

Evaluation of HIV and AIDS workplace programs in government-owned secondary schools in Tanzania

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BACKGROUND

The government of Tanzania mandated HIV/AIDS workplace interventions in 2006, with the objective of reducing the spread of HIV and supporting workers living with HIV/AIDS. The policy directs public institutions to design and implement workplace programs covering HIV prevention, care and treatment. This study evaluated implementation of the program in Morogoro Municipal Council and its effects among secondary school teachers.

METHODS

We conducted in-depth interviews and focus group discussions with key informants purposively selected from the Morogoro Municipal Council and secondary schools, and a review of relevant documents.

RESULTS

The structures through which HIV/AIDS workplace activities were to be assessed and implemented, including a situation assessment, HIV/AIDS workplace committees and resource allocation, had not been put in place or had been given insufficient resources or priority. Therefore, very few HIV/AIDS activities had been implemented, and almost all of those at the Morogoro Municipal headquarters. The few activities that had been implemented, such as awareness sessions and peer education, had minimal reach and effectiveness.

CONCLUSION

Teachers are a high-risk group for HIV/AIDS in Tanzania, and the HIV/AIDS workplace program was conceived as a strategy to prevent and mitigate the adverse effects of HIV/AIDS among teachers and other workers. We found that the HIV/AIDS workplace programs had not been implemented sufficiently in Morogoro Municipal secondary schools to make an impact on workers. We recommend better dissemination of the guidelines, stronger leadership and accountability, and representation by workers living with HIV to improve implementation of HIV/AIDS workplace activities.

Key words: HIV/AIDS workplace programs; Tanzania; evaluation

BACKGROUND

The International Labor Organization (ILO) developed the Codes of Practice to instigate countries initiatives in response alarming morbidity and mortality due to AIDS in the workplaces (ILO, 2001). In 2005 the government of Tanzania conducted a study to evaluate the impact of HIV/AIDS in public services before beginning to adhere to the ILO codes of practice. The study revealed that 7%

(21,000) of public servants were living with HIV and many others had died of AIDS-related conditions (United Republic of Tanzania (URT), 2005). Attrition of staff caused by AIDS-related deaths was alarmingly high, ranging between 0.77% to 1.19% in ministries, departments and agencies, 1.20% to 1.37% in local government authorities, and 0.40% to 1.10% in regional administrative offices. The study authors recommended that the government issue

a policy that would address HIV/AIDS in the workplace and publish guidelines that would translate the policy into immediate action (URT, 2005). In response, the government of Tanzania issued Circular Number 2 of 2006 directing all public employers to establish HIV/AIDS workplace services for public servants, followed by the National Guidelines on HIV/AIDS Workplace Programs of 2007 (hereafter called "the National Guidelines"). The National Guidelines describe nine interventions and activities to be implemented by workplaces to improve the quality of life and enhance productivity of people living with HIV/AIDS (PLHIV). Specifically the package of activities includes: assessing the HIV/AIDS situation in the workplace; creating a HIV/AIDS workplace committee; creating work plans and a budget for HIV/AIDS programs in the workplace; implementing awareness/education programs; implementing peer education programs; increasing access to condoms; providing access to HIV testing and counseling; reducing stigma and discrimination; and monitoring and evaluating HIV/AIDS workplace interventions.

In Tanzania, teachers are highly affected by HIV/AIDS compared to other public sector professions (Mwendah & Ernest, 2014). Teachers are often stationed far from their families and earn little income compared to the communities in which they work, making them more vulnerable to high-risk behavior and HIV infections (Research on Poverty Alleviation, 2010). The high death rate due to HIV/AIDS among teachers was one of the major contributing factors for the need for a workplace program. Very little is known about the extent to which workplace programs have been translated into practice and their effects on HIV/AIDS in workplaces in Tanzania. This study attempted to evaluate how the HIV/AIDS workplace program has been put into practice and the effects of the program on secondary school teachers specifically.

METHODS

Study Design

A case study constructivism paradigm was employed in this evaluation study. This approach elicits the way people see things and how they interpret them (Yin, 2009). The use of a case study design allowed a thorough exploration of implementation and immediate effects of HIV/AIDS workplace interventions from several dimensions and multiple perspectives using reviews of documents, interviews and focus group discussions (Baxter & Jack, 2008). Morogoro Municipality was the case selected for this study. The study recruited respondents at local government authority (Morogoro Municipal Council) headquarters and schools.

Setting

Morogoro Municipality is located in Morogoro Region

in Tanzania and is the regional capital. The town is located about 300 kilometers southeast of the capital city Dodoma and 195 kilometers from Dar es Salaam.

Morogoro Municipality was selected for convenience, as the study researchers already had an established rapport with the Council by having conducted another study and living in the same municipality. Morogoro Municipality is a transportation hub connecting all parts of the country and nearby countries. Morogoro Municipality is one of the high-risk areas for HIV/AIDS in Tanzania, with HIV prevalence of 3.8%, because of the high number of people traveling through (URT, 2012).

Selection of schools

According to the National Guidelines on the HIV/AIDS Workplace Programs of 2007, workplace programs should be implemented in all local government authorities and public institutions in the area. We focused on secondary schools because they are an important link between the primary and tertiary levels of education. Secondary schools were purposively selected to include different types of schools in different settings. The selected secondary schools included a day school in a semi-urban area (Kola Hill Secondary), a day school in a rural setting (Bondwa Secondary), a school with both day and boarding students in an urban setting (Morogoro Secondary), and a boarding school in a semi-urban setting (Kilakala Secondary).

Selection of participants

Participants were selected from the Morogoro Municipal Council and the four selected secondary schools. Council officials have the responsibility to support the lower-level institutions, including secondary schools, in interpreting and implementing policies and guidelines, including workplace interventions on HIV/AIDS prevention, care and treatment for PLHIV, and improving the lives of PLHIV. The selection of four participants at the Council level was therefore based on their involvement in supporting implementation of HIV/AIDS workplace interventions (Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R., 2013). They included: the Council HIV/AIDS Coordinator, the Human Resource Officer, who coordinates Council HIV/AIDS workplace program; the Municipal Planning Officer, who allocates resources for the Council plans; and the Academic Education Officer, who is responsible for HIV and AIDS affairs in secondary schools.

Participants from secondary schools included the head of the school and four teachers (two women and two men). In addition, we conducted three focus group discussions (one focus group discussion for the boarding school, one for the mixed school and one for the day school in a rural setting). Each focus group was comprised of six participants, making a total of 18 focus group participants. Therefore, a total of 42 participants were included from the secondary schools (Table 1).

Table 1: Study participants

| Type of participants | Location | Number of participants |
|--|--------------------------------------|------------------------|
| Municipal council | Municipal Council Headquarters | 4 |
| Boarding school | Kilakala Secondary School | 5 |
| Mixed School (day & boarding) | Morogoro Secondary School | 5 |
| Day school in rural setting | Bondwa Secondary School | 5 |
| Day school in urban setting | Kola Hill Secondary School | 5 |
| Focus group discussions (3, with 6 participants in each) | Kilakala, Bondwa, Morogoro Secondary | 18 |
| <i>Total</i> | | 42 |

Data collection and analysis

Data were collected through review of reports and minutes of meetings with HIV/AIDS-related agendas, in-depth interviews, and focus group discussions. The interview and focus group discussion guides began with questions to elicit awareness about Circular Number 2 of 2006 and the National Guidelines on HIV/AIDS Workplace Programs of 2007. Subsequent questions followed the nine thematic areas of the National Guidelines. Data collection tools were pre-tested in non-participating secondary schools, and the identified problems were corrected.

The researcher, with the aid of a research assistant, conducted all interviews and focus group discussions. Interviews and focus group discussions were recorded to ensure accurate capture of data, and the research assistant also took notes in case of recording malfunction or audio problems. Data transcription from audio to text was conducted and supplemented with the notes, then uploaded to Atlas.ti version 7.1.3 (GmbH, Berlin). Data were coded and analyzed thematically by the researcher to elicit emerged patterns and categories of themes, enabling construction of meanings based on contexts and participants' expressions. The findings are presented in the form of quotes and descriptions.

RESULTS

The results begin with describing the level of awareness of participants about Circular Number 2 and the National Guidelines, followed by the overarching themes of the National Guidelines, including an HIV/AIDS situation analysis, HIV/AIDS Workplace Committee, resource allocation, and HIV/AIDS workplace activities.

Awareness of National Policy and Guidelines on HIV/AIDS Workplace Programs

The first theme in this study aimed at evaluating whether program implementers and service users (workers) understand the existence and requirements of the national policy and guidelines on HIV/AIDS workplace programs. We asked the participants at the Council level whether they know about the existence of Circular Number 2 of 2006 and the National Guidelines of 2007. The

response to this question varied among participants. The Council HIV/AIDS Coordinator demonstrated the best understanding of the Circular and National Guidelines and was able to show copies of both.

'I know there is a policy that calls for establishment of HIV/AIDS workplace programs. The policy directs us to formulate an HIV/AIDS workplace committee to coordinate HIV/AIDS workplace interventions to reach all workers. The 2007 guidelines have several strategies which need to be done in workplaces to promote HIV/AIDS workplace response.' (Council HIV/AIDS Coordinator)

The other interviewed municipal officers were aware of the Circular and National Guidelines, but they had limited knowledge of the contents of these documents. The Municipal Human Resource Officer, who is the custodian of the national directive policies related to human resources, had never seen Circular Number 2 nor the National Guidelines. The interviewer explored how implementation was conducted with little understanding and knowledge of the policy documents. The response provided by the Human Resource Officer was that the Municipal Council has an officer (the Council HIV/AIDS Coordinator) who is responsible for coordinating HIV/AIDS implementation in the workplace. Although the Human Resource Officer vested the roles of HIV/AIDS workplace to the Council HIV/AIDS Coordinator, this is contrary to the National Guidelines, which require the Human Resource Officer to take a leading role in coordinating HIV/AIDS workplace programs.

The majority of participants said that the Circular and the National Guidelines were inadequately disseminated. The Human Resource Officer stated that once directives from the national level are received, a notification letter is sent to all departments, units and sub offices, and this was done for the Circular and the National Guidelines. However, when staff members at the secondary schools were asked whether they had seen the notification letter or HIV/AIDS workplace program documents, the majority were unaware of the existence of these documents. Furthermore and as an example, only a few teachers were aware that a worker living with HIV/AIDS

could be provided nutritional support at the Municipal Director's office.

HIV/AIDS Situation Analysis

One of the activities proposed by the National Guidelines is conducting a situation analysis in each workplace regarding HIV/AIDS knowledge, attitudes and practices of the workers. During the interviews, we discovered that the Council had not conducted any situation analysis of HIV/AIDS, and therefore the HIV/AIDS-related knowledge, attitudes and practices of workers are unknown.

The magnitude of the HIV epidemic among workers in Morogoro also remains unknown. Study participants said that HIV testing and counseling (HTC) was occasionally conducted. However, the uptake of HTC services among workers had not been sufficient to provide a prevalence or incidence of HIV/AIDS among workers. As a result, the Council depended on workers' voluntary disclosure of HIV status. Among the 1200 secondary school teachers in Morogoro Municipality, only two teachers had disclosed that they were living with HIV and wanted to access the workplace support.

'We have not done any assessment so far apart from HIV testing and counseling done occasionally, but we have a few of the workers who decided to disclose their HIV status. But with this interview, I can now see the need to conduct an assessment to establish the magnitude of the problem.' (Headmistress)

HIV/AIDS Workplace Committee

The National Guidelines require all workplaces, including the Council level as well as schools, health facilities, etc., to have a workplace committee. The Council-level Workplace Committee has an additional role in supporting and facilitating the establishment of workplace committees at the lower levels. As described in the National Guidelines, the Morogoro Municipal Council formed an HIV/AIDS Workplace Committee to oversee and coordinate the implementation of workplace HIV/AIDS programs. However, no workplace committees had been established at the lower level workplaces.

In the Council HIV/AIDS Workplace Committee, each department and unit is represented by a focal person selected to coordinate departmental HIV/AIDS activities. The Committee meets quarterly to discuss different issues concerning implementation of HIV/AIDS workplace activities, plans and budgets. The researcher reviewed quarterly reports from the HIV/AIDS Workplace Committee meetings. The contents of the reports indicated that the Committee discussed the same topics repeatedly but did not critically analyze HIV/AIDS in the workplace and did not outline the HIV/AIDS activities that were implemented. The report showed that HIV/AIDS was only discussed as an agenda item for the quarterly reports but that no actions take place in response to the discussions.

The HIV/AIDS Workplace Committee lacked representation of workers from outside the municipal

headquarters, such as ward executives officers, extension workers and teachers. Lack of representation of workers outside of the Council means that the HIV/AIDS Workplace Committee missed the opportunity to understand the specific needs of each workplace.

Resource Allocation

During the interview with the Municipal Planning Officer, we learned that the Council budgeted for HIV/AIDS workplace interventions through a medium-term expenditure framework, which allocates resources for each department. No departmental budget can be approved without allocating money to HIV/AIDS workplace interventions. However, the amount varied between departments.

'The amount budgeted for HIV workplace programs is about 29 million, and in the previous years we have been allocating a range of 10 – 15 million, but funny enough some departments are not genuine in allocating resources for HIV. Imagine a department allocating 75,000 for HIV workplace which is generally peanuts.' (Municipal Planning Officer)

Interviews with other department officers indicated that budgeting for HIV/AIDS workplace programs is often done only as a means of fulfilling the condition for budget approval. Furthermore, department heads often misinterpreted the National Guidelines and therefore allocated little funding to HIV/AIDS workplace interventions. For example, some assumed that the HIV/AIDS workplace budget should pay for nutritional support to PLHIV in the department. Therefore, if the department did not have workers known to be infected with HIV, there was no need for a budget for HIV/AIDS workplace interventions.

'We have observed unwillingness of departments to allocate funds for HIV/AIDS workplace programs during budgeting. In most cases, HIV/AIDS workplace programs are budgeted in the cost center with unreliable sources of funding.' (Municipal Planning Officer)

HIV/AIDS Workplace Activities

The National Guidelines identify broad categories of related interventions that can be established in public institutions to respond to the HIV/AIDS epidemic. The specific activities implemented at any given institution should fit the needs of that institution. This section examines whether HIV/AIDS activities were implemented in the participating secondary schools in Morogoro Municipality. The evaluation found that HIV workplace activities had been implemented at the Council level but not at the secondary schools.

HIV Infection Prevention

There was evidence that some HIV prevention activities were being implemented at the Council level in

Morogoro Municipality. One of the main activities to prevent HIV infection among workers was the distribution of free condoms in the municipal workplaces. According to the Council HIV/AIDS Coordinator, condoms were distributed during monthly departmental meetings and events organized by the Council. Condoms were also placed in the washrooms for privacy. Privacy is a critical component in access and use of condoms.

'You know in our society taking a condom in public is associated with promiscuity, and therefore it is a shame for many to take a condom in place that you can be seen.' (Council HIV/AIDS Coordinator)

However, other respondents reported that it was difficult to know whether people are using condoms.

'This place has many visitors and you find out that condoms might be landing into other people who were unintended.' (Human Resource Officer)

The Council Human Resource Officer suggested conducting a survey among workers to establish what percentage of condoms available in the workplace were being taken and used by the workers.

In addition to condom distribution, the Municipal Council occasionally organized awareness sessions at departmental and organizational levels to encourage workers to protect themselves from HIV infection. However, participants of the sessions felt that they were neither well-organized nor well-advertised. Often the awareness sessions were conducted when the Municipal Council received more tax funds than expected and needed to expend funds. Although participants acknowledged the value added by the awareness sessions, they thought too few workers were able to benefit.

Study participants felt that peer education was not given adequate attention as an intervention for preventing the spread of HIV. According to the education circular, each school is required to have an office responsible for advising students and teachers on HIV/AIDS issues. In the schools (both secondary and primary), selected teachers had been trained as peer educators to advise both their fellow teachers and their students. However, the training of these teachers did not result in activities being implemented.

'Trained teachers as peer educators do not have motivation because they consider HIV responsibility as extra work that requires incentives which are not there.' (Academic Education Officer)

Finally, behavior change communication is a strategy used to instill knowledge, attitudes and practices on HIV/AIDS education. One of the headmasters said that

"there were no behavior change communication materials developed or adopted in the Municipal for providing HIV/AIDS education to workers."

HIV Counselling and Testing

Study participants indicated that the Council had been mobilizing workers to increase uptake of HTC. Staff members were encouraged to undergo HTC to know their HIV serostatus. The Council HIV/AIDS Coordinator pointed out that, depending on the availability of resources, the Council organized an annual staff event at headquarters where HTC was made available. Staff members diagnosed with HIV were encouraged to seek care, treatment and support services which were widely available in the health facilities in Morogoro Municipality.

Support for PLHIV in the Workplace

Interviews with study participants showed that the only support available to PLHIV in the workplace was nutritional support. A small amount of funding (50,000 Tanzania Shillings) is allocated to each worker living with HIV who has disclosed his or her status to the employer. However, according to the Academic Education Officer, many PLHIV have not disclosed their HIV status, so they missed this opportunity. Study participants who were receiving the financial support reported that other teachers living with HIV attending the same clinic for care and treatment had not declared their HIV status to the employer for fear of discrimination. The process of declaring HIV-positive status is cumbersome, as the Headmaster or Headmistress must be notified, and then he or she signs and sends a letter to the Municipal Director. Study participants were concerned that the worker's HIV status could be leaked to others. At the time of the study, 19 primary school teachers and two secondary school teachers were accessing the PLHIV support from the Council.

Stigma and Discrimination in the Workplace

Participants at the Council felt that there was less stigma and discrimination toward PLHIV compared to previous years. Some form of education, including basic facts on HIV, emerging issues related to HIV/AIDS, and new strategies, guidelines and policies, is given to workers at the Council level during departmental meetings and workshops to reduce stigma and discrimination. However, there was still evidence of stigma and discrimination in the workplace. There are PLHIV who fail to declare their HIV status for fear of being stigmatized.

'...although we know that there are teachers living with HIV/AIDS, by being told by those who have declared as they meet at the clinics and others do tell them that they pick their drugs far from their places of domicile.' (Secondary education officer)

A teacher living with HIV at Kilakala Secondary said that self-stigma among the workers living with HIV is high because HIV/AIDS is still associated with promiscuous behaviors that are not accepted in society. However, the same teacher felt that once a person goes public with his/her HIV positive status, he/she will feel relieved and live a positive life.

DISCUSSION

This study describes a case study evaluation of the HIV/AIDS workplace program in Morogoro Municipality, including how it has been put into practice and the effects on secondary school teachers. The evidence from the evaluation showed that almost no HIV/AIDS activities had been implemented in the participating secondary schools. Therefore, the workers who need it most and who are most highly affected by HIV/AIDS are not receiving the prevention, care and support that the Circular Number 2 and the National Guidelines were meant to address. Unless HIV/AIDS workplace programs are adequately disseminated to the secondary schools and other lower level workplaces, high deaths rate due to HIV/AIDS will continue to affect the education sector in Tanzania (Mwendah & Ernest 2014).

The evaluation found that a few activities had been implemented at the Morogoro Municipal headquarters, such as providing condoms in washrooms, encouraging HIV testing and counseling, and providing nutritional support to PLHIV, but other activities such as peer education and further support for PLHIV had not been fully implemented. Study participants expressed that lack of planning and budgeting accounted for the lack of implementation of some activities. Without a sufficient amount budgeted to HIV/AIDS, the workplace activities may not be implemented (Fagan & Zeng, 2015).

There was limited awareness of the policy and the National Guidelines among study participants, with the exception of the Council HIV/AIDS Coordinator. Even the other Council level municipal officers were unfamiliar with the requirements of the Circular Number 2 and the National Guidelines. Poor understanding of the policy undermines the rights of workers to receive HIV/AIDS workplace programs to which they are entitled. Furthermore, the HIV/AIDS workplace committees required by the policy had not been formed in the sampled secondary schools. Without the HIV/AIDS workplace committee in place, HIV/AIDS workplace program activities did not get implemented.

The HIV/AIDS Workplace Committee at the Municipal Council had not identified or hired the focal persons responsible for HIV/AIDS in the secondary schools to initiate viable programs targeting the workforce. Inadequate understanding and interpretation of the national policies on the implementation of HIV/AIDS workplace had contributed to poor interpretation of the policies into practice. Observably, there were no effective mechanisms designed

to facilitate dissemination of the HIV/AIDS workplace program to ensure adequate uptake and promote implementation.

This study had limitations. Findings from a case study are specific to the setting in which the data is collected and may not be generalizable to other settings. Some questions asked of participants were sensitive, which may have led to social desirability bias. For example, participants were asked whether they knew any persons living with HIV in their workplaces. However, despite these limitations, the study results provide a useful insight into the extent of implementation of HIV/AIDS workplace programs in Tanzania.

Currently, HIV/AIDS is the leading cause of deaths in Tanzania (World Health Organization, 2017), and teachers are a high-risk group. Severe loss of teachers and deterioration of their productivity continue to affect the education sector in the delivery of quality education. The HIV/AIDS workplace program was conceived as a strategy to contribute to preventing and mitigating the adverse effects of HIV/AIDS among the teaching profession. We found that the HIV/AIDS workplace programs have yet to make secondary schools a positive work environment for PLHIV in Morogoro Municipality. We recommend better dissemination of the policy and the National Guidelines, better leadership and accountability of the HIV/AIDS Workplace Committee, and greater representation by teachers or staff who are PLHIV to improve implementation of HIV/AIDS workplace activities in Morogoro.

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CONFLICT OF INTEREST

The authors declare that they have no competing interests.

AUTHOR CONTRIBUTIONS

HM critically reviewed the study design and tools and significantly contributed to the development of the manuscript.>NNL conceptualized the study design, developed tools, conducted data collections and analysis, drafted and finalized the manuscript. Both authors read, revised and approved the final manuscript.

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