CHAPTER 1

1. INTRODUCTION

The HIV/AIDS epidemic is a global crisis and requires a concerted effort to collaborate in responding with a fast pace when implementing programmes. AIDS is a workplace issue because it affects workers and families, enterprises and the communities which depend on them. The workplace has a vital role to play in the wider struggle to control the epidemic. Labour plays a very important role in the production and economic growth of a country. Workplace programmes, among other things, support prevention, expand access to care and treatment and promote non-discrimination and discourage stigma (ILO, 2001).

The development and implementation of the workplace policy and programme are important in providing a coordinated response to the loss of skilled and economically active people to HIV/AIDS-related deaths. The spread of HIV/AIDS does not only exacerbate poverty in families that lose breadwinners, but also affects government and business negatively. The increased absenteeism, staff turnover, and recruitment and training cost are some of the challenges that the government and particularly business has to deal with (UNAIDS, 2003).

There is no doubt that the impact of HIV/AIDS in communities needs managers in organisations that are committed, focused and results-driven. There should be strengthening and enhancement of the leadership role in fighting the epidemic.

There are twelve government departments in the central Johannesburg area that are funded by Gauteng Treasury to implement the programme.
These departments are:

Department of Health
Department of Social Development
Department of Local Government
Department of Education
Department of Sport, Arts, Culture and Recreation
Department of Agriculture, Conservation and Environment
Department of Public Transport, Roads and Works
Department of Economic Development
Department of Community Safety
Department of Housing
Gauteng Shared Services Centre
Office of the Premier

This study provides an insight into challenges facing programme coordinators in implementing the workplace programme in Gauteng Provincial Government departments in 2006/07 financial year and to possibly suggest or recommend solutions or alternatives that can be implemented in achieving the predicted service delivery outputs/targets.

1.1 The Problem Statement

The GPG workplace AIDS Programme was initiated in 1998 in response to studies which demonstrated the projected impact of AIDS on GPG as an employer. One of the conclusions made on the AIDS impact study done in 1997 was that pro-active policy development and planning in managing AIDS impacts must be undertaken before the major impact of the epidemic, and that strong political leadership and commitment to combat HIV/AIDS will be an important pre-requisite for effective responses.

The GPG workplace programme illustrates that there is a shift of focus and commitment in leading the implementation of the programme which affects negatively the realization of programme outcomes. One would observe that AIDS programme outputs are sometimes displaced and not sustained by a shift of focus in strategy and budget to new priorities. It is no doubt that managers in organisations need to be committed, focused and be results-driven. The GPG workplace programme leadership role needs to be strengthened and enhanced.

1.2 The Purpose of the Study

The purpose of this study is to explore leadership challenges facing programme coordinators in implementing the workplace programme during the 2006/7 financial year and to find out what solutions or alternatives can be implemented in achieving the expected service delivery outputs/targets. There is significant literature on studies that were undertaken which demonstrated the projected impact of AIDS on Gauteng Provincial Government as an employer. As mentioned above, pro-active policy development and planning in managing AIDS impacts has to be undertaken as a matter of urgency, and that strong political leadership and commitment to combat HIV/AIDS will be an important pre-requisite for effective responses.

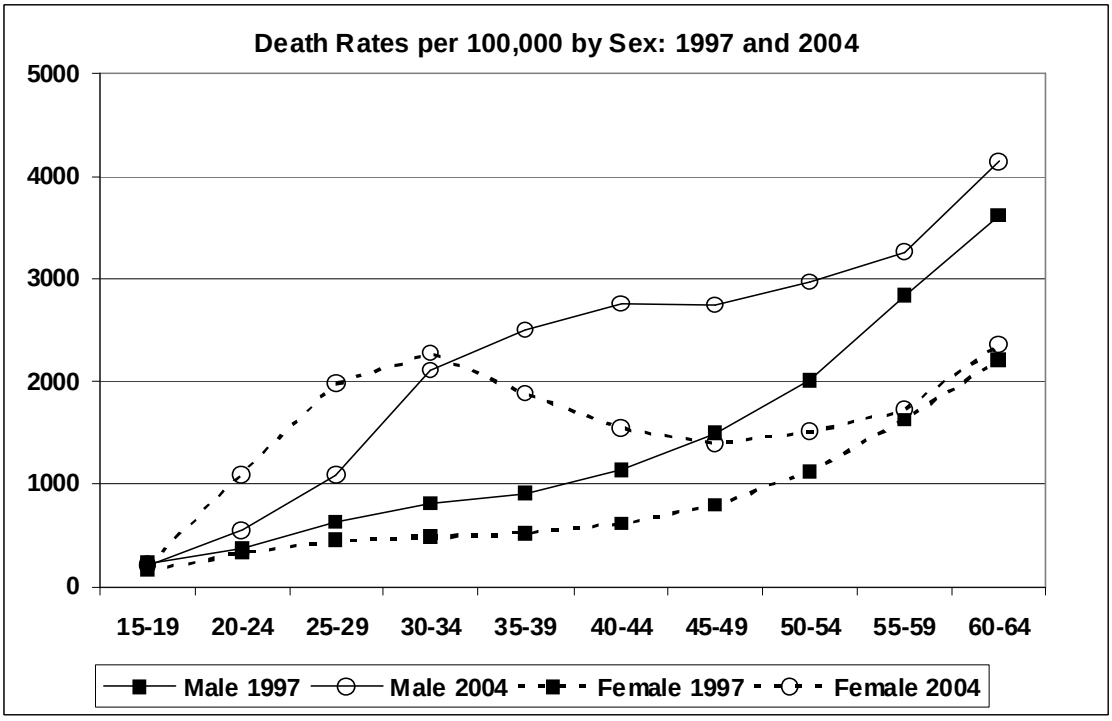
1.3 Background of the Research Problem

The GPG Workplace AIDS Programme was initiated in 1998 in response to studies which demonstrated the projected impact of AIDS on GPG as an employer.

Between 15 and 39 percent of adult population in different countries in the Southern African region are infected by Human Immunodeficiency Virus (HIV), posing complex problems with regard to human mobility and labour migration (IDASA, 2003). The recent report on Adult Mortality for the period 1997 to 2004 by Statistics South Africa demonstrates the AIDS mortality profile for the first time.Death rates have more than tripled for females 20 to 39 years and more than doubled for males 30 to 44 years.

A graph below shows (***Death rates by Age and Sex)*** South African death rates per 100,000 population by age and sex in 1997 and in 2004.

Graph 1: Death rates by Age and Sex in 1997 and 2004



Source: Stats SA Mortality Report 2006

The GPG workplace programme illustrates that there is a shift of focus and commitment in leading the implementation of the programme which affects negatively the realisation of programme outcomes. One would observe that programme outputs are sometimes displaced and not sustained by a shift of focus in strategy and budget to new priorities. There is no doubt that managers in organisations need to be committed, focused and be results-driven. The GPG workplace programme leadership needs to be strengthened and enhanced. Both government and business have a vital role, particularly in the leadership role to play in the wider response to HIV/AIDS, both in their own workplaces and as community leaders (UNAIDS, 2003). Hence the need to develop mechanisms appropriate for dealing with the challenges of HIV/AIDS at the workplace.

1.4 Research Questions

The study investigated the challenges experienced by programme coordinators implementing the HIV/AIDS workplace programme in Gauteng Provincial Government departments during the financial year 2006/2007. The following are the questions that were used to guide the study.

1. Has leadership, with commitment and focus, been a contributing factor to effective responses in the implementation of HIV/AIDS workplace programme in GPG departments?
2. What are the common problems or challenges that are experienced by

programme coordinators in implementing the programme?
3. What creative ways can be administered to improve the present situation?

1.5 The Significance of the Study

According to impact studies conducted, that is,1997 Department of Provincial and Local Government for Gauteng Government, 2006 Metropolitan Study and Gauteng Provincial Government Survey, demonstrated that HIV/AIDS workplace programme efforts should be intensified with a strong leadership focus on fighting the epidemic.

To have a better understanding of challenges facing programme coordinators in implementing HIV/AIDS workplace programme and aiming to a develop proposal for interventions, a self administered questionnaire was circulated to 12 programme coordinators responsible for the implementation of HIV/AIDS workplace programme in each department. It is of utmost importance that collaboration of ideas and suggestions from different relevant entities will form part of the solution to problems experienced. The possibility that the study would assist with the improvement process of policy and programme development was also considered with the aim of providing an opportunity to those silent individuals to voice their opinions within their environments, which will impact positively on their everyday service delivery. The study will also provide a way forward of possibly neglected contributions that have been presented already and accelerate the process of implementing the possible suggested alternatives. The report results would also assist in terms of paving a way for a bigger review study on the government workplace programme.

1.6 Limitations

The main aim was to explore leadership challenges facing programme coordinators in implementing the workplace programme during financial year 2006/07. The researcher used to work for the Multisectoral AIDS Unit where she was responsible for planning and coordinating the Gauteng AIDS Programme for the twelve Gauteng Provincial Government departments. This background was taken into consideration to avoid the researcher being biased in analyzing the respondents' views based on the challenges they are facing in their departments and disregarding the information that could give a clearer picture on what is happening. This is the second research project the researcher is involved in, inexperience as a researcher can also affect the quality of research. The researcher has been promoted to the Department of Arts and Culture, doing a totally different thing to what she was doing in the Department of Health. Balancing the research work and the demand from the researcher's professional work with her present job could be difficult with time constraints in completing the study in time.

1.7 Conclusion

There is so much literature on HIV/AIDS which confirms that the epidemic is a challenge in workplaces both in the public and private/business sector. Leadership and commitment is most critical in ensuring effective and efficient implementation of the workplace programme. In the next chapter the researcher is "unpacking" the

status of the epidemic and the arguments on HIV management and leadership in Africa, South Africa and Gauteng and how leadership could play a significant role in the fight against the epidemic.

CHAPTER 2: LITERATURE REVIEW

2. Introduction

As mentioned before, literature on HIV/AIDS workplace programmes is available where studies and surveys have been undertaken. Recommendations have been provided to improve organizational policies and enhance and strengthen leadership with focus and commitment to respond to the scourge of the disease. The review will cover definitions on leadership as a concept and leadership styles, what alternatives can be applied to improve leadership in organizations and elements of a HIV/AIDS workplace programme where leadership skills are needed and this will provide the common themes that will be discussed in the research results chapter of the report.

2.1 Progress of the HIV/AIDS Epidemic in Africa, South Africa and Gauteng

HIV prevalence in the Gauteng Province has stabilized at high levels. The current HIV prevalence can be summarized as 31 percent of women attending public antenatal clinics, 11 percent of the whole population and 16 percent of adults. The incidence of new infections has reduced in young men (less than 25 years) but remains high in young women (under 35 years). The behavioral surveys confirmed high knowledge trends (over 80 percent), reduced perception of HIV risk, significant condom use (50-70 percent with non regular sex partners) but relatively high numbers of sex partners among young men (UNAIDS, 2004).

A significant percentage of the population is still at risk of HIV infection. With this scenario, there is no doubt that families and communities have first hand experience of AIDS illness and deaths and the AIDS epidemic has become a reality in people's lives. This in turn drives mobilization on HIV prevention and AIDS care. The analysis of mortality from 2002-2004 by Statistics South Africa (Stats SA) confirms the AIDS epidemic with high AIDS-related death rates in women 30-39 years and men 35-44 years. The rates will increase and continue for up to ten years. This picture has been confirmed by the HIVSS study by the Centre for Health Policy done in 2005 on the AIDS impact on health services and carers, which was commissioned by the Gauteng Department of Health.

The HIV/AIDS epidemic in Africa is thought to have its roots in central Africa. The epidemic has since spread to other countries on the continent. Sub-Saharan Africa represents about 60 percent of the world's total HIV infections and accounts for almost 90 percent of the approximately 14 million HIV infections in Africa. The HIV infection rate trends in Africa show that most countries in the region are experiencing serious epidemics.

South Africa's epidemic lags behind most African countries. However, current data suggest that it may have more rapid growth in infection than other countries in the region and is likely to experience a severe epidemic.

The AIDS impact study on the Gauteng Provincial Government that was done in 1997 concluded on the following, which has led to the implementation of the

Gauteng government HIV/AIDS workplace programme.

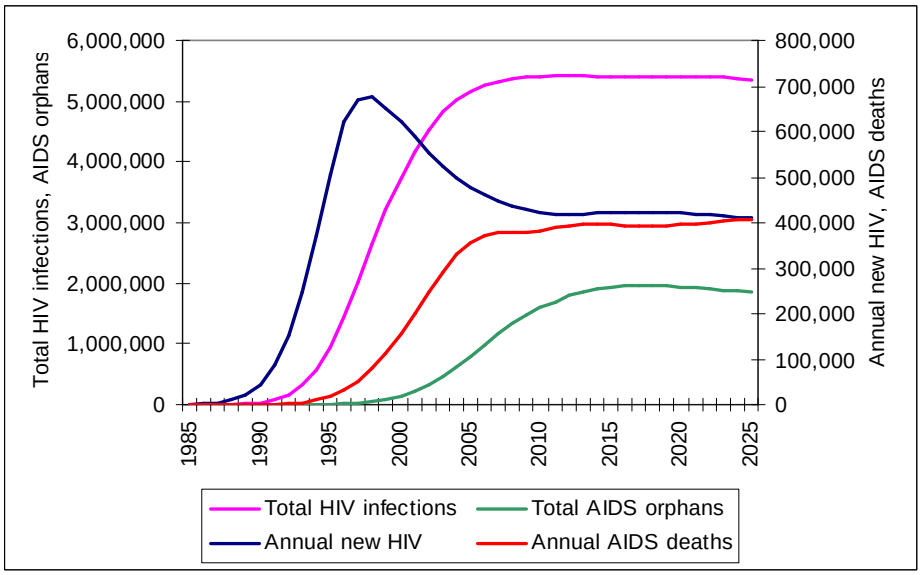
One, the epidemic will pose a challenge to economic and social development and threaten to reverse many areas of progress towards meeting current policy objectives of social upliftment.

Two, proactive policy development and planning to manage these impacts must be undertaken *before* the major impact of the epidemic. Strong political leadership and commitment to combating HIV/AIDS will be an important prerequisite for effective responses.

Three, HIV/AIDS cannot be considered to be the responsibility of the Health Department alone. The need for a multi-sectoral approach to reducing impacts has been stressed in many quarters. To respond effectively to the epidemic, GPG must establish structures and mechanisms for inter-sectoral cooperation and planning within government, to deal with complex impacts and make difficult choices on how to allocate scarce resources in a way which meets HIV/AIDS and other needs equitably and efficiently.
Four, the impact of HIV/AIDS on Gauteng will, to a significant extent, be affected by the epidemic and responses to it in other provinces, as well as national policy decisions. Gauteng should ensure that informed, coordinated action to combat HIV/AIDS impacts is undertaken at inter-provincial and national levels.

Below is a graph that illustrates the Impact of AIDS until 2025.

Graph 2: Impact of AIDS until 2025



Source: UNAIDS Report 2004

2.2 HIV/AIDS and South African Government

Within the South African context, the role of the local government is tabled in the SA constitution to implement policies, provide sustainable service delivery, community involvement, local integrated planning and promotion of a safe and healthy environment. The mandates for local government's response to HIV/AIDS are not clearly articulated due to the constitutional mandate that requires all three spheres of government to work together and function in an interdependent manner (South African Cities and HIV/AIDS Report, 2004).

The same report tables the role of the provincial government into adapting policies to a provincial context, creating an environment for implementation of capacity development and training in hospital services and primary health care. Over the past few years each Gauteng government department has defined relevant roles on AIDS.

Specific challenges that are debated in the local government relate to policy and legislative environment within which local government has to shape a response to HIV/AIDS include cooperative governance, simply refers to continuous communication and coordination among different spheres of government and different government departments in order to achieve common goals and adequate standards of service delivery. In the field of HIV/AIDS, there is a need for different sectors and departments to work together to deliver interventions at local level and mitigate against the impact of the epidemic. There is a need to strengthen a multi-sectoral work through alignment and timing of interventions, that is, policy announcements on the provision of services to be done in consultation with the providers of services and end users of services; resource allocation, that is, it has to be done according to the need and demand for services and joint planning, that is involving the three spheres of government, civil society sectors, academics and other stakeholders. Another challenge is the ability of municipalities to deliver and procure services.

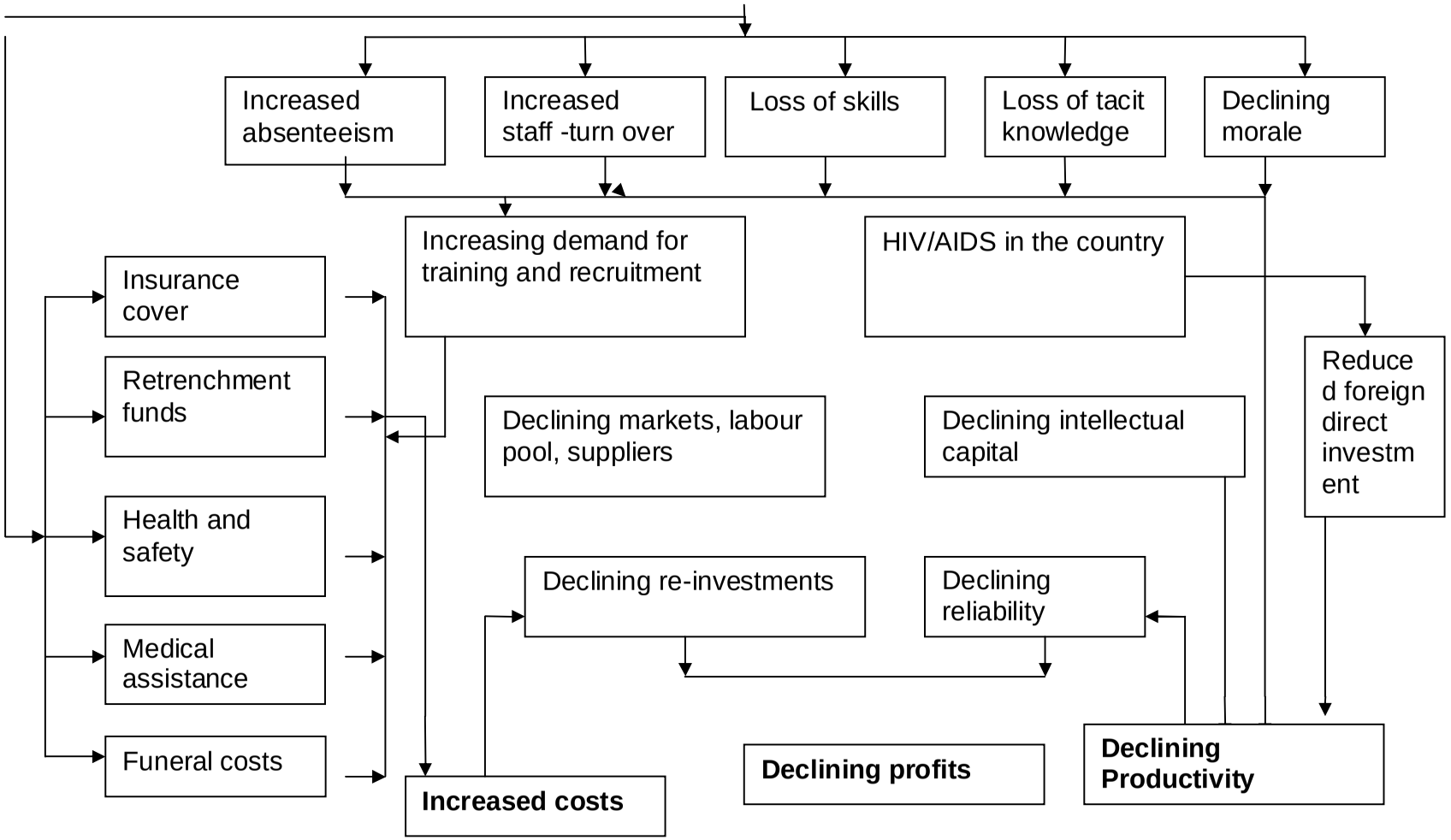
It is important that municipalities examine and anticipate among other things how the epidemic will influence people's need and demand for municipal services, how the epidemic will impact on the ability of people to pay for municipal services, how HIV/AIDS will affect the municipal workforce with specific reference to increasing absenteeism, medical costs, death, the impact on morale and productivity; and how the municipality will maintain adequate levels of services in a climate of changing service requirements while losing skilled and experienced staff to the epidemic. All these issues in the same length apply to all spheres of government.

In 2005, a guide for local government in managing HIV and AIDS in the municipal workplace was published. This was to support municipalities in responding to the impact of HIV and AIDS in the workplace. The guide shared some challenges on mainstreaming AIDS in Integrated Development Plans (IDPs) and strategic leadership and management stumbling blocks that hinder municipalities in responding effectively and efficiently to the need.

2.3 HIV/AIDS Impact on Economic and Social Development

South Africa has experienced negative to low growth for many years now (Whiteside and Sunter, 2000). HIV/AIDS prevalence in South Africa is escalating on a yearly basis. This has a negative effect on the development of the country, with rising poverty levels, partly as a result of HIV/AIDS- related deaths amongst people who are economically active. The impact of illness and death is being felt by the families, the public health service, and some private sector firms (Whiteside and Sunter, 2000:84). The Department of Labour through legislation and guidance provides a framework and support to business and labour in dealing with challenges that may be experienced at the workplace, including the management of HIV/AIDS (Employment Equity Act, 1998). HIV/AIDS workplace policy provides a framework on which HIV-related challenges, faced by workplace stakeholders, can be addressed (ILO, 2001). However, the poor relations between the state, civil society and the private sector, caused a haphazard response to the spread of HIV/AIDS (IDASA, 2003). The gains that the South African government has made during the ten years of democracy will be temporary if HIV/AIDS is left unattended or not properly managed collectively by all stakeholders, including business. Partnerships between government and business at different levels have to be developed and nurtured for greater output. These partnerships will help create a coherent coordination in the development of strategies aimed at reducing the prevalence of HIV infection, especially among economically-active people. Ultimately the costs involved in the fight against HIV/AIDS will be reduced. Figure 1 provides a picture of the impact HIV/AIDS has for both government and business.

Figure 1.1 Cost of HIV/AIDS reduces the revenues and profit of enterprise (UNAIDS, 2003)



Source: UNAIDS (adapted by ILO)

2.4 Managing HIV/AIDS in the Workplace

Workplaces do not recognize the HIV issue in the same way as it has high cost implications in managing it. Those who acknowledge its impact believe that HIV/AIDS is a workplace issue because it affects workers and the 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. Workplace programmes, among other things, support prevention, expand access to care and treatment and promote non-discrimination, discourage stigma and provide benefits for families. Any programme needs to be managed and there is a need to formulate frameworks and guidelines that will assist governments, departments, sectors or any entity to be able to implement the programme. The South African government through the National Department of Public Service and Administration has a guideline for government departments in the managing of HIV/AIDS in the workplace.

According to Draft (1995:8), management "is the attainment of organizational goals in an efficient and effective manner through planning, organizing, leading and controlling organizational resources". This implies that a manager's role is to ensure that objectives and goals should be realized in an efficient and effective manner considering the input, output, processes, outcome and impact with optimization of resources. As managers are responsible for the realization of goals and objectives, they therefore have to plan (structure, path to be followed, time management, etc); organize (allocation of tasks); lead (motivating, coaching, etc) and control (monitoring) their counterparts in carrying out their responsibilities and duties.

2.5 Elements of a HIV/AIDS Workplace Programme

Management is crucial in terms of giving direction, formulating decisions, reviewing policies and drives implementation. With the AIDS epidemic hitting hard in our workplaces, we need leadership with impressive management skills and to replace expertise (skills and experience) lost from AIDS. Organisations use different models (workplace programmes) and choose what is most possible to implement in providing a service to their employees.

It has been emphasised that HIV/AIDS programme must expand beyond attempts to influence individual behaviour change and address socio-cultural, political and economic constraints to HIV prevention and care (Population Council, 2004).

The HIV/AIDS epidemic is now a global crisis and requires a concerted effort to collaborate in responding with a fast pace when implementing the programmes. The disease has slowed the development of the economies of the developing countries. AIDS is a workplace issue because it affects workers and the families, enterprises and communities which depend on them. The workplace has a vital role to play in the wider struggle to control the epidemic. Labour plays a very important role in the production and economic growth of a country. There are a number of factors that will affect the organisation, should they not take HIV /AIDS seriously (ILO, 2001).

To name but few, these are increases in absenteeism, accidents rates, deaths, early retirement (Bowler, 2004).

The following are elements of the HIV/AIDS workplace programme by the Gauteng Multisectoral response 2006/07 which appear in the CADRE HIV/AIDS workplace guide (2001). It includes the following elements:

2.5.1 Prevention Programmes

According to (CADRE, 2001) prevention programmes are believed to reduce the cost of HIV/AIDS at the workplace. The HIV prevalence has stabilised at high levels and the current prevalence for Gauteng province can be summarised as follows: 31% of women attending public antenatal clinics, around 11% of the whole population and 16% of adults (UNAIDS, 2004). Prevention programmes at the workplace will assist in reducing the incidence of new infections of HIV/AIDS, condom distribution, which is one way of preventing infection and promotes risk-reduction and safer sexual behaviour (CADRE, 2001; ILO, 2001). There should be up-to-date information on how HIV is and is not transmitted, dispelling the myths surrounding HIV/AIDS and how it can be prevented (ILO, 2001).

According to UNAIDS in CADRE (2001) the recommended components of any workplace HIV/AIDS prevention programme are:

- An equitable set of policies that are communicated to all staff and properly implemented
- Ongoing educational programmes on HIV/AIDS for all staff
- Availability of condoms
- Diagnosis and treatment of sexually transmitted diseases for employees and partners
- Voluntary HIV/AIDS testing, counselling, care and support for employees and families.

Condom use is one of the ways of preventing infection and promotes risk-reduction and safer sexual behaviour (CADRE, 2001; ILO, 2001). The most effective intervention against the spread of HIV/AIDS is the use of condoms (Whiteside and Sunter, 2000:19). The programme intervention aimed at promoting the use of condoms among men should convey both pregnancy and STIs/HIV/AIDS – prevention messages in one programme (Oyediran, 2003).

2.5.2 Peer Education

Peer education is a popular concept that implies an approach, a communication channel, a methodology, a philosophy, and a strategy. In practice, peer education has taken on a range of definitions and interpretations concerning who is a peer and what is education (e.g advocacy, counselling, facilitating discussions, drama, lecturing, distributing materials, making referrals to services, providing support, etc) (Shoemaker et al., 1998; Flanagan et al., 1996). Peer education is often used to effect change at the individual level by attempting to modify a person's knowledge,

attitudes, beliefs, or behaviour. Peer education may also effect change at a group or societal level modifying norms and stimulating collective action that leads to changes in programmes and policies.

HIV/AIDS peer education stands out owing to the number of examples of its use in recent international public health literature. Because of its popularity, global efforts to further understand and improve the process and impact of peer education in the area of HIV/AIDS prevention, care and support have also increased. Peer education has been shown to be effective among high risks settings (Gauteng AIDS Programme Annual Report 2005/06). Peer educators are functioning as sources of advice and information for workers. Awareness and training also assists in the reduction of discrimination and stigma. According to the Gauteng AIDS Programme Annual Plan 2007/08, awareness has to be taken to the highest level of education and departments to focus on training of their employees. Voluntary Counselling and Testing is a care programme and can prevent the wastage of resources by encouraging workers to use VCT and use available support services (Gauteng Revised HIV and AIDS Strategy, 2006); wellness programmes which provides holistic care and support for the employees who are HIV infected and affected.

To a large extent, findings of studies done (e.g, AIDSCAP) report that peer educators are perceived as credible teachers and facilitators who possess critical and unique access to their intended audiences. This is one element that needs leadership support that will be in terms of funding and provide an incentive to staff that do the work and ensuring sustainability.

2.5.3 Education and Training

With an estimated 11, 4 of South Africa's population infected with HIV/AIDS, this disease has become a pandemic that is increasingly threatening the efficiency and productivity of the country's workforce. This threat is most evident in South Africa's mining sector, which has the highest rate of HIV/AIDS infections among its mineworker force, in comparison to other sectors of the economy.

Ongoing training and awareness assists in the reduction of discrimination and stigma. In addition, awareness and training eradicates ignorance and empowers stakeholders to make informed decisions with regard to HIV/AIDS. However training requires more resources than awareness programmes (Dickinson, 2003).

2.5.4 Treatment, Care and Support

Early diagnosis makes treatment of opportunistic diseases effective. The proper management of health care in the workplace should ensure integration between occupational health and safety and the treatment or the prevention of the spread of HIV/AIDS (SA Labour Bulletin, 2002:60). The rollout of an ART programme at the workplace would assist in making HIV to be manageable (ILO, 2001).

Privacy and confidentiality are essential in building trust between the service provider and the users of services at the workplace. Employees are not obliged to disclose their HIV/AIDS related information (ILO, 2001). Trust encourages employees to use services maximally and enhances the policy/programme implementation and improvement.

Voluntary Counselling and Testing (VCT) programmes can assist in the preventative measures and early medical care (CADRE, 2001). VCT can enhance the Employee Assistance Programme (EAP). According to WHO (2004:14), in developed countries a large proportion of people who are tested for HIV in clinical settings or at voluntary counselling and testing sites do not return for their test results. A workplace VCT programme can prevent the wastage of resources by encouraging employees to use VCT and available support services. VCT can also assist in the belief that people who know their serostatus can take action to prolong life (Mundy, 2004:94).

2.5.5 Employee Assistance Programme

The Employee Assistance Programme (EAP) is a programme that is designed to cater for employee psycho-social needs. Employees receive counselling on request when needed with their immediate families being the recipients of the service. The Employees Wellness Programme, which is the extension of EAP service, looks at the employee wellness, healthy lifestyles, such as “screening” of blood pressures and cholesterol, stress and financial management, substance abuse, fitness, healthy eating, etc.

According to Dickinson, 2004c:70, “wellness involves the physical and psychological wellbeing of a person”; treatment and support is crucial in that early diagnosis makes treatment of opportunistic diseases effective.

2.5.6 Wellness Programme

A wellness programme provides holistic care and support for those employees who are HIV-infected and affected. Wellness involves the physical and psychological wellbeing of a person (Dickinson, 2004c:70). The contribution of availability and accessibility of services such as counselling, care and support are crucial in sustaining the wellness of a person. Employees whose physical or emotional health is failing will be less productive (Barnett & Whiteside, 2002:242).

2.6 Leadership and HIV/AIDS

Each of the above elements is to provide for each milestone that the stakeholders at the workplace would desire to reach. There are a number of barriers in the implementation of any policy or programme including HIV/AIDS policies. A good programme or policy can be developed, but if stakeholders intended to be served by the programme do not participate in the development and do not own it, the policy development may be a futile exercise (Dickinson, 2004b). Leadership has a very crucial role in overcoming the barriers to successful programme implementation. Following are the few possible barriers where leadership styles and skills could be

effected to bear good programme results.

- "Othering"

  "Othering" is referred to when a person(s) believes that HIV/AIDS does not affect them but other people. This also happens in the workplace where those that are in high position do not regard programme elements as significant to them but to subordinates. One can also use race as a key factor, where people believe that HIV/AIDS does not affect them but other races. This kind of stereotypes may draw a negative response from the "affected race".

- Consultation and buy-in of stakeholders

  Consultation includes inclusive planning for and implementation of activities, while also including workshops/training sessions. This means it is more than just getting people to attend a workshop or a briefing on a HIV/AIDS topic. The skepticism of employees towards programmes that they are meant to be part of, is a result of not being properly consulted in the planning of these programmes (Dickinson, 2004c; ILO, 2001).

- Committed Staff

HIV/AIDS programme or policy implementation and monitoring is not seen as part of core activities of business. Programmes related to HIV/AIDS are often left for AIDS DAY approaches. There is a need for committed staff on issues related to HIV/AIDS and support from all stakeholders to strengthen the programme and avoid fragmented approach (Dickinson, 2004c). Adequate response of organizations fighting AIDS can be achieved when there are committed staff members responsible for programme implementation, monitoring and evaluation.

- Inadequate funds or no funding for programmes

A coherent and sustainable response to HIV/AIDS at the workplace needs funding and adequate resources. Contrary to the statements made by an HR manager in Dickinson (2004c), AIDS is a priority and has always been a burning issue as is with labour or profits. However for many organizations HIV/AIDS is not a bottom-line issue, hence the scarcity of resources for HIV/AIDS programmes. The limited activity can be directly attributed to the lack of commitment to finance programmes that would benefit organizations in the long term.

There is significant literature on leadership and HIV/AIDS, where the challenges in both concepts are communicated. Studies and surveys have been undertaken especially, impact studies within government departments where it has been evident that the impact of HIV/AIDS in the workplace, families and communities needs strong leadership with management skills and expertise to manage effectively and efficiently the implementation of an AIDS Programme.

2.6.1 Defining leadership

“Leadership is part and parcel of human condition, it brings together the best and worst of human nature (love and hate, hope and fear, trust and deceit, service and selfishness; it draws on who we are, but it also shapes what we might be” (Goethals & Sorenson, 2006).

According to Detroit Regional Chamber 2007, good leaders create an organization with a purpose that rises above the bottom line, goes a step further in finding ways to leverage the passion of each employee in order to create incentives that transcend financial rewards. The greatest leaders rely on simple, timeless ideas in order to create passionate, purposeful workplaces. Good leaders should be able to create environments where employees embrace the organizational purpose and have numerous opportunities to discover how their individual passions support it. Four attributes of such environment include a clearly articulated organizational purpose, complementary extrinsic and intrinsic rewards, trust and leadership by example.

One believes that a leader is a person who has influence over a group or organizations and is able to persuade them to behave in a certain way (positively or negatively). According to Robbins (1996:413), he defines leadership “as the ability to influence a group towards an achievement of goals”, however, possessing a high rank does not necessary imply leadership. A leader is thus expected to set goals, standards and rules which should be adhered to at all times. Those goals should be clear, concise and achievable.

Leadership is about preparing people for change, showing the benefits or advantages of embracing change. The change should be clearly and consistently communicated so that there is no confusion or unanswered questions, even though this is unavoidable. However, change should not only focus on “followers”; leaders must also embrace the change and that be evident to their followers. Davidhoff and Lazarus (1997:153-162) say “people need to be able to trust and know what you are saying is what you mean and what you do is what you believe in”.

According to the study conducted by Nothling (1998) a case study examining South African leadership style, it was found that what constitutes excellent leadership in a southern African context is based on three broad areas, namely, the competency of the leader, the followers and the cultural context in which the leader operates. The competency of the leader area was the one which was proved to be of some degree of satisfaction in the study. Pazzi (2000) conducted a study on expectations of leadership competency by followers. In this he quoted five sets of competencies for excellent leaders which were identified in Charlton (1992) survey. These five sets are:

1 capturing people’s attention by providing an inspiring vision;
2 creating meaning for followers by communicating clearly;
3 developing an environment of trust by behaving with integrity;
4 self-management
5 empowering others.

Leaders should encourage people and build capacity so that they can be able to perform their roles and duties efficiently. Capacity can be built by training and educating people, allocating adequate resources etc. Where possible, duties and responsibilities should be delegated to those that have the skills and potential to take the strategy forward and carry out plans as instructed.

Looking at the Gauteng Province, leadership in the Gauteng AIDS Programme could mean unions, senior management service members with the departments (Premier, Member of Executive Committee (MECs), Head of Departments (HODs), Director-Generals (DGs), Chief Directors (CDs), Directors (Ds), other leaders (from community, national departments, etc)(Gauteng Aids Programme Annual report, 2005/6) . In Gauteng, the Premier leads the Gauteng Government AIDS response assisted by MEC for Health, Premier's Committee on AIDS, other departmental MECs and HODs. This kind of leadership is crucial in the fight against AIDS and also it encourages effort with efficiency in those who are responsible for implementation of the programme. As a province this kind of leadership needs to be emphasized and strengthened. (Gauteng Aids Programme Annual Report, 2005/6).

Learning lessons from others with good leadership would be from our South African neighbouring country Botswana and its leadership role in fighting HIV/AIDS. In the African Journal, issue 1 of 2001, when Botswana perceived the HIV/AIDS pandemic as a development issue, its government declared it a national disaster and mounted a response on an emergency basis. The President demonstrated his total commitment by allocating adequate resources to fight the pandemic. Structures are in place such as the National AIDS Coordinating Agency situated in the office of the President and the National AIDS Council which is chaired by the President. The question would be how do we strengthen and embrace the kind of leadership and ensure that the programmes that are implemented and people at ground level (locals) feel impact and see positive results.

Hollander (1978:16-17) argued that leadership is a process which involves an ongoing transaction between a leader and a follower and the key to effective leadership is this relationship. Although the leadership role is usually directive, there are other aspects of leadership, including problem solving and conflict resolution.

2.6.2 Leadership Commitment in the fight against HIV/AIDS

Good leadership creates vision through clear communication in an environment that entrusts integrity and empowering of others. If one understands leaders as above, there should be commitment in fighting HIV/AIDS. The evaluation study on Employee Assistance Programmes (EAP) in the public service conducted by the Public Service Commission in 2006 identified leadership commitment as consistently impacting most critically on EAPs. According to this study, it is of vital importance to ensure that leadership in any organization is indeed committed and passionate about the implementation and development of workplace programmes, more especially in EAPs. This entails the vision and drive from Head of Department and Senior Management Service members, through various organizational levels to

ensure effectiveness of the programme.

According to a PSC study, 2006, the following factors were identified as contributing significantly to the effective implementation and utilization of a workplace programme:

(i) Management support

It is said that management support concerns ensure the realization and utilization of the programme and is crucial that management do not only communicate ideas and visions of employees, but also provide support in terms of financial or human resources to implement programmes. Leadership should provide support by appointing authoritative management, funding and staff to implement and maintain or sustain the programme (Public Service Commission Report: 2006, 41)

(ii) Visible leadership

Senior Managers who also are accounting officers must be seen to be driving and contributing to workplace programmes if employees are to utilize them. The benefits of having employees witnessing the senior managers actively involved in developing and maintaining programmes should not be underestimated (Public Service Commission Report 2006, 41). A continuation of the concept of visible leadership is leadership participation, which refers to having SMS members themselves taking the lead in the utilization of the various programmes and services, effectively giving it their personal stamp of approval. This leadership participation is particularly relevant to the HIV and AIDS related programmes, where employees are confronted with fear of discrimination and ostracism. Leadership should be up to dealing with the fears first, if they expect their employees to follow.

(iii) Communication

The same report indicates that communication from the management perspective refers to the process of communication strategies down to organizational levels and having them understood and implemented, as well as receiving feedback from the employees to understand their experiences.

As mentioned earlier in the report, there are barriers to programme implementation where management support, visible support and communication are important tools for any leader to be able to overcome challenges in any organization.

2.6.3 Leadership Styles

Leaders are required to adopt different leadership styles in organizations in an effort to increase programme outputs or reaching set targets. In applying their communication, providing visible support, Northouse (2004) argues that for organizations to be effective and efficient, they need to nourish both competent management and skilled leadership. As much as management and leadership are different, for successful organization they need to excel in both. Northouse believes

that leadership styles refer to behavior patterns of an individual who attempts to influence others including both directive (task) behavior and supportive (relationship) behaviors. Directive behavior assists group members in goal accomplishment through giving directions, establishing goals and methods of evaluation, setting timelines, defining roles and showing how the goals are to be achieved. On the other hand, supportive behavior helps group members to feel comfortable about themselves, their co-workers and the situation or environment they work in. This involves two-way communication and responses that show social and emotional support to others.

A leader in an organization has a choice of using the four distinct categories of directive and supportive behavior, namely, a high directive low supportive style where the leader focuses communication on goal achievement and spends a smaller amount of time using supportive behavior. This is a directing style, a coaching style which has a high directive high supportive style where a leader focuses communication on both goal achievement and maintenance of subordinates' socio-emotional needs. The leader should be able to give encouragement and solicit subordinates' input; a supporting approach that requires the leader to take a high supportive low directive style. This includes listening, praising, asking for input, and giving feedback. Here the leader remains available to facilitate problem solving; and a delegating approach, where there is low supportive –low directive style. The leader here lessens his involvement in planning control of details and goal clarification and subordinates take responsibility for getting the job done. All these four categories contribute to leadership commitment and effective implementation of programmes.

Northouse went further to introduce the principles of ethical leadership that could assist in solving leadership challenges in any organization.

2.6.4 Principles of Ethical Leadership

Leaders are expected to behave or act a certain way. One would say that they have to possess principles and ethical standards bearing in mind their followers who regard them as role models. Northouse (2004) identified five sound ethical leadership principles.

Ethical leaders respect others

Respect for others means that a leader listens closely to his or her subordinates, is empathetic, and is tolerant of opposing points of view. Here leaders who respect others also allow them to be themselves with creative wants and desires. They should nurture followers in becoming aware of their own needs, values and purpose and assist them in integrating these with his/hers as a leader. Leaders who show respect treat others as worthy human beings. Lessons can be learnt in Uganda, when the first cases of HIV were identified in the capital Kampala. The government immediately implemented a national AIDS programme which was chaired by the president, Yoweri Museveni.

Ethical leaders serve others

In the workplace context, service can be observed as activities such as mentoring, empowering, team-building, to name a few. Leaders have a responsibility to attend to others, be of service to them and making decisions pertaining to them. In serving others, in Uganda, people were taught about how HIV is transmitted through mass media campaigns immediately HIV was discovered. This ultimately bore fruit as today Ugandans are free to talk openly about their HIV status (Signal and Rogers 2003).

Ethical leaders are just

Here leaders should be concerned about issues of fairness and justice. This is a priority to treat all subordinates equally. Justice should be at the centre of leaders' decision-making. Rawls (1971) stated that a concern with issues of fairness is a requirement for all people who are cooperating together to promote their common interests.

Ethical leaders are honest

When leaders are dishonest which means a form of lying, misrepresenting reality, others come to see them as undependable and unreliable. People lose faith in what leaders say and stand for and their respect for them is diminished. The challenge for leaders in this principle is to strike a balance between being open and candid while at the same time monitoring what is appropriate to disclose in a particular situation as telling the truth sometimes can be destructive and counterproductive.

Ethical leaders build community

Here the leader takes into account the purpose of everyone involved in the group and is attentive to the interests of the community. Both leaders and followers need to attend to more than their own mutually determined goals, meaning they need to attend to the community goal and purpose. A common goal requires that a leader and followers agree on the direction to be taken by the group.

All the above principles put emphasis that in fighting HIV/AIDS, any leader requires tolerance of other peoples' viewpoints and acceptance of new ideas. In this process, people get mentored, empowered and respected. It also calls for collaboration of effort in realizing a common goal and building communities.

2.6.5 Leadership Challenges

Leaders face challenges of different kinds and in resolving these, they are required to seek creative ways that will benefit people and organizations. Simerson and Venn (2006) identified three common challenges of leadership.

Influencing others to perform more effectively and efficiently.

Here, they argue that it is important for the managers to be true to their values, generate creative ideas, consider the current and future, recognize prevailing and emerging opportunities and threats and effectively communicate actions that will contribute to individual and organizational success.

Eliciting leadership from everyone.

Here they believe that everyone irrespective of the title he or she holds or type of organization one works for, must accept that leadership must be developed within the organization equally as obtained through hiring practices.

Succeeding as a leader in a constantly changing environment.

A leader should be in a position to understand the context within which the organization exists, keeping an eye on rapidly changing internal and external conditions.

One of the requirements to overcome these challenges, according to Simerson and Venn, is to enhance leadership focus. Here a leader should be aware of the needs and expectations of the followers as well as understanding the pressures being exerted against the organization. By having this awareness, a leader is in a much better position to take appropriate action. Leaders often shift focus and commitment to programmes that they have agreed to implement due to a number of reasons, for example, changes happening in organizations, limited funds etc. According to Goleman & Etal (2001), emotional intelligence in the workplace is of importance. Leader's moods and behaviors are potent drivers of business success. But if Leaders' moods and behavior are negative, they have a significantly negative impact on bottom-line performance. One solution to consider to overcome leadership challenges in any aspect such as HIV/AIDS in a workplace is for leaders to do self-reflection and planning that involve five questions to ask themselves: who do I want to be?, who am I now? how do I get from here to there? how do I make change stick? and who can help me? Answering these questions will enable leaders be able to change their moods accordingly.

Kouzes and Posner (2002) believed that a challenge is a process and one has to make a challenge meaningful, seek innovative and creative ways to grow and improve situations.

Adair (2002), talks about discovering wells of inspiration in getting good results of great leadership. People have to be inspired including the leader himself or herself. He argues that spirit is a quality that enables one to hold his/her morale when opposed or threatened and people have to tap into their spiritual being, searching deeper in their everyday values. For some leadership is about spirit and maybe people have to learn from others how they become successful.

2.7 Discrimination and Stigma

Stigmatisation and discrimination are one of the core principles that can be gleaned from the minimum standards on HIV and AIDS response. The principles contained within the Dakar Declaration 2004 and the Code of Good Practice on HIV and AIDS inform all the HIV and AIDS responses.

Other researchers like Link and Phelan (cited in Parker and Birdsall 2005) define stigma as that part of identity that has to do with prejudice, the setting apart of individuals or groups through the attachment of heightened negative perceptions and values. They also argue that stigma is a process that may occur at the individual level, but it is also influenced by social processes related to assumptions, stereotypes, generalisation and labelling of people as falling into a particular category on the basis of association. On the other hand, it is said that discrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status.

A COSATU worker's handbook on HIV/AIDS 2002, outlines that discrimination in the workplace among other cases happens, "when people who have HIV/AIDS are isolated and rejected by co-workers; are simply left to die without help for support and treatment; are fired from their jobs or refused employment because of their HIV status, refused promotion, training or benefits. According to this handbook, among other reasons that cause discrimination against people with HIV is fear that people might catch the disease, which illustrates the need to intensify education and training programmes in the workplace for people to know more about the disease.

The other debated issue is stigma, whereby the disease is associated with certain people or groups. For example in the US and Europe, HIV/AIDS was not initially perceived as a threat to the general population because of its association with stigmatised groups (gay men, injecting drug users, commercial sex workers and members of immigrant communities such as those from Haiti and Africa. COSATU has a position in this regard that stigma and fear lead to isolation and rejection of workers and these have no place in the workplace and unions. Workplaces should create a safe and supporting working environment where every worker enjoys the benefit of support from a colleague and employer.

According to Goffman, Katz, Jones et al., diseases associated with the highest degree of stigma share common attributes. These common attributes include, but not limited to, perception that the person with the disease is seen as responsible for having the illness; people are scared of contracting the disease; the disease is a life-threatening disease; religious or moral beliefs that lead some people to believe that

having the disease is the result of a moral fault (such as promiscuity or deviant sex, using injectable drugs) that deserves to be punished. Like leprosy and mental illness, on which some of Goffman's work is based, HIV/AIDS has all the above and perhaps more attributes. While other illnesses may carry stigmas of different magnitude depending on the environment and community safety they manifest themselves in, HIV/AIDS has a universal common negative evaluation (Alonzo and Reynolds 1995).

The study conducted in Masoyi village in Mpumalanga on stigma, discrimination and HIV/AIDS expressed the fact that these are still a challenge and people are still subjected to its effects. But positively, some people have learnt how to deal and cope with it in their daily lives (Mncube, 2006). The questions one has to ask are "do implemented programmes really address the issue of stigma and discrimination adequately, more especially in workplaces where people would need to be empowered with coping mechanisms should they be confronted with stigma and discrimination, and how does good leadership assist in fighting stigmatisation and discrimination in the workplace".

In the employment Equity Act No.55 of 1998 (chapter 2, clause 5), it says 'the employer must take steps to promote equal opportunity in the workplace by eliminating unfair discrimination in any employment policy or practice'. This is inclusive of people living with AIDS who are capable of delivering on their work tasks. The employees should not be at risk of losing a job, and/or not accessing opportunities such as training and promotion.

There is still fear and an element of denial and stigma about AIDS and if these issues are not dealt with constructively, progress in fighting the disease will be a failure. For example, leadership from mayors and councillors and from senior management is necessary for different reasons. Political leadership is critical for shaping policy, influencing attitudes, doing away with stigma, mobilizing human resource and finances, and ensuring a sense of urgency. Discrimination and the stigmatization of people based on the HIV status makes it difficult to deal with HIV/AIDS (Horizons Report, 2003). If left to go on unabated, discrimination and stigma will inhibit the effective implementation of the workplace policy/programme (ILO, 2001; CADRE, 2001:7). In the process, the stakeholder's ignorance continues and employees will be fearful of accessing available assistance (Dickinson, 2003; Horizons Report, 2003:4).

The stigma attached to HIV/AIDS often means that in the event death occurs, the cause of death will be deliberately hidden (Barnett and Whiteside, 2002).Fear of isolation and ridicule from co-workers causes workers not to disclose their HIV status (Horizons, 2003:4). When HIV-positive persons are open about their status, this will help combat stigma and discrimination (Dickinson, 2004b:60)

2.8 Guidelines for Effective Leadership

As it has been proved above, leadership have challenges more especially in the field of HIV/AIDS in dealing with issues of stigma and discrimination and ensuring

that workplaces are implementing effective programmes that are supported by organizational leaders. It is no doubt that creative, innovative ways are needed to ensure that leadership in organizations is more efficient. Gardner (1995) share a light on three lessons that are relevant for proper training of leaders and for successful organizations.

Appreciate enduring features of leadership

An effective, focus and committed leader according to Gardener (1995.p302) must acknowledge and attempt to deal realistically with the enduring features of leadership. The features are as follows:

i) construct and convincingly communicate a clear and persuasive story
ii) appreciate the nature of audience including its changeable features
iii) invest his/her own energy in building and maintenance of an organization
iv) embody in her/his own life the principal contours of the story
v) either provide direct leadership of find a way to achieve influence through indirect means
vi) find a way to understand and make use and make use of, without being overwhelmed by, increasingly technical expertise

Appreciate and deal with new trends

Leaders should be able to find ways of coping with new and often complexifying trends. It is said that leaders of today must directly confront the possibilities of immediate or gradual world destruction, new forms of communication, the virtual demise of any privacy, increasing amount of knowledge, lack of wider commitment and so on. They should recognize these features above and try to make an organization a success in creative ways.

Encourage recognition of the problems, paradoxes and possibilities of leadership

Both leaders and followers should be encouraged to recognize problems and tensions that complicate the leader's role. There are number of issues that both leaders and followers have to consider such as need for technical expertise, broad base communication, need for training and education, knowledge sharing etc. the more these issues are understood the less likely it is that irresponsible leadership can arise.

2.9 Conclusion

One can identify important themes with one key point on each, that contribute to effective leadership that leaders can adopt in dealing with challenges in their workplaces. These are the following:

1. Commitment and focus

   Leadership requires commitment and focus especially from those who are responsible for leading organizations.

2. Communication

Communication is an integral part of all management functions.

3. Management Support

Good management support brings a degree of order, sustainability and consistency to key dimensions like quality.

4. Principles of Ethical Leadership

Ethical principles assist leaders in appreciating and dealing with new trends and coping with changes and challenges experienced in different organizations.

5. Visible leadership

Visible leaders are those who express their ideas, insights, knowledge and skills to improve team/organizational processes and one of its important practices would be to making one's contributions visible

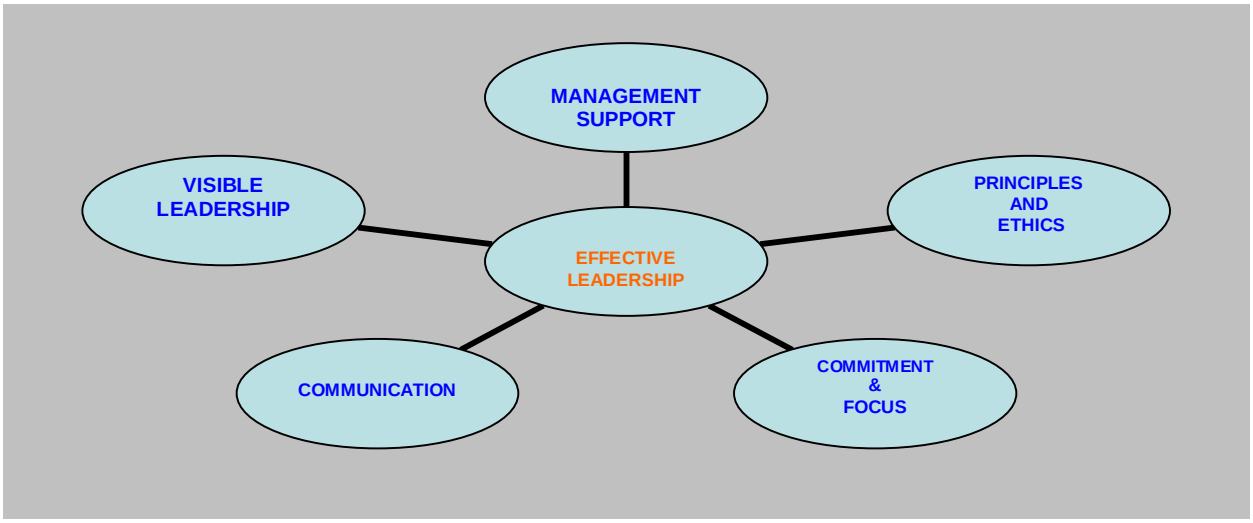


Diagram1: Identified themes from literature review

It has been noted that in South Africa HIV prevalence is high and in Gauteng particularly has been stabilized (UNAIDS, 2004). The impact of AIDS until 2025 has been demonstrated through graphs and evidently, it is shown to be a huge challenge that requires intensification of prevention programme efforts. In South Africa, the role of provincial and local government is crucial in terms of implementation of policies/programmes. It is recognised that HIV/AIDS is a workplace issue as it affects workers and their families, enterprises and communities. The impact of AIDS in economic and social development has been

evident in that HIV/AIDS prevalence in South Africa is escalating on a yearly basis. This has a negative effect on the development of the country, with rising poverty levels, partly as a result of HIV/AIDS-related deaths amongst people who are economically active. Some elements of an HIV/AIDS programme in the workplace have been discussed and for them to succeed, organizations need to collaborate in increasing programme output and reach set targets. What has been noted is that, when implementing these elements of an HIV/AIDS programme, there are possible barriers that leaders need to attend to and overcome. For leaders to succeed, they need to adopt different leadership styles, principles and ethical standards to realise good results.

In the next chapter the researcher outlines the research methods, data collection and interpretation that are used to reveal the research results and analysis with critical implications on literature review chapter.

CHAPTER 3: RESEARCH METHODOLOGY

3. Introduction

The GPG workplace programme illustrates a shift of focus and commitment in leading the implementation of the programme which affects negatively the realisation of programme outcome. The research purpose was to explore leadership challenges facing programme coordinators in implementing the workplace programme during the 2006/7 financial year and to find out what solutions or alternatives can be implemented in achieving the expected service delivery output/targets. This chapter describes the methodology used in the research. A questionnaire was chosen as the most appropriate tool for obtaining responses. The study commenced after the research proposal was approved by the Wits research panel committee on the 31 July 2007, Gauteng Department of Health, research Unit and Multisectoral Aids Unit on behalf of the departmental HIV/AIDS Programme coordinators on the 27 October 2007.

It describes the research method, the questionnaire construction and structure, study population, data collection, data analysis, reliability and validity.

3.1 Method

The method of research used to undertake the study was both quantitative, using the Likert Scale measurement, and qualitative as comments of the respondents were required in the last question. This method included “self administered” questionnaire development The reason for the quantitative method is that the researcher wanted to classify features, count them and even construct more complex statistical models in an attempt to explain what is observed. Another thing is that the researcher wanted to generalize the findings to a larger population. The Likert Scale measurement was chosen because it was found to be more appropriate than any other method that is used in surveys about knowledge, attitude and behaviour studies. It also offers respondents more than two options to choose from and can be easily used together with other methods.

3.2 Questionnaire Development

The researcher developed opinion- type questions where there is no wrong or right answer. Also the attitude questions where respondents looked at their situations. The questions were closed ended but respondents were encouraged to add their comments after the last question.

The researcher constructed questions that were based on *HIV/AIDS workplace policy,* the reason being that the researcher wanted to know what the respondents know about workplace policy and programmes in government departments; HIV/AIDS & *leadership, in order to explore how leadership has been effective in the workplace programme; attitudinal items*, in order to explore attitudes of respondents towards their department workplace programme; *knowledge items*, in order to know how knowledgeable respondents are; implementing the workplace programme and

lastly *general questions on HIV/AIDS issues*.

The researcher used a wider Lickert Scale (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree), the traditional five point scale. The scale response for each question has inherent biases (e.g. central tendency bias, acquiescence bias etc) and making the scale too narrow only exaggerates these biases. As Neuman 1997: 250 argues that this format is a compact way of presenting a series of questions using the same response category and it saves space and makes it easier for the respondent or researcher to note answers for same response category. This method also gives respondent a wide choice in finding what best suits their response.

As Bailey (1978) identified advantages and disadvantages of an emailed questionnaire, the research chose to use an email questionnaire for the following reasons, that, it is cheaper, saves time, respondents will complete the questionnaire at their own convenience, standardized wording and no interviewer bias. The length of the questionnaire was seven pages with 30 main questions which was thought to be an appropriate length where participants will spend between 45 and 50 minutes of their time. As Bailey suggested, the questionnaire had a covering letter introducing the researcher and explaining the importance of the research (see ***Appendix A***).

The researcher used the following key questions as guides in the development of the questionnaire:

1. Has leadership, with commitment and focus, been a contributing factor to effective responses in the implementation of a HIV/AIDS workplace programme in GPG departments?
2. What are the common problems or challenges that are experienced by programme coordinators in implementing the programme?
3. What creative ways can be administered to improve the present situation?

A list of questions was prepared and administered to probe for information to satisfy the unit of analysis (Yin 1984).

3.3 Study population

The study population is inclusive of all twelve Gauteng Provincial Government HIV/AIDS programme coordinators, primarily employees (permanent and contracted) who are directly playing a role in the development and implementation of the HIV/AIDS workplace programme. The researcher focused on 12 government departments that are listed above (introduction pg 3) and 12 departmental programme coordinators. This population was adequate considering the time and feasibility issue.

3.4 Data Collection

The purpose of the study was explained in detail after which permission to conduct the study and of the respondents was sought. Permission was granted to the researcher by the Gauteng Department of Health to conduct research on GPG departments. Further to get permission to utilize government departments HIV/AIDS workplace programme coordinators, permission were sought and granted by the Multisectoral Aids Unit which coordinates the workplace programme in all departments ***(see Appendix B & C).***

The questionnaire was emailed on the 31 October 2007 and the return date was the 7 November 2007. Follow ups were made through telephone and email to respondents. This was done to improve the response rate as this is done as a standard procedure on mailed or online questionnaires (Bailey, 1978).

Questionnaires were distributed to all twelve programme coordinators of twelve departments through email.

Table 1 Status of participation by GPG departments

Name of Department	***Status of participation***	***Status of submission (meeting the 7 Nov 2007 deadline)***
Department of Health	Particpated	Met the deadline
Department of Social Development	Particpated	Met the deadline
Department of Local Government	Particpated	Met the deadline
Department of Education	Particpated	Met the deadline
Department of Sport, Arts, Culture and Recreation	Particpated	Did not meet the deadline
Department of Agriculture, Conservation and Environment	Particpated	Met the deadline
Department of Public Transport, Roads and Works	Particpated	Met the deadline
Department of Economic Development	Particpated	Met the deadline
Gauteng Shared Services Centre	Particpated	Met the deadline
Department of Community Safety	Particpated	Met the deadline
Department of Housing	Particpated	Met the deadline
Office of the Premier	Did not participate	

3.5 Data analysis and interpretation

The questionnaire was written in English. As Neuman 1997:251 indicates, mail and self-administered questionnaires have their advantages and disadvantages. It is the cheapest type of survey and can be conducted by one researcher. Its disadvantages could be a low response rate as people do not always complete and return questionnaires. Another factor is that the researcher cannot control the conditions under which a questionnaire is completed. Researchers cannot visually observe the respondent's reactions, physical characteristics, or the setting.

As Bailey (1998) suggests, data had to be collected and counted, organized, coded and cleaned of any errors. In coding, the data was put in a different form that is machine-readable, that is, entered into Microsoft Excel program with columns and data fields. The respondents were given code names and listed on the left hand margin of the spreadsheet. The questions were all coded on the top margin of the same spread sheet and all scores were entered in according to the questions and respondents (department). In cleaning the data, the researcher checked the spreadsheet twice to eradicate any mistakes and, because the study population is not large, it became easy and fast to do. The responses were categorized. Patterns and trends were identified and are presented in the next chapter.

3.6 Confidentiality and anonymity

Protection of the departmental respondents' identities was crucial and enhanced the confidentiality and anonymity of the parties involved in the study. Right to privacy conceals the identity of the department and the respondents who may not wish that their names or departmental names be used in the study report.

3.6.1 Informed consent

Consent was also given to the researcher by the Director of the Multisectoral Aids Unit that is responsible for coordinating the implementation of the workplace programme to all Gauteng Government departments. The programme coordinators willingly welcomed the exercise to participate in the research.

In any research "participant should be told the nature of the study and be given the choice of either participating or not participating" (Leedy & Ormond 2001:107). The purpose of the study was outlined for everyone who participated in the study. The confidentiality and anonymity of the respondents was assured. The specific names of the department from which the respondents' responses came from will not be mentioned.

3.7 Reliability and Validity

The reliability criteria are important in any kind of research or survey. It is necessary

to ensure that the data collected and the results obtained in one set of circumstances will be obtainable in the same or a similar set of circumstances. This means that if the conditions remain the same the data collected will mean the same thing under similar conditions (Werbeloff, 1996 p.12)

According to Leedy and Ormond (2001:103), no matter what the research methodology a researcher chooses to use, the validity of the approach must be considered. Secondly, whether the observations in the research situations can be used to make generalizations about the world beyond that specific situation.

3.7.1 Internal Validity

In this case, “the internal validity of a research study is the extent to which its design and data yields to allow the researcher to draw accurate conclusions about the cause-and-effect and other relationships within the data” (Leedy & Ormond 2001:103).

3.7.2 External Validity

The “external validity is the extent to which the conclusions drawn can be generalized to other contexts” (Leedy & Ormond 2001:105). The departments used for the study was welcoming and the participation was restricted to only participants directly responsible for the implementation of the HIV/AIDS workplace programme for the year 2006/07 financial year. The selection of the participants was representative and convenient for the quantitative and exploratory study. Though the views of the participants are personal and the findings are attributable to the participants, the method used to gather data could be used in other contexts, taking into consideration the background and the environment of a workplace in a different context.

3.8 Conclusion

All the participating departments were sent letters of concern and assured that confidentiality will be ensured. Letter of approval was received by the researcher from the Head of Department, Gauteng Department of Health to continue with the study.

The questionnaire was sent to participants through email on the 31 October 2007 and the return date was made known to them as the 7 November 2007. Out of twelve government departments, ten responded on time and this number was accepted to continue analysis of the results.

The next chapter will provide background on the Multisectoral AIDS Unit, Gauteng AIDS response, GPG departmental roles and civil society roles with the Gauteng AIDS Programme. It will go further to demonstrate findings and analyse them.

CHAPTER 4: RESULTS AND ANALYSIS

4. Introduction

The GPG workplace AIDS Programme was initiated in 1998 in response to studies which demonstrated the projected impact of AIDS on GPG as an employer. One of the conclusions made on the AIDS impact study done in 1997 was that pro-active policy development and planning to manage AIDS impacts must be undertaken before the major impact of the epidemic and that strong political leadership and commitment to combating HIV/AIDS will be an important pre-requisite for effective responses. The GPG workplace programme illustrates that there is a shift of focus and commitment in leading the implementation of the programme which affects negatively the realization of programme outcome. One would observe that AIDS programme outputs are sometimes displaced and not sustained by a shift of focus in strategy and budget to new priorities.

The purpose of the study was to explore leadership challenges facing programme coordinators in implementing the workplace programme during the 2006/7 financial year and to find out what solutions or alternatives can be implemented in achieving the expected service delivery output/targets. The researcher developed opinion-type questions where there is no wrong or right answer.

This chapter provides a brief background and information on the Multisectoral AIDS Unit that coordinates the Gauteng AIDS response and the GPG departments' role. Furthermore the findings are analysed and results are discussed.

4.1The Background and Context of the Gauteng AIDS Programme

Gauteng Province is committed to a multi-sectoral approach to the HIV and AIDS epidemic. The scale of the epidemic means that everyone will be affected and all potential resources need to be combined into an efficient co-coordinated effort. It is necessary to address the epidemic on three fronts: prevent the spread of HIV, successfully manage and treat AIDS illness and ameliorate the wider social impacts of AIDS on society.

According to the AIDS Programme Annual Report 2005/06, the Gauteng AIDS Programme is a multisectoral, coordinated strategy to tackle AIDS in Gauteng Province. The programme is led by the Premier with the Premier's Committee on AIDS and the Gauteng AIDS Council, and supported by the Gauteng Department of Health through the Multisectoral AIDS Unit. It is much broader than simply government and involves the efforts of many partners: government departments at provincial and local level and business and civil society sectors across Gauteng Province.The Gauteng AIDS Programme set out four goals of the programme which form part of the Gauteng Aids Strategy.

The AIDS Programme is funded by the provincial grant for AIDS. The dedicated AIDS grants (national and provincial) supplement departmental budgets to adapt existing services and develop new services to address HIV and AIDS.

All the GPG departments are required to integrate AIDS into its strategic and operational plans and budgets. Senior managers in each department are accountable and responsible for implementation of the programme. The Office of the Premier and Treasury monitors strategic plans and budgets of the departments advised by the Multisectoral AIDS Unit.

According to the Gauteng AIDS Plan 2006/07: 3, the vision of the Gauteng AIDS Programme is "an effective multi-sectoral HIV and AIDS strategy that brings together the efforts of all government departments, business, civil society sectors and researchers in a joint programme in Gauteng". According to Gauteng AIDS Plan 2006/07:3, the mission is "to implement an effective AIDS Strategy to reduce HIV infection rates, increase length of productive life of those infected with HIV and support children and families affected by AIDS to live normal lives in order to reduce the socio-economic impact of AIDS on society."

According to the Gauteng AIDS Plan 2006/07, the Premier leads the Gauteng government AIDS response assisted by the MEC for Health and the Premier's Committee on AIDS (PCA), involving all MECs and Heads of Departments (HODs). The PCA meets three to four times per year to address strategic issues involving all government departments.

4.2 A Multisectoral AIDS Unit within Gauteng Department of Health

This Unit is a directorate that is part of the Department of Health, reporting through the Chief Director to HOD for Health and to the MEC for Health. The Provincial AIDS Grant is located to the Health Vote and the Multisectoral AIDS Unit facilitates the allocation of a budget to each department through the annual Budget Adjustment Vote (BA Vote). The Multisectoral AIDS Unit recommends budgets according to strategies and priorities for the Gauteng Province agreed by the annual Gauteng AIDS Summit/Conference, multisectoral planning teams and approved business plans received from the Accounting Officer from each department, including the Department of Health. This arrangement means that, the Accounting Officers (HODs) for each department become accountable for AIDS funds to the departments and report on the funds to the legislature as part of their annual reports. Funds are approved for 12 Gauteng government departments as part of the Budget Adjustment Vote. Departments are authorized to spend funds based on allocated business plans. Each department is responsible for mainstreaming AIDS both internally (the workplace response) and externally (as part of community services).

In addition, the Multisectoral AIDS Unit compiles the joint report for presentation to the legislature by the Premier. In this way the dedicated provincial funds allocated to AIDS are subjected to all existing government controls on funds, under the authority of the Gauteng Legislature.

In line with the recent trends in government to establish systems for Monitoring and Evaluation, the Multisectoral AIDS Unit initiated the development of the system for monitoring and evaluation of the Gauteng AIDS response, involving relevant

members of the Gauteng AIDS Council. The system is agreed in principle, based on the United Nations (UNAIDS) proposals for monitoring and evaluation of the multisectoral responses.

4.3 The Role of Government Departments

All departments implement the HIV/AIDS workplace programme for their employees. These departments are funded to achieve specific outputs, for example, to educate and train officials and senior management on HIV/AIDS, to make sure all official get access to Employee Assistance Programme, to track the utilization rate of EAP service, and some are mandated to do awareness and World AIDS Day Campaign activities (Gauteng Aids Plan 2006/07).

The 12 Gauteng Provincial Government departments have been funded to implement the HIV/AIDS workplace Programme for the year 2006/07 financial year. The implementation is facilitated by programme coordinators who occupy senior admin officer, assistant director or deputy director levels within the departments. These departments receive funding from the Provincial AIDS Grant annually to achieve stipulated objectives and goals. Departments are expected to report quarterly on outputs achieved vs funds allocated and utilized. With reports received for 2006/07 FY, it has been noticed that relatively low outputs have been achieved and spending in some department is very slow. This becomes a concern for the Multisectoral AIDS Unit, a unit that coordinates and monitors the Gauteng AIDS Programme, that not much is being achieved in areas such as education and training of employees with the funds allocated. The HIV infection rates in 2004 has been reported as increasing, especially in Gauteng Province and generally in departments more deaths are reported. It then becomes a question whether the workplace programme implemented in departments is effective in sustaining socioeconomic development, educating employees on healthy lifestyles, providing information on available services such as the Employee Assistance Programme, Voluntary Counselling and Testing (VCT) and others and how to access and utilize these services.

Below is the table on all GPG departments with their roles and responsibilities.

Table 2: GPG departments with their roles and activities

Government Department	Role and activities
Department of Health	Local clinics provide free services for VCT, PMTCT, care for HIV/AIDS including ART, TB, STIs and other problems. Also supports local NGO projects for counselling and home-based care Refers children in need: Bana Pele Employment of Community Health Workers to extend services into homes Workplace AIDS Programme
Multisectoral AIDS Unit (Health)	Organises and coordinates the multisectoral AIDS programme for Gauteng (plans, budgets, reports) Provides support, technical advice and training Manages contracts with Departments, NGOs, Media and Communication, and Research and Evaluation Supports the AIDS Council and civil society development programmes (provincial) Peer education for special risk settings Strengthens workplace AIDS programmes Monitoring, research and evaluation Media campaign on AIDS
Department of Social Development	Social assistance through grants Accessible children's services through NGOs and social workers: leads the Bana Pele programme Employment of Community Workers to extend services into homes Social workers organise guardians, fostering and adoption. Funds NGOs to care for children and families (Home Affairs and Children's Courts assist) and access grants. Workplace AIDS Programme
Department of Education	Educates youth on HIV/AIDS through lifeskills programme Teachers can give support to affected children and refer to social services: Bana Pele Schooling is free for poor families; school nutrition programmes Workplace AIDS Programme
Department of Sport, Arts, Recreation and Culture: Youth Directorate	AIDS awareness through sports, arts, culture and libraries Workplace AIDS Programme
Department of Public Transport, Roads and Works	Facilitates AIDS education in the transport industry (trucks, taxis, buses) Workplace AIDS Programme
Department of Agriculture, Conservation and the Environment	Provides training on food gardens through churches, PLHA groups, municipalities, clinics and schools. Works with farm communities. Workplace AIDS Programme
Department of Housing	Integrates HIV/AIDS into housing policy Workplace AIDS Programme
Office of the Premier	Supports the Premier in leading the Gauteng AIDS response through strategic planning, monitoring and evaluation, and communications Workplace AIDS Programme
Department of Finance and Economic Affairs	Business partnerships and economic research Supports SMEs on AIDS (with MSAU) Workplace AIDS Programme
Department of Community Safety	Prevention of social crime, including sexual and substance abuse Workplace AIDS Programme

Government Department	Role and activities
Gauteng Shared Services Centre	Provides EAP service for Gauteng Government Employees Employee Assistance Programme advisory service and HR training Workplace AIDS Programme
Department of Local Government	Ensures municipalities have the capacity to coordinate the local multisectoral AIDS Programme Workplace AIDS Programme
Municipalities	Indigent policies to help poor households access basic services. Coordinate local AIDS response involving all departments and civil society sectors Incorporate AIDS into Integrated Development Plans (IDPs) and adjusts services to take account of AIDS impact Implement internal workplace AIDS programmes for employees Coordinates local door-to-door education campaigns
SALGA (Gauteng)	Facilitates collaboration and development across municipalities, including AIDS

Source: Gauteng Aids Programme Plan 2006/07

4.4 The Civil Society Sectors

Each civil society sector has a strategic role to play in the overall strategy and plan and sectors collaborate on implementation. AIDS Councils facilitate and co-ordinate civil society effort at provincial and municipal level. The AIDS programme provides technical support to strengthen their capacity to contribute effectively to the AIDS effort.

Below are civil society key outputs:

- Increased leadership, co-ordination and advocacy of the civil society effort on AIDS through the Gauteng and Local AIDS Councils.
- The development of sector specific strategies, part of the overall AIDS strategy.
- Train members and build sectoral capacity on prevention, care and support.
- Commitment to a programme of action with key targets in collaboration with the rest of the programme, preferably in the form of a “declaration”.

Table 3: The Civil Society sector roles and responsibilities

Youth:	AIDS incorporated into the Gauteng Youth Strategy Peer education programmes for youth at risk.
Traditional Healers:	Train members and co-ordinate the efforts of the Sector. Intensify prevention and collaborate on health care.
Traditional Leaders:	Leadership role. Promote family values, respect for women and protection of children.
Women:	Ensure women’s issues are addressed effectively. Advocate against abuse.
Men:	A joint programme with women addressing gender issues and HIV/AIDS.
Media and artists:	Partnership projects on communication for various community groups.

Children:	Address the needs of vulnerable children through the Bana Pele programme.
Sports:	Role models and awareness, in partnership with SACR.
Disability:	Involvement in the broader AIDS response. Training which addresses special needs as necessary through the Department of Social Development and the Office of the Premier. Mainstream AIDS in the disability sector.
Faith-based:	Mainstream AIDS into the sector with leadership development. Support affected children, youth and carers. Advocate social values, address stigma and promote abstinence.
Transport:	Peer education programme through Department of Transport, Roads and Works for transport workers at special risk, including taxi and truck drivers.
PLHA:	Advocacy and mobilisation on ART with GDH. Address psychosocial and economic needs of PLHA with DSD and municipalities.
Hostel residents:	Intensify the prevention strategy for hostel residents and their partners. Advocate access to services (Department of Health, Social Development and others).
Prisons:	As above.
Civics:	Train members and assist with local co-ordination. Mobilise members on social issues.
AIDS NGOs:	Strengthen capacity to deliver effectively.
Unions:	Train leadership and mobilize employees on AIDS matters. Advocate effective workplace and community programmes.
Refugees:	Access to information, education and services in relevant languages.
Business:	Lead implementation of effective workplace programmes in collaboration with organized labour and DFEA. Support SMEs.

Source: Gauteng Aids Programme Plan 2006/07

4.5 GOALS: GAUTENG AIDS STRATEGY WITH ITS COMPONENTS

The multi-sectoral AIDS strategy for Gauteng has four main goals which are identified in 2006/07 Gauteng AIDS Programme Plan with a component called mobilisation and communication that cuts across all the goals. This component is meant for mobilising involvement and increase understanding through cultural activities, volunteer campaigns, role models, leadership, small media, advertising and publicity. The content reflects the key areas of the programme: “Openness”, HIV prevention, health care and social support, the partnership against AIDS and profiles implementation at the ground level.

Below are summarised goals of the Gauteng AIDS Strategy.

4.5.1 Reduction in new HIV infections

The main focus here is on education which is meant to change behaviour focussing on different groupings, namely, youth strategy: Life skills in schools with peer education for out of school youth and on campuses. Peer education is rendered for special risk settings (mining, hostels, sexworkers, prisons and others) and informal settlements with a door-to-door education campaign. Emphasis is also health services intensifying prevention efforts through STI management (syndrome management), condom supply (free male and female condoms), reduction of transmission of HIV from infected mothers to babies (PMTCT) and PEP for sexual assault and occupational exposure.

4.5.2 Increase productive life for People Living with HIV and AIDS (PLHA)

The focus here is on comprehensive health care for HIV/AIDS (clinics, hospitals and step-down beds) including nutrition, TB and ARV treatment. Services are available for Voluntary Counselling and Testing (VCT), palliative care – Home-Based Care (HBC) and hospice beds. With consideration to increase the productive working life of employees living with HIV and AIDS, workplace programmes with EAP services (public and private sector) are rendered where there is education of employees on healthy lifestyles, available services and how to access and utilize these services and provide access to a confidential employee assistance programme (EAP) by Gauteng Shared Services Centre (GSSC) with VCT services by Gauteng Department of Health.

4.5.3 Facilitate normal lives for children and families affected by AIDS

The focus here is given to the extension of integrated children's services to support all children in need, including those affected by AIDS, through the Bana Pele programme. These services include the following: a safe home, social and emotional support, food, clothing, education, socialisation, recreation, health care and protection from abuse and exploitation. It is also regarded important to facilitate access to appropriate poverty relief measures for poor AIDS-affected households, including children affected by AIDS and monitor the results and to educate and mobilize the public and programme partners to support children affected by AIDS, including understanding their needs and how to utilize available services.

4.5.4 Reduction of impact of AIDS on socio-economic development in Gauteng

Here, the focus is on strengthening AIDS programme management capacity and expertise by developing expertise through recruitment, training and better collaboration with research institutions, and improve management and administrative efficiency across government, CBOs and NGOs. It is also important to ensure municipal capacity to co-ordinate the multi-sectoral AIDS response at local level and mobilize communities in sustaining the annual provincial World AIDS Day Door-to-Door education campaign with municipalities extending education into

needy areas during the year. Lastly, to facilitate implementation of effective workplace AIDS programmes in government, business and SMEs increasing the capacity of SMEs to implement workplace responses through training, coordination and access to local services.

4.6 Gauteng strategic priorities for 2004-2009

As mentioned before, that the multisectoral aids response strategy is aligned to Gauteng stragetic priorities for 2004-2004. Below is the table that illustrates the alignment.

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Table 4: Five strategic priorities for Gauteng Government for 2004 – 2009

GPG Strategic Programme	Objectives of the Gauteng AIDS Programme 2004 - 2009
Economic growth with job creation	• Implement effective workplace AIDS programes in government, business and SMEs to reduce AIDS impact, sustain productivity and protect jobs and benefits for PLHA. • Employ community workers on learnerships through NGOs to extend social services into communities.
Fighting poverty	• Extend children's services to all children in need to reduce the impact of AIDS on poor families (e.g. Bana Pele). • Facilitate access to poverty relief measures for AIDS-affected families, especially children.
Sustainable communities	• Intensify HIV prevention efforts to reduce new HIV infections in the general public, youth under 25 years and babies. • Prioritise people at greatest risk of HIV infection including migrant workers and people in informal settlements. • Develop civil society capacity for prevention, care and support through mobilization, mass media and education, utilizing trained volunteers and community workers. • Ensure municipal capacity to lead, co-ordinate and support local community activities. • Address the social factors which drive HIV infection (including poverty, social degeneration, gender inequality and length of life of people with HIV and AIDS, and CBC through support in homes.
People and democracy	• Provide specialized support to enable civil society partners to play their role in social regeneration, and to strengthen social cohesion. • Strengthen rights.
Effective implementation by government	• Strengthen AIDS programme management capacity across government, CBOs and NGOs to strengthen effective delivery, supported by monitoring, research and evaluation. • Ensure effective delivery by NGOs. • Mainstream AIDS and co-ordinate the efforts of all government departments (national, provincial and local) and civil society through joint strategy and plans.

Source: Gauteng Aids Plan (2006/07)

4.7 GAUTENG AIDS PROGRAMME ENVIRONMENT ANALYSIS ON LEADERSHIP DURING 2006/07 FINANCIAL YEAR

Annually, the Multisectoral Aids Unit facilitates and coordinates planning sessions where a number of issues are discussed in giving direction for that particular year**.** The multisectoral teams developed a comprehensive SWOT analysis which provided a strategic direction in dealing with challenges and successes of the AIDS Programme. Below, is the SWOT analysis with "only few selected" leadership issues relevant for the research study.

Table 4: GAUTENG AIDS PROGRAMME SWOT analysis on "LEADERSHIP ISSUES"

STRENGTHS	WEAKNESSES
• Political leadership and commitment is demonstrated by leadership with financial resources allocated to drive the implementation of programmes. • Gauteng government departments are making good progress with mainstreaming AIDS into their strategies, plans and programmes. • The Gauteng Department of Health has successfully implemented the Comprehensive HIV and AIDS Care, Treatment and Support programme. • The development of a strong Partnership against AIDS with public involvement and volunteerism. • Gauteng has a well-researched, relevant and appropriate provincial strategy, informed by best practice and revised to address new challenges. • A number of programmes are well established and in a phase of "consolidation" with improvements informed by ongoing research.	• There is limited expertise in CBOs and NGOs to manage projects and insufficient capacity in government to support their organizational development needs. • It is difficult to develop and retain skilled and experienced human resource capacity across all areas of the programme – methodology is not fully developed. • Delays in completing research (evaluation) and implementing the monitoring and evaluation system with outcomes of key programmes not known. • The programme showed progress in reaching special groupings, but this component is not fully developed. • The system of funding NGOs on an annual cycle affects work on the ground and sustainability of projects.
OPPORTUNITIES	**THREATS**
• Ensure a shift in all programmes (*including GPG workplace*) from awareness raising to education for behaviour change around HIV prevention, comprehensive health care and social support. • The effective implementation of research and the monitoring and evaluation system will improve management for results. • Strengthen coordination mechanisms (policy, guidelines, clarification of roles, single M&E system) across government and civil society to ensure a comprehensive and well-coordinated provincial and local multi-sectoral AIDS response.	• Weaknesses in programme management capacity with reference to planning, methodology, financial management, monitoring and evaluation result in inadequate results (outcomes). • The reality of unemployment and poverty remains a threat to effective programme results. • *Programme outputs are sometimes displaced and not sustained by a shift of focus in strategy and budget to new priorities (the GPG workplace programme illustrates this problem).* • The multi-sectoral approach is not understood by all.

Build programme management capacity (project management, financial management, HIV/AIDS methodologies) across departments, municipalities and civil society sectors.	

Source: Gauteng Aids Plan (2006/07)

4.8 Research Results

The findings are presented as follows:

4.8.1. GPG Profiles

The first section of the research questionnaire required departmental information to be provided by the respondents. Only ten departments met the deadline for submission, of the other two, one of them did not participate and the other submitted very late. The following is the departmental profiles which the research results will be based on.

Table 6: GPG departmental Profiles

Department	**Designation of Programme coordinator**	**Status of employment**	**Signed plan 2006/07**	**Size of department (no. of employees)**
Housing	Assistant Director: EWP	Permanent	Yes	800
Social Development	Assistant Director: EWP	Permanent	Yes	2 500
Health	Deputy Director: EWP	Permanent	Yes	46 000
Education	Assistant Director: HIV/AIDS Coordinator	Contract	Yes	63 000
Agriculture, Conservation, Environment	Project Manager	Contract	Yes	750
Community Safety	Assistant Director: EWP	Contract	Yes	800
Local Government	Assistant Director : EAP	Permanent	No	300
Economic Development	EWP coordinator	Permanent	Yes	350
Public Works, Transport and Roads	Deputy Director: EWP	Permanent	Yes	4 500
Gauteng Shared Services Centre	Employee Assistance Programme Specialist	Permanent	No	1440
				Total: +-120 440

4.8.2 Coding the research data

The data was entered on an Excel spreadsheet with scores for each question and participant. The results of the study are summarized and analyzed, and presented in graphical bar chart form to aid interpretation. As the responses were categorized and counted for frequency, the researcher made a choice of interpreting only selected variables that will assist in answering the research questions stated.

The researcher sent questionnaires to twelve Gauteng government departments for the attention of twelve HIV/AIDS workplace programme coordinators. Ten out of twelve participants responded, that is, 80% response was received which is considered satisfactory. The analysis was made on those ten responses and results interpreted accordingly. The response scoring was as follows:

Strongly disagree (SD) = 1
Disagree (D) = 2
Agree (A) = 3
Strongly Agree (SA) = 4
Neither disagree nor agree (N/N) = 0

Responses giving strongly disagree and disagree **(1 and 2)** were considered low. Those of strongly agree and agree **(3 and 4)** were considered high, and neither disagree nor agree **(0)** were treated as neutral responses that have a negative implication.

There are five items/categories of questions with one question for comments at the end of the questionnaire (***see Appendix A***). From each item or category few variables were selected for analysis and to aid in answering the research questions. Analysis will only be based on ten responses received out of twelve.

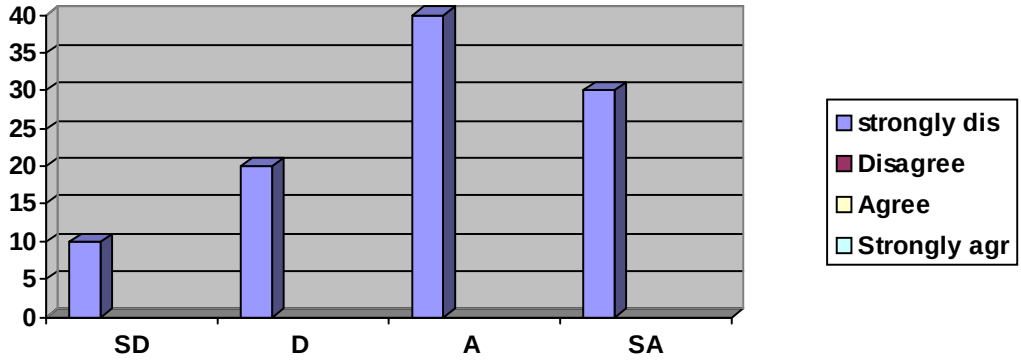
4.8.3 Variables for Analysis

1. Funds allocation to the workplace programme (From general info item)

4. My department has allocated funds to implement workplace programme for the year 2006/07

40% agree that their departments allocated funds for the year 2006/07 to implement the workplace programme, 30% strongly agreed on the matter.

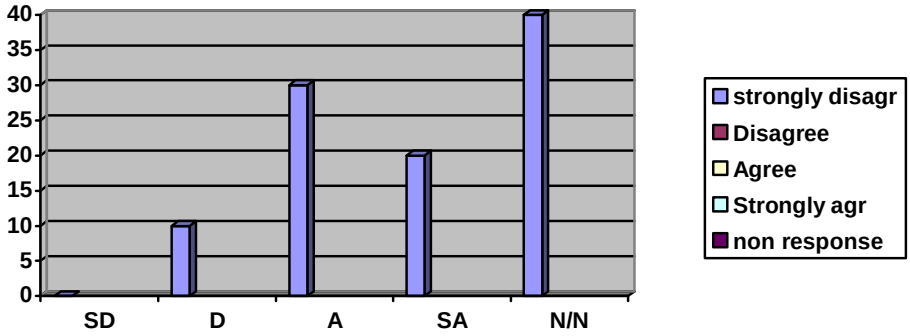
Only 20% disagreed allocation of funds to the programme with 10% strongly disagreeing to have met the set targets.



2. Reaching set targets (from general info item)

5. My department had reached the set targets for the 2006/07 FY

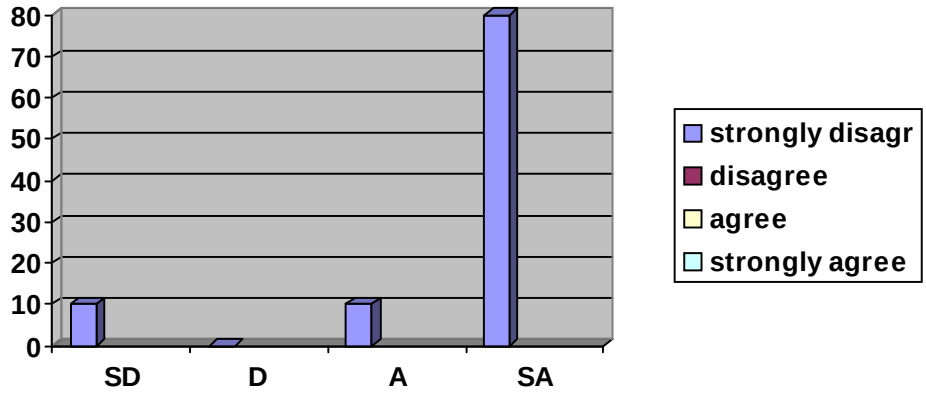
30% agreed that set targets were met, 20% strongly agreed, 40% neither disagreed nor agreed and 10% disagreed.



3. Prohibition of discrimination in the workplace (from attitudinal item)

6. Discrimination in the workplace against HIV/AIDS infected employees should be prohibited.

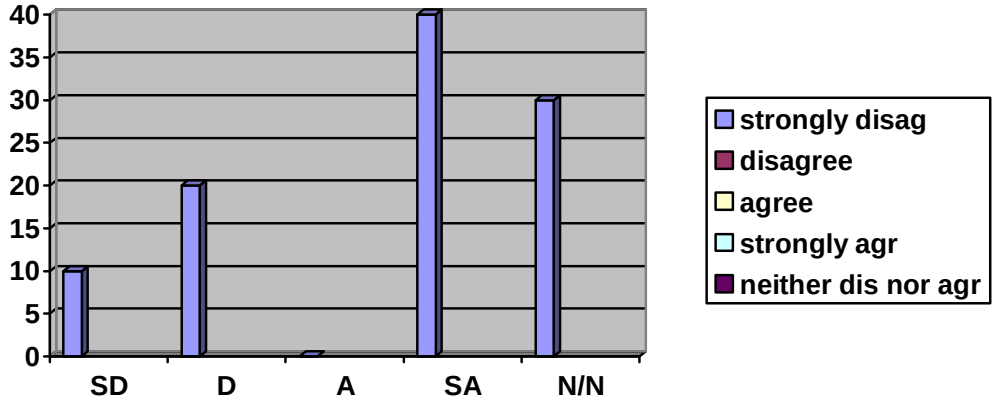
80% strongly agreed that discrimination should be prohibited in the workplace, 10% agreed and an interesting 10% strongly disagreed.



4. Mandatory Testing (from attitudinal item)

7. HIV testing should not be mandatory for any employee

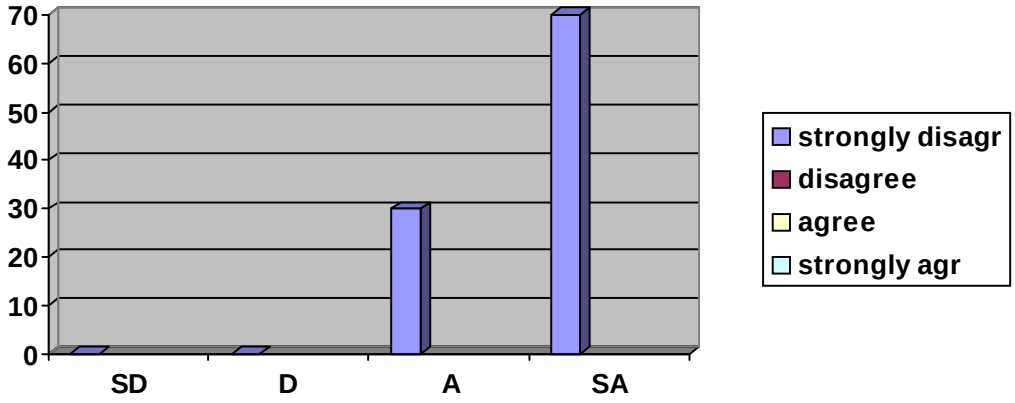
40% agreed that HIV testing should not be mandatory in the workplace, 30% were neutral, 20% disagreed that HIV testing should not be mandatory and 10% strongly disagreed.



5. Handling HIV/AIDS issues (knowledge item)

11. I am sufficiently knowledgeable about HIV/AIDS to handle HIV/AIDS related situations in the workplace

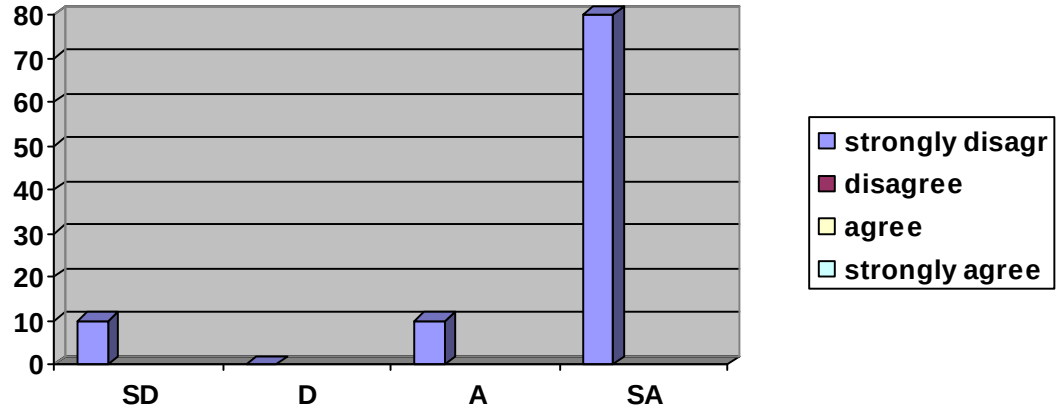
70% strongly agreed that they have sufficient knowledge on HIV/AIDS related-situation at the workplace. 30% also agreed. Here the indication is that 100% agreed that they could handle HIV/AIDS situation with sufficient knowledge.



6. HIV/AIDS as Department of Health's responsibility (from knowledge item)

15. HIV/AIDS cannot be considered to be a responsibility of the Department of Health alone

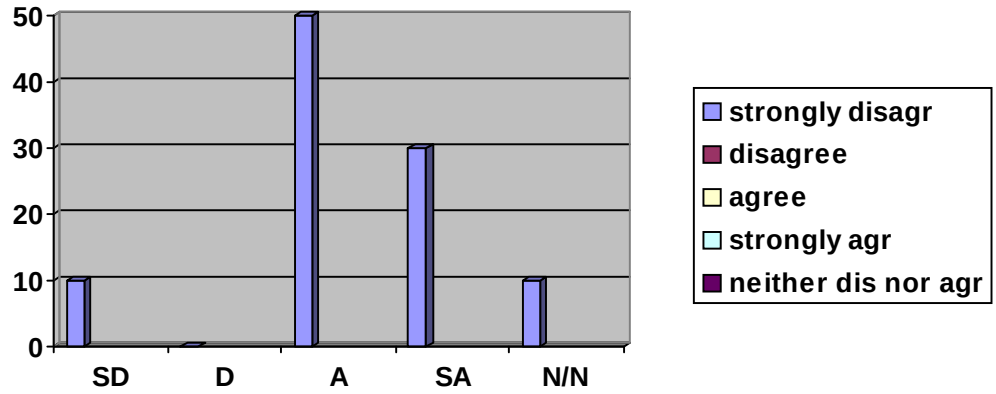
80% strongly agreed that the Health Department cannot be the only department to deal with HIV/AIDS. 10% agreed and an interesting 10% strongly disagreed, therefore this indicates, from their point of view, that Health Department can be the solely responsibility in dealing with HIV/AIDS.



7. Disclosure of HIV status in the workplace (From knowledge item)

16. Employees should be encouraged to disclose their HIV status to get more information on how to live with the virus

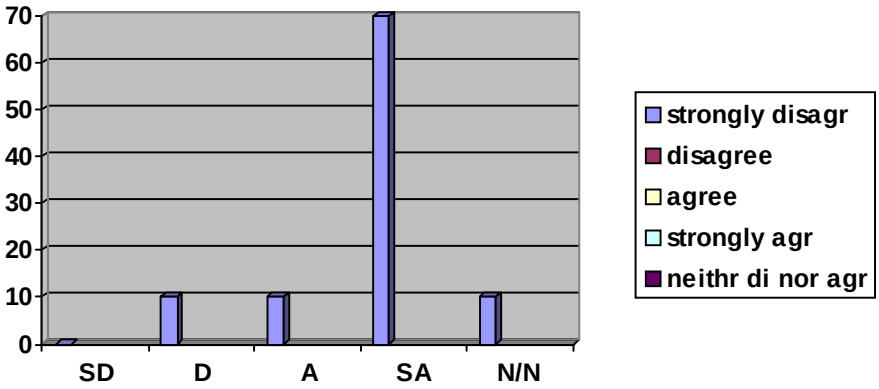
50% agreed encouragement of disclosure, 30% strongly agreed, 10% strongly disagreed and another 10% is neutral.



8. HIV/AIDS workplace policy (policy items)

17. My department has HIV/AIDS workplace policy

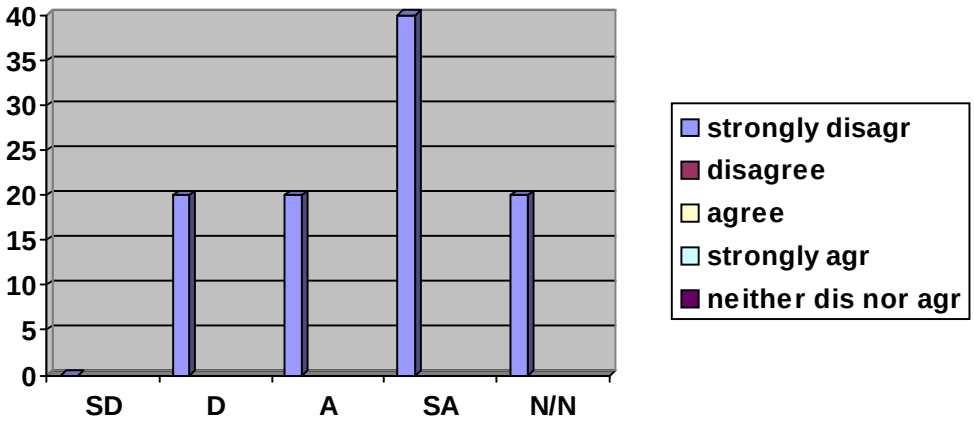
70% strongly agreed that their departments have a workplace policy, 10% agreed, 10% disagreed and another 10% was neutral.



9. Policy review (policy items)

18. The policy is due for review in a year's period (2007/08)

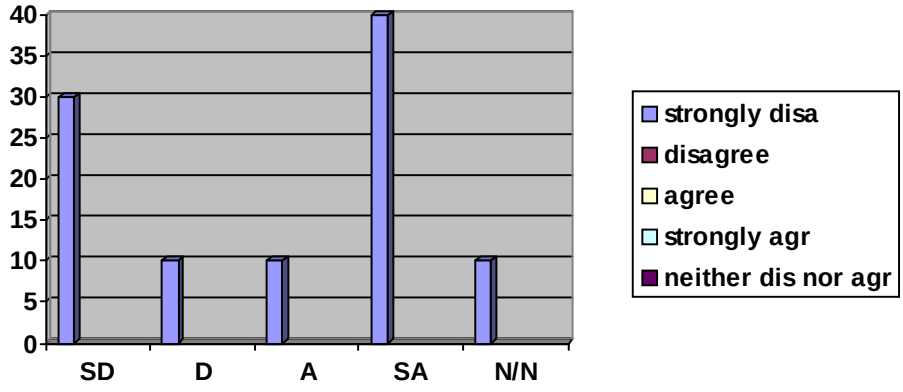
40% strongly agreed that their policies are due for review in the year 2007/08, 20% agreed to the same fact, 20% disagreed that their policy are not due for review during the year 2007/08 and another 20% was neutral.



10. Dedicated and supportive Senior Manager for the programme (leadership items)

19. I have a dedicated Senior Manager who is supportive of the HIV/AIDS workplace programme

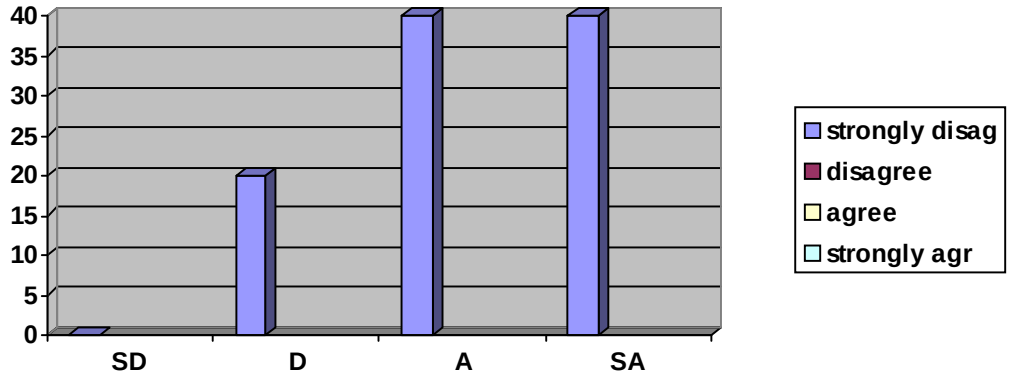
40% strongly agreed that they to have a supportive and dedicated senior manager for the programme, 30% strongly disagreed, 10% agrees, 10% disagreed and another 10% was neutral.



11. HIV/AIDS Signed Plans by SMS

23. Each year my department submits on time a clear, output driven plan with a budget that is signed by a SMS

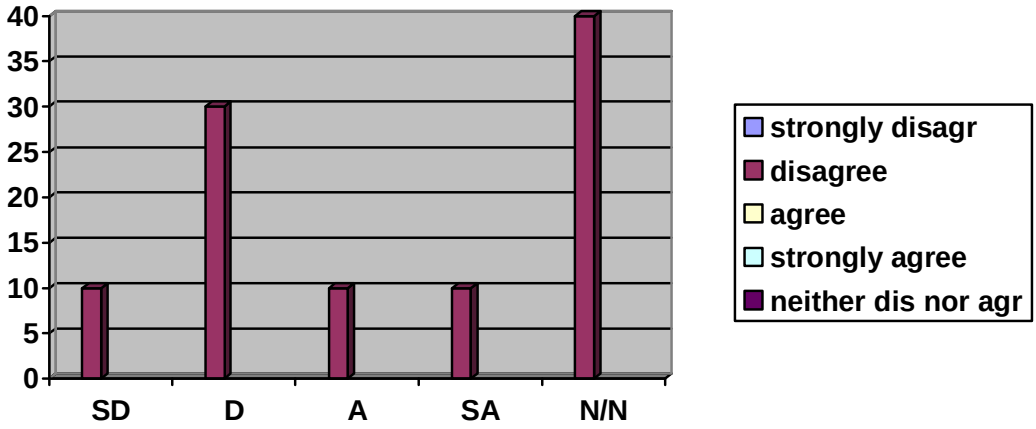
40% strongly agreed that they submitted clear output-driven, signed plans by senior managers, 40% agreed, 20% disagreed.



12. Leadership role in the workplace

24. The leadership role within the workplace programme in my department has disappointing factors (Disappointments, failures, challenges)

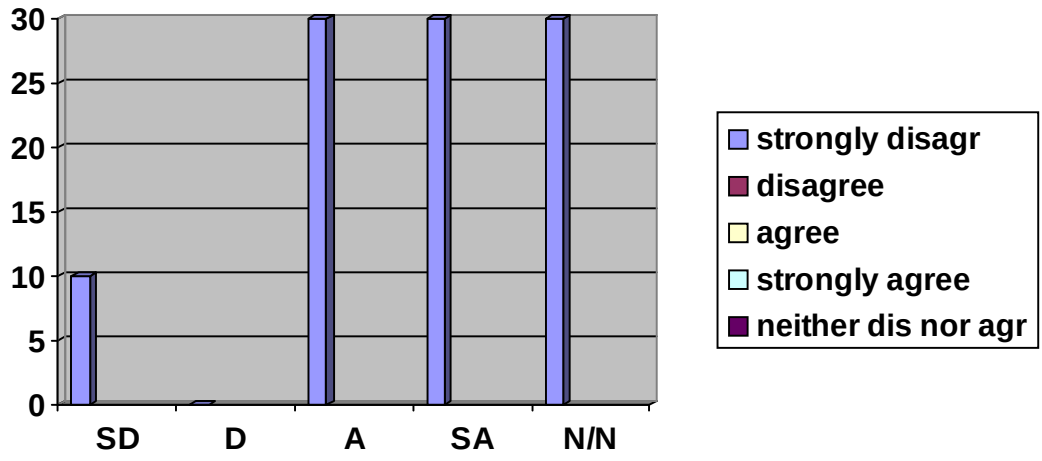
40% were neutral on this issue, 30% disagreed, 10% strongly disagreed, 10% agreed and 10% strongly agreed.



13. Leadership issues inhibiting implementation

25. There are leadership issues that inhibit the implementation of the programme

30% strongly agreed that there are issues of leadership that inhibit the implementation of the programme, 30% agreed, 30% was neutral and 10% strongly disagreed.



14. Leadership support on Workplace policy elements (chosen from 13 elements)

a) Voluntary Counselling and Testing (VCT)

In summary, 90% agreed that there is leadership support for the VCT programme to be part of the workplace programme.

b) Peer Education

In summary, 80% agreed that leadership support exists for peer education, which is part of the workplace programme.

c) Education and Training (of employees and managers)

In summary, 90% agreed that education and training of employees and managers, is part of the workplace elements and leadership supports it. Only 10 % were neutral to the issue.

d) Stigma and Discrimination

In summary, 60% agreed that stigma and discrimination are part of workplace elements and leadership support exist for the programme.

e) Employee Assistance Programme (EAP)

In summary, 90% agreed that EAP form part of the workplace programme and there is leadership support. Only 10% disagreed that leadership is very strong.

4.9 Interpretation and critical analysis of close findings.

For critical analysis of the close findings, the researcher took a decision to choose only variables that have a significant meaning to interpret the results. This was done by selecting those variables that have a 50% and above response. Out of 14 variables, 12 of them have a response of 50% and above. Following are twelve variables for critical analysis.

My department has allocated funds to implement a workplace programme for the year 2006/07

The programme coordinators agree by 70% that their departments allocated funds to implement a workplace programme for the year 2006/07. It must be mentioned that the 30% remaining should be a concern if funds were not allocated, as this contradicts what the Gauteng Aids Plan 2006/07 stipulates. The plan clearly emphasizes that all GPG departments have to submit approved plans and all departments are expected to implement the programme with certain set targets for the year. A proper supervision, monitoring and support by the Multisectoral Aids Unit is critical in this case to ensure that all departments receive funds to contribute to programme outputs. Departments without funding will compromise a service to its employees and this will have a negative impact in achieving the goals mentioned in the Gauteng AIDS Plan 2006/07.

My department had reached the set targets for the 2006/07 FY

It is a great concern that only 50% agreed to have reached the targets set for the year. Interestingly in this case 40% neither disagree nor agree and 10% disagree. Programme coordinators are project leaders in implementing and achieving the set targets, it is then expected that they would do better than this or at least know exactly if targets are met or not. This case calls for a thorough investigation on what are the reasons for not reaching the targets or why programme coordinators are uncertain about the matter as there might be a number of reasons, such as lack of funding, high staff turnover etc.

Discrimination in the workplace against HIV/AIDS infected employees should be prohibited.

The programme coordinators agree by 90% that discrimination should prohibited in the workplace. This demonstrates that these coordinators understand the Employment Equity Act No.55 of 1998 (chapter 2, clause 5) that says the employers must take steps to promote equal opportunity in the workplace by eliminating unfair discrimination in any employment policy or practice. The principles contained within the Dakar Declaration 2004 and the Code of Good Practice on HIV and AIDS inform all the HIV and AIDS responses, which the coordinators seem to have internalised.

I am sufficiently knowledgeable about HIV/AIDS to handle HIV/AIDS-related situations in the workplace.

Programme coordinators agree by 100% that they are knowledgeable about HIV/AIDS. One of the important HIV/AIDS workplace elements is education and training, which could apply to coordinators, employees and senior managers of a particular department. It could be interesting to find out what impact this knowledge has on the recipients of the service, hence, one of the recommendations would be to suggest a review of the GPG workplace programme.

HIV/AIDS cannot be considered to be a responsibility of the Department of Health alone

Programme coordinators agree by 90% that the Department of Health is not the only department to be responsible for HIV/AIDS. The role of departments that are discussed earlier in this chapter concurs with this statement that every department and civil society sector, as stipulated in the Gauteng AIDS Plan 2006/07, has a role to play in the fight against HIV/AIDS. The funds that are allocated by the Gauteng treasury through the Department of Health (MSAU) demonstrate the encouragement to collaborate as departments to increase programme outputs and this emphasizes the working together and owning the programme by the entire province, not just the Health Department.

Employees should be encouraged to disclose their HIV status to get more information on how to live with the virus.

Programme coordinators agree by 80% that employees should be encouraged to disclose their HIV status. Peer education and Voluntary Counselling and Testing are some of the programmes that are used to effect change at an individual level by attempting to modify a person's knowledge, attitudes, belief or behavior. These programmes play a part in encouraging persons to disclose their HIV status.

My department has an HIV/AIDS workplace policy

80% agreed that their departments have HIV/AIDS policy, demonstrating that departments are committed in fighting the disease in the workplace, but one would perhaps further check if these are draft or approved policies as these will implicate in effective implementation. This is where leadership role is critical to ensure that every department operates on an approved policy by a senior manager which in turn will demonstrate management support, commitment and focus on both the programme and programme coordinators.

The policy is due for review in a year's period (2007/08)

It is good to find out that 60% agrees to review the workplace policy. In other words, this could mean that policy/programme needs some amendments due to changing environment or needs in a particular department. The GPG workplace AIDS Programme was initiated in 1998 and it is long overdue for review.

I have a dedicated senior manager who is supportive and dedicated of the HIV/AIDS workplace programme

Programme coordinators agree by 50% in having dedicated senior managers who are supportive to the programme. A concern would be another 50% who do not agree and what will be the implications thereof if they are not supportive to the programme. One of the recommendations would be to have senior managers who are seconded as champions of the programme and have a key performance area on an HIV/AIDS workplace programme. This action will foster visible leadership and enhance communication between programme coordinators and their senior managers.

Each year my department submits on time a clear, output driven plan with a budget that is signed by a SMS

Programme coordinators agree by 80% that their departments submit a signed plan. A concern is what about the other 20%: is this a sign of lack of funding, lack of planning or ignorance on the side of those who are supposed to approve a plan in order to receive funds? A great result in terms of seeing that departments are complying with the stipulated regulations by Treasury Regulations, the Division of Revenue Act and Public Finance Management Act.

Leadership support on workplace policy elements (VCT, EAP, peer education, education and training, stigma and discrimination)

82% agree that there is leadership support on a workplace programme, a good illustration of commitment and focus by leaders. For as long it is not 100% more work still needs to be done in encouraging leaders to be more supportive and visible in implementing the programme across all GPG department in the Gauteng Province.

There are leadership issues that inhibit the implementation of the programme

Programme coordinators agree by 60% that there are issues that inhibit the implementation of the programme. This is a high percentage that calls for further investigation on the specific issues of each department to specifically address matters as they transpire. This could be perhaps a sign of lack of innovation or creativity from both programme coordinators and their leaders.

Leaders should be able to find ways of coping with new and often complex trends. It is said that leaders of today must directly confront the possibilities of immediate or gradual world destruction, new forms of communication, the virtual demise of any privacy, increasing amount of knowledge, lack of wider commitment and so on. They should recognize these features above and try to make an organization a success out of creative ways.

Both leaders and followers should be encouraged to recognize problems and tensions that complicate the leader's role. There are number of issues that both leaders and followers have to consider such as need for technical expertise, broad base communication, need for training and education, knowledge sharing, etc. The more these issues are understood the less likely it is that irresponsible leadership can arise.

One has to mention that the average of 15% response has been that programme coordinators neither disagree nor agree on all 14 variables of analysis, perhaps one would consider following up what is behind such responses in addressing uncertainties.

4.10 Conclusion

The researcher developed opinion- type questions where there is no wrong or right answer. Also the attitude questions where respondents looked at their situations. The questions were closed ended but respondents have been encouraged to add their comments after the last question.

The researcher constructed questions that were based on HIV/AIDS workplace policy, the reason being that the researcher wanted to know what the respondents knew about workplace policy and programmes in government departments; HIV/AIDS & leadership, in order to explore how leadership has been effective in the workplace programme; attitudinal items, in order to explore attitudes of respondents towards their department workplace programme; knowledge items, in order to know how knowledgeable respondents are implementing workplace programmes and lastly, in general questions on HIV/AIDS issues.

The researcher used a wider Lickert Scale (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree), the traditional five point scale. The scale response for each question has inherent biases (e.g. central tendency bias, acquiescence bias etc) and making the scale too narrow only exaggerates these biases. This method also gives respondent a wide choice in finding what best suits their response.

The researcher used fourteen variables for analysis and interpretation of the data that have relevance in leadership. These were demonstrated in a form of a bar graph for clear understanding. Following is the interpretation of the close findings from the raw data.

In the next chapter the researcher makes conclusions and recommendations with suggested future research.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5. Introduction

The researcher developed a questionnaire that was sent to twelve GPG programme coordinators implementing the HIV/AIDS workplace programme. According to the Gauteng AIDS Strategy, Gauteng AIDS Plan (2006/07), GPG departments are all required to implement the HIV/AIDS workplace programme. Only ten departments participated in a study (80%). Within the ten departments, the workplace programme is rendered to approximately +_120 181 employees in the Gauteng Provincial Government departments. The programme coordinators occupy different levels in positions, that is, assistant director, deputy director, etc and some are permanent and others are on contract. 80% of the departments submitted their signed plans during the 2006/07 financial year to the MSAU for the allocation of the workplace programme funds.

5.1 Addressing the three research questions

The results from the analysis process were summarized and in answering the research questions, specific variables of analysis were chosen to answer specific questions

5.1.1 Addressing the 1st research question

Below are chosen variables to answer the first research question. Leadership commitment in Gauteng Provincial Government departments can be measured by the following variables which are not the only ones.

Allocation of funds = 70% agreed
Reaching of set targets by departments = 50%
Workplace policy in existence = 80%
Signed plans by senior member of the department = 80%
Dedicated SMS for the departmental HIV/AIDS workplace programme = 50%
Leadership support on HIV/AIDS workplace elements (VCT, Peer Education, Education and Training, Stigma and Discrimination, EAP) = 80%

Has leadership, with commitment and focus, been a contributing factor to effective responses in the implementation of HIV/AIDS workplace programme in GPG department?

Looking at the results above, one can agree that there is leadership commitment in the effective implementation of HIV/AIDS workplace programme in Gauteng government departments. This commitment needs to be strengthened and enhanced.It is a concern though that some departments have not been allocated funds for the 2006/07 FY as results are showing and measures have to be developed in ensuring that all departments have funds for implementation. In reaching the set targets, the Multisectoral Aids Unit which is a coordinating unit will have to investigate reasons for departments not being able to reach their targets. It could be funds, capacity or simply that programme coordinators do not know, as

40% did not agree or disagree to the fact. One could also interpret the 40% as problematic as one would expect that programme coordinators should know if they reach targets or not.The 20% with no workplace policy in place raise a concern as all departments are required to implement the programme for one would recommend the Multisectoral Unit to provide technical support and ensure that all departments have policies. It is commendable that senior managers sign their plans to show commitment and focus but disappointing to see that for other departments there are no dedicated or supportive SMS for the programme. It is so impressive to find out that 80% of leadership support is evident on workplace elements.

5.1.2 Addressing the 2nd research question

What are the common problems or challenges that are experienced by programme coordinators in implementing the programme?

Below are chosen variables to answer the second research question. Challenges that are experienced by programme coordinators in Gauteng Provincial Government departments that emerged are the following:

Reaching set targets = 50%
Dedicated and supportive SMS= 50%
Leadership issues inhibiting implementation of the programme = 60%

In interpreting the above, one could say that it is a problem when programme coordinators do not agree or disagree in knowing if they reached their set targets or not. Programme coordinators are assumed to be the ones doing the plans and compiling reports and they should be certain in answering this question. Perhaps commitment of programme coordinators should be investigated.

If 50% believe that they do not have dedicated and supportive SMS, this should be a challenge that the Multisectoral Aids Unit (MSAU) has to look at strongly because resolving it will improve results on implementing the programme.

Having 60% agreeing that there are leadership issues inhibiting the implementation of the programme, it is clear that there is a strong need to look at the matter in depth.

5.1.3 Addressing the 3rd research question

What creative ways can be administered to improve the present situation?

Many authors that are quoted in this study have good ideas on how to improve leadership. The Public Service Commission Report (2006) on evaluation of EAP in the public sector has emphasized management support, visible leadership and communication as key factors for any effective leadership and success programme implementation.

Northouse (2004) emphasizes the fact that leaders should explore various ways of

leadership, where he identifies four leadership styles. He talked of directive and supportive leadership that helps both leaders and their subordinates to reach their common goal. Northouse (2004) further encourages one to consider five principles of ethical leadership. Goleman & Etal (2001), concur with Northouse that challenges on leadership call on leaders to do a self-reflection and planning asking themselves questions about how to make change stick, how to get to your vision and who can be of your assistance when you need it.

Gardner (1995) has no doubt that leaders need proper training for organizations to be successful. This can be done through appreciation of enduring features of leadership, appreciation and dealing with new trends and recognition of problems and paradoxes.

There is no doubt that programme coordinators themselves are leaders in their own position in which they need to take responsibility and accountability for challenges experienced in implementing the programme they are responsible for.

To 'unpack' the above issues would allow a situation where leaders are involved in training and education on leadership issues to achieve focus and effective leadership.

5.2 Main findings of the study

The purpose of the study was to explore leadership challenges facing programme coordinators in implementing the workplace programme during the 2006/7 financial year and to find out what solutions or alternatives can be implemented in achieving the expected service delivery outputs/targets. Through questionnaire responses from GPG programme coordinators, it is evident that there are leadership challenges within the GPG workplace programme implementation. A high percentage of responses that agree to the fact that there are leadership issues that inhibit programme implementation illustrate a challenge in leadership.

Leadership commitment and focus within the GPG need to be strengthened and enhanced. The challenge of other departments in not reaching their set targets without signed plans and with no dedicated and supportive senior members could be a contributing factor to displaced programme outputs. Interestingly so, some programme coordinators show lack of knowledge in their own departmental performance in terms of reaching programme targets. With departments that indicate an absence of the workplace policy, technical support has to be provided.

On the other hand, one must mention that there is recognition of effective leadership in other departments that are certain to have reached their targets with dedicated and supportive senior members for their programme. One agrees with Gardner (1995), Goleman & Etal and Northouse (2004) on issues of considering training of leaders on effective leadership, exploring leadership styles and principles of ethical leadership in improving leadership focus and commitment. In the context of HIV/AIDS in our country and within institutions the same kind of approaches can be examined. One finding that was of interest in the study was that 10% strongly

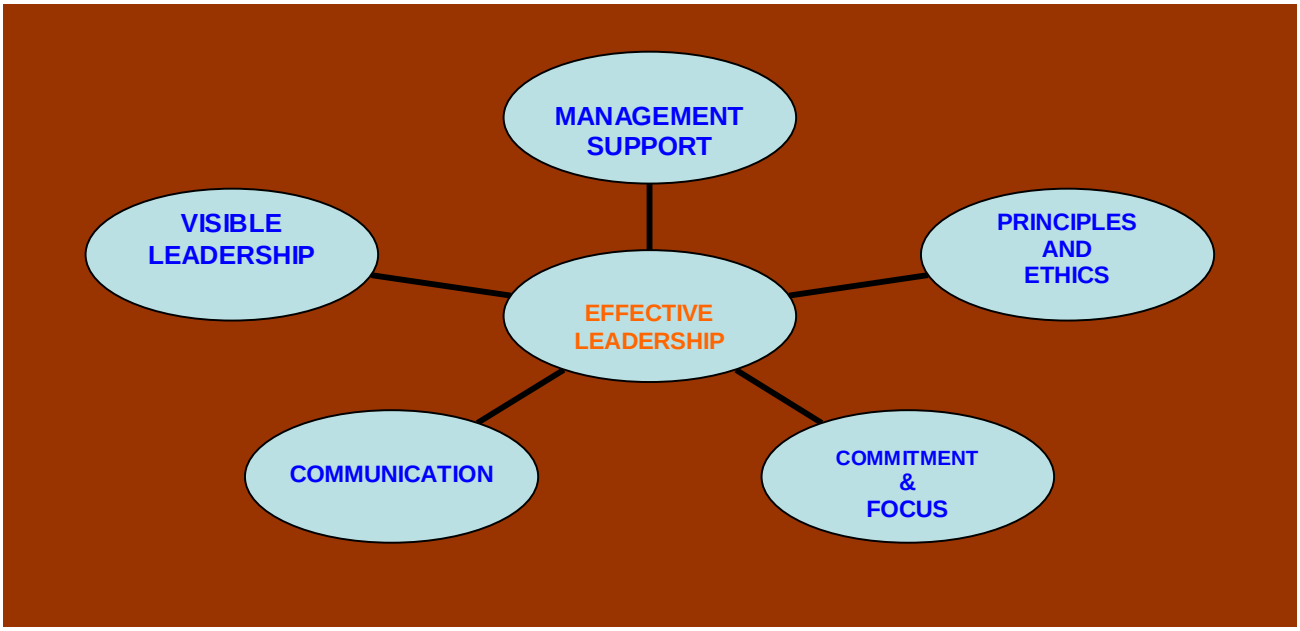
disagreed that discrimination should be prohibited in the workplace and another small percentage agreed that HIV testing should be mandatory in the workplace.

5.3 IMPLICATIONS OF RESEARCH RESULTS WITH IDENTIFIED THEMES

5.3.1 Introduction

Themes for effective leadership were identified from the literature review chapter. Below is the discussion on themes and the implication they have on research findings.

5.3.2 Identified themes for effective leadership



5.3.3 DISCUSSIONS ON IDENTIFIED THEMES

1. Commitment and focus

It is without doubt that leadership requires commitment and focus, especially from those who are responsible for leading the organization. These people should also understand that leadership is not just for people at the top but everyone can learn to lead by discovering the power that lies within each one of us to make a difference and being prepared when the call to lead comes. The most critical issue is that leaders themselves should understand that leadership and management are different, where leadership is about change and management is about coping with complexity. The global world with the AIDS epidemic requires both leadership and management capabilities in order to sustain the focus that is needed in achieving

the results of programme implementation. With the research results obtained, it is clear that HIV/AIDS workplace programme needs a sustainable human capacity with dedicated senior managers and coordinators to ensure the reaching of targets.

2. Communication

Communication is an integral part of all management functions. In order to plan, organize, lead or control, managers have to communicate with their subordinates. Decision-making necessitates communication, and management-by-objectives relies heavily on the communication skills of managers and subordinates. Managerial communication occurs in three forms as described by Brevis et al (1992); intrapersonal (managers receive, process and transmit information to themselves), interpersonal (messages are transmitted directly between two or more people on a person to person basis) and organizational (information is transferred between organizations or between different units or departments in the same organization). As stated by PSC report (2006), communication from the management perspective refers to the process of communication strategies down to organizational levels and having them understood and implemented, as well as receiving feedback from the employees to understand their experiences.

Frost et al (1993), suggests that there are factors which inhibit communication which largely related to the structure and culture of such organizations themselves. For example, employees will not express honest feelings about their work thinking that could cause trouble with management. The challenge that is faced by programme coordinators among other things when you look at the structural issue is the fact that some of them are employed in contract and not permanent and this sometimes poses uncertainty in terms of job security and lowers the employee's commitment and focus to his or her job. When leaders want to effect change in organization, it is possible, if employees are willing to, the point of making short term sacrifices, but again people will not make sacrifices unless they think potential benefits of change are attractive. Without credible communication, and a lot of it, employees' hearts and minds are never captured. Effective communication can give an organization a competitive edge and those organizations in which communication systems are effective are likely to be more successful than those in which they are not. The question that leaders and managers should ask themselves in their organizations and programmes they implement with their subordinates is that, what differentiates an effective communication system from an ineffective one? This is a crucial question for the AIDS workplace programme to be able to improve among other things in the reaching of programme targets.

3. Visible Leadership

Visible leaders are those who express their ideas, insight, knowledge and skills to improve team/organizational processes and one of its important practices would be to make one's contributions visible. As stated in the PSC Report 2006, the benefits of having employees witnessing the SMS actively involved in developing and maintaining programmes should not be underestimated. A continuation of the concept of visible leadership is leadership participation, which refers to having SMS

members themselves taking the lead in the utilization of the various programmes and services effectively giving it their personal stamp of approval. This leadership participation is particularly relevant to the HIV and AIDS-related programmes, where employees are confronted by fear of discrimination and ostracism. Leadership should be up to the fears first, if they expect their employees to follow.

Leaders or those who manage programmes should be physically visible in programme planning, implementation, monitoring and evaluation. This full participation motivates the shift from personal to group interests, cooperation rather than the competition that is mostly witnessed in the field of HIV/AIDS.

4. Management Support

Kotter (2001) acknowledges, the fact that management is about coping with organizational complexities, the HIV/AIDS programme deserves permanent, adequate human and financial resources. For the Gauteng AIDS Programme , funds are annually allocated to the Gauteng departmental HIV/AIDS workplace programme and management support is evident in this area. Human capacity in HIV/AIDS needs to be addressed as there is high turnover of staff due to a number of reasons, such as contractual appointment of staff. Good management support brings a degree of order, sustainability and consistency to key dimensions like quality. This will ensure plan implementation, controlling and problem-solving which will benefit programme results.

5. Principles and Ethics

Leaders are said to be people who should respect, serve and build communities, and be honest and just in giving direction, aligning people and motivating them. These ethical principles will also assist leaders in appreciating and dealing with new trends and to cope with changes and challenges experienced in different organizations. It is quite important that any programme be led by principles and a code of ethics in order to promote accountability and responsibility by programme managers.

5.4 Suggested future research

The study focused on leadership challenges with possible solutions and perhaps a follow-up study should be made on GPG HIV/AIDS workplace policy review. This will assist in having the baselines to be able to measure the impact of the programme on its recipients.

5.5 Recommendations

Following are the recommendations for the effective leadership in the implementation of the HIV/AIDS workplace programme in Gauteng Provincial Government departments:

Training of Programme Coordinators

HIV/AIDS workplace programme coordinators should undergo continuous training on HIV/AIDS issues and be allowed to express their own opinions. There should be orientation and induction programmes scheduled for newly-appointed HIV/AIDS programme coordinators. This will allow sharing of knowledge and understanding of the implementation challenges and the best ways of dealing with everyday possible barriers on implementation of workplace programmes. Induction will have to focus also on HIV/ADS policy in a particular department which will assist in determining if each department has a policy in place and in case there is none, MSAU should provide technical support in development of such policy and ensure its implementation through monitoring mechanisms. Programme coordinators should be aware of set targets and should be able to have mechanisms in place to monitor their performance in terms of meeting those targets. Training will also address financial and budgeting processes which will assist in avoiding unnecessary over and under spending.

Continuous provision of technical support by MSAU

MSAU should provide technical support to departments assisting in the compilation of clear output and results-driven plans and development of departmental HIV/AIDS policy. MSAU should ensure that no department operates without an approved HIV/AIDS policy and annually, each department should budget for and submit an approved plan which is accompanied by a Memorandum of Understanding document that is adhered to. For MSAU, it is important that there is adequate human resources and expertise in providing the service to the departments. Staff of good value to the unit should be retained and be engaged in continuous training to be able to deliver on the mandate given.

Accountability by Senior Managers

Heads of Departments should ensure that they have a senior member responsible and accountable for an effective and successful workplace programme and this should form part of their performance agreement. Each programme coordinator should have a senior manager who acts as a champion of the programme in each department. This senior manager will provide management and visible support to the coordinator through effective communication methods. This responsibility should appear in the senior manager's workplan and should reflect on the performance review reports the senior manager submits to his/her principal. All plans and reports submitted to MSAU should be approved and the signed by a senior manager and be on time to meet the Treasury deadlines.

Training of Senior Mangers on effective leadership

All senior managers/leaders should undergo training on effective leadership to explore various styles of leading. As been suggested by Gardner (1995), leaders should undergo a training that will focus on six important areas, which are:

- construct and convincingly communicate a clear and persuasive story
- appreciate the nature of audience including its changeable features
- invest his/her own energy in building and maintenance of an organization
- embody in her/his own life the principal contours of the story
- either provide direct leadership or find a way to achieve influence through indirect means
- find a way to understand and make use of innovations, without being overwhelmed by increasingly technical expertise.

In the context of training these important areas will have to be understood and taught for effective leadership in fighting HIV/AIDS in the workplace.

Review of the GPG workplace programme

There is definitely a need for the evaluation or review of the GPG workplace programme as this will assist in the measurement of the direct and indirect impact the programme has on departmental employees, family members of the workers and AIDS partnerships. Evaluation should also be used as a corrective measure to improve the programme where there may be weaknesses or shortcomings. With all the impact studies that Gauteng has conducted, with the policy implementation programmes that were put in place, it is crucial to find evidence that the present workplace programme being implemented has positive results in benefiting the recipients. HIV/AIDS policies in departments will have to be aligned with the findings of the review. This will assist in enhancing and strengthening of other workplace programmes done in the private/business sector. The review will also look at funds allocation, where there will be emphasis on mainstreaming of the programme in integrated plans that will ensure sustainability of programmes.

6. Conclusion

South Africa is experiencing a high HIV/AIDS prevalence rate. This has a negative impact on the development of the country more especially on socioeconomic improvement of the lives of its citizens. The Gauteng HIV/AIDS Strategy and a Multisectoral response to HIV/AIDS are considered as a positive step responding in the high prevalence rate that is evident across all age groups. The HIV/AIDS workplace programme is seen as a way of preventing or lessening the loss of skilled personnel due to ailments and deaths related to HIV/AIDS. However, there is inadequate information on the effectiveness of the implementation of HIV/AIDS at the workplace programme, in terms of codes of good practice.

The aim and purpose of the research study was to explore leadership challenges facing programme coordinators in implementing the workplace programme during the 2006/7 financial year and to find out what solutions or alternatives can be implemented in achieving the expected service delivery outputs/targets. There were three main research questions that the study seeks to answer, that is, has leadership with commitment and focus, been a contributing factor to effective responses in the implementation of HIV/AIDS workplace programme in GPG departments; what are the common problems or challenges that are experienced by programme coordinators in implementing the programme and what creative ways can be administered to improve the present situation? Both quantitative and qualitative research was undertaken and a self-administered questionnaire was developed and administered by the researcher for data collection.

It has to be mentioned that the sample of the study was small but the results are still valuable and can be utilized for further studies in the field of both leadership and HIV/AIDS. There are five critical themes that the study has identified, namely, *commitment and focus* (leadership requires commitment and focus especially from those who are responsible for leading organizations); *communication*, which is said to be an integral part of all management functions; *management support* (good management support brings a degree of order, sustainability and consistency to key dimensions like the quality; *principles of ethical leadership* (ethical principles assist leaders in appreciating and dealing with new trends and coping with changes and challenges experienced in different organizations; and *visible leadership (*visible leaders are those who express their ideas, insights, knowledge and skills to improve team/organizational processes and one of its important practices would be to make one's contributions visible.

The study finds that though there is a general agreement on leadership commitment by the ten departments that participated in the study, there are some departments that require support and dedicated leaders for the effectiveness of the HIV/AIDS workplace programme. There are recommendations that are made which can assist in the effective implementation of the workplace programme by both leaders and programme coordinators. This study, not in so many words calls for a policy review for HIV/AIDS workplace programme in the Gauteng Province.

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