010. The overall younger work force will have less education, less training and less experience.

In addition, the number of children orphaned by AIDS was estimated to be increasing from between 260,000 and 360,000 in 1995 to between 490,000 and 680,000 by the year 2000. Families, communities and the government will be required to generate resources to cater for the needs of such children. The World Bank further estimated that, AIDS would reduce average real Gross Domestic Product growth rate in the period 1985-2010 from 3.9 percent without AIDS to between 2.8 and 3.3 percent with AIDS. These factors will certainly have a negative impact on overall country's economic performance and people's living standards.

HIV/AIDS and world of work

HIV/AIDS is a workplace issue because it affects workers and families, enterprises and communities which depend on them. At the same time the workplace has a vital role to play in the wider struggle to control the epidemic.

The social-economic impact of the disease is intensified by the fact that AIDS kills primarily young and middle aged adults during their peak productive and reproductive ages. At macro level an effect of this nature on the workforce can impact the economies of entire countries. By reducing the labour supply and disposable incomes, AIDS impacts markets saving rates, investment and consumer spending.

While assessing economic impact of the AIDS is very difficult studies suggest that some of the hardest hit countries may forfeit 2 percent or more of GDP growth per year due to the epidemic.

The study conducted by Muhondwa and others (2000) to assess the impacts of HIV/AIDS on Human Resources for Health in Tanzania revealed that HIV/AIDS as a cause of health workers' deaths among the health workers who died 170 or 67.7 per cent were known or believed to have been HIV/ADS cases. The designations of the health workers believed to have died of HIV/AIDS were as follows:

- Medical Attendants (66-76.7%)
- Nurses (48-53.4%),
- Clinicians (17-51.5%)

Among the health workers who died, 55 or 57.3% of males who died were believed to be HIV/AIDS cases compared to 115 or 74.7% of the females who died.The deaths believed to have been due to HIV/AIDS were distributed in the heath facilities as per table 1:1.

Table 1. 1: Distribution of the deaths believed to have been due to HIV/AIDS in different types of health facilities.

Type of Health Facility	Believed Number of deaths due to HIV/AIDS	Percent
Regional Hospital	30	61.2
District Hospital	79	66.4
Other Hospital	29	74.4
Health Centre	24	75.0
Dispensary	3	75.0

Source: Muhondwa, (2000).

Table 1:1 shows that about three quarters of health workers who were believed to have died due to HIV/AIDS worked in Dispensaries, Health Centres and Other hospitals. It is worth noting in this regard that the records for many of these deaths specifically indicated that they had long illness, which is a common code for HIV/AIDS. Rarely was there a definite diagnosis of HIV infection.

It is also noteworthy, as reported earlier, that:

- 72.0 percent said they knew of fellow health workers who had died due to HIV/AIDS.
- 51.9 percent said they knew of fellow health workers who had HIV/AIDS.
- 24.2 percent of them said that they were sure that some of health workers wereinfected in the course of performing their duties.
- 51.5 percent said they had tested for HIV during the last three years.
- 2.1 percent reported that they were infected with HIV.

The study was only conducted to the health sector and shows unpromising results on the impact of the pandemic to the work places by depleting human resources. The

study concentrated with single effect of the pandemic while it has multiple effects to the workplaces.

1.2 Statement of the Problem.

The HIV/AIDS statistics show that if the pandemic is not properly monitored the most productive workforce is going to be depleted. Despite the disease being one of the major tragedies which deplete the labour force in most of global work organization in general and Tanzanian work organizations in particular the working population is still exposing itself to HIV/AIDS risk behaviour. Some companies have undertaken studies on the impact of AIDS on their workforce and productivity. The results of these studies are not available to the public. Nevertheless the few studies whose results are available point out a serious impact of HIV/AIDS on companies on some setting, specific variables and hence not covered many dimensions and finally provides the potential for the effects to grow rapidly as epidemic advances.

UNAIDS (2003) found that AIDS damages businesses by squeezing productivity, adding costs, diverting productive resources and depleting skills. It further found company cost for health care, funeral benefits and pension fund commitments are likely to rise as the number of people taking early retirement or dying increases. A study further estimated that the combined impact of HIV related absenteeism, productivity declines, health care expenditures and recruitment as well as and training expenses could cut profits by at least 6-8 percent. It was found out further that as the impact of the epidemic on households grow more severe, while market demand for products and services fall. The epidemic hits productivity through

increased absenteeism. Comparative studies of East African businesses have shown that absenteeism can account for as much as 25-54 percent of company costs.

A review done in 2001 characterized the literature on AIDS and business as "remarkably thin'' at the same time detailed studies on this subject matter pertained to 1990s the time when the epidemic was only beginning to have noticeable effects in many countries. The authors of the review found "a pattern of small but significant impacts" and observed that "as epidemic deepens, so will the effects on business change, meaning that some of the more robust studies may have little to tell us about current situation.

Yet most of the studies on this subject matter have been done outside Tanzania, some of Tanzanian work organizations have adopted ways to intervene the pandemic without contextualizing to the setting of their organizations. Little has been done to investigate the magnitude of HIV/AIDS in Tanzania except the study done by Muhondwa (2000) which was limited its scope only to health sector.

In this view little has been documented concerning the current magnitude and impacts of the pandemic in work organizations (Bloom, Mahal and River Path Associates, 2001). They further reiterated that the number of deaths from HIV/AIDS has risen substantially since those 1990s studies and hence advocated updating this body of knowledge, in order to test ideas on how the deepening HIV/AIDS epidemic is currently affecting the workforce.

1.3 Objectives of the study

1.3.1 General Objective

The general objective of the study was to examine the impacts of HIV/AIDS on work organizations.

1.3.2 Specific Objective

The specific objectives of this study included the following:

- To examine different kinds of impacts of HIV/AIDS on labour and its corresponding impacts to work organizations;
- To explore existence and magnitude of impacts of HIV/AIDS in work organizations; and
- To assess the efficacy of existing workplace HIV/AIDS policies and programmes.

1.3.3 Research Questions

The study was guided by the following research questions;

- What is the magnitude of impacts of HIV/AIDS on work organizations
- What are the kinds of impacts of HIV/AIDS on work organizations
- Does existing workplace HIV/AIDS policies and response programmes effective.

1.4 Significance of the study

Results from the study would contribute to the following aspects: First, to advance the frontiers of by leading us to new ways of thinking about impacts of HIV/AIDS.

Secondly, paving the way for further research in the related field at other levels of education. Thirdly to assist HIV/AIDS stakeholders know the magnitude of the pandemic to work organizations and hence come up with contextual methodologies on how to intervene. Lastly, to contribute to the existing literature on impacts of HIV/AIDS.

1.5 Scope of the study

First, the study restricted itself to impacts of HIV/AIDS on work organizations. Therefore, findings of this study may not be generalised to other communities or population in Tanzania and worldwide. With this in mind also, only some aspects related to impacts of HIV/AIDS were critically examined. These included the magnitude of impacts of HIV/AIDS on work organizations, kinds of the impacts of HIV/AIDS on work organization and efficacy of existing workplace HIV/AIDS policies and response programmes. Secondly, the study used both qualitative and quantitative research approaches for data collection and analysis.

However, the qualitative research approach was largely used in order to get in-depth information of the phenomena. Thirdly, the case study design directed the study. Lastly, the study employed both theoretical approach and empirical studies to build up arguments.

1.6. Definition of Key Terms

Inorder to provide common understanding across the study, the key terms which featured the study frequently have been defined in the context of this study. All

definitions are available online on HIV/AIDS Health Centre through www.health.am/aids.

Human-immunodeficiency Virus is the virus that makes the immune system weak by destroying certain kinds of blood cells, such as CD4 + T cells or Helper T Cells, which are necessary for the human body to have normal immune system.

AIDS is the health condition which is caused by HIV and leads to the body lack immunity to fight against diseases.
Acquired means one can catch it; Immune Deficiency means a weakness in the body's system that fights diseases.

Syndrome means a group of symptoms that collectively indicate or characterize a disease, psychological disorder, or other abnormal condition.

This means the situation where by Immune System is very weak which makes very easy for the body to be attacked by opportunistic infections.

Work Organization. This is the place where people work. It can either be physical place or virtual under the era of digital world.

CHAPTER TWO

2.0 LITERATURE REVIEW

This chapter presents literature Review related to the study under the following sections: introduction, General Overview, Concepts of HIV/AIDS, Theoretical Stance, magnitude of AIDS, Efficacy and effectiveness of existing HIV/AIDS workplaces policies.

2.1 General Overview

The first three AIDS cases were reported in the north –western region of Tanzania in 1983 (NACP, 2006:1). Two decades later, the epidemic spread countrywide. By the end of 2007 there were estimated 1.4 million People Living with AIDS (PLWA), with 96,000 reported deaths annually due to AIDS and over 970,000 AIDS orphans (UNAIDS, 2008:214-217). They were among an economically active group of adults, meaning that HIV/AIDS is destroyed the fiber of the labour force in Tanzania.

According to the International Labour Organization's (ILO) report (2004:5), Tanzania is projected to experience a loss of 8 percent of its active labour force by 2015 as a result of HIV/AIDS with an age specific loss in labour force of 3.6 per cent among youths aged 15-24 years. That will have tremendous effects on the country's economy. According to Economic and Social Research Foundation (ESRF,2005), the Tanzanian economy is projected to be 8.3 per cent lower in 2015 whilst the GDP will be 4 per cent lower due to HIV/AIDS.

2.2 Concepts of HIV and AIDS

Human Immune-deficiency Virus (HIV) is a virus that attacks the human immune system. In the process of reproducing itself, it destroys the body's natural ability to fight off disease and other infections. HIV causes people to be more susceptible to disease. HIV leads to Acquired Immune Deficiency Syndrome (AIDS). Due to weakened immune systems, people infected with AIDS die from peripheral illnesses such as malaria, tuberculosis, or various Sexually Transmitted Diseases (STDs) which would otherwise be treatable in non-HIV positive people.

UNAIDS (2006) found that HIV/AIDS has impacts to the global population on which it affects health sector, households, workplaces and country's general economies. Such effects are further explained on literature review regarding existence and magnitude of the impacts:

2.3 Theoretical Stance

A Theory in both natural and social sciences provides general explanations and guides research (Hoy and Mickel, 2008). In this study theories of impacts of AIDS were most important as they provided a comprehensive set of guidelines through which firms or work organizations are affected by the pandemic.

However the effects of the pandemic, can certainly suggest several theories and approaches to the study. For the purpose of this study several theories has been explained. These are four channels theory, neo classical growth model, Dual Sector Economic Model.

2.3.1 Four channels theory

Theodore (2001), in a model applied to several Caribbean countries, identified four channels through which HIV/AIDS may affect the economy. They included the production channel; allocation channel; distribution channel; and regeneration channel (figure 13). The production channel refers to mechanisms through which HIV/AIDS affects main factors of production namely, labour and capital which cause the production process to be less fruitful than it would have been in absence of HIV/AIDS. The second channel through which HIV/AIDS may affect the economy is the allocation channel. One of the most important functions of the economic system is to ensure an efficient allocation of resources. HIV/AIDS reroutes some of those resources to medical expenses and away from other productive uses.

The third assumed channel through which HIV/AIDS affects the economy is the distribution channel, specifically, the distribution of income. In the face of an epidemic that increases health expenditures and weakens the income base, the lowest income groups may fare the worst. While the rich may have other assets savings, land or capital often the only productive asset of the poor is their own labour, which HIV/AIDS attacks. The upper income groups, though they are also affected, may be better placed to protect themselves and better able to afford treatment. Thus, the HIV/AIDS epidemic has the potential not only to affect all groups but also to widen the gap between different social strata.

The fourth channel, the regeneration channel, refers to investments in human capital, physical capital and new technology that are needed to keep the economy growing. If

the HIV/AIDS epidemic compromises the saving capacity and the human capital of the economy, it will undercut the process of economic development.

However the, model has some weaknesses because it is holistic in the sense that it has explained impact of AIDS at general economy of the state and not finding the impacts of the HIV/AIDS at the firm level.

2.3.2 Neo-Classical Growth Model

Cuddington (1993a, 1993b), Cuddington and Hancock (1994) and Cuddington *et al*. (1994) extend the standard Solow model to include variables that account for AIDS. In a typical Neoclassical Growth Model, AIDS affects total output directly, by decreasing the number and efficiency of workers, and also indirectly, by decreasing savings and investment. Since HIV/AIDS also results in a lower population than would otherwise have existed, the effect on GDP per capita is smaller than the effect on total output. At least in principal, there could be situations in which the net effect on GDP per capita would be nil or even positive. Since it is commonly the case that values of some of the model's key parameters are not precisely known, analyses often include various scenarios, assuming different plausible values for unknown parameters.

2.3.3 Dual Sector Economic Model

Haacker M (2002) and others have further elaborated the model (Neo-Classical Model) by positing a dual-sector economy, in which there is a relatively well-paying and productive formal sector, which tends to employ the more highly skilled

workers. Also there is a relatively low-wage, low-productivity informal sector that employs labour in surplus to needs of the formal sector. With such a dual-sector model, the predicted economic effects of HIV/AIDS pandemic can vary significantly depending on degree to which infections are assumed to be concentrated highly skilled workers that are key to the functioning of the formal sector.

If a country has a substantial pool of surplus labour with very low marginal productivity and if HIV/AIDS is highly concentrated in the pool of unskilled labour, even a substantial prevalence of HIV/AIDS might have only a small effect on performance of the macroeconomy, while if the same number of infections were to occur in the skilled labour force, the macroeconomic effect could be large.

The model has a weakness of downplaying the importance of the informal sector as an engine of economic advancement and also for downplaying the degree of expertise embodied in informal-sector employees and entrepreneurs, whose knowledge may be as difficult to replace as that of skilled workers of the formal sector. Even if substantial loss of unskilled labour was to have only a minor impact on the growth of GDP in a particular economy, the impact on families that depended on such labour would be dire.

Many families depend on low-wage workers to maintain a basic level of subsistence, and the loss of those workers will deepen their poverty. Yet, though the model explained effects of the pandemic to the labour force but effects were linked to the national economy and not to firm level as this study entailed to do.

2.4 Types of impacts of HIV/AIDS on labour and its corresponding impacts to work organizations.

The existing literature has described different kinds of impacts of HIV/AIDS on work organizations as follows:

Sydney (2011) reported that HIV/AIDS affects organizations and their workforce. They are healthy, financial and societal effects. He (ibid) further added that health affects people through sickness. Thus, it affects working population which in a long run leads to increased medical cost, declining profits, increased absenteeism and hence a declining productivity.

Bollinger (1999) found out that HIV/AIDS affects firm's health care costs, burial fees, training costs, absenteeism and labour turnover.

Loewenson and Whiteside (2001) in their study on impact of HIV/AIDS on agricultural sector found out that the disease affects macro economy, agricultural production though commercial sector, small scale and subsistence sector. They failed to tell the matrix upon which the disease affects the said sectors.

Bloomberg (1995) observed that impacts of AIDS can be categorized into two main types, namely direct and indirect impacts. Direct impacts include costs of health services provided to sick persons, testing costs, preventive research and preventive programmes. Indirect costs include premature mortality, which leads to loss of future earnings.

Socially, work organizations are affected through depletion of workers who in one way or another participates in preparing potential future labour force to be recruited by different work organizations. UNICEF (2000) found in Zambia that students lost 56,000 teachers to AIDS in 1999.

Badcork-Walters and others (2003) found that in South African province of Kwazul Natal, where HIV/AIDS prevalence is highest in the country, a random sample of 100 schools found that the mortality of teachers rose significantly, from 406 in 1997 to 609 in 2001.

The trend of depleting labour force of training institution has direct impact to work organizations in long run as it will be difficult to get qualified workers for running work organizations. This study aims therefore at finding out if Tanzanian work organizations are affected in the same way with AIDS or not.

2.5 Existance and Magnitude of AIDS/AIDS Impacts on Work Organizations

Work organizations as part of an entire population of the country are not exempted from effects of the pandemic due to the fact that social relations and interactions found in larger communities exist at work organizations.

The subject matter has received attention from various scholars and practitioners who managed to explain the phenomenon in different facets. Before undertaking any study, it is advisable to review different authors' work to show how they elucidate the phenomena.

Bollinger and Colleagues (1999) observed that education sector is affected by AIDS in three ways, namely increased number of experienced teachers due to AIDS related illness as well as death; children may be kept out of school if they are needed at home to care for sick family members or work in the fields, and children may drop out of school.

Risk (2002) observed that HIV/AIDS has significant impacts on the population structure because further affects supply of labour force. He (ibid) reported further that majority of those who die from AIDS are adults in their productive, sexual and reproductive prime. He (ibid) revealed that in1999, 80 per cent of newly infected people in Rwanda, Tanzania, Uganda and Zambia were between 20 and 49 years old. For this reason, the impact of HIV/AIDS on the labour force is even more severe than impacts on population in general. Countries with high HIV prevalence are projected to lose a substantial amount of their labour force due to AIDS.

He (ibid) reiterated that the loss of people of working age, particularly those of over the age of thirty five with proportions of men and women varying according to age group, drastically increases the dependency ratio and has profound implications for the world of work. It was estimated that 19 per cent and 18 per cent of men and women labour force in Southern Africa respectively, had to lost to HIV/AIDS by 2010.

Channing and Wobot (2005) revealed found that HIV/AIDS has impacts on supply of human capital, both through destruction of existing human capital and through

retardation of the formation of new capital. The latter people's accumulated life experiences, their human skills and job skills and their knowledge as well as insights built up over a period of years. It is primarily a disease of young people. Also the infected adults become progressively sick and weak, they steadily lose their ability to work. Eventually, the disease kills them in their prime thereby destroying the human capital built up in them over years through child rearing, formal education and learning on job.

It is further acknowledged that there is existence of strong association between education levels and productivity growth in both agricultural and non-agricultural sector. HIV/AIDS has negative impacts in human capital formation through education in two ways. First, as parents die due to AIDS particularly for the poorer households opportunity cost for pupils to attend schools rises and thus children become an important source of labour for household. Second, as the number of qualified teachers decline due to deaths caused by AIDS such that the capacity of an education system to deliver is greatly reduced, leading to poor quality of human capital. A study carried on Zimbabwe (Malaney, 2000) revealed that about 19 per cent and 29 per cent of male and female teachers were infected by HIV respectively and absenteeism was increased. Teachers with weak families also took time off to attend funeral or care for the sick.

An early loss of qualified employees in the public sector is resulting into a decline in quality of public services, and eventually countries finding it hard to replace highly qualified public servants such as doctors and teachers who fall victim of HIV/AIDS.

In general AIDS weakens mechanisms that generate human capital formation. The public sector is experiencing higher cost of absenteeism than the private sector because of greater employment security that exists in the public sector. In countries such as Malawi, employees can take one or more years of sick leave with pay.

There is a direct linkage between consequences of demographic shifts and what happens at the workplace. One link is with the impact from shifts on flow of new entrants into the labour force, and hence on its size at a given point in time. Consensus is emerging in support for existence of a strong negative relationship between labour flows and spread of HIV. The general feeling is that countries with high prevalence rates are susceptible to reduction in their general population and hence, their working population.

Karen (1996) saw the end result as the evolvement of a smaller and smaller active labour force and a greater dependency ratio. The US Bureau of Census predicted 8 to 31 years of life to have been lost in countries most affected by HIV/AIDS in Sub-Saharan Africa by the year 2010 (ILO, 2000) . Although an individual worker's behaviour and decision play major roles in reducing or increasing the risk of infection, certain types of work situations are more susceptible to the risk of infection than others. Work involving mobility of a youthful workforce in industrial enterprises such as mines, oil fields and road as well as dam building projects are, for example, high on the list. Workers posted in geographically isolated environments with limited social interaction and limited health facilities including those engaged in highway transportation are also vulnerable. Work involving occupational risks such

as contact with human blood by using inadequate equipment is equally susceptible to the risk. So is work dominated by men where women are a minority.

Behavioural practices continue to drive the probability curve that a worker and/or employer may acquire the infection upwards. They include unprotected sexual relationships with partners, whose HIV status is unknown, lack of adherence to infection control warnings and cultural norms as well as values. Finally, a climate of discrimination and lack of respect for human rights leave workers highly vulnerable to infection and less able to cope up with AIDS because it makes it difficult for them to seek voluntary testing, counselling, treatment or support. They will also not be in a position to take part in advocacy and prevention campaigns. Moreover, individuals who suffer from discrimination and lack of respect for their human rights are both greatly vulnerable to becoming infected and less able to cope with burdens of HIV/AIDS.

ILO (2000), using population data from Botswana, Cameroon, Ethiopia, Cote d'Ivore, Kenya, Malawi, Mozambique, Namibia, Nigeria, South Africa, Tanzania, Uganda and Zimbabwe observed that first there will be 24 million fewer workers in hard hit countries alone in the year 2020 as a result of the AIDS epidemic. Second, the labour force should be 10 to 22 per cent smaller in countries with the rates greater than 10 per cent than it would have been without HIV/AIDS by year 2020.

In Malawi for example, FAO (2000) reported that about 16 per cent of deaths of agricultural experts in the Ministry of Agriculture are caused by AIDS. A study

(Meera, 2002) on impacts of HIV/AIDS on agricultural productivity in Malawi revealed that the probability of decreased crop yields was higher among household that faced chronic sickness than those without.

Several authors have observed the impacts of HIV/AIDS on life expectancy have direct linkage with loss of labour in production activities. Shift in population structure of workforce due to HIVAIDS related deaths has a direct bearing on supply of labour. Haacker (2002) reports that under such circumstances, the skill composition of the supply of labour changes. In Southern African countries, AIDS has significantly reduced life expectancy. In less than ten years time, many countries in Southern Africa will see life expectancies fall to near 30 years levels not seen since the end of the 19th Century (Staneck, 2002). Rreduction in life expectancy implies that the labour market of old and experienced professionals will be replaced by young and less experienced people. That has implications for productivity in both agricultural and non-agricultural enterprises.

Population growth in many countries has been impaired by the HIV/AIDS pandemic. It has connection with labour supply deficit in several African countries. In general, HIV/AIDS affects the supply of labour through a decline in the overall size of labour force, which results from increased mortality rates and reduced birth rates. Consequently, it leads to increased labour turnover. Reduction in human capital results from combined decline in average level of experience in the workforce and reduction in quality of education leads to the fall of productivity. Staneck (2002) reports that by 2015, the population of five countries such as Botswana,

Mozambique, Lesotho, Swaziland and South Africa will have started to shrink because of the number of people dying from AIDS. Eventually it would lead to a loss in the labour force. The International Labour Organization (2000) projects that Zambia will lose 19.9 per cent of its labour force by 2020 while Zimbabwe's population in 2020 is expected to be smaller than without AIDS.

Increased Cost

Available studies have reached the conclusion that the HIV/AIDS epidemic causes an increase in costs of production and decrease in revenues. The costs differ from one company to another based on benefits offered to staff. The cost of HIV/AIDS to work organizations depends on the type of company.

In Kenya, the AIDS Control and Prevention Project (AIDSCAP), funded by the United Agency for International Development, conducted a study on costs of HIV/AIDS per employee by type of industry, it found out that wood processing and sugar estates were the two industries where HIV/AIDS related costs consumed much of the profits (see Table 4).

Differences observed in the costs are probably results of the way the companies treat their employees. Although costs in the sugar industry and wood processing plants are lower than those in the heavy industry and transport. Employees tend to be housed on estates and provided with many benefits such as medical care. Projections of the costs in the near future show a three-fold increase in costs per employee in the wood processing industry and on sugar estates between 1992 and 2005, rising from US$115 to US$331 and from US$237 to $720 respectively.

In the United Republic of Tanzania, a survey of six firms revealed that annual average medical and burial costs per employee increased 3.5 times and 5.1 times, respectively between 1993 and 1997 because of AIDS (Clancy, 1998). Another survey of three businesses in Abidjan, Cote de vore calculated AIDS-related costs, including medical care, HIV screening, prevention, funeral attendance and lost productivity. The average annual cost as a percentage of wages ranged from 0.8 per cent to 3.2 per cent in the three firms, depending on the firm's social policies (Aventin and Huard, 1997).

While many studies have focused on the total additional costs attributable to HIV/AIDS, fewer have attempted to measure the share of costs incurred by firms by type of costs. Table 2:1 presents HIV-related costs by comparing findings from three surveys in Kenya, Zambia and Makandi, Zimbabwe. In Kenya and Zambia, absenteeism accounts for the largest share of the costs, whereas medical costs are more important than any other costs in Makandi, Zimbabwe.

Deaths took the second largest share of costs in Zambia and Makandi, representing 16 and 32 per cent respectively. In 1992 in Zambia replacement of managers or skilled workers by expatriate workers was responsible for 13 percent of all costs due to HIV/AIDS.

ILO (2000) through a study that involved interviewing the leadership of eight organizations in Tanzania revealed that: medical costs for Tanzania – Zambia Railway Authority (TAZARA) workers associated with AIDS related diseases

increased over a one year time frame from Tanzania shillings (Tshs). 2.8 million January to 4.6 million in December a 63 per cent increase. Overall the study estimated that the organizations were losing employees at the rate of 0.5-1.5 per cent per year due to AIDS related deaths. The study further revealed that the age at death for employees ranged between 31 and 38 years old. If the retirement age is assumed to be 55 years then, years of lost productivity per worker per AIDS death ranges between 16.3 to 24 years. The study further revealed that at University of Dar es salaam funeral costs increased from Tshs. 1,323 from 1988 to 1989 to Tshs. 5.8 million in period from 1992 to 1993. Thus the costs in 1988/89 were only two percent what the costs were in 1992/93, the study further assumed that 50 per cent of deaths were due to AIDS (See Table 2:1).

Table 2. 1: HIV/AIDS –Related Costs: A Comparison of Various Surveys (Percentage)

	Zambia 1992	**Kenya 1994**	**Makandi , Zimbabwe 1995-1996**
Absenteeism	31.8%	54.3%	25.2%
Expatriate employment	12.7%	-	-
Medical service	14.7%	12.0%	37.8%
Funerals	5.1%	10.1%	4.7%
Deaths in Service	15.9%	-	32.3%
Travel	12.5	-	-
Training and Recruitment	7.3%	26.3%	-
Total	100%	100%	100%

Source: Loewenson and Whiteside (1997)
NOTE: A dash (-) indicates the amount is nil or negligible.

In a cost benefit analysis of six firms in Botswana and South Africa, Rosen and others (2003) estimated that AIDS was responsible for 1 to 6 percent of labour costs per year.

It was concluded that investment in prevention would result in a net gain for most companies, (ibid).

Models of costs of AIDS in Zimbabwe estimated that costs to the Zimbabwe mining industry would increase one-fold between 1995 and 2010 and that training costs to replace skilled workers would increase five-fold by 2000 (Forgy, 1993).

Another study evaluated the costs of AIDS as a percentage of wages, production or profits and found that cost of AIDS was between 0.8 percent and 3.2 percent in Abidjan in 1997 (Aventin and Huard, 1997).

Table 2. 2. Costs of HIV/AIDS per Employee in Kenya (In United States dollars)

Type of Industry	**1992**	**2005**
Heavy Industry	16.45	39.03
Transportation	30.83	75.12
Wood Processing	114.62	331.09
Sugar Estate	237.81	720.05

Source: AIDSCAP (1996)

Clancy, (1998) observed that in Tanzania firms, usually paid for burial costs for the employee, spouse, children and sometimes an employee's parents if they lived with the employee. He (ibid) further noted that burial costs did not vary between companies. But medical costs ranged from Tshs. 11,470/= to Tshs. 287,500/= in 1997. One company, in particular experienced very large increases over time: from Tshs. 58,900/= annual costs per employee in 1993 to Tshs. 287,500/= in 1997. This firm has since instituted a ceiling on medical costs per employee at Tshs. 240,000.

A study of Sugar Mill in South Africa put the cost per worker per year at R 9500 (about $ 800). Out of the cost they included cost for replacement workers, lost productivity and absenteeism for about quarter each (Haacher, 2002).

In a study on Zambian firms, employers and employees in eight firms were interviewed so as to assess direct costs of illness and provide some insights on firms' cost of employees' illness. The main causes of illnesses were Tuberculosis (46.8%), Diarrhea (12.9%) and sexually transmitted diseases (5.8%).

Annual treatment cost incurred by employers ranged from US$ 4 to 100 per treated person treated. Other employers cost included productivity losses, paid sick leave, cost of employee replacement and funerals (Lisa, 2003). The study noted that common causes of illnesses were those most frequently associated with AIDS. More broadly the study illustrates that the impact of HIV/AIDS on firms was high and that employers had to adopt strategies to address it.

UNAIDS (2003) found out that AIDS damages business by squeezing productivity, adding costs, diverting productive resources and depleting skills. Company costs for health care, funeral benefits and pension fund commitment are likely to rise as the number of people taking early retirement or dying increases.

Also it was observed that as the impact of epidemic on households grew severe market demand for products and services fell. UNAIDS further noticed that the epidemic hit productivity through increased absenteeism.

Many African governments have called upon the business community in their respective countries to join in the fight against HIV/AIDS. Public sector institutions, Non Governmental Organization (NGOs) and Community Based Organization (CBOs) are also involved in promoting a viable and supportive response to the epidemic. There are direct and opportunity costs associated with each intervention taken in response to this call. As the rate of infection increases, so are the costs associated with the epidemic. These increasing costs may ultimately affect benefit levels of benefits that a business is able to provide for its workforce.

Rugalema, (1999) found out that cost increases come about through a variety of ways, three of which are worth mentioning. Demand for recruitment and training rises as a result of increased staff turnover and loss of skills. For example, 36 out of 1600 employees of Barclays Bank in Zambia died from AIDS related deaths. Such a situation like these, calls for employment of extra labour, multi-skilling, succession strategies and extensive human resource monitoring to cope up with staff fluctuations and losses. They are done mainly through training, retraining and recruitment costs, which would mean falling rates of return on human capital formation. The higher income and more skilled categories of staff involved, the greater is the cost.

Secondly, the costs to enterprises, public or private, are those incurred in the provision of health care for infected employees. A study of a commercial agro-estate in Kenya estimated that “medical expenditure rose to over 400 % above that of projected expenditure without AIDS” (Sehgal et al, 1999). However provision of health care in countries where public health care provision is limited and private

health care expensive, the cost could be considered to be an investment, preventing or limiting sickness/absenteeism and controlling workforce health risks.

Sehgal et al, (1999) also found that company life insurance premiums and pension fund commitments will rise as a result of early retirement or death. This is particularly problematic in economies where such benefits are greatly comprehensive. For example, in Zimbabwe, over a two year period, life insurance premiums quadrupled as a result of HIV/AIDS.

Where businesses provide for the funeral costs of employees the operating cost component could get bigger as mortality rate of HIV/AIDS gets bigger. Additional costs are incurred from frequent absenteeism due to illness or attendance at funerals as well as time spent on training. Whiteside (1999) calculated that absenteeism accounted for anywhere between 25 and 54 percent of costs on average for a group of businesses in East Africa.

Declining Productivity

A direct link exists between HIV/AIDS and declining productivity as well as profits. The bottom line is that declining levels of productivity could lead to declining profits especially when production costs are not declining at an equal or higher rate, as is usually the case when the prevalence rate of HIV/AIDS is high among the productive segment of the population. For example, a transport company in Zimbabwe incurred a total cost equal to 20 percent of profits to deal with HIV/AIDS related issues in the company (UNDP, 2000).

Declining Reinvestment

The main growth effects will come from depressed levels of net savings, with the negative consequences on the rate of investment. It is the domino effect that will make this proposition hold. As discussed earlier, HIV/AIDS could lead to less productive employment and lower earning power. These would in turn depress domestic private savings. It should be noted that national savings are the outcome of what happens to domestic savings and the balance of capital inflow and outflow. Consequently, depressed domestic savings would lead to depressed investments and eventually to depressed growth.

Attempts to quantify this expected decline in growth indicators as a result of HIV/AIDS have been made. One study using data from Tanzania, Cameroon, Zambia, Swaziland, Kenya, KwaZulu-Natal and a few other Sub-Saharan African countries found that the "rate of economic growth may be reduced by as much as 25 percent over a 20 year period as a result of the HIV/AIDS pandemic" (UNDP,2001) . Way and Over, (1992) also concluded that that "AIDS could suppress gross domestic product (GDP) by as much as 10 percent over a 15-year period" (WHO, 2000).

A study of 992 firms in five Sub-Saharan African countries (Ghana, Kenya, United Republic of Tanzania, Zambia and Zimbabwe) used data collected in 1994 from the World Bank Regional Programme on Enterprise Development to examine the attrition of workers caused by illness or death and the cost to firms of replacing them (Biggs and Shah, 1997; World Bank, 1999, p. 35). The study found that the rate of attrition from illness and death was indeed higher in countries with a higher

prevalence of HIV/AIDS (Table 2:3). However, even in the settings where HIV/AIDS prevalence was highest illness and death were responsible for only around 12-13 per cent of worker attrition. In addition, about three quarters of workers who left owing to illness or death were classified as unskilled or semi-skilled, and such workers were quickly replaced in two weeks on average for unskilled workers and three weeks for the semi skilled. It took longer about 24 weeks to replace professional workers. At the same time, as a result of economic conditions, many firms chose not to replace workers who left: employers did not replace 38 percent of the professionals and 51 percent of the unskilled workers. The authors concluded that worker attrition significantly affected firm's performance but that AIDS related attrition not yet had a significantly negative effect on African firms.

A few studies quantified the effects of HIV/AIDS on workers' productivity or efficiency. A study of a tea estate in western Kenya (Fox et al, 2003) provided some of the first empirical estimates of the impact of HIV/AIDS-related morbidity on labour productivity.

Company records showed lower output in kilograms of plucked tea leaves and higher use of leave time on part of HIV-positive workers compared with non-infected workers. Productivity continued to decline as the disease progressed. In the last year of life, workers who died of AIDS produced 38 percent less tea and took nearly twice as much leave time as others. Those figures were almost certainly underestimates because workers often brought unrecorded "helpers" to assist them and prevented them from losing their jobs.

Studies concerning the impact of AIDS on profitability in Africa have had mixed results. Studies in South Africa (Morris, Burdge and Cheevers, 2000) and Kenya (Roberts, Rau and Emery, 1996) suggested that the economic impact of HIV/AIDS on profitability was likely to be substantial. On the contrary, studies in Zambia (Smith and Whiteside, 1995), Malawi (Jones, 1996) and Botswana (Greener, 1997) indicated that the impact of HIV/AIDS on profitability was not substantial. HIV/AIDS has impact on productivity of work organization.

This has been observed by several authors as they found out that enterprise presents a typical full circle relationship between the HIV/AIDS, labour markets and welfare. Such linkages or interrelationships among three concepts are shown in frameworks adopted from Vaas (2000) where by due to illness or death caused by AIDS, there was an increase in absenteeism, labour turnover and cost of recruitment. Productivity for sick members of staff was reduced. In the event of deaths, employer made replacement but as the replaced labour may be less experienced and thus, lower productivity of the enterprise. On the hand, the cost of caring for the sick is usually taken by the employer. It increases the cost of caring for employees and affects profitability of the enterprise.

A study on several Southern African countries estimated that the combined impact of HIV/AIDS related absenteeism, productivity declines, health care expenditures and recruitment and training expenses cut profits by at least 6 to 8 percent. **Nam Water**, Namibia's largest water purification company has reported that HIV/AIDS was hindering its operations as absenteeism rose and productivity dropped, (Table 2:3).

Table 2. 3: Workers attrition in Ghana, Kenya, United Republic of Tanzania, Zambia and Zimbabwe, total and sickness or death.

Country	*Total sample*			*Percentage of workers leaving*	
	Urban HIV Prevalence	*Number of firms*	*Number of workers*	*Due to all death*	*Due to sickness or*
Zambia	24.7	194	14 582	20.8	2.5
Zimbabwe	20.5	199	59 210	9.1	1.2
Kenya	17.1	214	17 126	7.7	0.9
United Republic of Tanzania	16.1	197	14 611	19.3	0.6
Ghana	2.2	188	9 607	11.6	0.3
Total		992	115 136	11.9	1.15

Source: World Bank (1994)

High levels of absenteeism seemed to be one of the characteristics of the impact of HIV/AIDS on firms. For example, a study of 15 different establishments in Ethiopia found that companies experienced considerable absenteeism.

The number of HIV/AIDS related illnesses was 53 per cent of all reported illnesses, totalling 15,363 incidents over a five year period (Bersufekad, 1994). Out of 19 individuals interviewed in detail, 11 lost 30 days over a period of one year from HIV/AIDS related illnesses and 7 lost on average 60 days, while one person said he had been absent for 240 days because of AIDS. The study was not able to quantify the impact of HIV/AIDS on the productivity of those establishments.

As a result of the absenteeism of infected workers, which ultimately is followed by their deaths, the impact of AIDS can be devastating in some companies. A study of a sugar estate in Swaziland illustrated how quickly the number of AIDS-related deaths could increase, sapping the progress made by the company and resulting in declining productivity. The study showed that 25 percent of the estate's workforce was

infected with the HIV and would die within the next 10 years (Morris, Burge and Cheevers, 2000).

In Namibia, NamWater, the announced in 2000 that HIV/AIDS was crippling its operations (Angula, 2000). They reported a high staff turnover from HIV related deaths, increasing absenteeism and general loss of productive hours.

A study of Lonrho companies in Malawi found that death in service benefits increased by more than 100 per cent between 1991 and 1996 (Ntirunda and Zimda, 1998). The study also found that AIDS-related costs were 1.1 percent of the total costs and 3.4 percent of gross profits of the companies in 1992. Another study of five firms in Botswana found that the impact of HIV/AIDS depended type of business, employees' skill level, types of benefits provided and the amount of savings held (Stover and Bollinger, 1999).

A study of 18 firms in Lusaka, Zambia, showed that, of 68 deaths in a 10 months period in 1993, 37 per cent were general workers, 30 percent were from lower management, 21 percent were from middle management and 12 percent were from top management. AIDS-related symptoms accounted for 56 percent of deaths in general workers and 62 percent of top management (International Labour Organization, 1995).

Teachers are not exempted from these trauma or loss of life either. Deaths among teachers are occurring in large numbers in highly affected countries. For example,

the number increased by 60 percent between 1994 and 1999 in Botswana including 84 primary school teachers who died in 1999 as compared to only 8 in 1994. In Zambia, 40 percent of teachers are infected with HIV and are dying at a faster rate than the number of teacher graduations. On the other hand, the quality of instruction diminishes as more and more teachers fall sick. Frequent bouts of sickness of either teachers or family members take away many person hours from classroom teaching. Worst still, the stress of sickness and knowledge of impending death reduce the quality of lecture preparation and delivery. The end result is poor quality of people flowing from the education system in relation to the demands of the workplace and society.

Declining morale

Smith and Whiteside, 1995 observed that deaths of staff within an organization have an impact on the remaining workers through which they develop fantastic altitude towards work and life in general which have detrimental impact on the production of the firms.Most of the studies conducted was done in 1990s to early 2000s which is long time which sometimes many shifts on effects must have been passed so this study aims at coming up with more recent and updated information on the subject matter.

2.6 The efficacy of existing workplace HIV/AIDS policies and programmes in different settings

World Bank (2007) in the survey conducted to 100 firms found that 21 percent of the 100 largest Trans National corporations (TNCs) have policies or programmes on

HIV/AIDS in the workplace. That is 70 percent of the respondents, although extrapolating this figure to include the non respondents would be questionable, as companies without policies would be less likely to respond. Instead, these results were cross referenced with a review of the companies' websites. 39 percent of corporate websites mentioned HIV/AIDS, but only11 percent had easily identifiable information specifically relating to workplace policies or programmes. This statistic includes both group wide and subsidiary level policies and programmes.

A problem arose in attempting to identify group-wide policies and programmes, due to the different meaning of that term to different companies. For example, some companies had a group wide policy to focus on particular operations, such as those in Sub-Saharan Africa, while others taking the same approach nevertheless considered this to be a subsidiary, not group policy. For example, one company said that .programmes and policies were under development to target highest risk Sub-Saharan Africa operations but would have group wide application when fully implemented.

The study of above acknowledges the presence of group HIV/AIDS policies within different settings without taking into account context upon which the firm is located. Vulnerability/risk factors to HIV/AIDS vary from one area to another and this study never recognised this.

National Multisectoral HIV prevention strategy (2009) tilted ''Achieving Tanzania without HIV'', Tanzania's current HIV prevention approach is based on multiple HIV prevention approaches, comprising of behavioural and biomedical initiatives for

both the general population and for specific vulnerable groups. Woven into these interventions are programs that address the underlying social values and norms that drive the epidemic, including gender norms, gender based violence, and stigma. The strategy further observed behavioral initiatives include communications programs designed to reduce risky behaviors, including multiple partnering, low condom use, and mixed-aged relationships (ibid). The biomedical services include the prevention of mother to child transmission (PMTCT), HIV counseling and testing, management of sexually transmitted infections (STIs), blood transfusion and injection safety, and post-exposure prophylaxis (PEP) for post-rape and occupational exposure.

The strategy had the following weaknesses, out seven strategic priorities of preventing HIV and reduction in risk taking behaviours no priority is focusing to work places and still it provides little prospects for funding as the basket do not show how internally funds will be allocated.

Kathuria et al. (1998) demonstrates that peer education is often implemented in tandem with other HIV prevention program components such as condom distribution and/or STI testing and treatment. Moreover, the literature reflects the growing recognition of the complexity of the causal determinants of HIV infection and the need for interventions that address HIV-related behavior change on multiple levels -- individual, relational (e.g. partner, family), environmental (e.g. community, institutions) and structural (e.g. legal, political, economic). This shift towards multi-level prevention strategies has been documented in a number of papers calling for the design and evaluation of prevention. The literature itself does not purport that peer

education in itself can assist in reducing HIV/AIDS prevalence as it asserts that it must be used in conjunction with other prevention strategies. Yet the method was used elsewhere and hence this study needs to observe its efficacy in Tanzanian context.

Okediji et al, (1989) found that when doing a research on HIV/AIDS Preventive Measures among In-school Adolescents in a Sub-Urban Community in Southwestern Nigeria, HIV awareness among the respondents was very high (92%). This is similar to the findings among secondary school students elsewhere in Nigeria.

The study shows level awareness among in-school adolescence to be very high, the study only measured awareness to one group within the population. The study therefore could not give the full picture of other groups like workers. Yet the study was done in Nigeria so many years ago. This study needs to measure the awareness level to the workers and to assess the effectiveness of the method in preventing HIV/AIDS.

Olarinmoye E.O (2011) observed that when doing research in Nigeria, there are misconceptions in awareness among respondents about HIV strategies, for example, personal hygiene, use of insecticides and use of herbs were some of the preventive measure identified by the respondents.

This study provide the room to ascertain the effectiveness of awareness campaign as we see some people still have misconceptions about prevention strategies. This study

therefore needs to assess prevention strategies used in work organizations its efficacy and reliability.

Adih, W. (1999), when doing research in Ghana found that among 450 students who sexually active, 69 were (55.6%) were sexually active as they reported sexual activity within the last six months. Eighty nine (71.8%) of them used condom, 49 (55.1%) of those who used condom use it occasionally. Forty seven (37.9%) of those who have had sexual exposure patronizes commercial sexual workers; out of this 35 (74.5%) use condom with the commercial sexual workers.

When the statistics provided by the researcher are analyzed accurately one may find out that still problems are available in condom use. This study therefore aims at exploring the efficacy of condom use as prevention strategy and conducting the study in Tanzanian context so that results can be contextualized.

UNAIDS (2000) found out that Volkswagen do Brazil has HIV/AIDS prevention programme at the workplace used educational presentations and videos, information dissemination via the company radio, internal newspapers, bulletin boards and HIV/AIDS brochures. In addition, they sought to facilitate use of condoms though installation of condom machines at workplaces. Treatment and counselling provided by the programme includes access to infectious disease specialists, social workers, nutritionists, psychologists, referrals to specialised hospitals and home care treatment. Patients are also given access to antiretroviral drug treatment and clinical tests such as measuring viral load. In addition, as part of the company's non-

discrimination policy, assistance is given to personnel in order to reintegrate them into the workplace and society. The report tells about the multi billion company and ways it use in responding to the HIV/AIDS prevalence. The company financial muscles are strong in which this study seeks to explore the efficacy of the programmes in the companies with budget deficits in Tanzania.

The World Bank study also found in 1993 Anglo Coal first developed an HIV/AIDS strategy, beginning with drafting of a policy on life threatening diseases and establishing a joint forum to investigate future strategies. Such a broad approach was particularly useful given the increased prevalence of opportunistic diseases like tuberculosis associated with HIV/AIDS, especially within developing countries where vulnerability to disease is higher than developed countries. Moreover, the importance of this approach is that it involved all stakeholders' participation, with each colliery setting up AIDS committees including representatives of management, employees, trade unions and community interest groups.

The programme involves broad approach to prevent multiple infections and utilisation of funds for making the programmes effective and sustainable. Yet this study used broad approach which is not necessarily workable in other parts of the world with financial constraint. Therefore this study aims at using an approach which will illicit data from the specific disease which is AIDS.

Nabila et al (2001) found that when conducting a study to assess the impact of AIDS in business organizations in Ghana since 1985, there has been public education on

the epidemic. He further observed the programme concentrated on general information aimed at equipping members of the public with information on modes of transmission and prevention of infection relating to sexual transmission. This focused on promotion of abstinence, mutual fidelity, avoidance of casual sex and correct, consistent use of condoms. He found further that current emphasis of the education has focused on personalizing the epidemic for people to adopt positive behavior change. Condoms are currently the only tool for protection in persons who cannot avoid casual sex or sex with multiple partners whose HIV status is unknown to them. He observed also that the programme has been promoting condom use and improving its distribution through social marketing as well as through outlets such as fuel stations. Peer distribution has also been used among sex workers, miners and artisan apprentices. The female condom which is supposed to provide protection for females whose partners are unwilling to wear male condoms was recently introduced into the country. It will be distributed along social marketing lines and the promotion would address misconceptions that people have about it.

This was conducted in Ghana almost twelve years ago so it is difficulty to ascertain its efficacy todate and in context of Tanzania which the study aims to do it.

Bandura 1986 found out that key aspects of the Peer Education program were derived from Social Cognitive Theory, which emphasizes the importance of modeling behaviors with peers and developing the confidence to enact a behavior (i.e., self-efficacy) through skills-building when he was conducting research to construction workers in Thailand. A needs assessment was also undertaken with

workers and management to identify the issues that construction workers felt should be addressed in the program. In addition, the program drew on existing workplace peer education manuals, such as “Friends to Friends” (Chaiyapet 1996), designed for blue- and white-collar workers in Thailand.

A publication entitled “A training manual on HIV/AIDS peer education for construction workers” was produced and published in Vietnamese. This manual was used to train peer educators and was distributed to them for their reference.

The scholar is trying to emphasize the use of well designed peer education programme. The study was conducted many years back so this study aims at finding out the current efficacy of the peer education programmes in Tanzania.

2.7 Synthesis and Research Gap

Most of the literature shows the studies resembling this one were conducted several years back which is between 1990 and early 2004. Nabila (2001) conducted the study in Ghana to explore economic impacts of HIV/AIDS on selected business organizations in Ghana. This study was done eleven years back which make it impossible to reflect current situation. Generally those studies cannot justify the current impacts of the pandemic to the organizations as several epidemiological changes have taken place.

Secondly most the studies were conducted elsewhere in the world except Muhondwa, (2000) which was conducted in Tanzania, yet this study covered only one aspect

which is effects on Human resources in Health Sector and leaving the rest sectors unstudied. This study therefore aims at providing current magnitude of the impacts of the pandemic and status of the impacts to the Iringa region which has higher prevalence rate in the country which is 13.4% (THMIS 2007-8) making comparison to the studies done elsewhere.

Thirdly, studies had only made the projections on how workers will be fewer without considering efforts done by stakeholders on combating the disease and how this will have impact to the projections made by it.

Fourthly, most of the studies had focused on investigating impacts of HIV/AIDS only to the selected sector, and leave the room for other sectors open for research.
Also most of the reviewed literature accepted and projected the presence of the impacts of HIV/AIDS impacts to work organizations. Further, the review indicated the need for:

Assessment of the existence and magnitude of the AIDS impacts; examination of the kinds of the impacts of HIV/AIDS and assessment of efficacy of workplace HIV/AIDS policies. The most reviewed studies were done so long time (about eighteen or twenty years), focused on impact of AIDS to entire global population and were done outside Tanzania. More specifically this study aims at assessing current impact of AIDS to the work organizations.

2.8 Conceptual framework for the impact of HIV/AIDS on work organizations

The conceptual framework is often apparent on how the problem is formulated and presented. It is designed in such a way that it reflects a well known theoretical perspective and creates a structure that includes all necessary input and output variables (Mason and Blamble, 1997). This undoubtedly depends on the nature and form of the phenomenon under study. In most cases any multifaceted phenomenon, the causes and impacts of HIV/AIDS in workplaces requires an explanatory model for analysis.

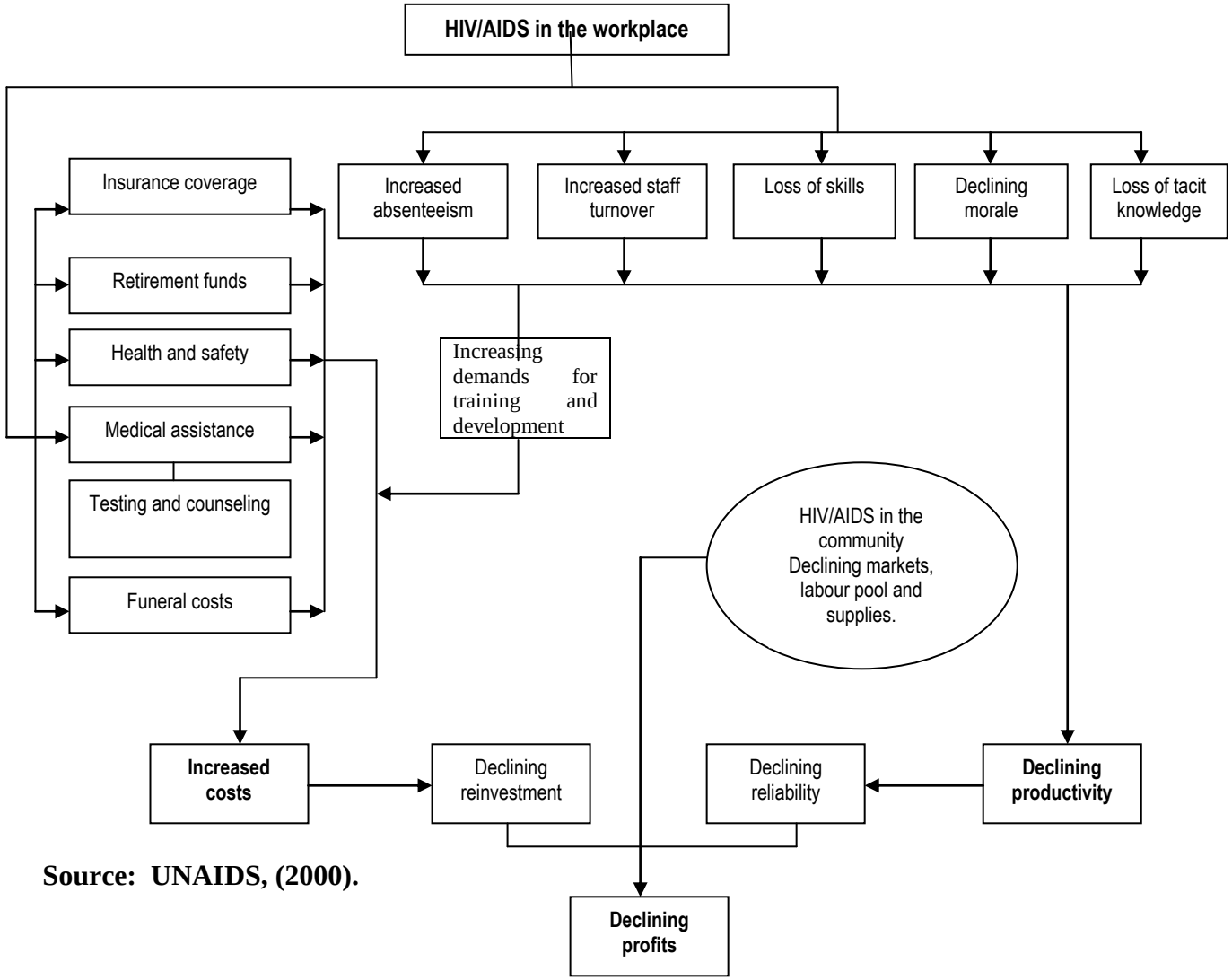
HIV infection progresses to AIDS, hence affected workers are likely to be absent from the workplace more and more often. The periods of absenteeism may affect the productivity of the firm, especially if the worker occupies an important position in the firm and consequently, is highly difficult to replace another person. The framework in Figure 1:1 maps out the following processes through which HIV/AIDS affect firms:

- AIDS deaths may lead directly to reduction in number of available workers BECAUSE deaths occur predominantly among workers in their most productive years. As younger, less experienced workers replace experienced workers, worker productivity may be reduced.
- The impact of AIDS also depends on the skills of affected workers. In the event that skilled workers who occupy important positions in the firm become sick or die from AIDS, the company may lose its

institutional memory, know-how, accumulated through many years of experience

- Firms that have a health programme may find themselves responsible for substantial medical costs. The firm's insurance scheme may become very expensive as insurance companies increase costs of coverage in response to high HIV prevalence rates in firms. Higher costs could impede savings for investment. HIV/AIDS at the workplace may also lead to increased funeral expenses for workers.
- Morale and productivity of the remaining workers may also suffer as co-workers fall ill and die. Equally important in the increase of costs may be the growing demand for training and recruitment to replace the firm's ailing personnel.
- Another impact of the HIV/AIDS epidemic in the community with impoverishment of households, which leads to decline the demand for some types of goods. Companies producing those goods may find themselves with a shrinking market, which may eventually lead to declining profits for firms involved in production of the goods.
- To sum up, the HIV/AIDS epidemic is likely to result in increased costs and declining productivity for firms, which ultimately will lead to declining profits.

Figure 2. 1: Conceptual Framework for the socio-economic impact of the HIV/AIDS epidemic of firms



Source: UNAIDS, (2000).

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

This Chapter presents the methodological strategies on procedures of collecting and generating data for study. This chapter is organized in sections so as to assist in reviewing the important study aspects, further the chapter sections demonstrate how the methodological agenda of the study undertaken influences the study mission. It is argued that unless the study is well premised on the interrelated and interdependence methodological standpoints, its results are likely to be mutually incomprehensible and confusing.

3.1 Research Design

Research design provides the conceptual framework within which the research is moved from simply an expression of interest into a series of issues that lend themselves being investigated in concrete terms (Cohen et al, 2000). The message here is that research design specifies the methods and procedures for data gathering. In this perspective the case study design will be used to direct the study. Leedy and Ormrod (2005) argue that in a case study a particular individual, program, or event is studied in depth for a defined period of time. The researchers prefer the design as it will help me to study the phenomena in depth.

The study was largely in the premises of qualitative research approach. The approach was selected based on the need to gather adequate information on the subject matter. Mertens (1998) asserts that that the nature of study that focuses on detailed information, and diversity of unique qualities exhibited by individuals compels itself

to qualitative research approach. The approach helped the researcher to get first-hand and specific data for the undertaking. Hence, according to the eclectic nature of the qualitative approach (Anangisye, 2007), ideas from grounded theory design informed and shaped the context of the study.

Grounded theory is concerned with generation of explanation from available data that have been collected in the field (Leedy and Ormrod, 2005). Yet, the study had elements of quantitative approach including the simple quantified study data into percentages and frequencies in tabular forms. Mason and Bramble (1997) maintain that quantitative research approach addresses the amount of something presented. Henceforth, the approach was used to address the amount of data obtained through interviews, questionnaire and documentary analysis.

3.2 Geographical setting of the area

The study was carried out in Iringa Municipality. The area has 111,820 people (Iringa region Website, 2012). Economic activities of the area included agriculture which employs 40% of the population. Crops cultivated included maize, beans, tomatoes and vegetables. These are both cash crop and food crops. Livestock is another economic activity with 2459 cattle, 568 goats, and 467 sheep (ibid). Other economic activities include industry and commerce. The area was chosen due to the following factors:

Firstly, the area is observed to have higher prevalence rate of HIV/AIDS of about 13.4 percent Muhondwa et al (2000) than other regions in Tanzania the researcher to get detailed information on impacts of the epidemic at work organizations as they are

subjected to the region with higher HIV/AIDS prevalence rate. Secondly the Municipal is receiving guests daily from all over the country and interaction between people is higher than other places in the region.

Thirdly, there is increased establishment of higher learning institutions in the Municipal, which is also the propelling factor in increased population hence leading to interaction. The higher learning institutions enrol students from all over the country in which some of the students have sexual relations with people in the area. Such a pattern made the researcher to see whether this has connection with the spread of the disease. Thirdly setting of the area made the researcher expect that comparison of the impacts between private and public employers would be done.

Furthermore Iringa region was selected basing on its prevalence rate which is higher compared to the national rate of 6 percent and the statistics of other regions were the following: Kigoma (2%), Manyara (2%), Singida (3%), Mbeya (9%), Dar es Salaam (9%), Mtwara (4%), Coast (7%) ,Kilimanjaro-2% ,Mwanza (6%) ,Tabora (6%), Ruvuma (6%), Shinyanga (7%), Rukwa (5%), Tanga – (5%), Morogoro (5%), Arusha (2%), Dodoma (3%), Kagera (3%), Lindi (4%), Mara(8%) (THMIS, 2007-8).

3.3 Target Population

Regional Administrative Secretary.

All the staff working under the office of the Regional Commissioner are under her control for all human resources functions. She provided adequate information on how HIV/AIDS impacts the organization and the behavioural practices which

propels the spread of the epidemic to the workplace under her control. As she is familiar with day to day activities she understood how much the organization suffer in terms of monetary through transporting the body of the deceased staff to his/her place of domicile and condolences paid to the family of the deceased and the loss of skills resulted by the death's of the experienced and highly skilled workers.

District Executive Director

He is the in charge of the all staff working in the district council. He is aware of the loss of staff culminated by the HIV/AIDS in his area of authority and also knows for sure the costs incurred once the staff has died for ensuring his/her burial is done to the place of domicile. He provided the valuable information on how his district handles all issues pertaining to the dealth of the staff and to what extent they are affected by the disease as work organization.

Regional Medical Officer In charge

HIV/AIDS is health problem which kills not only non health practitioner but also kills health practitioners as well. The Regional Medical Incharge as an executive officer on the health sector in the region provided information on how workers under his control die and how this affects the sector.

Yet he provided data of the deaths resulted by the epidemic in the region which helped me to get the broader picture of how the epidemic sweep the working population. He also given to me the behavioural tendencies resulting into spread the disease.

Human Resources Officers from Government organs

These are key officers handling day to day issues of the employees in any work organization. These subsidised the information given by the Regional Administrative Officer, District Executive Director and Regional Medical Officer Incharge. They provided information on the impacts of the pandemic to the quality of labour, future supply of labour and behavioural practises leading to the spread of the epidemic in their work organizations.

Workers from Government Organs

These are the ones who are targeted by this study so without asking them how they view the subject matter the study will be inadequacy. These provided information on the impacts resulted by their deaths to the organization they were working with. They said what makes HIV/AIDS spread in their working place.

Private Employers

These are the ones who own the business of the private firms. They knew how their strategic plans are affected ones key employees die as result of the disease. Their operations mostly involves technical expertise ranging from running machines, accounting and other specialised skills ones the staff with these skills dies it impairs production and it takes so long to get replacement of him and during all this period the production crumbles.

Workers from private employers

These are the target for this study. They have been selected just to make comparison of the subject matter to both public and private organizations. They provided

information on the impacts resulted by their deaths to the organization they were working with. They said what makes HIV/AIDS spread in their working place as their counter part in the public sector said.

3.4 Sample and Sampling Techniques.

A sample serves as representatives of target population (Cohen et al., 2000).The sample in this study will be guided by the nature of the information required and the general purpose of the study. Thus, the study sample includes District Executive Officer, One Regional Administrative Secretary, Regional Medical Officer Incharge, and Human Resources Officers from government organs found in Iringa Municipality, workers from each government organs found in Iringa, private employers and workers from private employers. Details are found in table 3:1.

Table 3. 1: Sample for the study

Categories of Sample	**Number**
Regional Administrative Secretary	01
District Executive Director	01
Regional Medical Officer Incharge	01
Human Resources Officers from Government organs. (MUCE, RAS(I), MD(I),)	08
Workers from Government Organs (MUCE-8, RAS(I)-6, MD(I)-6)	20
Management officials from Private Employers (MST(I)-5, Kislev Agriculture Ltd-4)	09
Workers from private employers MST(I)-5, Kislev Agriculture Ltd.- 15)	20
TOTAL	**60**

Source: Researcher's creation, (2011).

3.5 Methods of Data Collection

This study will employed a variety of data collection methods to facilitate cross checking of the accuracy of information collected from the field. Use of more than

one method is aimed at obtaining adequate, original and relevant data about the study from a variety of respondents. Data collection methods included the following:

Interviews

Interviewing is basically about asking questions and receiving answers. It is the way of asking people's perceptions, meaning of definitions, situations and construction of reality (Punch, 2005). Through the in depth interview the researcher will be able to ask questions related to facts, study stakeholders as indicated by sample's perceptions about the subject under study. The interview method is quiet flexible and can be easily adapted to a variety of situations (Mason and Bramble, 1997). The interview enabled the researcher to explore responses from interviewed person, asked additional questions to clarify point and tailor the interview to the situation. This study employed unstructured and semi-structured interview questions.

Questionnaire

The questionnaire was used to illicit data on organizations medical expenses as a result of AIDS, how the epidemic used profits of organization are helped to assess availability of workplace policies on HIV/AID. Also it helped to gather information on presence of workplace response interventions tailored to prevent the spread of the epidemic.

Document Search.

In addition to interviews, data were generated from documents and records, which are non human sources made available, often at low cost and being factual (Cohen et

al, 2000). Mason and Bramble (1997) add that document search especially qualitative research is used by the researcher in order to gain insights into context and social processes underlying events.

Documentary data were collected from offices of Regional Administrative officer, District Executive Director, employers' offices and Regional Medical Officer's Incharge. In all these reports on HIV/AIDS, personal files of workers who died as a result of the epidemic.

3.6 Data Analysis Plan

Data Analysis especially in the case study design involves stepwise organization of details about the case, organization of data, interpretation of single instance, identification of patterns, synthesis, and tentative generalisations for case (Leedy and Ormrod, 2005). Data were sorted out and analysed in descriptive, narrative and numerical forms. Content (thematic) analysis was employed. Some of the respondents' views, beliefs and opinions were presented in quotation. Quantitative data from documentations were analysed manually. They will be further presented and quantified into percentages in tabular form and further illustrated in charts.

3.7 Validity and Reliability of Research Instruments

Validation of data collection instruments aimed at establishing indicators that provided evidence that information generated through selected instruments in the research is trustworthy and believable (Mertens,1998). Mertens asserts that validity (measuring the intended one) and reliability (accurate estimate of the target attribute)

are normally used in the qualitative approach. However, in qualitative research, validity stresses on internal consistency and coherent logic, across the study components and reliability focuses on dependability of the data (Punch, 2005). Thus, for the purpose of quality the study instruments were refined through the comments from research supervisor, research editor and researcher himself in the field. The purpose was to make instruments focused on the purpose of the study.

For the purpose of quantifying and analysing the quantitative data, data were summarised and presented using tables and charts.

Pilot testing of reliability and validity of data gathering instruments was conducted at Mkwawa University College of Education. The sample included one Human Resources Officer, four supporting staff and four academic staff using the same procedures of data collection for respective respondents as stated elsewhere in this work. Responses from the pilot study enabled a researcher to redesign some of the research questions for ambiguity clarification and making necessary adjustments. For validity purposes the researcher did triangulation of data. In the field, the researcher increased validity of data by revealing the study purpose to the respondents.

CHAPTER FOUR

4.0 DATA PRESENTATION, ANALYSIS AND DISCUSSION

This chapter reflects on the problem and the knowledge gap identified in the chapter one and two respectively. More specifically, it deals with results and discussion of research findings from which inferences are drawn. In particular, the chapter is informed by three research tasks articulated in chapter one:-

- To assess different types of impacts of HIV/AIDS on labour and its corresponding impacts to the work organizations.
- To observe the existence and magnitude of impacts of HIV/AIDS in work organizations.
- To assess the efficacy of existing workplace HIV/AIDS policies and response programmes.

4.1 Types of Impacts of HIV/AIDS on Labour and its Corresponding Impacts to Work Organiations

Work organizations have been affected by different kinds of impacts of HIV/AIDS. The impacts are multiple but findings from the researched organizations categorise these into two major groups, which were economic and social. Respondents from all organizations accepted that all kinds of impacts have affected work organizations in different ways.

Economically, the work organizations are affected through financing medical costs for the staff, providing referral to more specialised hospitals outside the region, meeting expenses of dietary requirements, absenteeism leading to the decline in

productivity and loss of skills, also there was an increased turnover both affects work organizations through recruitment costs and selection that affected to fill the gap left by deceased worker. Such costs affect work organizations sustainability in which the funds supposed to be reinvested were used to cover for cost due to AIDS.

This was substantiated by Administrative Officer who said that:

'We have staffs who are receiving monthly assistance for meeting dietary needs. We assist them with travel allowances once reffered to Muhimbili National Hospital for more specialised health services. This takes away the funds which could otherwise be used for other developments'.

Socially, work organizations are affected in various ways. They included early payment of pensions and other terminal benefits to deceased staff. Also once workers died early, they left their dependants. Dependants due to loss of their parents became unable to meet costs for education, nutrition, clothing and health. The data from studied work organizations revealed that some children of diseased staff resorted to street children due to lack of basic necessities.

For example death of one officer at Mkwawa University propelled the early payment of gratuity to his heir amounting to 7 million the money without death could be used to finance operational activities of the organization.

The disease has affected work organizations in different ways. Response revealed different kinds of impacts as summarised in Table 4.1 and figure 4.1

Table 4. 1: Different type of impacts of HIV/AIDS on Labour (Percentage)

TYPES OF EFFECTS	Economic	Social
MUCE	81	92.5
MD(I)	76	89
RAS(I)	69	88.7
MST(I)	83	82
Kislev Agricultural Ltd.	65	70

Source:Research findings (2012)

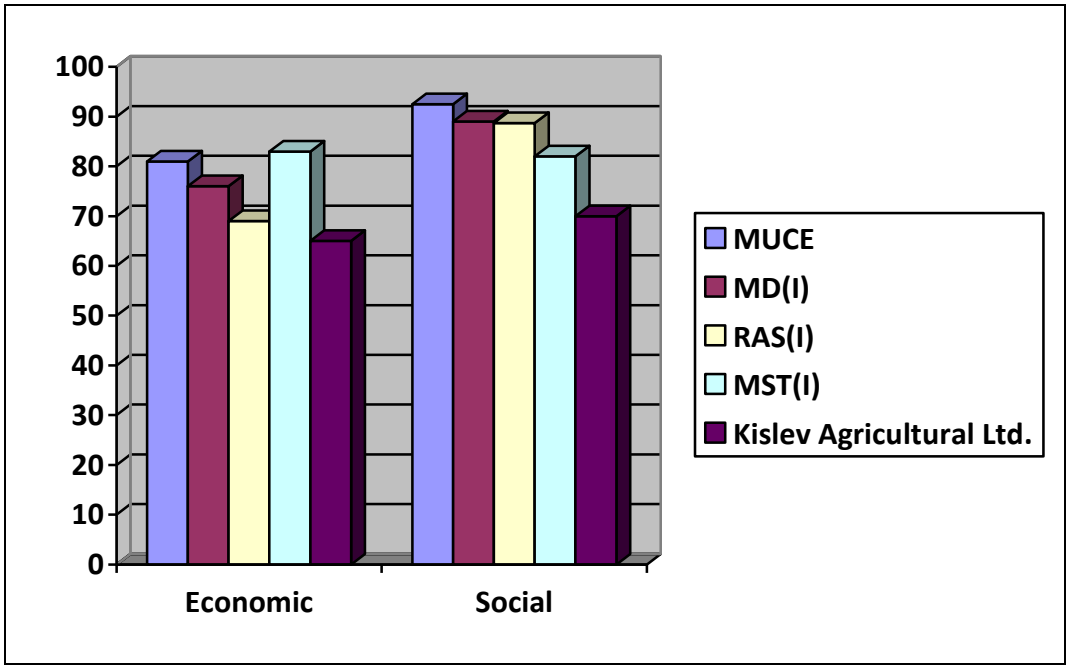


Figure 4. 1: Illustrating Different Types of impact of HIV/AIDS on Labour

Source: Research findings (2012)

KEY:

MUCE **Mkwawa University College of Education**

MD (I) **Municipal Director Iringa**

RAS (I) **Regional Administrative Officer Iringa**

MST (I) **Marie Stopes Tanzania Iringa**

Data from Table 4.1imply that physiologically, the organizations are affected by all kinds of impacts (according to the respondent's view point). The economic impacts though present seemed to be minimum compared to the rest. The first two organizations are affected highly compared to the rest, this was due to having big number of staff and their duties involves movement from one job location to another.

4.2 Existance and Magnitude of Impacts of HIV/AIDS on Work Organizations

Work organizations are not exempted from effects of AIDS. The most affected are youth at their prime production ages who are the engine of production in any organization. This section presents effects of AIDS on work organizations.

4.2.1 Increased staff turnover

It was found out that more than 50 percent of respondents from all surveyed work organizations accepted that AIDS affected on labour turnover. Provided major reasons provided were deaths of experienced and more trained staff including irregular attendance of staff to their work places. That led to companies to get loss. Results have been summarized and illustrated in table 4.2 and in figure 4.2.

Table 4. 2: Impacts of AIDS on staff turnover

ORGANIZATION	PERCENTAGE OF IMPACTS
MUCE	89
MDI	81
RASI	82
MST(I)	91
Kislev Agriculture Ltd	75

Source: Research findings (2012)

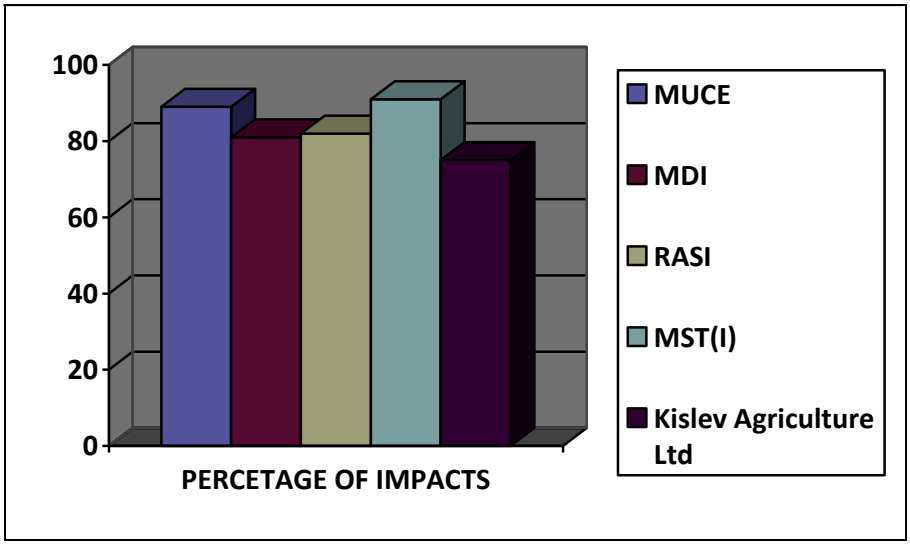


Figure 4. 2: Impacts of AIDS on staff turnover

Source: Researchers findings (2012)

Table 4.2 indicates that Iringa Municipality Director had large number of staff infected with HIV/AIDS. Departments included Education Department, which covers all primary and secondary school teachers.

4.2.2 Loss of Skills

It was observed during the study that most staff at work organizations experienced deaths due to the result of AIDS. Thus, such as pattern led to loss of skills that were not easy to recover in short time. Results have been summarized and illustrated in table 4.3 and in figure 4.3.

Table 4. 3: The impacts of AIDS on loss of skills

ORGANIZATION	PERCENTAGE OF EFFECTS
MUCE	83
MDI	65
RASI	72
MST(I)	91
Kislev Agricultural Ltd.	61

Source: Researchers findings (2012)

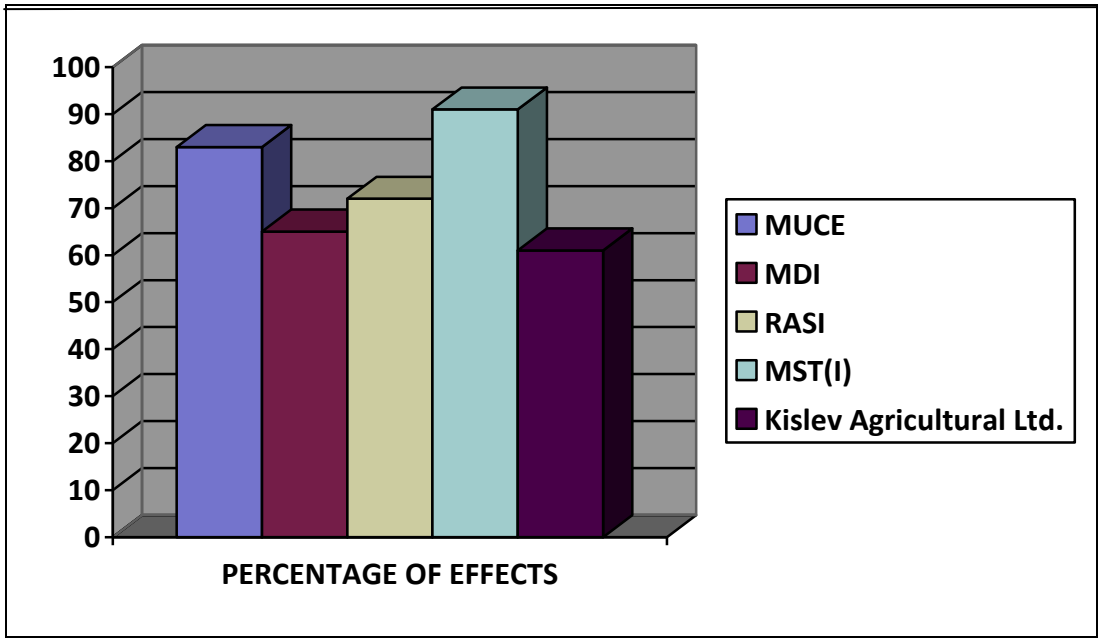


Figure 4. 3: Showing the impact of AIDS on loss of skills

Source: Research findings (2012).

Table 4.3 shows that 60 percent of the work organizations were affected by the pandemic at very high levels (MUCE, MD (I) and RAS (I), while the other two organizations had small. The major reasons for those affected seriously were due o such organizations having been established for a long time with a big labour force and its labour force was associated with movements from one area to another. The deaths facing such workers had a very negative impact on skills to the organization. The staff dying as the result of a pandemic were those with extended years of experience and acquired both human and job skills through capacity development programmes of the organizations and on job training.

This was substantiated by an assertion made by an official from Human Resources and Administration at MUCE who said that:

‘AIDS brought our organization in a very hard time, Our Senior Officer died with this pandemic and the College had failed to replace him with somebody with similar qualifications in terms of skills and experience. This made interests of the College to be in wrong position as we lost cases, which cost the College a lot of money’.

It is clear that the pandemic has created the havoc to the work organizations by depleting and weakening skilled as well as experienced workforce. Most respondent from all organizations accepted this fact in different degrees as elaborated in the Table 4.4.

4.2.3 Increased Cost

The public entities were affected much more by the pandemic than the private ones. The major areas, which increased costs to the organizations, included funding for medical services and funeral costs. Others were financial assistance to meet balanced diet expenses and financing HIV/AIDS response programmes.

The once cost variable to work organization is assessed it was also deduced that public entities are affected seriously compared to the private entities as the result of the staff having HIV/AIDS related sicknesses.

The private companies were not affected by the pandemic as it was reiterated by an official from Kislev Agriculture Limited that:-

‘We are not highly affected very much due to nature of employment that we have, Renewal of a person’s contract depends on his/her performance and suitability. Thus,

if a staff is not performing satisfactorily due to any cause no renewal of contract. But this does not exempt us fully from the impacts of the disease. In some occasions, we pay medical bills for the staff suffering and it reduces our profit margins'.

It was found at Mkwawa University College of Education that one female staff who is suffering from the pandemic has spent Tanzanian Shillings (Tshs). 2,150,000/= excluding medical expenses for the period of six months. The amount was only subsistence allowances, while attending specialized medical care at Muhimbili National Hospital (MNH).

Yet, it was observed Iringa Regional Commissioner's office that they had 15 people suffering from AIDS each is paid Tsh. 350,000/= per staff after 2 months to meet balanced diet expenses. The sum was 5,250,000/= for every two months, while per year it was about Tshs.31,500,000/=. That was only one aspect of diet. But such people required medical attention as it was said by Administrative Officer that:-

> *Our organization incurs 32,000,000/= for medical cost apart from that contributed to National Health Insurance Fund (NHIF), this amount has been increased due to the presence of HIV/AIDS because most of such money is consumed by those who suffered from AIDS.*

Office of Municipal Director spends Tsh. 4,500,000/= per month for medication and Tshs. 6,400,000/= on which there are 32 people living with HIV/AIDS who received Tshs per month each for assisting staff suffering from AIDS so as to meet their dietary requirements.

It was found out that all organizations experienced increased cost for medical services due to many factors including presence of HIV/AIDS. Annual medical costs increased and it became a heavy burden to work organizations. The annual medical costs are shown and illustrated in Table 4.4 and figure 4.4.

Table 4. 4: Annual medical costs for surveyed organizations.

ORGANIZATION	ANNUAL MEDICAL COST
MUCE	65,000,000
MDI	124,000,000
RASI	76,000,000
MST(I)	34,000,000
Kislev Agricultural Ltd	9,200,000

Source: Research findings (2012)

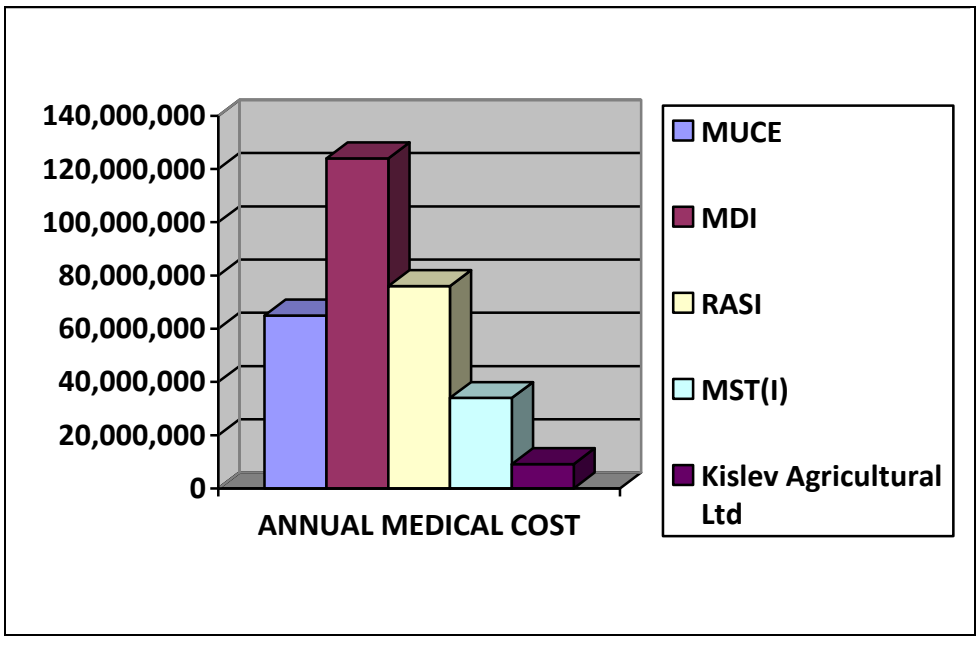


Figure 4. 4: Showing Annual Medical Costs for Surveyed

Source: Research findings (2012)

Most of surveyed organizations accepted that the medical costs per worker suffering from the disease were high. The staff suffering from the disease needed daily medical checkups for their treating HIV/AIDS related sicknesses and several other medications. The respondents from surveyed institutions revealed the medical costs per worker as per Table 4.5 and further illustrated in figure 4.5.

Table 4. 5: Annual medical costs per worker

NAME OF ORGANIZATION	BURIAL COST
MUCE	2,500,000
MDI	2,000,000
RAS I	1,900,000
Kislev Agriculture Ltd	300,000
MST(I)	2,100,000

Source: Research Findings (2012).

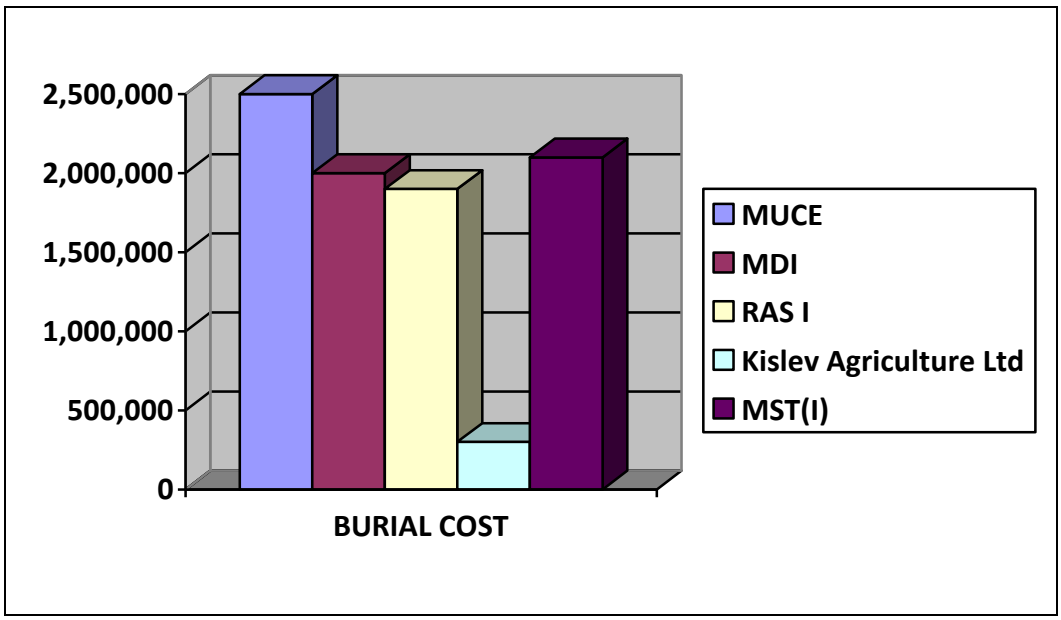


Figure 4. 5: Showing Annual Medical Costs per Worker

Source: Research Findings (2012).

Most of surveyed organizations experienced death staff due to AIDS. Table 4.6 provides summary of the findings on magnitude of burial costs to the work organizations and its illustration is given in figure 4.6.

Table 4. 6: Burial costs for staff from various organizations

NAME OF ORGANIZATION	BURIAL COST
MUCE	2,300,000
MDI	3,000,000
RAS I	3,000,000
Kislev Agriculture Ltd	500,000
MST(I)	2,000,000

Source: Research Findings.

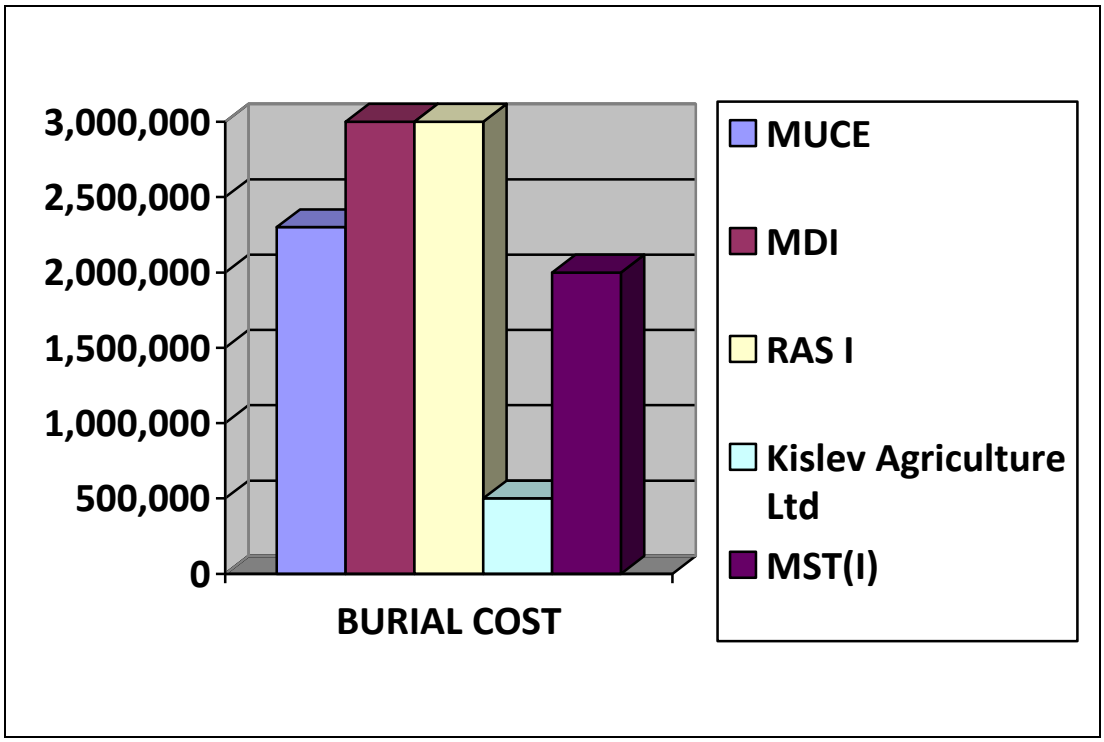


Figure 4. 6: Showing Burial Costs for staff from various Organizations

Source: Research Findings.

It was observed that companies spent their resources for instituting HIV/AIDS policies. Developing a policy goes through consultative meetings, sometimes

outsourcing technical experts from outside firms. It involves payment of charges for the involved parties. Apart from institution of policy on HIV/AIDS, prevention programmes took a larger portion of resources of the researched organizations. Table 4.7 summarizes costs for each organization incurred annually for the aspects and data further illustrated in figure 4.7

Table 4. 7: Costs to organizations for facilitating intervention programmes

NAME OF ORGANIZATION	COST INCURRED
MUCE	5,600,000
MDI	8,000,000
RAS I	7,500,000
Kislev Agriculture Ltd	800,000
MST(I)	500,000

Source: Research findings (2012).

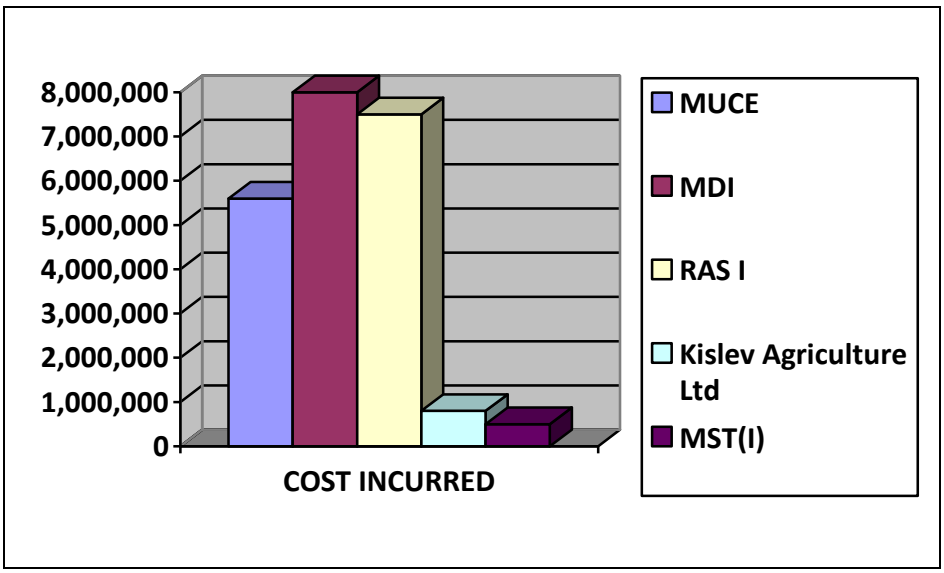


Figure 4. 7: Showing costs to organizations for facilitating intervention programmes

Source: Research findings (2012).

Table 4.7 shows injected resources injected are small compared to the impact of the pandemic to the workplaces. For instance, at MUCE, there were sixty three peer educators who met monthly and at each meeting, each peer educator was paid Tshs. 10,000/= times 63 equals to 6,300,000/=. (Memorandum of Understanding for Champion Project, 2011) That was just for peer educators.

4.2.4 Declining Productivity

Effects of the pandemic on productivity were very much serious though they were noticeable. The major areas, which caused decreased productivity included absenteeism due to AIDS related sicknesses and attending funerals.

The data from Table 4.8 show that productivity rate affected by the company was high mostly due to the fact that staff who suffering from the pandemic, in most cases were absent from the duty attending medical clinics. Yet, staff attended funeral for their co-workers caused by AIDS.As a as the result, of this much time was spent out of the production process. The responses on the topic of declined productivity are summarized in Table 4.8 and further illustrated in figure 4.8.

Table 4. 8: Effects of AIDS on declining of productivity

WORK ORGANIZATION	%MAGNITUDE OF THE IMPACTS
MUCE	82
MD(I)	80.2
RAS(I)	68
MST(I)	72
Kislev Agricultural Ltd.	51

Source: Research Findings (2012)

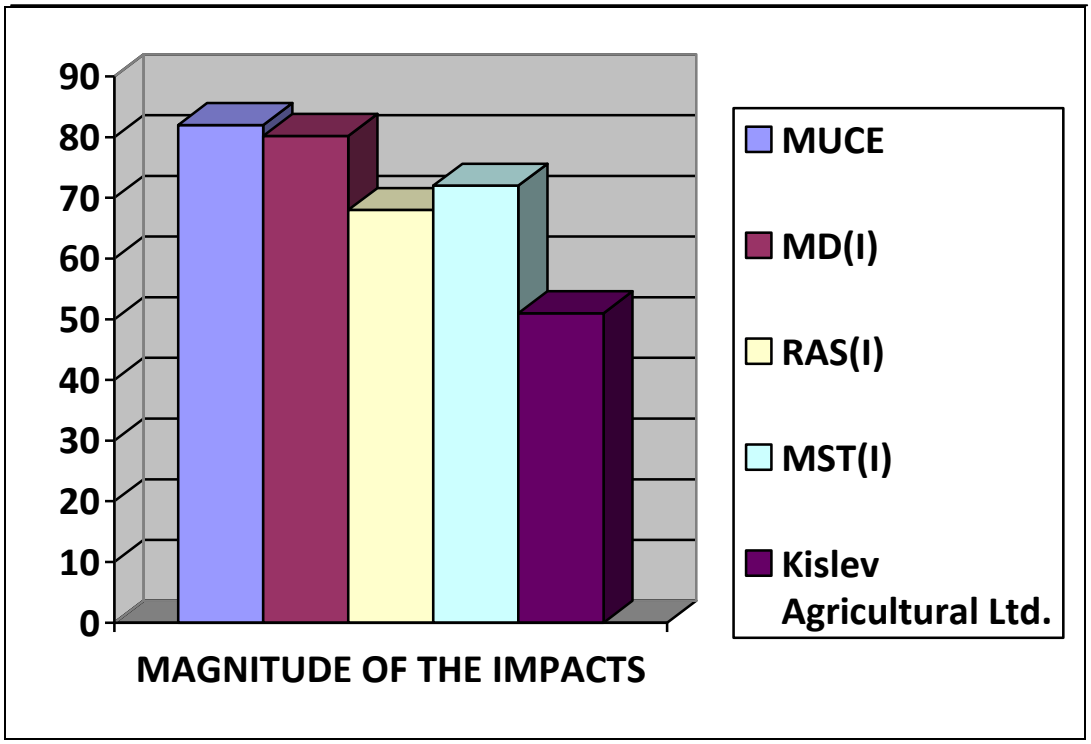


Figure 4. 8: Effects of AIDS on declining of productivity

Source: Research Findings (2012)

4.2.5 Declining Morale

Most respondents who participated in the study agreed that the disease has an impact of declining the morale on the remaining labour force. The research findings are summarized in Table 4.9 and figure 4.9.

Table 4. 9: Impacts of HIV/AIDS on workers' morale (Percentage)

WORK ORGANIZATION	% MAGNITUDE OF THE IMPACTS
MUCE	71
MD(I)	82
RAS(I)	65
MST(I)	52
Kislev Agricultural Ltd.	41

Figure 4. 9: Impacts of HIV/AIDS on workers' morale

Source: Research findings (2012)

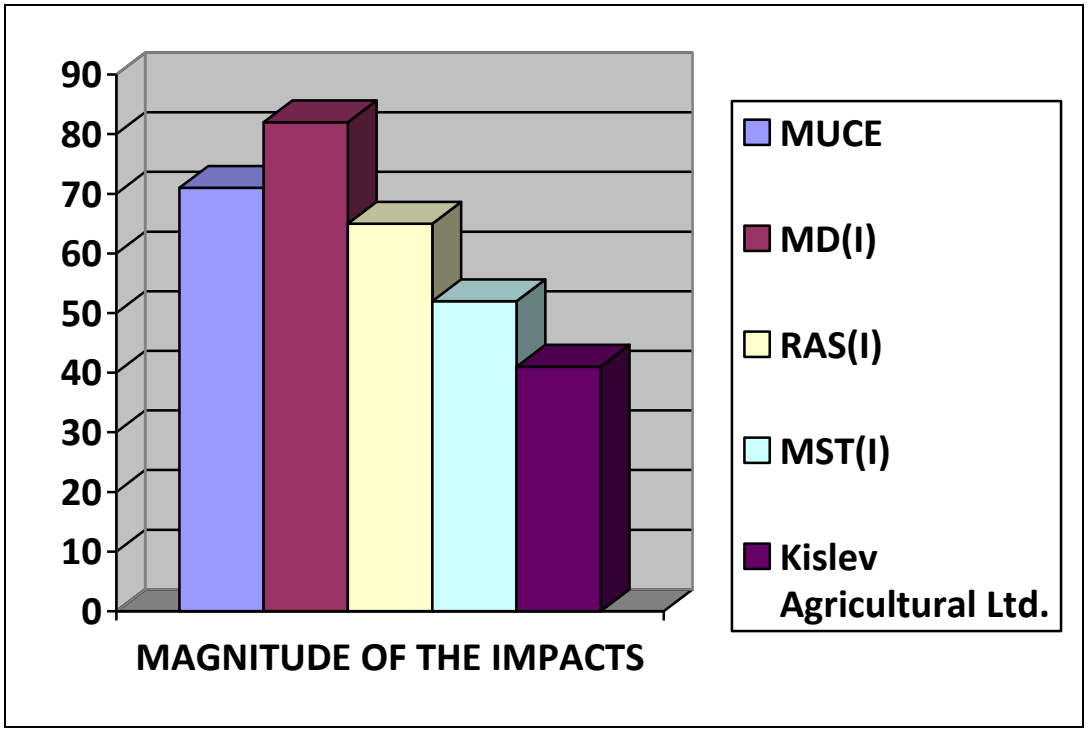


Figure 4. 10: Impacts of HIV/AIDS on workers' morale

Source: Research findings (2012)

Data from Table 4.9 imply that respondents from all respondents agreed that AIDS affected workers morale. Secondly, public work organizations were more affected private organizations.

This was found when finding how workers were affected by death of their co-workers as a result of AIDS. It was observed that once a staff dies as a result of the disease, the remaining workers' morale decreased.

Interview with one official from Mkwawa University College of Education (MUCE) revealed that Director of Human Resources and Administration he said on this matter:

Workers morale do decline once their beloved one passes away, It happened a Senior Officer died as a result of the disease. Thus, most workers morale declined due to their familiarity with him and even intersexual relationships within workplace and outside.

The general results for this variable from the respondent from all the visited organizations are summarized in Table 4.9

4.2.6 Loss of tacit knowledge

The visited staff at work organizations agreed the fact that AIDS has impacts on knowledge depletion. This section presents impact of AIDS on loss of tacit knowledge.

Research findings are summarized and presented in Table 4.10 and figure 4.10.

Table 4. 10: Impacts of AIDS on loss of tacit knowledge (Percentage).

WORK ORGANIZATION	LOSS OF TACIT KNOWLEDGE
MUCE	89
MD(I)	92
RAS(I)	90.4
MST(I)	87
Kislev Agricultural Ltd.	79

Source: Research findings (2012)

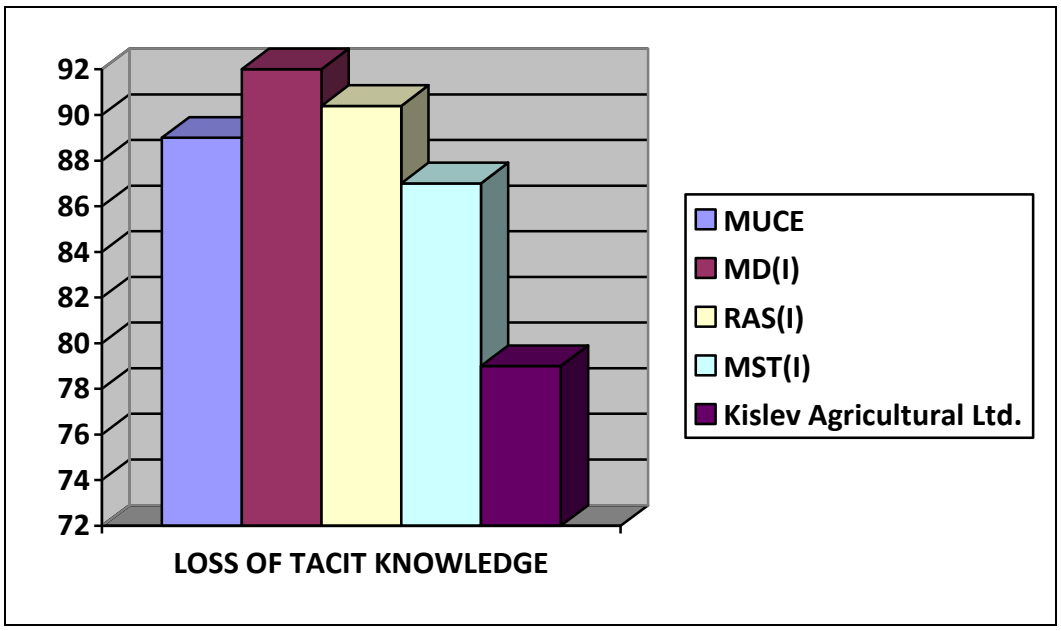


Figure 4. 11: Impacts of AIDS on loss of tacit knowledge

Source: Research findings (2012)

Table 4.10 shows that respondents from MD(I) approved that AIDS caused loss tacit knowledge of the workers by 92 percent followed by RAS(I) with 90.4 percent, MUCE 89 percent, MST(I) with 87 percent and Kislev Agricultural Limited with 79 percent. Essentially all respondents from work organizations agreed by more than 50 percent that the disease cause loss of tacit knowledge.

Most respondents said that once an experienced worker died his/her tasks were taken with an inexperienced worker. They further said that experience was gained to them through on job-training and attending special courses to gain special job related knowledge. That was evidenced by MUCE official who said that:

'One time we lost with AIDS a very Senior Officer whose knowledge was difficult to replace and that created a problem in daily operations of the department'.

4.3 Efficacy of Existing Workplace HIV/AIDS Policies and Response Programmes.

Most visited work organizations had no their own HIV/AIDS policies. They used general government HIV/AIDS guideline to handle HIV/AIDS at their workplaces or use the policy of parent organizations if affiliated to such organization. More information on availability of workplace HIV/AIDS policy is shown on Table 4.11.

Table 4. 11: Presence of HIV/AIDS Policies

ORGANIZATION	STATUS OF PRESENCE OF HIV/AIDS POLICY
MUCE	PWO
MDI	PWO
RAS (I)	NP
Kislev Agriculture Ltd.	NP
MST(I)	PWO

Source: Research Findings (2012)

KEY

PWO= Present with Observations NP = Not Present

Table 4.11 shows that presence of HIV/AIDS policies in the visited workplaces had some weaknesses.

Forty percent of visited organizations had no HIV/AIDS policy, while 60 percent of visited organizations incorporated policy and guidelines of central government and that of parent organization for those affiliated or were constituent organizations.
While perusing those policy documents the following observations were made:-

- Most of the policies are holistic such that they provided general guidelines on handling HIV/AIDS issues in any community, Thus, not specifically lay down the principles to deal with HIV/AIDS at the working place with regard to specific vulnerability.
- For example, at MUCE the policy used is that of University of Dar es Salaam main campus which is located in Dar es salaam in which using it in Iringa where MUCE is located is not appropriate due to the fact that the two stations have different risk factors and prevalence rates. This makes MUCE in A difficult position to implement it.

The scenario is similar to the MDI or RAS (I) where they use the government policy on HIV/AIDS without customizing it to reflect Iringa context.

Yet, it was observed that almost 90 percent of interviewed staff from all organizations were not aware of the existence of the HIV/AIDS policy at their workplaces. It was further observed that even though holistic HIV/AIDS policies provide the ways to handle staff living with HIV/AIDS, staff did seem to be ready to utilize the services provided by the policies.

All the organizations under the study had HIV/AIDS response programmes to mitigate further spread to the staff and surrounding communities. This information can further delineated in Table 4.12

Table 4. 12: HIV/AIDS response programmes to the work places

WORK ORGANIZATIONS	Counselling	Awareness Campaign	Peer Education	Condom Provision
MUCE	√	√	√	√
MD(I)	-	√	√	√
RAS(I)	-	√		√
Kislev	-	√	-	-
MST(I)	√	√	√	√

Source: Research findings (2012)

Basing on data from Table 4.12, the major HIV/AIDS response programmes involved counseling, Awareness Campaigns, Peer Education and condom use.

Counseling

Table 4.12 reveal that service was available to some workplaces, while others had no such service. Forty percent of surveyed organizations had no this service while sixty percent had the service, Effectiveness of service varied from one work organization to another. The major areas, which caused variation included presence or absence of competent personnel to deliver service effectively and lack of incentives to people volunteering to deliver service.

Awareness Campaign

Visited work organizations showed efforts to provide awareness to staff through meetings, seminars, workshops and peer education. It accounted for about 60 percent of the visited institutions. It was observed that the campaign was hampered by lack of funds, and lack of management support to such activities. Management was not taking HIV/AIDS seriously because it did not commit its resources for enabling such programmes to take place. It was common to almost all visited organizations. That was reiterated by Iringa Municipal HIV/AIDS official that:-

‘’We always depend on donors to facilitate our HIV/AIDS awareness campaign once the donors reduce funding nothing can proceed’’

Peer Education

Peer Education service is aimed at imparting HIV/AIDS knowledge to some workers or office bearers so that they can disseminate it to their fellow co-workers. Thus, 60 percent of visited organizations seemed to utilize service. For example, MUCE managed to train 69 peer educators out of which 39 were students and 30 were workers.

Training was facilitated by Engender Health, technically and financially. While there were 40 peer educators to the Iringa Municipal all of them were workers and 5 to the MST (I). Peer educators are equipped with adequate knowledge on major propellers of the pandemic and ways to curb them. Also they are given HIV/AIDS fighting gears like pamphlets, brochures and leaflets to distribute to their co-workers.

Condom Provision

The service is aimed at providing it as a protecting gear towards prevention of staff from unsafe sex. Condoms are placed in latrines or bathrooms so as to be easily accessible by staff. The areas were selected based on their secrecy because it seemed not very easy for the staff to collect them when they were placed in open spaces.

The service seemed to be acceptable by most employers (80%) of the surveyed companies use this service (Table 4.12).

4.4 Discussion of findings

In this section the findings of the study related to research tasks stated in Chapter 4.0 is discussed. The first question focused on the types of the impacts affecting work organizations, the second is focused on the existence and magnitude of impacts of HIV/AIDS in work organizations and third is focused on efficacy of existing work place HIV/AIDS policies and response programmes. The discussion of the findings is guided by the research questions and structured according to the theoretical framework discussed in chapter two.

4.4.1 Types of the impacts of HIV/AIDS to work organization

The impacts of HIV/AIDS on labour and its corresponding impacts to work organizations were recategorised into two groups by participants namely economic and social.

Economic

Work organizations were affected economically through financing medical costs, providing providing assistance to PLWA to meet dietary needs (Sydney, 2011). Participants provided their views and opinions which concur with the fact that work organizations are affected economically.

It was also asserted by respondents that work organizations were eroding their profits through financing burial and transport of the deceased staff to his/her home place. Many authors have observed similar impacts in their studies, these included Clancy, P. (1998) and Lisa (2003).

Socially

It was found out that companies were affected through early payment of terminal benefits to the heirs of the deceased. Several researchers identified similar impacts from their findings (cf. Seghal and others (1999), and UNAIDS (2003).

4.4.2 Existence and magnitude of impacts of HIV/AIDS to work organizations.

The existence of HIV/AIDS to work organizations is evidenced by this study. It accounted for staff turnover in most of the surveyed organizations. It also caused loss of skills due to deaths of experienced and highly trained staff. The pandemic also increased cost of running work organizations for assisting staff living with HIV/AIDS to meet medical and dietary costs.

It was also found out that AIDS is associated with decline of productivity in which staff living with AIDS is regularly absent for medical treatment and once the staff dies as the result of AIDS co workers go to attend funeral and leave their tasks unattended. Once the staff dies it was found the remaining staff morale declines due to sorrow this is particularly noticeable during the first days after the death.

Increased staff turnover

Respondents expressed their concern on the effects of AIDS in increasing staff turnover. The major reasons provided were deaths of experienced staff due to AIDS. The same reason was provided by other researchers (cf. Channing and Wobot, (2005), Risk (2002), Badcork-Walters and others (2003) and FAO (2000). The findings therefore suggest that AIDS has linkage with staff turnover.

Loss of skills

It was expressed by respondents that death of experienced and knowledgeable staff as the results of AIDS sweep human capital with adequate and required skills and experience for organization survival and sustainability. Studies show that AIDS has caused organizations to lose potential people with skills and experience in many work organizations (Angula, (2000), Vaas (2000) and ILO, (2000).

It is therefore openly agreed that HIV/AIDS kills a pool of staff with skills and experiences who are drivers of most organizations.

Increased costs

AIDS has increased expenditure in most of work organizations. The cost increased is the result of financing medical expenses, to assist PLWA to meet dietary needs, funding prevention programmes, financing burial of staff and his/her legal acceptable dependants. Various scholars provided similar information on the subject matter (Clancy, 2000; Aventin and Huard, 1997; ILO, 2000; Rosen and others, 2003; Forgy, 1993; Haacher, 2002; Rugalema 1999 and Seghal, 1999).

Sehgal and others (1999) offers evidence to support the fact that AIDS had increased costs to work organizations through financing life insurance premium and training programmes for new staff due to deaths of experienced staff.

Findings show that AIDS has increased various costs to work organizations which could otherwise not used in absence of AIDS.

Decline of productivity

Decline of productivity to work organizations visited resulted by AIDS through excessive absenteeism caused by either illness of those PLWA or attendance of funerals of their co workers or neighbours died with AIDS. Yet the income which could be reinvested in tools for increasing productivity is used to facilitate PLWA to meet their medical costs. The findings of UNAIDS (2000) justified similar findings.

Decline of morale

Most respondents expressed their concern on decline of morale of the workers resulted by death of their co workers. Though it was difficult to quantify how morale of the remaining staff declined on qualitative aspects of the study is worth mentioning.

Smith and Westside (1995) observed that death of staff within an organization has an impact on the remaining workers through which they develop fantastic altitude towards work and life in general which has detrimental impact to the organization efficiency.Workers morale in one way or another is affected by AIDS as explained above.

4.4.3 Efficacy of existing workplace HIV/AIDS policies and response programmes.

Respondents said that their organizations have policies which were set to the environment different from the location of the organization. Efficacy of the policies was impaired due to this major fact. World Bank, (2007) found only 21% of 100

forms had policies and function properly. This means that most of work organizations have no policies. Findings of this study found out that two work organizations have no policies at all and the remaining three have policies but were tailored to suit other localities and not those of the organizations researched.

Prevention/response programmes involved counseling, peer education, condom provision and awareness campaign. They have been effective partly but due to being donor driven their efficacy is questioned when donors do not disburse the grants on time.

CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

The study was done to assess the impacts of HIV/AIDS to the work organizations. This chapter presents a summary, conclusion and recommendations of the study.

5.1 Summary of the Study.

The purpose of this study was to assess the impacts of HIV/AIDS to the work organizations in Iringa Municipality; it drew on three research tasks: First, to assess different kinds of impacts of HIV/AIDS to the work organizations. Second, to observe the existence and magnitude of impacts of HIV/AIDS in work organizations. Third, to assess the efficacy of existing workplace HIV/AIDS policies and response programmes.

On first objective it is found that work organizations were affected economically and socially.

Economically, the work organizations are affected through financing medical costs for the staff, providing referral to more specialised hospitals outside the region, meeting expenses of dietary requirements, absenteeism leading to the decline in productivity and loss of skills, also there was an increased turnover both affects work organizations through recruitment costs and selection that affected to fill the gap left by deceased worker.

Socially, work organizations were affected through early payment of pensions and other terminal benefits to deceased staff. Also once workers died early, they left their

dependants and sometimes these dependants once lack necessities resort to being street children and hence shame to work organization of the work organization of the deceased parent

For the second objective, the existence and magnitude of HIV/AIDS to work organizations is evidenced by this study. It accounted for staff turnover in most of the surveyed organizations. It also caused loss of skills due to deaths of experienced and highly trained staff. The pandemic also increased cost of running work organizations for assisting staff living with HIV/AIDS to meet medical and dietary costs. It was also found out that AIDS is associated with decline of productivity in which staff living with AIDS is regularly absent for medical treatment and once the staff dies as the result of AIDS co workers go to attend funeral and leave their tasks unattended. Once the staff dies it was found the remaining staff morale declines due to sorrow this is particularly noticeable during the first days after the death.

With regard to third objective, it was found that most work organizations surveyed had adopted policies of their parent organizations or ministries. The policies found were not contextualized to reflect the risk factors upon which the company is located while one organization had no policy at all. It was also found out that there were HIV/AIDS prevention strategies like counselling, awareness campaign, peer education and condom provision to most of the visited work organizations. Their efficacy is questionable due to the fact that they did not consider vulnerability upon which work organizations are located as they were holistic. Yet it was found out that most of these prevention strategies are donor driven so organizations do not allocate

its own resources for making the programmes sustainable and once the fund from donors come late affects activities planned to be implemented.

5.2 Implication of the findings

The findings gathered have shown that HIV/AIDS impacts affecting work organizations are categorised into two groups namely; economic and social. These kinds are linked to the performance of the organizations in terms of productivity and profitability.

Findings shows that HIV/AIDS impacts to work organizations is present so this work provides to HIV/AIDS stakeholders with the magnitude upon which the pandemic affects work organizations currently. This will make them able to come up with coping strategies so that the pandemic is brought to an end hence impacts as well.

The findings also will guide the policy makers on development of policies which will guide work organizations to have HIV/AIDS policies which are basing on vulnerability upon which the organization is located. Yet it will guide them on laying down the foundation upon which work organizations will allocate its own resources in the fight against the pandemic and avoid donor driven preventive initiatives.

5.3 Conclusions

In light of research findings, the following conclusions were made:- Firstly HIV/AIDS has impacts to survival and sustainability of work organizations. Therefore concerted effort is needed from all stakeholders to mitigate the problem and its devastating impacts. Secondly, Work organizations were affected differently

by different types of impacts of HIV/AIDS on work organizations, what is needed is to reverse the trend of the pandemic to work organization so as to have a health and sustainable organizations which could uplift the economy of the country. Thirdly, HIV/AIDS response programmes are important and organizations must commit internal resources for mitigating the pandemic while HIV/AIDS policies must be contextualised to reflect the area of implementation. Yet HIV/AIDS policy must clearly state the importance of work organizations to have policy on HIV/AIDS which caters for possible risk factors upon which the work organization is located.

5.4 Recommendations

In light of the findings and conclusion, the following recommendations are made:-

With regard to the actions to be done as the result of the findings of this study is concerned, HIV/AIDS stakeholders including the government must increase initiatives to decrease the trend of the pandemic. Also workplaces must be forced by a legal framework to have HIV/AIDS policies. Yet the work organizations must commit their internal resources in financing HIV/AIDS response programmes.

As far as policy is concerned, research findings lead to suggest that the impacts of HIV/AIDS can only be minimized when response programmes are in place through collaborative efforts. It means that government, NGOs and work organizations must realize the necessity of allocating resources on it. This could be through budgetary allocations and setting guidelines on financing of HIV/AIDS issues to other stakeholders on HIV/AIDS.

Therefore, there is need for the government's policy to change direction from donor-driven HIV/AIDS response programmes to local initiatives.

5.5 Limitations of the Study

The study encountered the following limitations:

- Some respondents, especially organization management Regional RAS, MD, RMO and other employers were busy with other official duties. The researcher continued to make follow up for extra trips to their respective offices until appointment were fulfilled.
- Financial Constraint

  Essentially the researcher financed his research and study as a whole. That made challenges of meeting expenses on bus and tax fares for movement from one work organization to another.
- Time Limit

  It was very difficult for the researcher to accomplish this work due to limited time. He was working while doing this study, he had duties to accomplish in daily basis assigned to him by his employer at the same time he was required to accomplish this research work. It was therefore very hectic to do all things at the same time.
- Willingness to provide information

  Some organizations were not willing to provide information on their staff with HIV/AIDS and amount they spent as far as the pandemic is concerned. It was difficult to uncover the required information. Through the course of the interview the researcher managed to clear their doughts and finally was given information.

5.6 Areas for further research

For the purpose of intervention, another broad study to cover large part of the country is to be done since the study was limited to work organizations found in Iringa Municipal. This may lead to replication of the results and therefore, make results generalizable across Tanzania.

It is also important for a comparative study to be conducted to ascertain the magnitude of the impacts of HIV/AIDS to private and public sector which will generate findings which shows how the impacts differs between the two sectors and possible factors which differentiate them.

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APPENDICES

APPENDIX I: QUESTIONERE FOR EMPLOYERS

This questionnaire aims at getting information on impacts of HIV/AIDS at work places. Please answer all the questions through circling the right answer and by filling in the provided spaces. Information given will be treated with confidentiality and for the purpose of the study only. The researcher is grateful for your cooperation.

1. What are core activities of your organization?

   ……

   ……

   What are mission and vision of your organization.

   Mission?……

   Vision……

   How many employees does your organization has?

   (a) Below 100 (b) Below 200 (c) 200 +

2. Does your organization offer any benefits for staff suffering from HIV/AIDS?

   (a) Yes (b) No

3. What are the major types of impacts of HIV/AIDS?

   ……

   ……

4. Which benefits do you offer in response to the above?

   ……

   ……

   ……

5. How much does your organization incur when a staff dies, in terms of condolence, shroud, grave transport of deceased staff to the place of domicile and the like.

……

……

……

Do you consider your organization‘s efforts to prevent its workers from HIV/AIDS adequate?

(a) Yes (b) No

6. Does AIDS has any effects on future supply of labour?

(a) Yes (b) No

7. Does AIDS has any impacts to your organization’s productivity?

(a) Yes (b) No

8. Does AIDS has impacts on profitability of your organization?

(a) Yes (b) No

9. Do you agree with the ways of measuring HIV/AIDS impacts?

(a) Yes (b) No

10. How do you finance medical expenses to your staff?

……

……

……

11. Does AIDS has any impact to employee's working morale?

    (a) Yes (b) No

12. Is it easy to replace experienced staff who died from AIDS?

    (a) Yes (b) No

13. What are the effects of recruiting inexperienced staff as a result of death of an experienced staff who died from AIDS?

    ……

    ……

    ……

    ……

14. Does your organization experience absenteeism as a result of AIDS?

    (a) Yes (b) No

15. Does your organization experience workers death as the result of AIDS?

    (a) Yes (b) No

16. How do you fund HIV/AIDS response programmes?

    ……

    ……

    ……

17. What are HIV/AIDS response programmes available at your workplace?

    ……

    ……

    ……

18. Does your organization has HIV/AIDS policy?

    (a) Yes (b) No

19. Do you think your organization HIV/AIDS policy provides good ways of handling HIV/AIDS issues?

    (a) Yes (b) No

20. If the answer is YES, in response to the above, explain briefly why?……

    ……

    ……

21. Does your organization has workplace HIV/AIDS prevention strategies?

    (a) Yes (b) No

22. In connection with above, which HIV/AIDS prevention strategies are present at your organization?

    …….

    ……..

    ……..

23. Do you consider those strategies to have any promising output?

    (a) Yes (b) No

24. How much does your organization incur annually as a result of medical expenses for treating AIDS?

    ……

    ……

    ……

25. Do you consider annual medical increasing as a result of HIV/AIDS?

(a) Yes (b)

28. Do you consider the way of reporting impacts of HIV/AIDS in Tanzania is appropriate?

(a) Yes (b) No

In case of clarification please call this number 0767279771

THANKS FOR SUPPORT

APPENDIX II: QUESTIONNAIRE TO THE EMPLOYEES

This questionnaire aims at getting information on the impacts of HIV/AIDS at work places. Please answer all questions through circling the right answer and by filling the provided spaces. Given Information will be treated with confidentiality and for the purpose of the study only. The researcher is grateful for your cooperation.

1. Are there any benefits for an employee suffering from HIV/AIDS in your organization?

   (a) Yes (b) No

2. If the answer is YES in the above, mention them.

   ……

   ……

   ……

   ……

   ……

3. What are the major types of impacts of HIV/AIDS?

   ……

   ……

4. Does your employer has any HIV/AIDS prevention programmes or strategies?

   (a) Yes (b) No

   (b) If the answer is YES in question 3, mention them.

   ……..

   ……..

5. Do you think AIDS has impacts on absenteeism?

   (a) Yes (b) No

6. Do you think AIDS has impact on loss of skills?

   (a) Yes (b) No

7. Do you think AIDS has impacts on working morale?

   (a) Yes (b) No

7 Are you given time to participate in HIV/AIDS education during working hours?

   (a) Yes (b) No

8 Are workplace HIV/AIDS programmes beneficial?

   (a) Yes (b) No

9 Do you know the difference between HIV and AIDS

   (a) Yes (b) No

10 If the answer is YES in question 7, explain

   ……

   ……

   ……

   ……

11 To what extent HIV/AIDS bothers

   you?……

   ……

   ……

12 Do you consider HIV/AIDS to have any effects to your organization?

   (a) Yes (b) No

13 If the answer is yes in 10 above, what are the impacts?……

……..……

……

14 How do you feel when your fellow staff dies as a result of AIDS? Please explain briefly……

……

……

15 What do you think management should do when a staff is HIV/AIDS positive?……

……..……

……

16 What do you think management could do to protect staff from contacting HIV/AIDS?

……

……

……

17 If some staff are HIV/AIDS positive, does it has any effects to your employer?

(a) Yes (b) No

18. In connection with question 17 above, mention those effects.

……

……

19 Do you have a health facility at your organization?

(a) Yes (b) No

20. Are you comfortable to get HIV/AIDS testing and counselling in the health facility of your organization?

(a) Yes (b) No

21. If the answer is No in question 20 above, what are the reasons?

i.……

ii……..

iii……..

iv……...

v……

22 Do you consider the way of reporting impacts of HIV/AIDS in Tanzania is appropriate?

(a) Yes (b) No

THANKS FOR SUPPORT

APPENDIX III: INTERVIEW SCHEDULE FOR EMPLOYERS

Name of organization……Date:……

1 How much does your organization incur when a staff dies, in terms of condolence, shroud, grave transport of deceased staff to the place of domicile and the like?

2 What are benefits affered to the staff suffering from HIV/AIDS to your organization?

3 How do you finance medical expenses to your staff?

4 What are the effects of recruiting inexperienced staff as a result of death of an experienced staff who died from AIDS?

5 How do you fund HIV/AIDS response programmes?

6 What are HIV/AIDS response programmes available at your workplace?

7 How much does your organization incur annually as a result of medical expenses for treating AIDS?

APPENDIX IV: INTERVIEW SCHEDULE FOR EMPLOYEES
Name of

Organization:……Date….....

1 Are there any benefits for an employee suffering from HIV/AIDS in your organization?

2 To what extent HIV/AIDS bothers you?

3 What are HIV/AIDS effects to your organization?

4 How do you feel when your fellow staff dies as a result of AIDS?

5 What do you think management should do when a staff is HIV/AIDS positive?