



Assessment of Organizational Responses

towards HIV/AIDS Pandemic

(The case of BGI-Ethiopia and Ethiopian
Telecommunication Corporation)

Project for the partial fulfillment of Masters of Business Administration

SUBMITTED TO:

MEHERET AYENEW (Dr.)

BY:

DEMEKE GADISSA

Addis Ababa University
School of Graduate Study
Faculty of Business and Economics
MBA Program

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By: Demeke Gadissa

Faculty of Business and Economics

Masters of Business Administration Program

Approved by Board of Examiners:

Advisor

Signature

Examiner

Signature

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Abbreviations

AACHAO	Addis Ababa City Health Administration Office
A.A.HAPCO	Addis Ababa HIV/AIDS prevention control office.
AGOAF	African Growth and Opportunity Act Forum
AIDS	Acquired Immune Deficiency Syndrome
BGI-Ethiopia	Brassiere Grassier International
CSA.	Central Statistical Authority
ETC	Ethiopian Telecommunication Corporation
HIV	Human Immune Virus
MOH	Ministry of Health
ILO	International Labour Organization
TB	Tuberculosis
TPAA	Transatlantic Partners Against AIDS
UNAIDS	Joint United Nations Program on HIV/AIDS
USAIDS	United State Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
PWBLF	Prince of wales Business Leader Forum
GBCAIDS	Global Business Council on AIDS
WEFGHI	World Economic forum Global Health Initiative

ABSTRACT

This paper aims at the assessment of business responses towards HIV/AIDS pandemic by taking two case organizations in Addis Ababa (BGI-Ethiopia and Ethiopian Telecommunication Corporation) based on the responses of 124 employees (30 white collar and 94 blue collar workers). Data collected through a questionnaire and interview were analyzed using SPSS.

The results revealed that, awareness level of workers on HIV/AIDS is good except few individuals who believe in the transmission of the virus because of working in the same office and eating in the same cafeteria with HIV positive employee. BGI-Ethiopia is using different alternatives means of HIV/AIDS awareness creation activities than ETC. Moreover, ETC's practice on ensuring non-discriminatory practice during employment, promotion, transfer, and training, is not satisfactory. Neither ETC nor BGI-Ethiopia is providing free home care and support services for employees who retired because of HIV/AIDS illness. Finally, mistrust, unwillingness to share information related to HIV/AIDS, poor health care infrastructure, low funding for HIV/AIDS project, and low commitment of higher officials were the challenge faced by the two organizations in response to HIV/AIDS. Based on the findings conclusions and recommendations were made.

CHAPTER ONE

1. INTRODUCTION

1.1. Background of the study

Many researchers suggest that a disease called AIDS first appeared in 1979 and was brought to the attention of medical community in 1981. Since then the problem has been spreading through out the world just like wild fire .By that time only 180 cases had been reported by US centers for diseases control. Six months later 403 cases from the 24 of those United States have been reported. Around this time AIDS cases had also been noted in Europe out of which 42 of them were people of African origin who had traveled to Europe for treatment.(Eyasu Ephrem,2000)

Currently HIV/AIDS is causing millions of death in the world. As recently investigated by the joint United Nation program on AIDS, the number of HIV infection in the world is about 33.2 million of which 22.5 million were found in sub Saharan Africa.(UNAIDS/WHO 2007 AIDS epidemic update December 2007 Geneva). Despite great effort made by medical communities to control it, HIV pandemic is still seriously spreading, millions are being infected and millions are dying of it (Eyasu Ephrem 2000).

In Ethiopia (one of the sub Saharan countries), the situation of HIV/AIDS is very similar to the other African countries. As the Federal Ministry of Health reported more than 977,394 HIV-positive people were reported by MOH in Ethiopia at the end of year 2007 with a prevalence rate across the entire country of 2.1% . After the serious death due to poverty, which affected human race in large scale, our country was facing civil war,

which drastically harmed the productive labor force. More over Ethiopia faced a unique catastrophe in history of human kind i.e. HIV/AIDS epidemic which is extremely serious health problem.(MOH,2007)

Coming down particularly in Addis Ababa, the study conducted by Addis Ababa city Administration Health Bureau estimated a total of 165,577 individuals live with HIV during the year 2007 with the prevalence rate of HIV of 7.5% which is almost four times the rate for entire country. (MOH, 2007)

Through its effect on the most active age group (15-49). HIV/AIDS basically poses incalculable problem on the performance of Business organizations. This can be easily observed through its impact on the profit organizations can generate. HIV/AIDS reduces organizational profit in three basic dimensions: productivity of workers, cost of operation and market demand for the business product (UNAIDS, PWBLF and GBCAIDS, 2000).

Productivity can be maintained through efficient and effective utilization of organizational resources like: human resource, material resource, capital resource, information resource, etc. Among these human resource is the most important resource of the organization. This is because efficient and effective utilization of other resources is possible only through proper functioning man power (Mansoor, 2005).

HIV/AIDS also affects the normal operation of businesses; through increased absenteeism due to illness, reduced performance level of infected workers, increased cost of replacement of the lost man power, increased medical expense. More over, the disease

has also a profound impact on organizational performance by reducing productivity of non-infected workers who are taking care of HIV/AIDS infected family members (Eyasu Ephrem 2000). The researcher also indicated the impact of the disease on the house hold in increasing medical expenses has negative indication on the market demand for products of all type which in turn reduces organizational performance.

The study conducted by Franklin (2002) reveals that due to the profound effect of HIV/AIDS on organizational performance, businesses are required to device strategy to react to the problem.

As per the definition of Ethiopian Central Statistical Agency, the economically active population comprises the population aged ten years and above that furnishes labor to the economy (ECSA, 2005). However most researchers suggest that, persons whose age ranges from 15 to 49 are regarded as the most active productive labor force and this research also considers laborers and management groups in the same age category for the study purpose.

Taking the above facts in to consideration, the study attempted to identify and assess the strategy & responses made by selected business organization in Addis Ababa: BGI-Ethiopia and Ethiopian Telecommunication Corporation from manufacturing and service rendering industries.

BGI-Ethiopia is the nations' first beer manufacturing industry established in 1922 around Mexico square in Addis Ababa city when Ethiopia had just started to see sparks of modern technology .The factory was set up by Mussie Dawit Hale, a Belgian who sold it

to a German Company after wards. In 1952 an Ethiopian company took over the brewery and then the company was reorganized as share holding entity where Emperor Haileselesie owned the lions share. The factory was nationalized in 1974 and again privatized in 1999 following the privatization policy of the current government. The factory is now owned by BGI-Ethiopia plc, an internationally acclaimed beer company that operate in many countries¹

Ethiopian Telecommunication Corporation is the oldest telecom operator in Africa, which introduced telecommunication service in Ethiopia in 1894. The company was placed under government control at the beginning of 20th century and was brought to operate under ministry of post and communication. In 1952 telecom services were separated from the postal administration and structured under Ministry of transport and communication (today's Ministry of Infrastructure²

1.2. **Statement of the problem**

Ethiopia is one of the poorest nations of the globe, which is suffering from the hazards of various diseases. The most wide spread disease that are posing incalculable harms to the people are malaria, TB and HIV/AIDS. Though all of these disease and others are exerting their maximum harm, the case of HIV/AIDS would be different because analysis of population data from the most affected countries shows that the spread of HIV/AIDS by far exceeds the above health related problems (Kerkhoven and Lowik, 2004)

¹ Pamphlet produced by BGI-Ethiopia, in December, 2006

² Pamphlet produced by Ethiopian Telecommunication Corporation, in December 2005.

Studies of UN shows that AIDS is fatal .Its spread is so quick that many young people are being infected everyday, which has a far reaching effect on the national economic development (UNAIDS, 2007).

Channels through which the HIV epidemic affects social and economic developments are through its impact on the productive labor force and its relative effects on the level and allocation of savings. In the case of the former the effects flow from the key fact that the epidemic has its primary impact on the working age population (15-49 years of age) where the HIV related morbidity and mortality are concentrated. Thus, those with important economic and social roles both men and women are prevented from their full contribution to the development. The effects are of course for the structure of families, the survival of communities and enterprises and longer-term issue of sustaining productive capacity (Eyasu Ephrem, 2000).

The study conducted by Kerkhoven and Lowik (2004) on HIV/AIDS and Human resource management portrays that there is increasing evidence around the world regarding response by business to the spread of HIV/AIDS. Businesses are recognizing the impact that the virus is having in terms of the human, financial and social costs to its operations and host communities. Even in countries where the virus has a low prevalence level, early action is essential to avoid serious impacts on economic activity and future markets. The response made by many countries has manifested itself in many different ways, from action to protect workforces, to community outreach. Moreover, these efforts have not been undertaken in isolation but with the development of partnership on HIV

prevention, education and care, between business, the public sector and non-governmental organizations (NGOs) (Kerkhoven, and .Lowik, 2004)

Related study conducted by Abraraw Chanie (2004), however reveals organizational responses in Ethiopia differently. Despite such a high prevalence rate the response of the various sectors of the society seems far from what is necessary to protect them selves from the effects of the disease. Most of the Businesses in African countries including Ethiopia are keeping silent as if the problem has no effect on their core business activities. But recognizing HIV/AIDS, as a legitimate part of the corporate environment, knowing its major effect and tailoring a response that is consistent with organizational mission is a burning issue that businesses should not give time for it (Abraraw Chanie, 2004).

Due to above stated problems and others on Organizational performance “ASSESSMENT OF ORGANIZATIONAL RESPONSES TO HIV/AIDS PANDEMIC (the case BGI-ETHIOPIA and ETC)” is selected as a title of the research. Thus, this paper is required to assess:

- Awareness, attitude, and preparedness of some selected business organizations in Addis Ababa on HIV/AIDS
- Efforts made by the selected organizations so far in response to this catastrophic health related problem

Accordingly the following basic questions were formulated for investigation

- Do employees in the organization have the required knowledge of HIV/AIDS?
- Do organizations have a work place policy in response to HIV/AIDS?

- What are the strategies developed by organizations to control HIV/AIDS related problems in their organization?
- What are the different awareness creation activities conducted in the organization so far?
- What discussion are prepared and held by the organization so far?
- What preventive measures are taken by the organization so far?
- How satisfied are workers with the formulation and implementation of work place policy related to HIV/AIDS?
- What are the Major challenges faced by the organization in response to HIV/AIDS?
- Over all, which activities are given due consideration by the organization?

1.3. Research objectives

HIV/AIDS is highly affecting the productive labor force (one of the key resources), which determines the success and failure of business organizations. As long as their future fate is dependent on this basic resource they are expected to take necessary action that at least minimize the impact caused by this catastrophic problem. So this research is designed to analyze the responses of selected organizations in Addis Ababa on HIV/AIDS based on the following specific objectives.

- Know whether employees in the selected organizations are aware of HIV/AIDS or not
- Identify policies and strategies designed by the selected organizations in response to HIV/AIDS

- Find major challenges faced by these organizations in response to HIV/AIDS

1.4. Importance of the study

The study is felt to be significant because

- It helps every body aware of this problem and takes the necessary remedial action
- It contributes to the way organizations should respond finding possible solutions and recommending, sound and logical suggestions.
- It is also believed that the study may give some suggestions for researchers who want to peruse further study on this burning issue

1.5. Research design

The research design employed was basically descriptive survey type as it is convenient to assess major problems of HIV/AIDS and organizational responses.

1.5.1. Sample design

Convenient sampling in the choice of organizations from manufacturing and service sector in Addis Ababa was employed. Moreover, stratified random sampling was used to select respondents from white collar and blue collar workers in the two organizations. The sample respondents taken from ETC includes 11 white-collar employees and 85 blue collars workers out of which 72 and 24 were male and female respectively. With respect to respondents in BGI Ethiopia 19 white collar and 9 were blue collar groups comprising 14 male and 14 Females.

1.5.2. Data collection method

The actual investigation of this research was based on facts gathered through questionnaire from the two organizations: Ethiopian Telecommunication corporation from service and BGI Ethiopia from manufacturing sector. Moreover facts gathered through interview made with HIV AIDS prevention and control office coordinator in ETC and human resource management head of BGI Ethiopia were used for study purpose

1.5.3. Data analysis

The tools employed to organize, analyze, interpret and draw faire conclusions were tables, and simple percentages. More over, statistical package for social science (SPSS) was used to analyze the data.

1.6. Scope of the study

This study is delimited to the assessment of organizational responses to HIV/AIDS pandemic in selected organizations in Addis Ababa. It focused mainly on the responses of employees and managers of the two selected organizations that is directly related to the human resource problem due to HIV/ AIDS.

1.7. Limitation of the study

Besides the financial constraint to undertake the research so cautiously and exhaustively, the first problem that the writer encountered was lack of necessary materials. Even though a lot had been written about HIV/AIDS, information on this sphere i.e. organizational response to HIV/AIDS pandemic is very much limited and problematic. More over, due to fear of stigma and discrimination some of the employees were not

willing to give relevant information for the study purpose. But the researcher managed the potential problems encountered by devising different strategies.

1.8. Organization of the study

This report has four chapters. Chapter one contains introductory part of the research, which comprises: statement of the problem, research objective, importance of the study, research design, scope and limitation of the study. In chapter two review of related literature was presented. Chapter three deals with the presentation and analysis of data. Finally summary, conclusions and recommendations were presented in the fourth chapter of the report.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

2.1. The Origin of HIV/AIDS

Many decades back, many people believed that HIV/AIDS did not exist at all, and what was going on was a mere "propaganda" of the west trying to incriminate Africa as the origin of this problem, (Eyasu Ephrem.2000). The researcher indicated that, the abbreviation AIDS is given different meaning as "American initiative to destroy sex" He added that the effect of health advocators to encourage condom use was considered as a simple advertisement of a condom industry some where in the west to clear off its unsold commodity at a discount. From these enormous assumptions it is clear that the enemy is not only the virus but also ignorance.

Extensive research has been conducted on the origin of HIV, but none of them came up with complete understanding of conclusive idea regarding its source. More specifically HIV is related to simian (monkey) immune deficiency viruses (SIV). As viruses easily mutate HIV has probably mutated from viruses found in monkeys and apes. Still now the questions where, when and how SIV crossed over into humans are unclear. Evidence suggests that several SIVs have been identified in chimpanzees. Most of these viruses do not cause ill health or death in host species, but if injected into other monkey species can cause an AIDS like condition of immune deficiency (Abera Megersa. 2001).

As evidence suggests HIV may have first crossed into humans about 60 to 70 years ago, but still debates continue as to how where and when and even why HIV first affected

humans. Some have attributed AIDS to god as punishment for sexual promiscuity. Others have blamed biological warfare experiment that released the virus in to the global population either deliberately or accidentally. Another line of thought is that polio vaccines, widely given in central Africa in the 1950s and 1960s using monkey serum, could have been contaminated with SIVs and could have been rapidly passed on to thousands of humans through vaccination (Hooper, 1999). The most probable route of transmission would appear to be from cuts, people hunting wild monkeys and chimpanzees for food or keeping them as pets, could have been bitten and acquired the virus that way. While killing or butchering the animals for meat they could also have inadvertently acquired SIV through cuts on their hands. As the apes or monkey viruses mutated with in human beings, they could have evolved in to HIV, leading to AIDS (Eyasu Ephrem 2000).

2.2. HIV/AIDS in Addis Ababa

According to the study conducted by Addis Ababa city Administration Health Bureau (2006), the first HIV positive blood sample from the Great Lakes region of Africa existed around 1980. The epidemic moved in to Ethiopia some time later i.e. in 1984. Two years later i.e. in 1986, the medical staff diagnosed the first AIDS Case in Ethiopia in Addis Ababa Hospitals. After this time the HIV/AIDS epidemic spread quickly just like wild fire along the, main trading roads connecting the city of Ethiopia. Two years later (1988) survey showed HIV prevalence to be 13% among truck drivers and 17% among prostitutes. (ACAHB , 2006)

2.2.1. Age-Sex distribution of HIV infections in Addis Ababa

The study conducted by Addis Ababa City Administration Health Bureau again shows, most HIV infections are found among adults between the age of 15 and 49. Since this is the most economically productive part of the population, illness and death in the age group constitute an important economic burden. Many productive years and much investment in education and training will be lost. These deaths also have significant family consequences since most people in this age group are raising young children (ACAHB, 2006).

Table 2.1 Age-sex distribution of HIV infection rate in Addis Ababa for the year 2005

Age	Sex	
	Male	Female
0-4	-	3%
5-9	-	2%
10-14	-	1%
15-19	3%	4%
20-24	4%	10%
25-29	17%	12%
30-34	11%	7%
35-39	12%	6%
40-44	3%	6%
45-49	6%	5%

(Source: A.ACAHB, 2006.pp.15)

The study shows the peak ages for HIV infections are 20-29 for female and 25-39 for males. The number of females infected in the 15-19 age groups is higher than for males

in the same age group. This is due to earlier sexual activity by young females and the fact that they often have older partners, some times for economic reasons. More over the study shows, that infection rate is very low for the age group 5-14. The main reason for low HIV prevalence rate that this age group is sexually inactive which is thought to be the main route for HIV transmission (AACAH.B, 2006).

2.2.2. Cumulative AIDS Deaths in Addis Ababa

When we see the cumulative AIDS deaths in Addis Ababa, it is frustrating. As estimate of AACAHB shows the cumulative number of AIDS deaths from the beginning of the epidemic estimated at about 53,000. Over the ensuing 15 years, 1999-2014, on additional 554,000 persons in Addis Ababa are likely to die from the disease, which would result in a cumulative total of about 607, 000 deaths by 2014. Provide them with needed care and supervision. At the family level, there will be increased burden and stress for the extended family AACAHB, 2006)

2.3. HIV /AIDS and the productive labor force

HIV/AIDS is not simply a health issue but a substantial threat to socio-economic development, imposing a heavy burden on families, communities and economies. The pandemic has affected most countries in the world: The number of HIV infection in the world is about 33.2 million. Almost 26 million were workers between the ages of 15 and 49 the most productive age group (UNAIDS, 2007)

Unless specified otherwise, the term “labor force” refers to all persons of working-age (i.e. 15-49 years) who are in paid employment, gainful self-employment, or unemployed,

but available for and seeking work. The effect of HIV/AIDS on the size of the labor would be through a withdrawal of workers or unemployed persons from the labor market. This effect is not yet visible in terms of absolute values. However the labor force is anticipated to continue growing at a slower rate than it would without AIDS (ILO, 2005).

This has implications for families and economies in terms of employment and labor market changes. Of the 33.2 million 22.5 million were found in sub Saharan Africa.(UNAIDS,2007)

As the federal ministry of health reported more than 2.6 million HIV-positive people were noted in Ethiopia (MOH 2002). Three years later MOH reported that around 1,320,000 people were found to be HIV infected with a prevalence rate of 3.5% across the entire country.

Coming down particularly in Addis Ababa, the study conducted by Addis Ababa city Administration Health Bureau estimated a total of 165,577 individuals live with HIV during the year 2007 with the prevalence rate of HIV of 7.5% which is almost four times that of the entire country (MOH,2007)

It is obvious that the epidemic will increase the death rate at almost all ages. How ever, the impact will be especially severe among adults in the prime working ages. AIDS will dramatically increase the number of deaths in this age group reaching 11,000 per year by 1999, 37.000 per year by 2009, and 40,000 per annum by 2014. By 2009 more than 80 persons per day in the 15 to 49 age group would be dying from AIDS (AACAHB, 2006).

2.4. Effect of HIV/AIDS on Business

The economic and human consequences of the spread of HIV/AIDS around the world are much more evident in countries where HIV has been present the longest and where the epidemic is at its highest levels. For many businesses the impact of HIV/AIDS is already severely constraining their ability to be competitive, while for others the potential risks are significant in both high and low HIV/AIDS prevalence regions. Building awareness of the severity of the impact of HIV/AIDS on business is one of the most important elements in assisting businesses to respond effectively. HIV/AIDS is not purely a health issue; it is also an issue that goes to the very core of business practices. The effects are evident on two levels, the macroeconomic and the individual company levels, both of which require urgent responses if businesses are to remain competitive (UNAIDS, PWBLF, and GBC, 2000).

2.4.1. Macroeconomic Impact

It is important to identify the macroeconomic impact of HIV/AIDS as it has a considerable effect on business operations through its influence on markets, savings, investment, services and education. While it is difficult to accurately predict the macroeconomic impact of HIV/AIDS there has been a considerable amount of analysis undertaken around this issue, particularly in sub-Saharan African countries. Principally, HIV/AIDS affects people within their most productive years of life (most infections before the age of 25), and through reduced earnings as a result of illness, care demands, higher expenditure on health care and premature death; the result is a reduction in savings rates and disposable income. In the long-term this has the combined effect of reducing the market size for business, particularly in markets outside of the basic necessities of

food, housing and energy, and reducing total resources available for production and investment, and thus declining economic growth. Early results of on-going estimates by the World Bank suggest that the macroeconomic impact of HIV/AIDS may be significant enough to reduce the growth of national income by up to a third in countries with adult prevalence rates of 10 percent.(David and ,Ajay,20002)

Through higher morbidity and mortality, no sector of the economy is immune to the impacts of HIV/AIDS, particularly as a result of reducing the available productive and skilled labor and investment. The combined effect of this is to increase the broader service and production costs to business, particularly through the effect on sectors such as transport and the utilities that are essential inputs for most market activities. Business is also dependent on the education sector for its future workers, managers and business leaders. This is a sector that is acutely impacted by HIV/AIDS through reduced numbers of experienced teachers and numbers of children attending school (due to lower household incomes, caring for family members, becoming orphaned and HIV/AIDS infection (UNAIDS, PWBLF, and GBC, 2000).

The study conducted by the International Labor Organization also indicates that the rapid increase in deaths in the productive age group could have serious consequences on the general Macro economic and social development of the country by directly affecting the structure and composition of the labor force in several ways (ILO, 2005):

1. **The average age of the labor force:** HIV/AIDS would cause the early entry of orphans and the retention of older workers in the labor force, as well as the early retirement of workers living with HIV/AIDS. As a consequence, the average and

the median labor force age may change, depending on the level of labor turnover over a given period of time (the number of persons entering and leaving the labor market).

2. **The average years of experience of the labor force :** the average experience level of the labor force is the difference between the average age of workers and the average age at entrance into the labor force. As the average age of workers both inside the labor force and entering it may change due to HIV/AIDS, the average years of experience of the labor force may also be altered.
3. **The labor force participation rate:** a change in the labor force participation rate would be expected to result from a change in the size of both the working age population and the labor force. Also the entry of women into the labor force due to the number of widows seeking work would change the gender distribution of labor force participation.
4. **The age-specific distribution of the labor force :** the combination of new entries of children and older workers into the labor market as well as loss of workers ill or dying from HIV/AIDS would modify the structure of the labor force and change the age-specific labor force participation rates, e.g. the labor force participation rate of the 15-24 year age group may increase.
5. **Unemployment rate:** Initially the labor force supply would be reduced due to the withdrawal of workers with AIDS. Although previously inactive persons would start to replace those leaving the labor market, the skills, qualifications and/or experience required would not always match the new labor supply available. In the case that key workers or essential management cannot be replaced, additional

job losses would result from lay-offs due to enterprise failure. Thus, the unemployment rate may rise.

6. **Labor productivity:** A large proportion of HIV-positive workers, both skilled and unskilled, die in their most productive years. As younger and less experienced people replace them, productivity decreases. Also, the morale of healthy workers may be affected due to problems associated with family members or co-workers who are HIV-positive. Another factor that affects productivity is the withdrawal of or decline in investment in technology due to rising costs and falling profits.
7. **Working hours:** Increased absenteeism due to illness and attendance at funerals is the major factor that would reduce actual working hours. But early retirement of workers living with HIV/AIDS would also decrease the total working hours due to turnover time losses associated with their replacement.
8. **Human capital / quality of the labor force:** HIV/AIDS destroys the human capital that represents the accumulation of life experiences, and of human and job skills and knowledge, that are built up over years through schooling, formal education, learning on the job and training. The loss of qualified workers due to HIV/AIDS would lead to a lowered level of skills and experience of the labor force. Moreover, the loss of adult workers would interrupt the informal transfer of skills and knowledge to younger generations, thereby diminishing the quality of the labor force. Additionally, de-schooling of orphans and other children as well as premature or late entry of unqualified workers into the labor force results in a reduction of the quality of human capital supply in the longer term.

9. **Level of education of the labor force:** The level of education is affected by lowered enrolment rates due to increased dropout of pupils and students as a result of the disease or economic needs (e.g. entering the labor force to support relatives living with AIDS). Additionally, fewer students in tertiary education, fewer children able to complete school and a decline in the number of teachers can adversely impact the educational level of the labor force.
10. **Labor costs :** Labor costs are affected by AIDS-related illnesses and deaths: health care, insurance costs, shortage of labor and working hours, wages for substitute workers, costs of recruitment of replacement employees, additional training costs, etc. This would lead to a rise in labor costs.
11. **Employment to population ratio:** The decreasing numbers both of the working-age population and of employed persons as a result of HIV/AIDS would change the employment to population ratio.
12. **Full-time/part-time employment:** Healthy workers may switch from full-time to part-time employment in order to care for relatives living with AIDS. This would have an impact on the distribution of full/part time employment and the number of hours worked. Similarly, workers living with HIV/AIDS may switch to part-time employment for a period before fully leaving employment.
13. **Type of contract or employment:** Employment can be on a permanent, short-term or seasonal basis. Where seasonal workers record higher incidence or prevalence rates because of exposure to HIV related to their mobility, the loss of their labor will adversely affect sectors relying on it.(ILO, 2005)

2.5. Sectoral Impact of HIV/AIDS

HIV/AIDS pandemic has far reaching effect on various sectors that have a great contribution on the development of a given country. How does HIV/AIDS affects different sectors can be looked at from two categories, i.e. Formal and informal sector (ADF, 2000).

2.5.1. The Impact of HIV/AIDS on Formal Sector

A sector becomes vulnerable to the impact of AIDS when a serious shortage of labor results from increased death among the work force at different levels, or when the employers must pay out enormous sums in benefits and accept the costs of lengthy sick leaves entitlements. The former lead to lower production and the latter to increased costs of production and reduced profit. These factors arise especially in sectors that rely highly on skilled personal and managerial staff who have the long training and experience and for whom benefit packages are often substantial. For instance the health and education sectors are both susceptible to high level of HIV infection and vulnerable to deaths from AIDS. Health professionals and teachers are costly to replace and are in short supply in many countries (A.D.F.2000)

1. Public Sector and HIV/AIDS

The public sector including government employees, huge number of people at widely different levels may be severely impacted by AIDS. Among other economics concerns,

civil servants may have particularly generous sick leaves allowance that become prohibitive in the event of a serious AIDS epidemic. Yet civil servants are typically required to go where ever in the country they are needed, with little regard for how ready they can take their families with them. Often they live long periods apart from their spouse and children (creating a high risk situation for extra marital relations and HIV risk)(Helen Jackson, 2002).

2. Health Sector and HIV/AIDS

AIDS affects the health sector by increasing ill health and death among service provides at all levels and also by increasing demand on service provisions as people become sick and hence the work load on staff. Patients with HIV related disease occupy more than half the hospital beds and spend very large money in hard hit countries for longer time because the average length of stay for AIDS is considerably longer than for most other disease (Helen Jackson 2002)

The book written by Helen Jackson on “AIDS African continent in crisis” also shows that too shortage of the skilled man power in health sector is also due to the fact that fewer students will opt for medical and nursing careers in countries with advanced HIV/AIDS epidemics because this is now such a stressful and depressing field in which to work. In addition some qualified health staff may also opt to move out of this sector in hard hit countries. Clearly these and other factors would place a tremendous burden on the public health care system to provide adequate care for AIDS patients and still try to meet all the other health needs of the population.

3. Education Sectors and AIDS

As in the health sector, AIDS impacts education in several ways. It reduces the pool of personnel as teachers, managers and support staffs become ill and dies and it increases the costs of maintaining educational services and the need for education. The staffs in education sector including teachers may engage in sex with their Students (Abera Megersa, 2001). Generally AIDS significantly hampers down the performance of education sector by reducing the supply and poor quality of teaching and declines demand for education because of

- Decrease in pupil enrolment because of increasing opportunity costs of education, higher fees to meet rising educational cost, greater impoverishment of families as breadwinners die.
- Increased frequency of absenteeism-children are with drawn from school so that they can contribute to family income rather than incurring school costs, and girls are often with drawn first to care for sick family members and younger siblings.

4. Commercial private Sectors and HIV/AIDS

Absenteeism is the largest single AIDS related cost documented by a number of companies especially for female employees taking care of sick relatives (Bill Rau,2004). More over death, staff turn over, loosing institutional memory and experience are also considerable costs to business, To measure the direct impact of AIDS on the work force, companies can record basic information such as changing rates of absenteeism, deaths and increases in staff turn over. Decline in the quality and increase in the cost of the

services of such institutions will also have negative impact on all other sectors that are dependent on them and on the general public (A.D.F.2000)

2.5.2. Impact of HIV/AIDS on Informal Sector

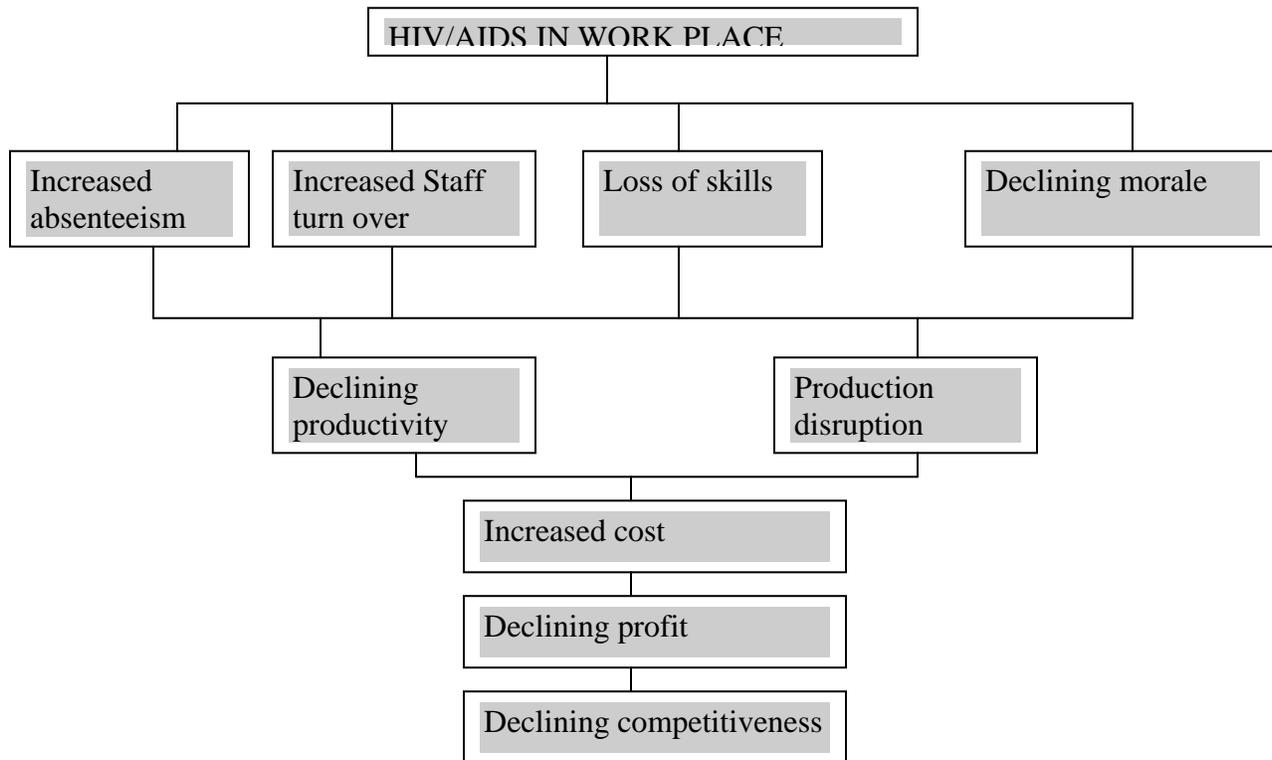
Helen Jackson defined informal sectors as a sector that has no well placed business leaders there with the capacity to arrange all the necessary and sufficient condition for the worker. These informal activities have supported the survival of millions of people who cannot get formal employment and have become every important as urban population have grown. As UNDP pointed out this sector generated nearly ten times more jobs than the formal sector and that it makes a serious contribution to GDP. This sector absorbs huge number of men and women to complement or substitute for the alternative, subsistence-farming activities. It may include cross boarder trades in second hand clothing and other goods, commercial sex, transport workers, small holder agricultures etc(Helen Jackson,2002).

2.6. Impact at the Company Level

As the study conducted by Transatlantic Partners Against AIDS indicates, the experience of many companies around the world shows that HIV/AIDS reduces productivity both directly and indirectly and can have serious economic implications for companies. Business competitiveness often falls sharply and companies face considerable financial losses in areas with high or growing HIV prevalence. The direct effects of HIV/AIDS include increased worker absenteeism and higher employee turnover. As more and more employees are forced to take sick leaves due to HIV-related medical conditions or are

otherwise unable to perform their jobs at a former level, companies are forced to hire new, untrained personnel or become more dependent on using temporary workers. The increased number of less-experienced workers (TPAA,2005).

Fig. 2.1. Impact of HIV/AIDS at company level.



Source : Transatlantic Partners Against HIV/AIDS, 2005

More over, the research of UNAIDS ,presents the impact of HIV/AIDS at the company level in two folds:

- Productivity
- Increased costs

Basic business principles combined with extensive experience clearly provide the direct link between HIV/AIDS, declining productivity, rising production costs and declining company profits. For example, a USAID-funded study of a transport company in

Zimbabwe estimated the total cost to the company arising from HIV/AIDS was equal to 20 percent of profits.³ In this case, over half of the costs incurred were through higher health-related costs (TPAA, 2005).

2.6.1. Declining productivity

Declining levels of productivity lead to declining profits when production costs are not declining at an equal or higher rate, as in the presence of HIV/AIDS. Additionally, with declining and fluctuating productivity, the ability to meet supply demands from consumers and buyers (reliability) decreases. This has impacts on the present and future reputation of the company and thus on future profitability. The principal areas in which HIV/AIDS impacts on productivity are increased absenteeism and increased organizational disruption (UNAIDS, PWBLF, GBC, 2000).

i. Increased absenteeism

In countries heavily affected by the epidemic increasing absenteeism is one of the primary drivers of rising visible costs and declining productivity in businesses as a consequence of HIV/AIDS. This is affected through the disruption of the production cycle, the under-utilisation of equipment and the use of temporary staff. Recent comparative studies of East African businesses have shown that absenteeism accounts for between 25-54 percent of costs. This can directly affect the quality of control of products and services, leading to reputation losses and ultimately a reduction in customers (Abraraw Chanie, 2004).

The same study observed that increase in absenteeism is a result of employees becoming ill due to HIV and its associated opportunistic infections, the demands of caring for family members who are ill, and the need to attend funerals. The level of impact varies according to the flexibility of production systems. But it also depends on the real level of absenteeism determined by prevailing socio-cultural norms, quality and quantity of health care provision and the general economic environment.(Abraraw Chanie,2004)

ii. Increased organizational disruption

The high rates of morbidity and mortality from HIV/AIDS generate increasing disorganisation within the workforce as a result of rising staff turnover, loss of skills, loss of tacit knowledge (gained from experience of both the work and company environment) and declining morale. These are essentially invisible costs that are difficult to calculate but have an enormous influence on productivity. Loss of skills from the workforce is the most obvious and often cited disruption with clear resultant training costs. However, this disruption is compounded by a loss of tacit knowledge of the specific professional, social and cultural working environments. These losses of intellectual capital have become increasingly important with the progressive changes in the way companies are valued; strength of intellectual capital is becoming increasingly important relative to financial capital. Transmission of skills and knowledge becomes more difficult with high levels of staff turnover, and morale can be severely affected by the loss of colleagues discrimination against people living with HIV/AIDS and the disruption of work activities (GBC, 2001).

The study conducted by Global Business Council indicates that less visible organizational factors are built up over longer time frames and are critical for a more efficient, effective and ultimately productive workforce. In smaller companies the effects of these losses are amplified. For these reasons, even in areas of high unemployment that potentially provide a sizeable labor pool, the loss of both visible and invisible skills and knowledge offer a significant rationale for responding to the threat of the impact of HIV/AIDS in the workplace(GBC,2001).

2.6.2. Increased costs

Rising production costs for business not only have the effect of directly impacting on current profit margins but also on future profits by reducing the investment capacity for increasing productivity, expansion, research and development, and workforce training and support. (TPAA, 2005).

The United State Agency for International AID reported that HIV/AIDS increases costs in a number of ways:

i. Recruitment and training: demand for recruitment and training rises as a result of increased staff turnover and loss of skills. This may include employing extra labor to cope with staff fluctuations and losses, widening the skills base through multi-skilling and succession strategies and extensive human resource monitoring. In addition, within a

situation of scarcity of skilled labor this not only increases training costs but also may result in demands for higher wages (USAIDS, 1999)

ii. Insurance covers and pensions: company life insurance premiums and pension fund commitments will rise as a result of early retirement or death. This is particularly problematic in the more advanced economies where such benefits are more comprehensive. For example, in Zimbabwe, over a two-year period, life insurance premiums quadrupled as a result of HIV/AIDS.

iii. Health management: This basically involves organization's health clinics, medical AIDS or health insurance, disability insurance, and life insurance. In organizations where health care is provided these costs can increase significantly with rising HIV/AIDS rates (Abraraw Chanie, 2004)

A study of a commercial agro-estate in Kenya also showed that medical expenditure as a result of AIDS rose to over 400 percent above that of projected expenditure without AIDS. These increasing costs may ultimately affect the level of benefits that a business is able to provide for its workforce. In contrast however the study conducted by UNAIDA, PWBLF and GBC shows , the provision of health care is not just a cost but is also an investment, preventing or limiting sickness/absenteeism and controlling workforce health risks. This is particularly relevant in countries where public health care provision is limited and private health care expensive. (UNAIDA, PWBLF and GBC, 2000)

iv. Funeral costs: considerable costs can be added where businesses provide for the funeral costs of employees. This practice is particularly prevalent in many parts of sub-Saharan Africa. These increased funeral costs are primarily a result of the high mortality rate of HIV/AIDS, particularly in developing countries. For example, Barclays Bank in

Zambia experienced a rate of AIDS-related deaths of 36 out of 1600 employees, a rate ten times the death rate in most US companies. (UNAIDS, PWBLF, GBC, 2000)

2.7. Increased challenge in human resource management

The impact of AIDS increases stress on human resource management or personnel department in a variety of ways. Personnel management have to find ways to cope with staff who are increasingly unwell and unable to perform to standard, for instance failing to reach productivity levels (Helen Jackson, 2002)

The losses of key personnel with job specific skills and organizational experience will cause disruption to production and losses of product quality. Such personnel are not easy to replace and losses of human resource will impose significant constrains both on production processes and on available technology (Bill Rau, 2004) .In connection with this fact, Helen Jackson has also argued that labor is heterogeneous and there will be no easy adjustment in formal or informal production to the losses of labor caused by the HIV epidemic. The fact that there may appear to be a large pool of unemployed or under employed labor in a country does not imply that the replacement process will be simple and cost less (Helen Jackson, 2002).

Generally, the HIV epidemic places a big burden on human resource managers because it not only reduces the stock of human resource with higher levels professional and managerial training and experience but it also reduces the capacity to maintain the flow of these with needed skills on training.

2.7.1. Challenge of HIV/AIDS on Human Resource Training

Function

HIV/AIDS has a direct impact on the losses of those with appropriate training experience and education, which have the task of maintaining the flow of newly trained labors. More over the training and educational functions are themselves losing staffs due to HIV/AIDS and their capacity to meet demands is reduced (including the need to replace their own staffs who become sick and die from HIV/related illnesses)(Frenklyn , 2002).

It is also the case that significant improvement in the quality of the labor force occurs through on the job training and experiences and for various reasons it is likely that this process of enhancement of skills will diminish due to HIV/AIDS most likely because of the capacity for on the job training will be diminished by the loss of experienced workers within the enterprise. The opportunity to learn by doing and by observing other more experienced workers will simply be eroded by the organization's experience of the epidemic(Helen Jackson, 2002).

2.7.2. Challenge of HIV/AIDS on Human Resource Recruiting

Function

HIV/AIDS also increase difficulty in many countries in recruiting sufficiently qualified, skilled and experienced, technical, professional and management staff. As the level of skilled and experienced workers decline, the labor market would face a deficit in supply of labor force. As a result the human resource management in an organization cannot get the potential candidates with required skilled, experience and knowledge. Moreover the

shortage of skilled candidates has a direct knock-on effect on efficiency and productivity (Frenklyn , 2002).

2.8. Business Responses to HIV/AIDS

Crucially the impact on individual companies will vary depending on a number of factors, primarily: the nature of the company/sector (i.e. organizational structure/activities), the nature of the labor market, and the policies initiated by the company. For example, markets in which there is a scarcity of labor, particularly skilled labor, may incur higher costs through higher wage demands. It is worth noting that significantly high HIV/AIDS prevalence rates have been observed amongst skilled and managerial level employees. In addition, those companies which offer health services, pensions, life insurance and other benefits to their employees will incur varying levels of costs directly dependent on levels of such benefits (AGOAF 2001),

More over, businesses are being subjected to the pressures of increasingly competitive national and global markets through globalization and liberalization of economies, combined with demands from investors and consumers for increased productivity, efficiency, innovation and quality of products and services. In addition, pressures are mounting for businesses to be more responsible and accountable to their wider stakeholders – workforces, suppliers, communities, governments and the general public (UNAIDS, PWBLF, and GBC, 2000). Due to this reason businesses are required to give the necessary attention and response to the problem.

As Klaus Schwab, Founder and Executive Chairman of the World Economic Forum stated, in the second global survey of the business response to HIV more companies have enacted policies and are running programs to combat HIV. Even in countries with the highest rates of HIV (greater than 20% adult prevalence), however, more than one-quarter of companies have not done so. In other words, overall, businesses are still not doing enough.

Given this scenario and the known impact that HIV/AIDS has on business and its stakeholders, there is a clear requirement for business to respond. The challenge is clear; the response has been diverse, with a particular emphasis in the early stages of action on addressing and safeguarding core business activities through the protection and support of their own workforces. Increasingly, as businesses have become aware of the significance of other stakeholders in influencing the impact of HIV/AIDS on their ability to operate, they have begun to extend their responses to assist and collaborate in wider prevention and education initiatives. (UNAIDS, PWBLF and GBC, 2000)

Actual responses made by companies of course depend on numerous factors, in particular, the financial and human resource capacities of businesses. Clearly, larger companies have been able to undertake more extensive and wider reaching actions. It is more difficult for small and medium sized firms who lack such resources, though they are often able to be more innovative and experimental. The changing structure of the global systems of production and trade towards specialization, contracting and subcontracting has produced increasingly closer links between large and small businesses. This has led to a greater need and opportunity for collaboration between the two sectors in addressing

HIV/AIDS. Responses to HIV/AIDS by business have shown that their actions and influence can extend into a number of broad areas,(WEFGHI, 2005).

As a framework for action for businesses responding to the crisis of HIV/AIDS, the specific kinds of activities that businesses can implement within their organizations, in the surrounding community, and in concert with governments in the country or countries in which they operate must incorporate:

2.8.1. □Workplace initiatives

Implementing comprehensive and effective workplace HIV/AIDS programs that are collaboratively designed and implemented and that ensure employee rights and confidentiality are provided for within an HIV/AIDS workplace policy. (AGOAF, 2001)

2.8.1.1. **Work place policies**

One of the first steps in implementing a comprehensive and effective workplace HIV/AIDS program is the design and incorporation of a workplace policy. Ideally, a Policy is developed collaboratively with all those involved. Key elements of a model policy include addressing elimination of stigma, employee rights including nondiscrimination and confidentiality, periodic workplace programs, management responses to the epidemic, and other issues such as medical care and treatment. (AGOAF, 2001)

A decade of experience in HIV/AIDS education in southern Africa has demonstrated that educational programs alone are of limited effectiveness without effective policies. In fact,

educational programs can sometimes be counterproductive. Proper support services must be in place, specifically workplace-based, anti discriminatory employment policies, for the fear of HIV can lead many people into denial and discourage them from making behavioral changes and seeking help.(AGOAF,2001)

The workplace offers a unique opportunity to confront societal discrimination and stigma. By teaching that there is no need to fear people living with HIV and providing a guarantee of job security, a powerful message is sent. It is more than just an educational message; workplace-based, anti discrimination policies provide visible guarantees that people can live and work with HIV, often for many years, without fear of loss of income or isolation. Only when anti discrimination measures are in place will people seek to learn their status, take to heart educational messages about how HIV can and cannot be transmitted, and ultimately seek to modify high-risk behavior. . (UNAIDS, PWBLF, GBC, 2000)

Many workplaces have substantial HIV policies. Some examples of companies or labor organizations with workplace policies that specifically address confidentiality and stigma include Anglo-American, Levi-Strauss, MTV International, Debswana Diamond Company LTD, Eskom, Ford Motor Company of South Africa, Daimler Chrysler of South Africa, and the International Labor Organization (AGOAF, 2001).

The study conducted by UNAIDA, PWBLF, and GBC on Business Responses to HIV/AIDS Suggests companies to consider the following ten guiding principles in their work place policy:

1. Promote non-discriminatory practices, where employees are assessed on merit and ability to perform and are not subject to personal discrimination and abuse. Disciplinary procedures should apply where discrimination occurs.
2. No compulsory testing requirements for recruitment, promotion or career development.
3. Ensure confidentiality of employees' HIV/AIDS status.
4. Treat HIV/AIDS as any other illness in terms of employment and health policies and practices.
5. Ensure employment practices, at a minimum, comply with national and international employment and labor legislation and codes.
6. Offer prevention education to workforce (e.g. peer education) and make accessible to all workforce.
7. Offer support services in conjunction with education provision.
8. Involve people living with HIV/AIDS in the development and appraisal of HIV/AIDS policies and programs
9. Adopt core management principles such as targeting; performance and monitoring with clearly structured input output models (i.e. impact analysis).
10. Incorporate other health, social and economic issues (e.g. housing provision) for a more strategic and responsive approach. (UNAID, PWBLF and GBC, 2000)

2.8.1.2. Comprehensive Workplace Programs

Policy is a key step in the development of comprehensive and effective workplace HIV/AIDS programs. Establishing specific work place programs is also one measure of

business responses to combat HIV/AIDS and to manage the effect of HIV/AIDS on business .Since programs need to be tailored to an individual company size ,location and type of business , managers need to identify the key elements of any effective program Such programs can include: HIV/AIDS education and awareness programs; voluntary counseling and testing; Provision of benefits, including medical care; youth development and training; and Community initiatives (AGOAF,2001)

To prevent loss in productivity of their workers, companies are required to develop workplace education programs, provide treatment for STIs, and use peer counselors in prevention and education. And are also required to offer voluntary counseling and testing, introduce use of prophylactic antibiotics for opportunistic infections and screening for tuberculosis, and promoted a healthy lifestyle Providing all employees, along with their partners and children, access to preventive and Therapeutic medical care is also the other basic work place program that companies are required to develop. Companies must decide to extend medical care to include demonstrated effective HIV/AIDS therapies, specifically antiretroviral therapy to infected employees and family members. (UNAIDS, PWBLF and GBC, 2000)

The incorporation of comprehensive HIV/AIDS program, which includes the communities surrounding its operations. They should develop a comprehensive policy for employees and suppliers, as well as providing medical care and antiretroviral therapy for all affected employees and their spouses. The new HIV/AIDS strategy should includes a vision and mission statement to address HIV/AIDS in the following areas that require further attention: epidemic containment, living with AIDS, cost containment, stakeholder

engagement, monitoring and evaluation, and communication. The program must specifically define stakeholder engagement as a requirement for suppliers that provide goods and services to the company. Stakeholders must have their own workplace HIV/AIDS policy and programs as well as be supportive of the firm's community HIV/AIDS initiatives. Suppliers must be evaluated a periodic basis to assure that they have an HIV/AIDS workplace policy and program. If possible they should also develop a youth training initiative through a scholarship program for youth that are receiving training in colleges (AGOAF, 2001).

The firms should engage diverse stakeholders, including the Workers Union Various government ministries and departments through the multi sectoral AIDS committee structures, various pharmaceutical companies, and nongovernmental organizations. Collaborate with schools, local governmental agencies, community-based groups, and traditional and faith healers to provide HIV/AIDS education through peer education and participation in government and community efforts (AGOAF, 2001).

2.8.2. Community initiatives

Increasingly companies are recognizing that their ability to protect their employees is limited if education and outreach efforts are not extended to the local communities. The disease is easily passed from the wider community to employees and their families. Moreover, HIV/AIDS is not just a biomedical problem; its spread is influenced by behaviors and socio-economic pressures, which are present within the communities in which workforces live. Business is also becoming aware that the disease can greatly add to the bill for public services, which may lead to an increase in taxes and further costs. In

addition, there is a significant threat to national economies from declining investment, both internally and from foreign direct investment, as a result of high prevalence rates reducing available resources and the appeal to investors (UNAIDS, PWBLF and GBC, 2000)

So, companies are required to ensure that communities from which staff is employed and/or that are suppliers or contractors to the workplace are assisted and reinforce the overall community response to HIV/AIDS, including community-based interventions. Communities supply the labor from which business operates, as well as business suppliers or contractors. Business can work to reinforce the overall community response to HIV/AIDS, including community-based interventions.

The study conducted by African Growth and Opportunity Act forum indicates that business also has an opportunity to assist in providing support for community-based HIV/AIDS initiatives through corporate giving. In this way, locally supported projects can be started and sustained. Community capacity in addressing HIV/AIDS can also be provided by management advice and assistance to local community-based groups, as well as through organized corporate philanthropy. The study conducted by USAIDS supports this argument in that companies where the risk of infection is high, should engage in “social investment” program to confront the disease. In social investment, companies make a long-term commitment to work on the issues and are looking to see a real “return” to both the community and the business, in terms of a reduced employee infection rate and thereby lower health care and other costs .The goal is to support the formation of local foundations and organizations that can provide sustainable efforts for a

long-term response to HIV/AIDS within specific communities in concert with local NGOs (AGOAF, 2001)

2.8.3. **Advocacy Initiatives**

Businesses are in a unique position to promote efforts in the prevention of HIV/AIDS. If businesses are seen to recognize the importance of responding to the disease, this has tremendous advocacy potential within communities, the general public, other businesses and governments (UNAIDS, PWBLF, and GBC, 2000).

As (UNAIDS, 1999) quoted by AGOAF indicates that, Collaboration among business can enhance existing efforts and prevent duplication of effort. Businesses, especially small businesses, can share and learn about effective policies, programs, and advocacy through coalitions or business service groups.

Among those groups the Global Business Council (GBC), the Ugandan Business Council on AIDS, the Zambian Business Coalition on AIDS, and the Thai Business Council on AIDS are the representatives. These coalitions are particularly important in sharing information about the implementation of HIV/AIDS comprehensive workplace programs, engaging new businesses, and advocating as a group to governments on issues related to HIV/AIDS. These coalitions, as well as focused meetings of business and labor, can provide an effective forum in which to formulate effective responses to the epidemic and advocate collectively for additional efforts from national authorities, legislative bodies, and the international community. Working collaboratively, small and large businesses can ensure that legislation, tariffs, and taxes are conducive to and supportive of

HIV/AIDS efforts. These groups can also engage other stakeholders in advocating for additional government funding. For example, businesses could advocate for care and treatment issues for tuberculosis and STIs.(Barks and Ruggles, 2001).

2.8.4. Capacity Development

Every business has capabilities in addressing the crisis of HIV/AIDS. Businesses can scan the environment within their organization, as well as within the communities from which they draw their labor, to assess potential contributions and capacities for addressing HIV/AIDS. It is important that businesses provide employees, managers, and others with the capacities and competencies to effectively undertake an HIV/AIDS program and the methods to successfully sustain it. Enhancing capacity is a concept by which business can address HIV/AIDS within their own capabilities and within their sphere of influence. Innovative approaches, strategic thinking, and sound business planning are part of this Capacity(Barks and Ruggles, 2001).

Evaluation is an important skill for managers and peer educators. Evaluation is also important for measuring how effective programs address HIV/AIDS issues. Monitoring and evaluation of programs is essential in providing feedback to continuously improve programming efforts. One of the most challenging aspects of HIV/AIDS programming efforts is the provision of care and services. Evaluation can be used to assess impact of providing care and treatment(United Nations, 2001).

2.8.5. **Enabling Environment**

The study conducted by African Growth and Opportunities Act Forum indicates that the environment – including political commitment, community values, support systems, policies, and resources – necessarily influences the impact of HIV/AIDS interventions (AGOAF, 2001).

Supportive environment is integral to the success of HIV/AIDS prevention and treatment programs, as well as individual efforts to change risky behaviors. Meeting the unique challenges of HIV/AIDS requires creating and sustaining country-level coordinated, multicultural partnerships and strategies to address the epidemic. More over, individual business entities, both large and small, also have an opportunity to support countrywide efforts on the local level and within communities. Media efforts can provide supportive environment for HIV/AIDS messages. Company participation in community awareness and education strengthens a broad-based response. In this way businesses can assist with efforts to ensure the economic security of youth by preventing the economic attraction of sex work. (AGOAF, 2001).

As the same study shows, there are organizations, which particularly involve in creating enabling environment. For example the United Nations Foundation has launched a youth and HIV/AIDS prevention initiative in southern Africa, with local NGOs and donor agencies. In Zimbabwe, adolescent girls are provided with peer education and access to micro credit information. The project has also provided enhanced community support for orphans. The other organization is Chevron which participated in broad-based awareness activities with NGOs and international donor agencies, in the funding of educational

materials for primary and secondary schools, as well as the training of female journalists in AIDS education and media access to information.

The Independent Business Enrichment Center in South Africa also provides training and services to women and youth. Through the German donor, GTZ, the center provides a full range of programs, from micro-loans for economic sustainability for women as well as methods of addressing violence toward women, which was identified as a constraint to business growth (Esim, 2001).

In the same way Africa Alive! which is a broad-based social marketing effort addressing youth about HIV/AIDS is also the other typical example. It supports popular, creative channels of communication, such as music contests in which contestants compete to have their songs with HIV/AIDS prevention messages aired, radio and TV dramas, and radio and TV talk shows.(GBC, 2001)

CHAPTER THREE

3. DATA PRESENTATION AND ANALYSIS

This chapter basically addresses (incorporates) presentation and analysis of data necessary for the assessment of organizational responses to HIV/AIDS pandemic. The relevant data were collected by using two-structured questionnaire: one for blue color workers and other for white-collar groups used for the study purpose.

The research is conducted by taking two case organizations: BGI-Ethiopia from manufacturing industrial sector and Ethiopian Telecommunication (ETC) from the service sector.

Questionnaires distributed to	BGI-Ethiopia		ETC	
	Distributed	Returned	Distributed	Returned
White-collar	22	19	15	11
Blue Collar	13	9	90	85
Total	35	28	105	96

Table 3.1. Questionnaires distributed and collected

In aggregate 140 questionnaire were distributed in these two organizations, and 124 returned and used for analysis as shown in table 3.1.

The sample respondents were drawn after classifying the target population in two strata (as white collar groups and blue collar groups) as shown in the following table.

	ETC		BGI-Ethiopia		Total
	White collar (top level management)	Blue collars (telecom technicians)	White collars (management)	Blue collars (Laborers)	
Population	22	1635	343	141	2141
Sample	11	85	19	9	124

Table 3.2 – population and sample distribution of respondents

Source: personnel records of ETC and BGI-Ethiopia

3.1. General Profiles of the respondents

The summary of the respondent's general background with regard to, age, sex, education level and work experience is given in the following table.

As clearly presented in table 3.3 from the total 124 respondents, 86 (69.35%) are males and 38 (30.65%) are females. Out of the 86 male respondents 14 (16.27%) and 72(83.73%) belongs to BGI-Ethiopia and ETC respectively. Again female respondents of BGI-Ethiopia comprises 14 (36.84%) and that of ETC is 42 (63.16%). Moreover, when respondents are considered from the nature of their job, the larger proportion i.e. 19 from BGI-Ethiopia belongs to white-collar group and 85 from ETC belongs to the blue-collar groups. Where as, lesser part i.e. 9 from BGI- Ethiopia are blue collars and 11 from ETC are white collars.

Table 3.3 also indicates that the majority, 54 (44%) belong to 25-34 age categories for both BGI-Ethiopia and ETC followed by 35-44 age categories that comprises 35 (28.23%). The least proportion of the respondents are in the age category of 15-24 and 45-59 comprising 12 (9.7%) and 23 (18.5%) respectively.

In terms of their work experience the largest proportion 59 (47.6%) fall between 5 and 10 years followed by the 2 - 5 years and the greater than 10 years category comprising 27 (21.8%) and 26 (21%) respectively. The remaining 12 (9.7%) respondents have below two years work experience. From m the above distribution, 112 (90.3%) of the

respondents have above two years work experience. So, it is expected that the response they provide would be valid and relevant for the research to be undertaken.

			Job nature of respondents				Total
			Blue collar of ETC	White collar of BGI Ethiopia	White collar of ETC	Blue collar of BGI Ethiopia	
Respondents' Age	15-24	Count	8	3	1		12
		Table %	6.5%	2.4%	.8%		9.7%
	25-34	Count	39	4	7	4	54
		Table %	31.5%	3.2%	5.6%	3.2%	43.5%
	35-44	Count	23	8	2	2	35
		Table %	18.5%	6.5%	1.6%	1.6%	28.2%
	45-54	Count	15	4	1	3	23
		Table %	12.1%	3.2%	.8%	2.4%	18.5%
Respondents' sex	Male	Count	64	9	8	5	86
		Table %	51.6%	7.3%	6.5%	4.0%	69.4%
	Female	Count	21	10	3	4	38
		Table %	16.9%	8.1%	2.4%	3.2%	30.6%
Respondents' work experience	Less than 2 Years	Count	10	1	1		12
		Table %	8.1%	.8%	.8%		9.7%
	2-5 years	Count	22	1	2	2	27
		Table %	17.7%	.8%	1.6%	1.6%	21.8%
	5-10	Count	37	15	3	4	59
		Table %	29.8%	12.1%	2.4%	3.2%	47.6%
	Greater than 10 years	Count	16	2	5	3	26
		Table %	12.9%	1.6%	4.0%	2.4%	21.0%
Respondents' educational level	Less than 12 years	Count	15			2	17
		Table %	12.1%			1.6%	13.7%
	12 complete (certificate)	Count	26	1		5	32
		Table %	21.0%	.8%		4.0%	25.8%
	12+2 complete (diploma)	Count	23	7	1	1	32
		Table %	18.5%	5.6%	.8%	.8%	25.8%
	12+4 complete (degree)	Count	21	7	9	1	38
		Table %	16.9%	5.6%	7.3%	.8%	30.6%
	12+6 complete (Masters)	Count		4	1		5
		Table %		3.2%	.8%		4.0%

Table 3.3. General profiles of the respondents

Source: Respondents' view generated through questionnaire

Moreover, the table also displays distribution of respondents by educational level. Accordingly 38 (30.6%) of the total respondents are degree holders followed by diploma and certificate holders comprising 32 respondents each. The study has also included the response of 5 management groups: 1 from ETC and 4 from BGI-Ethiopia who are masters degree holders. The rest respondents' education level is below 12 comprising 15 blue collars from ETC and 2 blue collars from BGI-Ethiopia

3.2. Employee general awareness and opinion on HIV/AIDS

As Eyasu stated in his study, the abbreviation AIDS is given a different meaning as American Initiative to Destroy Sex. He added that the effect of health advocates to encourage condom use was considered as a simple advertisement of a condom industry some where in the west to clear off its unsold commodity at a discount (Eyasu Ephrem, 2000). So, in addition to the un calculable problem HIV/AIDS is causing ignorance is also the other enemy of human being. There for solving this ignorance problem through the right awareness creation strategy would be the primary step every unit is expected to take. Supporting this, Jem Bendell has also indicated in his research that AIDS education and awareness program is basically one of the most powerful tool in solving ignorance problem and fighting against HIV/AIDS. And companies need to extend awareness program to the rest of the work force through the major education and awareness campaign which includes the use of posters, distribution of pamphlets, use of videos, motivational talks by people living with HIV/AIDS, seminars and work shops (Jem Bendell, 2003).

Accordingly, table 3.4 indicates the general awareness and opinion of employees on HIV/AIDS. The result of survey carried out at Ethiopian Telecommunication Corporation and BGI-Ethiopia highlights that the employees are generally aware about the disease HIV/AIDS: know how HIV/AIDS is transmitted, it is non curable disease, and the possible protection mechanisms. This fact is supported by the view of 123(99.2%), 110(88.7%), and 112(90.3%) respondents respectively. However, despite the higher level of awareness HIV/AIDS problem is highly growing. This is basically due to the fact that behavioral change through different awareness creation activities remains unsatisfactory.

		Job nature of respondents				Total	
		White collars		Blue collars		Count	Table %
		Count	Table %	Count	Table %		
I really know that the disease HIV/AIDS exist	Yes	30	24.2%	88	71.0%	118	95.2%
	No			6	4.8%	6	4.8%
I know that HIV/AIDS is non curable disease	Yes	26	21.0%	84	67.7%	110	88.7%
	No	4	3.2%	10	8.1%	14	11.3%
I know /suspect employee(s) who died of AIDS in our organization	Yes	25	20.2%	76	61.3%	101	81.5%
	No	5	4.0%	17	13.7%	22	17.7%
I currently know/suspect employee with HIV/AIDS in our organization	Yes	26	21.0%	83	66.9%	109	87.9%
	No	4	3.2%	11	8.9%	15	12.1%
I know how HIV/AIDS is transmitted	Yes	29	23.4%	94	75.8%	123	99.2%
	No	1	.8%			1	.8%
I don't worry of working with HIV positive employee in the same office	yes	30	24.2%	82	66.1%	112	90.3%
	No			12	9.7%	12	9.7%
I don't worry of	yes	30	24.2%	81	65.3%	111	89.5%

having lunch in a cafeteria with HIV positive employee	No			13	10.5%	13	10.5%
	Yes	29	23.4%	83	66.9%	112	90.3%
I know the possible protection mechanisms	No			11	8.9%	11	8.9%
	Yes						

Table 3.4 - Employee general awareness and pinion on HIV/AIDS

Source: Respondents' view generated through questionnaire

Table 3.4 also shows the survey regarding employees' awareness whether they know employee who died of and/or a worker living with HIV/AIDS in their organization.

In response to the question presented, the majority 101 (81.5%) of the respondents know or suspect that there were workers who died of HIV/AIDS. At the same time only 22 (17.7%) of the respondents reveal that they suspect no worker who died of HIV/AIDS previously in their organization.

In comparison, 109 (87.9%) of the total respondents believe that currently there are workers living with HIV/AIDS in their organization. From the responses it is obvious that organizations are losing their productive man power and this can have serious economic implications as more and more employees are forced to take sick leave due to HIV related medical conditions or are otherwise unable to perform their jobs at a former level. They are also forced to hire new untrained personnel or become more dependent on using temporary workers.

With regard to employee worry to work, eat and enjoy with HIV positive employee in the same office and cafeteria as well, 90% believe that there is no risk of getting infected due to the fact that one works or eats with HIV positive workers in the same office or cafeteria. In contrast, approximately 10% of the respondents have a feeling that there is

probability of getting infected and they do not want to work and eat with HIV positive employee.

Thus, based on this result it is possible to conclude that there are still workers who are ignorant and most probably believe that HIV can be transmitted through coughing, sneezing or bites of insects. They do not clearly know how the virus is transmitted and this basically is a ground for prejudice and discrimination frequently observed in many organizations making coworkers develop bad image on HIV positive employee

Moreover, from the above premise it is possible to say that companies' prevention and awareness programs to educate employees about how HIV is transmitted and how they can protect themselves is weak. So, Companies are required to work more on education program to inform their employees about HIV/AIDS and ways to prevent infection taking a stand against stigmatization and discriminations of employees living with HIV/AIDS. In addition, they are also expected to support HIV/AIDS awareness and education programs in the communities in which they do business.

3.3. General organizational responses to HIV/AIDS

3.3.1. Type of awareness creation activities used by the organization in response to HIV/AIDS so far

In this part of the study awareness creation action used by Ethiopian Telecommunication Corporation and BGI-Ethiopia is assessed based on the data gathered through questionnaire.

Items	BGI Ethiopia					Ethiopian telecommunication corporation				
	N	Minimum	Maximum	Mean	Std. Deviation	N	Minimum	Maximum	Mean	Std. Deviation
Awareness creation activity made by the organization										
Internal circulars	28	1	5	3.46	1.201	96	1	5	3.14	1.219
Internal publications	28	1	5	3.61	1.066	96	1	5	2.71	1.329
Professional training programs	28	1	5	3.75	.928	96	1	5	2.91	1.282
Peer-to-peer education	28	1	5	3.75	.928	96	1	5	2.17	1.382
Other activities	28	1	5	3.68	1.124	96	1	5	2.71	1.391

Scale: 1.Strongly disagree _____ 5.Strongly agree

Table3.5 Type of awareness creation activity used by organization in response to HIV/AIDS so far

Source: Respondents' view generated through questionnaire

Many people, particularly in developing world, remain either uninformed or misinformed about the nature of HIV/AIDS and have little access to preventive measures (UNAIDS, PWBLF, GBC, 2000). The research also added that misconceptions about HIV transmission such as transmission through sharing of food cups and cloths, kissing and insect bites as well as non-transmission through a single unprotected sexual practice and

sex with healthy looking partners are the most common problems currently observed in many areas. Such misconceptions and erroneous beliefs can be solved through the right communication channels like internal circulars, Publications, training programs and peer-to-peer education. Accordingly table 3.5 summarizes the result as follows.

In general, the majority of the respondents in BGI-Ethiopia agree with the idea that their company is using internal circulars, publications, professional training program and peer-to-peer education (mean > 3) as alternative methods of awareness creation. Interestingly peer-to-peer education and professional training program were viewed as the most frequently used awareness creation activity methods (mean 3.75 for both) followed closely by internal publications and circulars with mean rate of 3.61 and 3.46 respectively.

In contrast respondents of Ethiopian Telecommunication Corporation reveal that their company is not using the listed alternative means of awareness creation activity which had an over all mean rate < 3: internal publication (mean = 2.71), professional training (mean = 2.91) and peer to peer education (mean = 2.17). In fact internal circulars are some times used as an awareness creation mechanism. This is supported by respondents view with mean rate of 3.14 which is very closer to neutral opinion of mean rate = 3

From the above result it is possible to conclude that BGI-Ethiopia is using different alternatives means of awareness creation activities with regard to HIV/AIDS transmission and ways to protect them selves from the disease than Ethiopian Telecommunication Corporation.

3.3.2. Different discussion programs prepared and held by the organization in response to HIV/AIDS

If the spread of HIV is to be brought under control people must clearly know how the virus is transmitted and how they can protect them selves and others from it. The study conducted by UNAIDS asserted that an estimated 90% of people who acquired the virus do not know they are living with HIV and they are likely to infect other people. Such ignorance is most probably the result of social and cultural taboos that prevent sex education in organizations, as well as open discussion of issues related to sex.

Items	BGI Ethiopia					Ethiopian telecommunication corporation				
	N	Minimum	Maximum	Mean	Std. Deviation	N	Minimum	Maximum	Mean	Std. Deviation
Discussion programs prepared and held by the organization										
On HIV related issues at work	28	2	5	3.75	1.005	96	1	5	2.58	1.176
On gender sensitive issues	28	2	5	3.64	.826	96	1	5	2.84	1.259
On disability related issues	28	2	5	3.36	.826	96	1	5	2.19	.977
On discriminatory practice issues	28	1	5	3.46	.962	96	1	5	2.74	1.216
On care and support issues	28	2	5	3.64	.826	96	1	5	2.78	1.241

Scale: 1.Very-dissatisfied

5.Very satisfied

Table 3.6 - Different discussion programs prepared and held by the organization in response to HIV/AIDS.

Source: Respondents' view generated through questionnaire

Obviously such social and cultural taboos can be solved through on going awareness raising information dissemination and education on HIV/AIDS in the organization, when managers, supervisors and workers talk openly on HIV/AIDS, disability gender sensitive issues, discriminatory practices that is carefully tailored to the needs of workers. In this

regard the survey conducted to assess the basic discussions held in the two case organizations is summarized in table 3.6.

In general respondents of BGI Ethiopia are satisfied with their company's discussion programs on different matters at work place (mean > 3): discussion program on HIV related issues at work (mean = 3.75 which is more inclined to satisfied continuum), on gender sensitive and care and support issues (mean 3.64), on discriminatory practices (mean = 3.46). However, the survey in Ethiopian Telecommunication Corporation reveals a contrasting result regarding discussion held by the organization on the same matter (mean < 3). This basically shows that there were considerable differences of opinions among respondents of BGI-Ethiopia and Ethiopian Telecommunication Corporation regarding the various discussions held on HIV and other related issues. This is especially true of the issues related to disability and HIV with a mean rate of 2.19 and 2.58 respectively. This of course presents a dilemma in Ethiopia Telecommunication Corporation to get ride of HIV related problems in the organization.

3.3.3. Preventive measures taken by the organization in response to HIV/AIDS

HIV prevalence is so high that the impact of AIDS is going to be very severe in harming work forces in many organizations regardless of what happens in the future. Nonetheless, much can be done to lessen the impact of the disease and eventually bring the epidemic under control. Among these: Prevention and control of HIV/AIDS pandemic through education, through condom promotion and distribution, through provision facilities for voluntary confidential HIV testing with personal access to results and counseling,

through identification of specific work related transmission hazards and adoption of safe guards, by targeting prevention programs at high risk groups and by extending prevention activities to stake holders.

Ethiopian Telecommunication Corporation						BGI Ethiopia				
Items	N	Minimum	Maximum	Mean	Std. Deviation	N	Minimum	Maximum	Mean	Std. Deviation
Prevention and control of HIV/AIDS pandemic through education	96	1	5	2.43	1.044	28	1	5	3.00	1.186
Prevention and control of HIV/AIDS pandemic through condom promotion and provision	96	1	4	2.01	1.031	28	1	5	3.04	1.201
Prevention and control of HIV/AIDS pandemic through provision of facilities for voluntary, confidential HIV testing with personal access to result and counseling	96	1	5	2.55	1.204	28	1	5	3.29	1.117
Prevention and control of HIV/AIDS pandemic through identification of specific work related transmission hazards and adoption of safe guards	96	1	5	2.20	1.001	28	1	5	3.14	1.145
Prevention and control of HIV/AIDS pandemic by targeting programs at high risk groups/ unit in company	96	1	5	2.18	.995	28	1	5	2.93	1.184
Prevention and control of HIV/AIDS pandemic by extending prevention activities to stake holders	96	1	4	2.28	.830	28	1	5	2.96	1.071

Scale: 1. Not acting at all _____ 5. Highly acting
 Table 3.7. Employee response on prevention measures taken by the organization in response to HIV/ AIDS

Source: Respondents' view generated through questionnaire

In this regard, employees in the two case organizations were asked to put their view on how well the organization is acting on prevention and control activities and they were

required to respond as “Not acting at all”, “particularly acting”, “don’t know”, “satisfactorily acting” and “highly acting”. Similarly, the following table summarizes the response of employees in the two case organizations as follows.

Accordingly, respondents of BGI-Ethiopia rate the action taken by their organization with respect to the provision of facilities for voluntary confidential HIV testing higher (mean rate of 3.29) which is followed by the prevention and control of HIV/AIDS pandemic through identification of specific work related transmission hazards and adoption of safe guards.

On the other hand, respondents of ETC witnessed that action on provision of facilities for voluntary testing purpose is lower (represented by mean rate of 2.55 which is less than 3). Moreover, ETC’s action on identification of specific work related transmission hazards indicate weak signal compared with the mean rate indicated for BGI- Ethiopia.

In relation to condom promotion and provision, the action taken by BGI-Ethiopia is still by far better than that of ETC (mean rate $3.04 > 2.10$). In fact, what should not be ignored is that there is opinion difference even between respondents of ETC on preventive action. This is clearly indicated by the maximum rate of 5 for ETC with respect to provision of facilities for VCT and rate of 4 for promotion and distribution of condom

The Employees in the two organizations were also asked to give their own opinion on their organizations’ action that targets high-risk groups. In this regard the response rate is below 3 for the two case organizations indicating low performance level. Similarly the view of respondents in the two organizations with respect to the participation of stake

holders on prevention and control of HIV/AIDS pandemic is very low (indicated by a mean rate of 2.28 and 2.96 for ETC and BGI respectively).

Therefore, based on the above facts, it is possible to conclude that BGI Ethiopia is using different HIV/AIDS prevention campaigns and its action is by far better than that of ETC.

3.3.4. Work place Organizational policies in response to HIV/AIDS

As Helen Jackson (2002) wrote, supportive human resource management policy based on human right is very essential to ensure appropriate response to HIV/AIDS at work place and to promote its prevention. Work place policies are needed to help reduce HIV infection rate, to support employees with HIV so that they can be healthy and productive as long as possible and ultimately to safeguard the profitability of the company and industry as a whole.

Accordingly, HIV/AIDS prevention and control office coordinator of ETC and human resource management head of BGI Ethiopia were asked whether they had a documented policy with respect to HIV/AIDS at work place. Both responded that they had a policy draft on which they are currently working. They developed the draft based on ILO Codes on HIV/AIDS and experience of some organizations who had a formal work place HIV/AIDS policy in our country mentioned below:

1. Workplace HIV/AIDS policy developed by Ethiopia Airlines in April 2006.
2. Workplace HIV/AIDS policy developed by Filwuha Agelegelot enterprise in July 2006.

3. Workplace HIV/AIDS policy developed by Ghion Hotels in may 2006.
4. Workplace HIV/AIDS policy developed by Gumaro Tea Production industry in July 2006.
5. Workplace HIV/AIDS policy developed by Ethiopian Electric Power Corporation in December 2007.

However, both reported that the policy draft on which they are currently working is not yet approved but submitted to the board for approval. And employees were asked to state their satisfaction level on the policy draft being implemented by marking their choice as “very satisfied”, “some what satisfied”, “neutral”, “somewhat dissatisfied” and “very dissatisfied”:

List of items	BGI Ethiopia					Ethiopian telecommunication corporation				
	N	Minimum	Maximum	Mean	Std. Deviation	N	Minimum	Maximum	Mean	Std. Deviation
How are you satisfied with	N					N				
Policy of non discriminatory practice , when hiring, promoting, transferring, or training.	28	1	4	3.89	.832	96	1	5	2.91	1.257
Policy to provide health insurance for all employees which covers HIV/AIDS treatments.	28	1	4	3.64	.989	96	1	5	2.92	1.351
Policy ensuring the availability of affordable or free HIV/AIDS related drugs	28	1	5	3.82	1.090	96	1	5	3.87	1.340
Policy to help employees with HIV/AIDS related illness to continue in appropriate work while medically able.	28	1	5	3.86	1.113	96	1	5	3.74	1.107
Policy to continue support for employees who retire due to AIDS related ill health.	28	1	4	3.96	1.036	96	1	5	3.61	1.099
Policy to provide reasonable accommodations like: flexible working hours, time for counseling and medical appointment.	28	1	5	3.89	1.166	96	1	5	3.70	1.206
Policy on promoting the application of disciplinary measures where discrimination occurs.	28	1	5	3.71	1.049	96	1	5	3.55	1.169

Policy ensuring confidentiality of employee HIV/AIDS status.	28	1	5	3.75	1.110	96	1	5	2.94	1.177
Policy in involving people living with HIV/AIDS in the development and appraisal of HIV/AIDS policies and programs.	28	1	5	3.79	.957	96	1	5	3.71	1.065

Scale 1. Very dissatisfied ————— 5. Very satisfied

Table 3.8 Work place organizational policies in response to HIV/AIDS.

Source: Respondents' view generated through questionnaire

Similarly, in ETC, the response of employees on non-discriminatory practice during employment, promotion, transfer and training ranges from very satisfied to very dissatisfied indicating opinion differences between respondents. But majority of them have a neutral opinion (mean = 2.91) on this aspect³. Considering the same case for BGI Ethiopia again there is opinion difference among respondents in that there are respondents who are very satisfied and somewhat dissatisfied with the company's practice. But the majority's view fall around a mean rate of 3.89 indicating that they are somewhat satisfied with the company's Performance on the same issue.

With respect to organizational practice on the provision of health insurance for all employees covering HIV/AIDS treatment, the view of respondents in BGI indicate the organization is performing better (satisfactorily which is represented by mean rate of 3.64). On the other hand as witnessed by the majority of the respondents in ETC their organization's performance with respect to health insurance coverage is neutral (mean = 2.92) which means they do not have clear information on this aspect. Reflecting this fact Jem Bendell (2003) explained that coverage of health insurance depend on situation in

³ Mean response rate ranging from 2.91 to 3.09 were considered as an indication for neutral opinion as it is closer to three.

different companies where the health insurance they purchase for their employees might exclude coverage for HIV/AIDS due to the high risk associated with the disease.

The two companies were also asked whether their policy provision ensure availability of free or affordable HIV/AIDS related drugs. What is surprising is that the response made by employees of BGI Ethiopia shows that they are satisfied in this aspect which is in line with the view of respondents in ETC. this is indicated by the mean rate of greater than three (3.82 and 3.87). From this it can be inferred that both organizations do facilitate the availability of free and affordable drug for their employees. So there seems to have been good movement on this issue.

In addition, the study has also tried to assess whether the policy manual in this two organizations supports employee with HIV/AIDS related illness to continue in appropriate work while medically able, continue support for employee who retire due to AIDS related ill health, provide reasonable accommodation like flexible working hours, time for counseling and medical appointments. Similarly the survey result in the two organizations highlights generally that their policy on HIV/AIDS are very strong on allowing employees to stay in their work if workers are medically able. This is supported by the majority of the respondents indicated by mean of 3.86 and 3.74 for BGI Ethiopia and ETC respectively.

Moreover, no difference of opinion is observed between larger proportion of the respondents in both organizations regarding continuity of organizational support for employee who retire due to AIDS related ill health. That is, both companies provide

support to HIV/AIDS employees in retirement or to their families or partners. This fact is indicated by the mean rate of 3.96 and 3.61 for BGI Ethiopia and ETC, respectively.

Again, the survey result also indicates that both BGI Ethiopia and ETC have a policy giving provision for the accommodation of flexible working hours, times for counseling and medical appointment (indicated by mean = 3.89 for BGI Ethiopia and 3.70 for ETC).

The other basic issue related to workplace HIV/AIDS policy assessed in the two case organizations is the practice on ensuring confidentiality of employee HIV/AIDS status and application of disciplinary measures where the confidential HIV/AIDS status is illegally disclosed or discrimination occurs. In this regard, majority of respondents of ETC reveal that they have no clear information on this aspect (this is indicated by the mean rate of 2.94). However, BGI Ethiopia practices on keeping confidential HIV/AIDS status are somewhat satisfactory. This is supported by the view of majority of the respondents (indicated by mean rate = 3.75)

Furthermore, the discussion made with human resource management head of BGI Ethiopia shows that their organization encompasses a supportive work environment in which staffs can discuss HIV/AIDS openly including their experience of living with HIV/AIDS. Where staffs disclose that they or their dependents are living with HIV/AIDS, the information will be kept confidential with regard to the circumstances in which the information was shared. If there is any doubt the person living with HIV/AIDS should be consulted before further disclosure takes place (that is if the employee needs support from colleagues or management group). Moreover, staffs and volunteers working for the organization on HIV/AIDS will be required to keep the secret and shall be

informed also that the unauthorized disclosure of HIV related information is considered as a disciplinary offense that may result in a grievance procedure as per BGI's personnel policies. Depending on the situation it may lead to legal proceedings against the person who disclosed the information.

At last, the involvement of employees living with HIV/AIDS in the development of workplace policy was also assessed. Accordingly workers in ETC stated that they are somewhat satisfied with the organization's practice on this aspect (indicated by mean rate of 3.76). Similarly, respondents in BGI Ethiopia also share the same idea (mean=3.79). So the two organizations practice on this aspect reflects that there is good progress.

To sum up, comparative study of organizational practice on work place HIV/AIDS policy highlights that both organizations are doing good. Though BGI Ethiopia's performance by far exceeds ETC's practice.

3.4. Major challenges faced by companies in response to HIV/AIDS

The two case organizations were also asked to give their opinion on the major challenges or barriers faced by their organization in fighting HIV/AIDS. As indicated in table 3.9 the respondents stated various barriers.

Respondents in the two organizations have indicated their neutral opinion regarding the practice of stigma and prejudice on HIV positive employees. This fact was basically indicated by the mean response rate of 3.01 and 3.04 for ETC and BGI-Ethiopia respectively.

Items	Ethiopian telecommunication corporation					BGI Ethiopia				
	N	Minimum	Maximum	Mean	Std. Deviation	N	Minimum	Maximum	Mean	Std. Deviation
Major challenges faced by the organization	96	1	5	3.01	1.373	28	1	5	3.04	1.347
Stigma and prejudice	96	1	5	3.29	1.345	28	1	5	3.50	1.036
Self disclosure problem	96	1	5	3.29	1.329	28	1	5	3.32	1.124
Poor health care infrastructure	96	1	5	3.23	1.365	28	1	5	3.36	1.162
Low funding for HIV/AIDS project.	96	1	5	3.32	1.252	28	1	5	3.21	1.315
Commitment of higher officials	96	1	5	2.98	1.196	28	1	5	3.18	1.335
Low support from collaborating organizations										

Scale: 1 Strongly disagree _____ 5 Strongly agree

Table 3.9. Major challenges faced in response to HIV/AIDS

Source: Respondents' view generated through questionnaire

Though not very chronic problem majority of the respondents from both the organizations highlighted that self-disclosure as one basic challenge faced in their organization in response to HIV/AIDS. This is indicated by the mean response rate of 3.29 and 3.50 for ETC and BGI-Ethiopia respectively.

More over, the respondents in the two organizations also state poor health care infrastructure, low funding for HIV/AIDS project as their major challenge which is indicated by the average response rate of greater than three that is inclined to the agree side. Despite, many helpful contributions made by higher officials in the organization to fight HIV/AIDS, their low commitment is also underlined by majority of the respondents from both organizations as another roadblock in response to HIV/AIDS problem. Finally as indicated in the same table, the employees in the two organizations under investigation

were also asked to comment on how other stakeholders (collaborating organization) have helped them in responding to HIV/AIDS. According to the view of employee in ETC, they have no clear information on this aspect (indicated by mean rate = 2.98 for ETC). However, respondents in BGI-Ethiopia witness that collaborating organizations are supporting their organization satisfactorily (indicated by the mean response rate of 3.18).

How ever, discussion made with HIV/AIDS prevention and control office coordinator in ETC indicates that HIV/AIDS prevention and control office at national level and Addis Ababa level have made a vital contribution in providing materials for awareness creation activities. Like wise, human resource management head of BGI-Ethiopia has stated the helpful contribution of national HAPCO and Addis Ababa HAPCO on peer-to-peer education and counseling made in their organization. The two representatives of the organization also added that additional support is required from national HAPCO, AAHAPCO as well as other NGOs. Their support is not enough to eradicate HIV/AIDS problem.

3.5. Strategies developed by organization in response to HIV/AIDS

In the prevention and control of HIV/AIDS, organizations do have unique position because of their contact with the employees and the wider business community.

Items	Ethiopian telecommunication corporation					BGI Ethiopia				
	N	Minimum	Maximum	Mean	Std. Deviation	N	Minimum	Maximum	Mean	Std. Deviation
Strategy developed by organizations in response to HIV/AIDS										
For the prevention of new infection among employees and their	11	1	5	2.82	1.079	14	2	4	3.43	.852

families											
For minimizing the financial impact of HIV/AIDS on the company to ensure its survival	<i>11</i>	<i>2</i>	<i>5</i>	<i>3.18</i>	<i>1.079</i>	<i>14</i>	<i>1</i>	<i>4</i>	<i>3.43</i>	<i>1.016</i>	
For minimizing the negative impact of AIDS on employee living with the disease	<i>11</i>	<i>2</i>	<i>5</i>	<i>3.27</i>	<i>1.009</i>	<i>14</i>	<i>1</i>	<i>5</i>	<i>3.50</i>	<i>1.092</i>	
For the engagement of those stake holders	<i>11</i>	<i>2</i>	<i>4</i>	<i>3.18</i>	<i>.751</i>	<i>14</i>	<i>1</i>	<i>4</i>	<i>3.36</i>	<i>1.008</i>	
For the regular evaluation of the effectiveness of the company's HIV/AIDS program	<i>11</i>	<i>2</i>	<i>4</i>	<i>3.09</i>	<i>.539</i>	<i>14</i>	<i>1</i>	<i>4</i>	<i>3.36</i>	<i>1.008</i>	

1. Strongly disagree _____ 5.Strongly agree

Table 3.10. Strategies developed by organizations in response to HIV/AIDS

Source: Respondents' view generated through questionnaire

So, there is much that business organizations can do of which developing appropriate strategy for the prevention of new infection among employees their (families), for minimizing the financial impact of HIV/AIDS on the company to ensure its survival, and for the regular evaluation of the effectiveness of the company's HIV/AIDS program are some.

Accordingly management groups of ETC and BGI Ethiopia were asked to state their opinion on different strategies developed by their organization in response to HIV/AIDS.

Table 3.10. Summarizes the result of the survey conducted in the two organizations. Respondents in BGI-Ethiopia stated that their company has designed a strategy for the prevention of new infection among employees and their families (supported by mean response rate 3.43)

Discussion made with Human Resource management head of BGI also highlights the same fact in that their company has planed to offer peer-to-peer education for its employee together with Addis Ababa HAPCO. This is mainly designed to reduce new infection among employees. However majority of the respondents in ETC do not agree with the idea in this regard (this fact is indicated by the mean response rate of 2.28).

More over, the two organizations have almost the same view on the other questions of strategy: minimizing the financial impact of HIV/AIDS on the company to ensure its survival (indicated by mean 3.43 for BGI-Ethiopia and 3.18 for ETC), minimizing the negative impact of HIV/AIDS on employees living with the disease (mean 3.50 for BGI-Ethiopia and 3.27 for ETC). Respondents in BGI-Ethiopia have also indicated the management of those stakeholders (with mean 3.36) and the regular evaluation of the effectiveness of the company's HIV/AIDS program (mean 3.36) as the other strategies developed by the organization. How ever workers in ETC have neutral opinion with this regard.

3.6. Over all performance of the company on HIV/AIDS pandemic management

As shown in table 3.11 employees of the two case organizations were asked to put major activities performed by the organization in response to HIV/AIDS in order/rank.

Items	Ethiopian telecommunication corporation					BGI Ethiopia				
	N	Minimum	Maximum	Mean	Rank	N	Minimum	Maximum	Mean	Rank
Awareness creation	94	1	9	2.68	1 st	28	1	10	1.93	1 st
Prevention	94	1	10	3.37	2 nd	28	1	9	3.11	3 rd
Providing accessible Counseling center	94	1	10	3.38	3 rd	28	1	8	3.04	2 nd
Ensuring the availability of affordable or free home care and support.	94	1	10	8.73	10 th	28	2	10	8.32	10 th
Training employee on HIV/AIDS issues	94	1	10	6.93	9 th	28	2	10	5.36	5 th
Ensuring the availability of affordable or free facilities for viral test and treatment of infection	94	1	10	5.84	6 th	28	4	9	6.61	7 th
Ensuring the availability of affordable or free facilities for treatment	94	1	10	5.61	5 th	28	4	10	7.00	8 th
Ensuring the availability of affordable or free HIV/AIDS related drugs	94	1	9	5.32	4 th	28	3	10	6.25	6 th
Providing reasonable accommodations like. Flexible working hours,	94	1	10	6.85	8 th	28	5	10	8.07	9 th
Ensuring confidentiality of employee HIV/AIDS status	94	1	10	6.12	7 th	27	3	9	5.33	4 th

Scale.1 10

Table3.11. Employee response to over all performance of the company on HIV/AIDS pandemic management

Source: Respondents' view generated through questionnaire

Accordingly, majority of respondents of ETC have ranked awareness creation, prevention and provision of accessible counseling center as 1st, 2nd and 3rd most performed activities in their organization.

Interestingly the view of respondents in BGI-Ethiopia is in agreement with the view of employees in ETC except the rank given for prevention and provision of accessible counseling center as 3rd and 2nd respectively.

From the above facts it is possible to conclude that the two companies under investigation are working more on awareness creation, prevention and provision of accessible counseling center, which supplement one another.

Moreover, respondents from the two-organization share common view on their organization performance with respect to ensuring availability of affordable or free home care and support services (ranked 10th by majority of the respondents). This indicates that neither ETC nor BGI-Ethiopia is providing free home care and support services for employees who retired because of HIV/AIDS illness. However there were differences of opinion observed between respondents of ETC and BGI-Ethiopia on the rank of various other activities in the organization.

For example respondents of ETC ranked Provision of HIV/AIDS related drugs, and provision of facilities for treatment, facilities for viral test at 4th, 5th and 6th respectively. But surprisingly respondents from BGI-Ethiopia did not, rather at 6th, 8th and 7th. Similarly, respondents of BGI-Ethiopia reveal that their organization is also doing some what good on assurance of confidentiality of employees HIV/AIDS status and training

employees on HIV/AIDS issues (ranked at 4th and 5th respectively) which are of course rated at 7th and 9th by respondents of ETC.

CHAPTER FOUR

4. SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

4.1 Summary of findings

The research has founded:

1. The general awareness of workers on HIV/AIDS in ETC and BGI Ethiopia is somewhat better. They know how HIV/AIDS is transmitted; it is non-curable disease, and the possible protection mechanisms, though the behavioral change remains unsatisfactory. This fact was supported by the view of 123(99.2%), 110(88.7%), and 112(90.3%) respondents respectively.
2. The two organizations are losing their productive man power which can have serious economic implications as more and more employees are forced to take sick leave due to HIV related medical conditions or are other wise unable to perform their jobs at a former level. This fact was supported by the survey result where
 - a. Majority 101 (81.5%) of the respondents witnessed that there were workers who died of HIV/AIDS in their organization.
 - b. 109 (87.9%) of the total respondents Know that currently there are workers living with HIV/AIDS in their organization.

3. With regard to employee worry to work, eat and enjoy with HIV positive employee in the same office and cafeteria as well, 90% believe that there is no risk of getting infected due to the fact that one works or eats with HIV positive workers in the same office or cafeteria. In contrast, approximately 10% of the respondents have a feeling that there is probability of getting infected and they do not want to work and eat with HIV positive employee
4. The study showed that BGI-Ethiopia is using internal circulars, publications, professional training program and peer-to-peer education (mean > 3) as alternative methods of awareness creation, where peer-to-peer education and professional training program were viewed as the most frequently used awareness creation activity methods (mean 3.75 for both) followed closely by internal publications and circulars with mean rate of 3.61 and 3.46 respectively.
5. Comparative study conducted however reveals that Ethiopian Telecommunication Corporation is not using the listed alternative means of awareness creation activity. This view was supported by majority of the respondents in ETC with the over all mean rate of less than 3 where in fact, internal circulars are some times used.
6. In terms of the different discussion programs prepared and held by the organization on HIV/AIDS and other related issues, the study showed that BGI-Ethiopia's performance is better than that of ETC.
7. The survey conducted to assess the preventive measure taken by the two organizations also rated BGI-Ethiopia higher than ETC. This was clearly observed by the fact that:

- a. Majority of the respondents from BGI-Ethiopia and ETC witnessed their respective company's performance on preventive measure taken through condom promotion and provision as indicated by mean response rate of $3.04 > 2.10$.
 - b. Majority of the respondents from BGI-Ethiopia and ETC witnessed their respective company's performance on preventive measure taken through provision of facilities for voluntary confidential HIV testing as indicated by mean response rate of $3.29 > 2.55$.
8. It was also found that, the two organizations have work place policy supporting employee with HIV/AIDS related illness to continue in appropriate work while medically able, continue support for employee who retire due to AIDS related ill health, provide reasonable accommodation like flexible working hours, time for counseling and medical appointments.
9. Company's work place HIV/AIDS policy ensuring non-discriminatory practice during employment, promotion, transfer and training was rated satisfactory for BGI-Ethiopia by majority of the respondents (indicated by mean response rate of 2.11). However, majority of ETC's respondents have a neutral opinion (mean = 3.09) on this aspect.
10. With respect to organizational practice on the provision of health insurance for all employees covering HIV/AIDS treatment, BGI-Ethiopia is still performing better (satisfactorily) which is represented by mean response rate of 2.36.
11. It was also found that, secrecy, mistrust and unwillingness to share information among employees as a major barriers encountered in the two organizations.

12. More over, in the two organizations poor health care infrastructure and low funding for HIV/AIDS project were also the other roadblocks observed in response to HIV/AIDS.
13. The study has also investigated that despite, many helpful contributions made by higher officials in the organization to fight HIV/AIDS, their low commitment was also underlined by majority of the respondents from both organizations as another barrier in response to HIV/AIDS problem.
14. It is also evident from the study that BGI-Ethiopia had developed a plan to offer peer-to-peer education for its employee together with Addis Ababa HAPCO in order to prevent new infection among employees. How ever there is no strategy developed in ETC in this aspect.
15. More over, it is also apparent from the study that the two organizations have almost the same view on the other questions of strategy:
 - a. Minimizing the financial impact of HIV/AIDS on the company to ensure its survival.
 - b. Minimizing the negative impact of HIV/AIDS on employees living with the disease and,
 - c. For the regular evaluation of the effectiveness of the company's HIV/AIDS program
16. Finally, the study showed that neither ETC nor BGI-Ethiopia is providing free home care and support services for employees who retired because of HIV/AIDS illness (ranked 10th by majority of the respondents in the two organizations)

4.2 Conclusions

Based on the above findings the following conclusions are drawn.

- Majority of the respondents know how HIV/AIDS is transmitted, it is non-curable disease, and the possible protection mechanisms. Therefore, it is possible to conclude that there is good movement in the two organizations on general awareness of workers on HIV/AIDS.
- All most all of the respondents in the two organizations witnessed that there were workers who died of HIV/AIDS and who are currently living with HIV/AIDS in their organization. Thus it is a clue that the two organizations are losing their productive man power which can have serious economic implications as more and more employees are forced to take sick leave due to HIV related medical conditions or are other wise unable to perform their jobs at a former level.
- Approximately 10% of the total respondents have a feeling that there is probability of getting infected with HIV /AIDS and they do not want to work in the same office and eat in the same cafeteria with HIV positive employee. Thus, based on this result it is possible to conclude that there are still workers who are ignorant and most probably believe that HIV can be transmitted through coughing, sneezing or bites of insects. They do not clearly know how the virus is transmitted and this basically is a ground for prejudice and discrimination frequently observed in many organizations making coworkers develop bad image on HIV positive employee.

- BGI-Ethiopia is using different alternatives means of awareness creation activities with regard to HIV/AIDS transmission and ways to protect them selves from the disease than Ethiopian Telecommunication Corporation. More over, with respect to discussion programs prepared and held by the organization on HIV/AIDS and other related issues, the study showed that BGI-Ethiopia's performance is better than that of ETC. Thus, it can be inferred that employees in BGI-Ethiopia are generally more informed about HIV/AIDS than workers in ETC.
- Assessment of the preventive measure taken by the two organizations also rated BGI-Ethiopia higher than ETC. This again indicates that ETC's movement to prevent new infection among its employee was poor.
- Though the two organizations have work place policy supporting employee with HIV/AIDS, ETC's practice on ensuring non-discriminatory practice during employment, promotion, transfer and training, provision of health insurance for all employees covering HIV/AIDS treatment remains unsatisfactory.
- Though not very chronic problem like mistrust and unwillingness to share information related to HIV/AIDS among employees, low funding for HIV/AIDS project was also the other challenge faced the two organizations in response to HIV/AIDS. More over poor health care infrastructure, and low commitment of higher officials were observed as chronic problem the two organizations encountered in the over all HIV/AIDS prevention and control activities.
- Beyond minimizing the financial impact of HIV/AIDS on the company to ensure its survival, ETC has no strategy to avoid new infection among employees. This is

in fact a contradicting argument because reducing financial impact on the organization in the absence of avoiding new infection is not realistic.

- Neither ETC nor BGI-Ethiopia is providing free home care and support services for employees who retired because of HIV/AIDS illness and this basically has negative implication on the morale of HIV positive employees who are currently working for the organization.

4.3 Recommendations

Based on the findings and conclusions drawn, the following recommendations are forwarded:

- The two organizations are losing their productive manpower due to this catastrophic disease. Hence they are recommended
 - To ensure the availability of supportive counseling and testing center in their organizations.
 - To develop effective coordination of AIDS prevention and control activities in their respective organization.
 - To obtain management and worker's commitment for HIV/AIDS intervention in their organization.
- Though not large in number there are workers who believe that there is probability of getting infected because of working in the same office and having lunch in the same cafeteria with HIV positive employees. The organizations are expected to change the behavior of such ignorant people
 - By providing appropriate HIV/AIDS related education and training for all employees.

- Facilitating and conducting frequent HIV/AIDS related discussions in the organization.
 - Using alternative means of awareness creation program like internal circulars, publications peer to peer HIV/AIDS education. This especially works for ETC where the practice in this aspect is lower.
- It was found that the practice of ETC in ensuring non-discriminatory during employment, promotion, transfer and training is not satisfactory. However, ILO code of practice on HIV/AIDS intervention states that HIV/AIDS status should not be the base for any type of human resource management decisions. Hence it is advised to practice according to the work place HIV/AIDS policy and program treating people with HIV/AIDS in the same way as people with other comparable health or medical conditions.
- The research result also reveals that organizational practice on the provision of health insurance for all employees covering HIV/AIDS treatment is not satisfactory in ETC. However, recognizing human resource as the backbone (main asset) of the organization and providing the necessary insurance scheme covering HIV/AIDS is required.
- In ETC, and unwillingness to share HIV/AIDS related information, was among the challenges observed in response to HIV/AIDS. To cope up with this challenge the organization is highly advised to commit itself on the implementation of workplace policies that encompasses a supportive work environment in which staffs can discuss HIV/AIDS openly including their experience of living with HIV/AIDS. Where staffs disclose that they or their dependents are living with

HIV/AIDS the organization should confirm that the information should be kept confidential. If there is any doubt the person living with HIV/AIDS should be consulted before further disclosure takes place (that is if the employee needs support from colleagues or management group). Moreover, staffs and volunteers working for the organization on HIV/AIDS are also required to keep the secret and should be informed also that the unauthorized disclosure of HIV related information and any form (verbal, physical, emotional and psychological) abuse and discrimination practice is considered as a disciplinary offense that may result in a grievance procedure.

- More over, in the two organizations poor health care infrastructure and low funding for HIV/AIDS, and low commitment of higher officials were also among the major roadblocks observed. Hence businesses should allot appropriate budget for the necessary health care infrastructure, giving appropriate training for higher officials to change their behavior and enhance their commitment.
- It is also evident that there is no strategy developed particularly in ETC to avoid or minimize new infection among employees. Thus, it is expected to plan for different educational program like peer-to-peer education and professional training to at least minimize new infections among its employees.
- Neither ETC nor BGI-Ethiopia is providing free home care and support services for employees who retired because of HIV/AIDS illness, and this negatively affects productivity of current HIV positive employees. Hence, the organizations are required to incorporate and implement provision of free home care and support services in to their work place policies.

- The government is required to formulate HIV/AIDS related policy at national level and enforce governmental as well as non-governmental organizations to incorporate HIV/AIDS related issues in to their organizational policy and implement accordingly.
- Finally, government units, business organizations and all the community members are required to cooperate and work hand in hand to fight against HIV/AIDS.

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ANNEXES

Date _____

Addis Ababa University
School of Graduate Studies
Faculty of Business and Economics
MBA program

Questionnaire to be filled by white-collar groups.

Dear respondents,

The purpose of this questionnaire is to obtain data on HIV/AIDS, productive labor force and organization responses. Thus the information you provide will be used to assess organizational responses to HIV/AIDS and genuinely will contribute to wards relevant research findings and recommendations to alleviate the problems. So, you are kindly requested to give your valid response for all the items in the questionnaires.

Finally, I would like to assure you that the information you provide would be kept confidential and used only for academic purpose.

General Information:

1. You don't need to write your name in the questionnaire.
2. Put “✓” mark for the multiple-choice questions or write your response in the space provided.
3. The questionnaire contains seven parts. Please try to fill all the sections.
4. Write the name of your organization.

9	I know that HIV/AIDS is a problem for our company		
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Part-Three. General Organizational response to HIV/AIDS

A) Type of awareness creation activity used by organization so far .

The following series of items are designed to assess the awareness creation activity used by your company on HIV/AIDS. Please indicate your opinion by putting “✓” mark for the items from alternatives given in the table. The numbers indicate:

- 1.Strongly disagree 2. Disagree 3.Neutral 4. Agree 5. Strongly Agree

		Responses				
Items	Our company’s awareness creation activities are	1	2	3	4	5
1	Internal circulars					
2	Internal publications					
3	Professional training programs					
4	Peer-to-peer education					
5	Other activities					

B. Different discussion programs prepared and held by the organization

The following series of items are designed to assess discussion programs prepared and held by your company on HIV/AIDS. Please indicate your opinion by putting “✓” mark for the items from alternatives given.

1. How satisfied are you with your companies discussion program on HIV related issues at work?

- | | |
|---|--|
| 1. Very satisfied <input type="checkbox"/> | 4. Some what dissatisfied <input type="checkbox"/> |
| 2. Some what satisfied <input type="checkbox"/> | 5. Very dissatisfied <input type="checkbox"/> |
| 3. Neutral <input type="checkbox"/> | |

2. How satisfied are you with your companies discussion program on gender sensitive issues?

- | | | | |
|------------------------|--------------------------|---------------------------|--------------------------|
| 1. Very satisfied | <input type="checkbox"/> | 4. Some what dissatisfied | <input type="checkbox"/> |
| 2. Some what satisfied | <input type="checkbox"/> | 5. Very dissatisfied | <input type="checkbox"/> |
| 3. Neutral | <input type="checkbox"/> | | |

3. How satisfied are you with your companies discussion program on disability related issues?

- | | | | |
|------------------------|--------------------------|---------------------------|--------------------------|
| 1. Very satisfied | <input type="checkbox"/> | 4. Some what dissatisfied | <input type="checkbox"/> |
| 2. Some what satisfied | <input type="checkbox"/> | 5. Very dissatisfied | <input type="checkbox"/> |
| 3. Neutral | <input type="checkbox"/> | | |

4. How satisfied are you with your companies discussion program on discriminatory practice issues?

- | | | | |
|------------------------|--------------------------|---------------------------|--------------------------|
| 1. Very satisfied | <input type="checkbox"/> | 4. Some what dissatisfied | <input type="checkbox"/> |
| 2. Some what satisfied | <input type="checkbox"/> | 5. Very dissatisfied | <input type="checkbox"/> |
| 3. Neutral | <input type="checkbox"/> | | |

5. How satisfied are you with your companies discussion program on care and support issues?

- | | | | |
|------------------------|--------------------------|---------------------------|--------------------------|
| 1. Very satisfied | <input type="checkbox"/> | 4. Some what dissatisfied | <input type="checkbox"/> |
| 2. Some what satisfied | <input type="checkbox"/> | 5. Very dissatisfied | <input type="checkbox"/> |
| 3. Neutral | <input type="checkbox"/> | | |

C. Prevention measures taken by the organization

The following series of items are designed to assess preventive measures taken by your company. Please indicate your choice by putting “✓” mark for the items from alternatives given

1. How do you rate your company’s action on prevention and control of HIV/AIDS pandemic through education?

- | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|
| 1. Not acting at all | <input type="checkbox"/> | 4. Satisfactorily acting | <input type="checkbox"/> |
| 2. Partially acting | <input type="checkbox"/> | 5. Highly acting | <input type="checkbox"/> |
| 3. Don’t know | <input type="checkbox"/> | | |

2. How do you rate your company’s action on prevention and control of HIV/AIDS pandemic through condom promotion and provision?

- | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|
| 1. Not acting at all | <input type="checkbox"/> | 4. Satisfactorily acting | <input type="checkbox"/> |
| 2. Partially acting | <input type="checkbox"/> | 5. Highly acting | <input type="checkbox"/> |
| 3. Don’t know | <input type="checkbox"/> | | |

3. How do you rate your company’s action on prevention and control of HIV/AIDS pandemic through provision of facilities for voluntary, confidential HIV testing with personal access to result and counseling ?

- | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|
| 1. Not acting at all | <input type="checkbox"/> | 4. Satisfactorily acting | <input type="checkbox"/> |
| 2. Partially acting | <input type="checkbox"/> | 5. Highly acting | <input type="checkbox"/> |
| 3. Don’t know | <input type="checkbox"/> | | |

4. How do you rate your company’s action on prevention and control of HIV/AIDS pandemic through identification of specific work related transmission hazards and adoption of safe guards?

- | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|
| 1. Not acting at all | <input type="checkbox"/> | 4. Satisfactorily acting | <input type="checkbox"/> |
| 2. Partially acting | <input type="checkbox"/> | 5. Highly acting | <input type="checkbox"/> |
| 3. Don't know | <input type="checkbox"/> | | |

5. How do you rate your company's action on prevention and control of HIV/AIDS pandemic by targeting programs at high risk groups/ unit in company ?

- | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|
| 1. Not acting at all | <input type="checkbox"/> | 4. Satisfactorily acting | <input type="checkbox"/> |
| 2. Partially acting | <input type="checkbox"/> | 5. Highly acting | <input type="checkbox"/> |
| 3. Don't know | <input type="checkbox"/> | | |

6. How do you rate your company's action on prevention and control of HIV/AIDS pandemic by extending prevention activities to stake holders ?

- | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|
| 1. Not acting at all | <input type="checkbox"/> | 4. Satisfactorily acting | <input type="checkbox"/> |
| 2. Partially acting | <input type="checkbox"/> | 5. Highly acting | <input type="checkbox"/> |
| 3. Don't know | <input type="checkbox"/> | | |

7. How do you rate your company's action on prevention and control of HIV/AIDS pandemic through housing provision for partners and families ?

- | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|
| 1. Not acting at all | <input type="checkbox"/> | 4. Satisfactorily acting | <input type="checkbox"/> |
| 2. Partially acting | <input type="checkbox"/> | 5. Highly acting | <input type="checkbox"/> |
| 3. Don't know | <input type="checkbox"/> | | |

Part – Four: - organizational polices in response to HIV/AIDS

The following are series of statements related to policy formulation and implementation on HIV/AIDS. Please indicate your level of satisfaction by putting “✓” mark for each item.

1. How satisfied are you with the formulation and implementation of policy prohibiting discriminatory practice on the basis of real/perceived HIV/AIDS status, when hiring, promoting, transferring, or training?

- | | | | |
|------------------------|--------------------------|---------------------------|--------------------------|
| 1. Very satisfied | <input type="checkbox"/> | 4. Some what dissatisfied | <input type="checkbox"/> |
| 2. Some what satisfied | <input type="checkbox"/> | 5. Very dissatisfied | <input type="checkbox"/> |
| 3. Neutral | <input type="checkbox"/> | | |

2. How satisfied are you with the formulation and implementation of policy prohibiting discriminatory practice on the basis of real/perceived HIV/AIDS status when allocating pay/benefit.?

- | | | | |
|------------------------|--------------------------|---------------------------|--------------------------|
| 1. Very satisfied | <input type="checkbox"/> | 4. Some what dissatisfied | <input type="checkbox"/> |
| 2. Some what satisfied | <input type="checkbox"/> | 5. Very dissatisfied | <input type="checkbox"/> |
| 3. Neutral | <input type="checkbox"/> | | |

3. How satisfied are you with the formulation and implementation of policy prohibiting discriminatory practice requiring HIV/AIDS status from perspective/current employees.

- | | | | |
|------------------------|--------------------------|---------------------------|--------------------------|
| 1. Very satisfied | <input type="checkbox"/> | 4. Some what dissatisfied | <input type="checkbox"/> |
| 2. Some what satisfied | <input type="checkbox"/> | 5. Very dissatisfied | <input type="checkbox"/> |
| 3. Neutral | <input type="checkbox"/> | | |

4. How satisfied are you with the formulation and implementation of policy prohibiting discriminatory practice to provide health insurance for all employees which covers HIV/AIDS treatments?

- | | | | |
|------------------------|--------------------------|---------------------------|--------------------------|
| 1. Very satisfied | <input type="checkbox"/> | 4. Some what dissatisfied | <input type="checkbox"/> |
| 2. Some what satisfied | <input type="checkbox"/> | 5. Very dissatisfied | <input type="checkbox"/> |
| 3. Neutral | <input type="checkbox"/> | | |

5. How satisfied are you with the formulation and implementation of policy ensuring the availability of affordable or free facilities for viral test and treatment of infection?

- | | | | |
|------------------------|--------------------------|---------------------------|--------------------------|
| 1. Very satisfied | <input type="checkbox"/> | 4. Some what dissatisfied | <input type="checkbox"/> |
| 2. Some what satisfied | <input type="checkbox"/> | 5. Very dissatisfied | <input type="checkbox"/> |
| 3. Neutral | <input type="checkbox"/> | | |

6. How satisfied are you with the formulation and implementation of policy ensuring the availability of affordable or free home care?

- 1.
- 2. Very satisfied
- 3. Some what satisfied
- 4. Neutral
- 5. Some what dissatisfied
- 6. Very dissatisfied

7. How satisfied are you with the formulation and implementation of policy ensuring the availability of affordable or free HIV/AIDS related drugs?

- 1. Very satisfied
- 2. Some what satisfied
- 3. Neutral
- 4. Some what dissatisfied
- 5. Very dissatisfied

8. How satisfied are you with the formulation and implementation of policy ensuring the availability of affordable or free facilities for treatment?.

- 1. Very satisfied
- 2. Some what satisfied
- 3. Neutral
- 4. Some what dissatisfied
- 5. Very dissatisfied

9. How satisfied are you with the formulation and implementation of policy prohibiting discriminatory practice to help employees with HIV/AIDS related illness to continue in appropriate work while medically able?

- 1. Very satisfied
- 2. Some what satisfied
- 3. Neutral
- 4. Some what dissatisfied
- 5. Very dissatisfied

10. How satisfied are you with the formulation and implementation of policy prohibiting discriminatory practice to continue support for employees who retire due to AIDS related ill health?.

- 1. Very satisfied
- 2. Some what satisfied
- 3. Neutral
- 4. Some what dissatisfied
- 5. Very dissatisfied

11. How satisfied are you with the formulation and implementation of policy prohibiting discriminatory practice to provide reasonable accommodations like: flexible working

hours, time for counseling and medical appointment, time-offs for extended sick leaves transfer to easier duties for staffs living with HIV/AIDS?

- | | | | |
|------------------------|--------------------------|---------------------------|--------------------------|
| 1. Very satisfied | <input type="checkbox"/> | 4. Some what dissatisfied | <input type="checkbox"/> |
| 2. Some what satisfied | <input type="checkbox"/> | 5. Very dissatisfied | <input type="checkbox"/> |
| 3. Neutral | <input type="checkbox"/> | | |

12. How satisfied are you with the formulation and implementation of policy on promoting the application of disciplinary measures where discrimination occurs?

- | | | | |
|------------------------|--------------------------|---------------------------|--------------------------|
| 1. Very satisfied | <input type="checkbox"/> | 4. Some what dissatisfied | <input type="checkbox"/> |
| 2. Some what satisfied | <input type="checkbox"/> | 5. Very dissatisfied | <input type="checkbox"/> |
| 3. Neutral | <input type="checkbox"/> | | |

13. How satisfied are you with the formulation and implementation of policy ensuring confidentiality of employee HIV/AIDS status?

- | | | | |
|------------------------|--------------------------|---------------------------|--------------------------|
| 1. Very satisfied | <input type="checkbox"/> | 4. Some what dissatisfied | <input type="checkbox"/> |
| 2. Some what satisfied | <input type="checkbox"/> | 5. Very dissatisfied | <input type="checkbox"/> |
| 3. Neutral | <input type="checkbox"/> | | |

14' How satisfied are you with the formulation and implementation of policy in involving people living with HIV/AIDS in the development and appraisal of HIV/AIDS policies and programs?

- | | | | |
|------------------------|--------------------------|---------------------------|--------------------------|
| 1. Very satisfied | <input type="checkbox"/> | 4. Some what dissatisfied | <input type="checkbox"/> |
| 2. Some what satisfied | <input type="checkbox"/> | 5. Very dissatisfied | <input type="checkbox"/> |
| 3. Neutral | <input type="checkbox"/> | | |

15. In general, does this company satisfy you with HIV/AIDS policy and its implementation?

- | | |
|--------|--------------------------|
| 1. Yes | <input type="checkbox"/> |
| 2. No | <input type="checkbox"/> |

Part-Five: Challenges faced in response to HIV/AIDS

The following series of items are designed to assess the challenges faced by your company in response to HIV/AIDS. Please indicate your opinion by putting “✓” mark for the items from alternatives given in the table. The numbers indicate

1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

	Items	Responses				
		1	2	3	4	5
	Major Challenges faced by our organization in response to HIV/AIDS					
1	Stigma and prejudice					
2	Self disclosure problem due to fear of stigma discrimination					
3	Availability of drugs					
4	Poor health care infrastructure					
5	Low funding for HIV/AIDS project.					
6	Commitment of higher officials					
7	Low support from organizations that our company collaborate with on HIV/AIDS					

Part-Six: Strategy developed in Response to HIV/AIDS

The following series of items are designed to assess the strategies developed by your company in response to HIV/AIDS. Please indicate your opinion by putting “✓” mark for the items from alternatives given in the table. The numbers indicate

1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

	Items	Responses				
		1	2	3	4	5
	Our Organization has designed a strategy					
1	For the prevention of new infection among employees and their families as per organization policy					
2	For minimizing the financial impact of HIV/AIDS on the company to ensure its survival (through impact indicators like number of death, sickness)					
3	For minimizing the negative impact of AIDS on employee living with the disease (through care, support and treatment).					
4	For the engagement of those stake holders who are important to the success of the company’s HIV/AIDS program (through collaboration and partnership)					
5	For the regular evaluation of the effectiveness of the company’s HIV/AIDS program and constant measurement and monitoring of HIV/AIDS impact indicators (death, absenteeism, ill health retirement)					

Part Seven: The over all performance of the company on HIV/AIDS pandemic management.

The following are list of activities the company performed on HIV/AIDS pandemic management.

Please put the activities in which the company out performed in order /rank.

No	Activities	Rank
1	Awareness creation	
2	Prevention	
3	Providing accessible Counseling center	
4	Ensuring the availability of affordable or free home care and support.	
5	Training employee on HIV/AIDS issues	
6	Ensuring the availability of affordable or free facilities for viral test and treatment of infection	
7	Ensuring the availability of affordable or free facilities for treatment	
8	Ensuring the availability of affordable or free HIV/AIDS related drugs	
9	Providing reasonable accommodations like. Flexible working hours, time for counseling and medical appointment, time-offs for extended sick leaves transfer to easier duties for staffs living with HIV/AIDS	
10	Ensuring confidentiality of employee HIV/AIDS status	

Thank you!

Thank you!

The End!

Interview Questions

The following are list of questions used during the interview made with HIV/AIDS office coordinator in ETC and human resource management head in BGI-Ethiopia.

- Do you have a work place policy in response to HIV/AIDS in your organizations?
- What are the strategies developed by your organizations to control HIV/AIDS related problems in their organization?
- What are the different awareness creation activities made in your organization so far?
- What discussion programs are prepared and held by your organization so far?
- What preventive measures are taken by your organization so far?
- What are the Major challenges faced by your organization in response to HIV/AIDS?

Declaration sheet

I, here by assure that the project paper entitled ‘Assessment of Organizational responses towards HIV/AIDS Pandemic: the case of BGI-Ethiopia and Ethiopian Telecommunication Corporation’ is my original work, has not been presented by any body for a degree in any other university and that all sources of materials used for the project have been duly acknowledged.

Demeke Gadissa

Name of the Candidate

Signature

Date and Place

Dr. Meheret Ayenew

Department of Public Administration and Development Management.

Addis Ababa University

Certificate

This is to certify that Mr. Demeke Gadissa has completed his project work entitled ‘Assessment of Organizational responses towards HIV/AIDS Pandemic: the case of BGI-Ethiopia and Ethiopian Telecommunication Corporation’ successfully in partial fulfillment of the requirements of the award of Degree of Masters of Business Administration. In my view, the work is original effort of the candidate and all material used to the project work has been duly acknowledged.

Dr. Meheret Ayenew