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Teachers Service Commission Sub–sector HIV and AIDS Workplace Policy and Provision of Support Systems in Nairobi County, Kenya

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Abstract: Issues of HIV and AIDS which have been very vocal hitherto are gradually disappearing from media forums, yet prevalence rates are not reducing significantly particularly in Kenya. Since teachers are in this milieu of HIV and AIDS, this study was essential to act as surveillance for quality service delivery in the education sector. The research assessed the extent to which the Teachers Service Commission (TSC) HIV and AIDS sub–sector policy has been effective in providing support systems to teachers infected by HIV and AIDS in public secondary schools in Nairobi County, Kenya. Contextual interaction theory guided the study which adopted convergent parallel design. The target population were teachers and TSC officials. Both probability and non–probability sampling techniques were used to arrive at a sample of 233 participants. Data was analyzed using frequencies, categories and hypothesis tested by use of Pearson Product Moment. Findings indicated that TSC HIV and AIDS sub–sector policy implementation has been minimal, nevertheless, teachers' care and support was dependent of whether the policy had been implemented in schools $r=0.258$, $p < 0.01$. HIV positive teachers are perceived to be quite productive by their colleagues although qualitative data showed that they were struggling to keep up. The TSC HIV and AIDS sub–sector policy is key in enhancing the productivity of infected teachers. TSC should therefore increase policy awareness campaigns, provide more funds and institutionalize HIV programs in schools.

Key words: TSC HIV and AIDS sub–sector policy, implementation, productivity, treatment, care and support

1. Introduction

Policy implementation entails putting into realization the ideas stipulated in a policy document. It is ensuring that the actions intended in a policy document are brought to fruition. Commenting on implementation of government policies, the Australian Secretary of the Department of the Prime Minister and Cabinet said that government policies need to be delivered on time, on budget and to expectations (Shergoth, 2006). He further contends that without effective implementation, a policy is just an idea.

To turn a policy idea into effective outcomes, there is need for leadership, which is supported by skills, which can be acquired through training, adequate human resources and funds (Shergoth, 2006). Holding the same view is Nudzor (2009) who added that training and involvement of people whose policies affect in the implementation process is crucial if desired policy outcomes are to be realized. In a policy review brief on implementation of HIV policies in educational sector in Africa, UNESCO (2008), being guided by the question–why do well written good policies fail to take off–came up with the following conclusions on barriers; inadequate resources and poor coordination with HIV issues being left to vocal person who often has other responsibilities and may not have an interest in dealing with these issues, resistance and inadequate leadership, lack of understanding of what the sector can do, weak capacity among educational planners and administrators and general lack of political will, coupled with limited financial and human resources. Similar challenges were established by Bakari and Frumence (2013) who used the

contextual interaction theory to assess policy implementation. These challenges suggest that a strong framework is eminent in the implementation of any policy. The Teachers Service Commission (TSC) sub–sector policy on HIV and AIDS, which targets the teachers as the beneficiaries, has a well spelt out aims which focus on improving the health of the HIV–positive teacher and preventing the spread of the disease to those not affected so as to enhance productivity of such teachers. The current study aimed to find out whether the policy has been able to achieve the desired results through its effective implementation.

2. Literature Review

The inherent interactions in policy implementation are bound to bring conflicts between policy makers and implementers (Chunnu–Brayda, 2012). The conflicts of a policy process manifests due to the ambiguity of the policy goals which are often multifaceted (Hill & Hupe, 2014). Thus Bardach (1977) in Honig (2006) agreed that for a strong coalition to be realized among implementers of a policy, clear instructions for implementers are important. A survey study done by Tummbers (2011), among 478 Dutch health care professionals implementing a new reimbursement policy validated Bardach's (1977) idea. The study findings led to the conclusion that clarifying the value of a policy is important in getting professionals to willingly implement a policy. For effective implementation of the TSC sub sector policy on HIV and AIDS, this study sought to find out whether there is clarity of value of the policy to the implementer.

Citing the challenges facing policy implementation, Honig (2006) argued that policy implementers, were not individuals who lacked motivation to change but as engaged actors trying to cope with the sheer number of new policy requirements that converged on the street level and to reconcile their workplace demands with their personal and professional world views. The principals of public secondary schools could be overwhelmed by the demands of their work and may find that implementing the TSC Sub–sector HIV and AIDS policy challenging. For instance, there may be a very sick teacher who could frequently be absent from school and yet students are supposed to be taught for them to perform. Such a principal is caught in a dilemma and may decide to recommend the transfer of such a teacher to another school; something which may affect the teacher negatively. It is with no doubt that well informed staff, both at high level of administration and at the street level, will be able to implement a policy effectively.

According to UNAIDS (2008), most education ministries in countries like Zimbabwe, South Africa, Mozambique and Malawi have policies related to teachers HIV but those policies do not transfer to school level because of lack of guidelines, action plans and limited resources for supporting infected and affected teachers. An example of challenges faced in implementation of a policy has been demonstrated by Bakari and Fremence (2013) on challenges to the implementation of International Health Regulations (2005) on prevention of Infectious Diseases. Bakari and Fremence were guided by the contextual interaction theory. The researchers employed qualitative method where data were collected using key informant interviews and focus group discussions. Collected data were analyzed using themes which emerged. Among the challenges hindering successful implementation of the policy were: low understanding of the regulations, poor dissemination of revised guidelines, and lack of clear information among officials charged with the responsibility of implementing the policy, lack of clear coordination plan for implementers, inadequate resources coupled with lack of capacity due to unavailability of training. The major recommendation in this study was that policy designers should ensure components in the CIT are addressed before the implementation process begins. The study was undertaken in Tanzania and in the field of health. The current research which used CIT to identify barriers to policy implementation was done in Kenya and in the education field.

Studies have been done to assess the interventions put in place in prevention of new infections and mitigating the effects of HIV disease for those already infected so that they can continue being productive members of the society. Spratt (2009) for instance did studies in Asia. The study topic was policy implementation barriers analysis: conceptual framework and pilot test in three countries; Indonesia, China and Vietnam. The research design used was survey combined with contextual interaction theory framework. The study objective was to find out why well written policies with up–to–date guidelines are not being implemented. Data was collected through in–depth interviews and focus group discussions. The study findings showed that lack of resources, high conflict of interests between actors and limited information about the policy as some of the impediments to proper policy implementation. Specifically, implementation of a policy on HIV and AIDS faced stigma as a barrier to policy implementation. While the study was done in Asian countries, the current study was done in Kenya, which is one of the Sub Saharan countries where a bulk of those living with HIV and AIDS worldwide live. Since the current study had limited scope, the data was collected and triangulated with the

questionnaire to give more insights on how the implementation process is going on.

South Africa, which is the world's leading country in HIV prevalence (Munro, 2012; UNAIDS, 2017), has taken dramatic strides in curbing the spread of the pandemic among its people. Marwitz and Okello (2010) did a case study from higher education in South Africa. The study was on HIV/AIDS in the workplace. The purpose of the study was to highlight the progress of South African higher education sector response to HIV/AIDS workplace programmes'. The study applied a discourse approach within the contextualization of the role of South African higher education institution in addressing the HIV/AIDS pandemic. The findings reported that there was increased focus on wellness in corporate institutions. It was also reported that significant gains had been made in the implementation of creative and innovative HIV/AIDS programmes in South African higher education institutions at individual, group, family and at local community level. Although the study is relevant to HIV policy implementation, it does not indicate the difficulties faced in the implementation process of programmes which address HIV and AIDS issues; a concern which was addressed by the current study.

In Kenya a similar study to that of South Africa was done by Ngaruiya (2009). The study was a case of TSC on effective strategic responses to HIV/AIDS in the workplace. The method used was survey with the questionnaire as the data collection instrument. The target population was human resource managers. The challenges cited included lack of funds to organize workshops for dissemination of information and lack of motivation for the managers who are supposed to take the lead in the implementation process. This study did not target teachers who form the bulk of the TSC employees. Consequently, collecting data from the managers only made the scope of the study weak. The current study was to overcome these weaknesses by finding out how TSC sub sector policy on HIV and AIDS is being implemented among public secondary school teachers. The study triangulated data by using interview and questionnaire for more.

Still on issues of policy implementation, Gabriel (2011) did a study on the role of HIV and AIDS phenomenological disclosure in enhancing positive living among teachers in Kisumu County. The aim of the study was to evaluate the role of disclosure in enhancing positive living among secondary school teachers whereby the teachers were giving their emotional dispositions, experiences and personal testimonies. The study sampled ten unnamed schools, KENEPOTE members and officials from the District Education Officer's (DEO) office. The research used descriptive survey with both qualitative and quantitative data. The findings of the study demonstrated that disclosure helped teachers to live positively and enjoy their work. More importantly the study focused on the TSC sub–sector policy on HIV and AIDS. Although managers of schools had gone for courses on mainstreaming HIV and AIDS in the school setting, the practice was not there. In fact, teachers, including some head teachers were not conversant with the contents of the policy document.

The DEO's office thought that mainstreaming of HIV issues was going on in schools showing that there were no checks on what is happening in schools. This is a demonstration of lack of commitment by the government official in ensuring the policy agenda is being achieved at school level. Others confessed that they were not aware that such a document existed. A majority (88.1%) of the head teachers did not share adequately the contents of the document with their teachers. The few teachers who had knowledge of the policy agreed that it was friendly. Majority of the teachers did not mind sharing with HIV positive teachers and said that they should continue serving in the same station hence should not transfer just because they are HIV positive. Although the study looked at some aspects of policy implementation, it was not concerned with identifying barriers to the implementation of this policy. The scope of the study was narrowed to disclosure without getting into details of other HIV prevention measures. The current study therefore fills in this lacuna by studying in details the activities going on in actualizing the TSC sub–sector HIV and AIDS policy agenda. This study was to find out whether the TSC sub–sector policy on HIV and AIDS implementation, among public secondary school teacher, is facing challenges so that corrective measures can be taken.

3. Methodology

The study used mixed research paradigm, a combination of both qualitative and quantitative approaches. Specifically, convergent parallel research design was adopted. The study population was 3 TSC wellness unit officials at the headquarters involved in the implementation of the TSC sub–sector HIV and AIDS policy, 79 public secondary school principals and 8 Kenya Network of Positive Teachers (KENEPOTE) officials in Nairobi County and HIV positive teachers. Public secondary school teachers are 1,720 in Nairobi County. The male teachers are 523 and female 1,197. The researchers chose public secondary schools so as to bring to light what is happening in secondary schools as

far as the implementation of the TSC sub–sector HIV and AIDS policy.

The KENEPOTE officials in Nairobi County were sampled. The County has 8 KENEPOTE officials. KENEPOTE stands for Kenya Network for Positive Teachers, a social support group for HIV positive teachers, which has a national office and county offices. KENEPOTE has been working closely with TSC to actualize the sub–sector policy on HIV and AIDS. The data was useful in corroborating that of the TSC Wellness Unit and of the public secondary school teachers.

The study used both non–probability and probability sampling designs. The researcher used multistage sampling to reduce the vast area of study to manageable size. In so doing, the researcher sampled the four administrative regions which group the counties together; these are Nairobi North, Nairobi South, Nairobi East and Nairobi West. Purposive sampling was used to select teachers who are HIV positive. The researcher used a semi–structured interview guide and a structured questionnaire to collect data. These instruments were to collect both qualitative and quantitative data simultaneously. Consequently, the researchers were able to measure the extent of actualization of the TSC sub–sector policy on HIV and AIDS qualitatively and quantitatively.

A pilot study was done prior to data collection in three schools in Nairobi County, each from different sub–counties. A total of 20 participants were selected by proportionate stratified random sampling and given questionnaires to fill. For the five–point Likert scale in the questionnaire, the split half Cronbach's Alpha (α) was used to calculate the correlation coefficient. All the coefficients were between the acceptable standard of 0 and 1 which led to the conclusion that the items were reliable. The highest reliability coefficient was 0.8552 which is excellent, while the lowest was 0.6300 which was good. The reliability for the dichotomous scale was measured by test–retest and a correlation coefficient of 0.95 was realized. Content validity of the tools was ensured by subjecting them to quantifiable measure of validity called content validity ratio (CVR). The content validity index of the items was 0.7. The trustworthiness of the qualitative data was ensured by displaying the narrative accounts. Prolonged engagement between investigator and participant was undertaken as suggested by Denzin (1989) so that applicability of findings to other environments or similar context can be made. Dependability audit trail (Mertens, 1998) was done by keeping records for reference.

The two types of data (qualitative and quantitative) were analyzed at the same time. Qualitative data analysis followed a general inductive approach whereby conceptual categories and descriptive themes (Merriam, 2009) were formed and described. Conversely, data from the questionnaires were coded manually and computed using Statistical Package for Social Sciences (SPSS) computer programme for descriptive (frequencies, mean and standard deviation) and inferential statistics (Pearson Product Moment).

4. Results and Discussion

4.1 Response Rate

The study sampled 18 schools in Nairobi County to provide respondents for both qualitative and quantitative data. In these schools, the teachers filled a questionnaire and the principals were interviewed. Out of the two hundred and five questionnaires distributed to teachers, 178 were returned which is 86.8% response rate. Principals interviewed were 14, which represents a 77.8% response rate. Interviews were conducted to 5 HIV infected teachers. Two staff from the TSC Wellness Unit provided data for the study and three KENEPOTE office bearers were interviewed.

4.2 HIV and AIDS Teachers' Productivity and Policy Implementation

The study sought to establish the extent to which the TSC HIV and AIDS subsector workplace policy implementation is related to productivity of teachers infected by HIV and AIDS.

Implementation was measured using questionnaire items – whether the teacher was aware of the contents of the policy. The variables measuring implementation of the policy are shown in Table 1.

Table1: Implementation of TSC policy on HIV and AIDS
n=178

	Item	%	
		Yes	**No**
I	I am aware of the existence of the TSC sub–sector Policy on HIV and AIDS.	55.8	43.6
ii	I am aware of the process of disclosing my status to my employer	22.5	77.5
Iii	I am aware of contents of the TSC sub–sector Policy on HIV and AIDS	18.5	81.5
Iv	I am aware of my rights concerning HIV and AIDS matters as stipulated by the TSC sub–sector Policy on HIV and AIDS	27.1	72.9
v	I am aware of my responsibilities concerning HIV and AIDS matters as stipulated by the TSC sub–sector Policy on HIV and AIDS	27.5	72.5
vi	I am aware of the existence of Wellness Unit at TSC which deals with teachers' HIV issues.	36.6	63.3
vii	I have attended HIV and AIDS awareness workshop	10.1	89.9
vii	My principal discusses HIV and AIDS issues with the teachers	12.9	87.1
viii	TSC personnel have been to our school to discuss HIV and AIDS issues	4.5	95.5
ix	I am aware of the benefits of the TSC sub–sector policy on HIV and AIDS	12.4	87.6

Source: Study Findings, 2019

From Table 1, the low level of implementation of the sector policy is shocking. Over half of the respondents (55.8%) are aware that the TSC policy on HIV and AIDS exists. However, despite the fact that the policy was developed by the TSC twelve years ago (affirmed by TSC staff 1, through interview in October 16th, 2016), 95.5% of the respondents indicate that TSC personnel had not been to their school to discuss HIV/AIDS issues. Besides, the school principal being the representative of the TSC, only 12.9% of the teacher respondents indicated that their schools' principals discuss HIV and AIDS issues with them. Workshops for teachers are rare, with only 10.1% of the teachers indicating they have ever attended a HIV/AIDS awareness workshop.

These teachers could be those heads of Guidance and Counselling Departments whom some principals in the interviews, indicated that they had ever sent them to one of HIV and AIDS workshops. It is therefore not surprising that 81.5% of the teacher respondents are not aware of the contents of the TSC sub–sector policy on HIV and AIDS. The foregoing results suggest that the interactions of actors, which are suggested by Bressers and Boers (2013); Javakhishvili & Jibladze (2013); Bakari and Frumence (2013) and Spratt (2009) as necessary for the success of policy implementation process are missing. TSC officials did not interact with teachers and principals had no idea on how to instigate a discussion on HIV and AIDS with their teachers. The scenario is surrounded by silence and assumption that implementation is in progress so the result below are expected. Without proper channels to disseminate the TSC HIV and AIDS sub–sector workplace policy, the implementation process will be challenged. Bakari and

Frumence (2013) found out that lack of clear information among officials charged with the responsibility of implementing the policy, unclear coordination plan for implementers were impediments to policy implementation. The researchers recommended that before implementation begun, there should be clear guidelines on how policy dissemination can be done. Equally, all the interviewed teachers were not aware of existence of the policy. One of them, when asked whether she was aware of the existence of the policy she said,

> *No. I am not aware of such a policy. I only know that there is a network of teachers that liaises with TSC teachers who are positive and that they have a group called KENEPOTE or something* (Key informant C, August 13, 2016).

Further, the principals agreed that they had knowledge of the existence of the policy especially from 'Image Magazine' which they would always buy from TSC stand whenever they had workshops. It is from the magazine where they got a 'vague idea' of the policy and its key principles as one of them put it, but they have never been explained to explicitly by anybody, of their mandate in the implementation of the policy. TSC has not therefore taken the leadership role as the policy stipulates. One principal said,

> *I have TSC magazines. I don't have the policy document by the way from the Teachers Service Commission. TSC, when they come for the workshops, the first thing principals will be told to do is to buy the Image Magazine. In this magazine you are expected to find and to extract the HIV and AIDS policy statement that TSC follows. The policy is never in full and I do not read the magazine keenly. Ok. Not every school head will buy that copy* (Principal 1, February 8th, 2016).

The information by this principal is that they do not understand precisely what role to play in the implementation of the policy besides not being informed with the contents of the policy document however, as the policy was meant to providing steering to the management of the infected and affected staff (TSC, 2008). How then will the TSC HIV and AIDS sub–sector policy be successfully be implemented when the expected key implementers (principals) have no clear knowledge of the policy blueprint? Tummbers (2011) and Naude (2008) found that successful policy implementation was associated with implementers' knowledge of that policy and so clarifying the value of a policy was important to get professionals to willingly implement it.

The researchers computed the data further to assess the awareness level of the teachers. Using the responses in the dichotomous table, a 'yes' response weighted 2 and a 'no' 1. A 'no' response represented low awareness while a 'yes' response denoted high awareness of the policy. Those who scored '15' and above had high level of awareness while below that was low level of awareness. The results witnessed a majority (77.5%) of the teachers having low awareness of the policy and a few (32.5%) being aware of the policy and its contents. Apart from awareness of the policy, high awareness response (yes) showed that implementation of the policy was on–going in the schools of the respondents and vice versa. These scores were used to depict policy implementation; whether it's high or low.

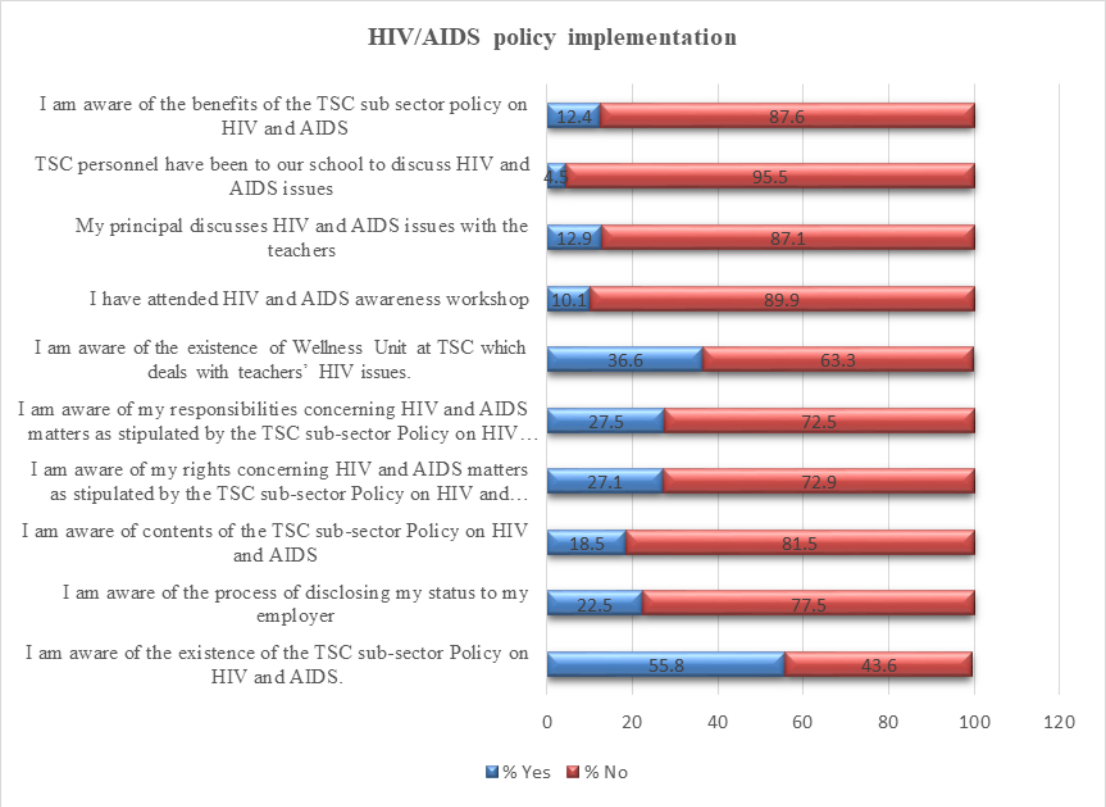

***Figure 1**: HIV/AIDS Policy Implementation* **Source**: Study Findings

The interviewed teachers and principals were in agreement that most school administrations were concerned with students' HIV and AIDS affairs to the extent of inviting guest speakers for them, something which was not done to the teachers as well. This means that teachers were left out in school based interventions confirming a concern raised by Otieno (2012) and Kamau (2013) who reported that HIV programs in schools focus on the student and ignoring the teacher yet the same teacher who could be HIV infected or affected is expected to implement such programs. In such a case, teachers may not be willing to implement HIV and AIDS programs which rely heavily on them (UNESCO, 2013; Commonwealth Education Partnerships 2012/2013, 2012). As a result, AIDS incidence could escalate amongst teachers. Figure 1 shows the graphic representation of the level of policy implementation as measured using the items indicated.

4.3 Policy implementation and its effects on Teachers' Care and Support

Comprehensive teachers' care, support and treatment seemed to be lacking. A key informant who had declared his status to the employer when asked what kind of support he got from TSC, sadly said this,

> *None except if it is health insurance which everybody is in and which I have paid for. So there is nothing TSC has helped me with. Due to my status there is no one who has helped me with anything when it comes to my health. The insurance which we have been fooled to join does not help much because the hospitals they are telling us to go I find them very sub–standard. There are no qualified doctors, so you try to tell them you have a certain issue or this is what I am feeling. They are very casual and will dismiss you with some generic medication without doing thorough check up. This kind of treatment has led me to have negative attitude towards them (the hospitals). I end up spending more money by going to other hospitals where I feel I am treated well. I know I am not alone. Many have been complaining and others I know have passed on"* (Interview, Key Informant B, July 3rd, 2016).

Thoughts shared in the above excerpt imply that sick teachers desperately needed quality medical care which was not been provided. Other key informants had comparable experiences with none satisfied by current health care for the HIV teachers. The interviewed principals were also not aware of any special support

which is given by the TSC once a teacher declared his or her status and had similar sentiments as one explained,

> *I do not know any special treatment given to the HIV positive teachers. I know we are all covered by the insurance which has selected specific hospitals for us and sometimes the treatment is not good. Teachers are complaining…teachers might feel there is no need to declare status since there is no special treatment or generally no known advantage* (Principal 14, September 28th, 2016).

Yet as shown in the results of hypothesis, there is a relationship between policy implementation and teachers' care, support and treatment. Hypothesis stated, 'There no relationship between HIV and AIDS Care and Support when teachers are compared by level of implementation of TSC sub–sector policy on HIV and AIDS'. A Pearson Moment correlation test was done to assess the statistical correlation between HIV and AIDS care and support scores for teachers who said policy had been implemented as measured using awareness of the policy, and where it had not been implemented, again measured using teachers lack of awareness of the HIV and AIDS policy. The results indicate a significant relationship between teachers' HIV/AIDS care and support and the status of policy implementation measured using teachers' awareness of the policy: $r=0.258$, $p < 0.01$. There is adequate evidence to reject the null hypothesis. This means that teachers care, and support was dependent of whether TSC sector policy on HIV and AIDS had been implemented in respondents' schools. These results can be interpreted in that teachers who are aware of the policy are likely to seek support or support fellow teachers in need of support or those infected or affected by HIV and AIDS. The results concur with those of Steyn and Mfusi (2013) who concluded that heads who had mainstreamed policy in their schools and formed support groups and established programs of supporting infected teachers encouraged HIV positive teachers to join the social groups are others disclosed their status. The results suggest that should TSC hasten HIV and AIDS sub–sector policy implementation more teachers would be encouraged to seek care services which can improve the productivity of those who are HIV positive.

4.4 Teacher productivity and HIV AIDS policy Implementation

The researcher found it necessary to assess the productivity of the HIV positive teachers based on the opinion of the general teacher population as a method of evaluating the effectiveness of the TSC HIV and AIDS sub–sector workplace policy. Therefore, teachers responded to the following statements regarding productivity of teachers who are HIV positive. A Summery of their responses is presented in Table 3.

Table 2: HIV Teacher Productivity Level n=**178**

Statement	**Percent (%)**						
	SA	**A**	**U**	**D**	**SD**	**Mean**	**Std. Dev**
Most teachers perceived to be HIV positive are absent from duty often	8.5	18.6	20.9	34.5	17.5	3.84	1.210
Most teachers perceived to be HIV positive strain when doing their duty	9.6	20.3	21.5	34.5	14.1	4.23	1.205
Most teachers perceived to be HIV positive are not punctual for duty	7.4	7.4	19.3	42	23.9	3.68	1.138
Most teachers perceived to be HIV positive cannot cope with their duties	6.2	7.3	15.8	41.2	29.4	3.80	1.128
Teachers known to be HIV positive will work better with lesser load	15.8	33.9	20.3	18.6	11.3	2.16	1.249
Teachers perceived to be HIV positive get fully involved in extra curriculum activities.	9.6	14.1	31.6	35	9.6	4.21	1.106
Teachers perceived to HIV positive should be treated like any other when it comes to work	4.5	15.8	7.3	31.6	40.7	3.88	1.231
Most teachers perceived to be HIV positive with support can perform duties like any other	62.1	29.4	4	2.3	2.3	1.53	.860

Source: Study Findings, 2019

Analysis of the statements in Table 2 indicate that HIV positive teachers are perceived to be quite productive, discrediting the findings of an array of literature that the productivity of an infected person, including teachers, is greatly challenged due to the adverse effects of the disease and the medication which follow once treatment of the disease commences (Delport, et al. 2011; Marco, et al. 2012; Riechi & Otieno, 2007; World Bank's research in International Labour Organization n.d). Majority of the teachers disagree that HIV positive are absent from duty often as revealed by a mean of 3.84 and a standard deviation of 1.210, findings which negate those of Scott et al. (2013) and Tsheko (2010) who found out that HIV positive people would frequently be absent from work, an act which affect productivity. Presence at duty station is an indicator of productivity.

Similarly, majority of the teachers disagreed that teachers perceived to be HIV positive strain when doing their duty as indicated by a mean of 4.23 and a standard deviation of 1.205. The interviewed principals agreed with most of the past research (Marco et al. 2012; Tsheko, 2010; UNAIDS, 2017) that perceived HIV positive teachers strived to work as much as those of unknown status though more often than not would be out of duty due to some illness related to HIV. The supposition here is that majority of those perceived to be HIV positive have been productive in service delivery which can be attributed to ARVs adherence which has made them strong and productive members of the society as other studies have suggested (Chan & Tsai, 2016; Reinius, 2018).

That notwithstanding, a large number of the teachers agree as shown by a mean of 2.16 and a standard deviation of 1.249 that those perceived to be HIV positive can work better with lesser load indicating that these sick teachers may not be strong enough to handle a high workload. Although this might be the case, it might not be possible to reduce the workload of a perceived or known HIV positive teachers as rightly said by an interviewee, "You cannot have workload to be reduced without declaring status since the colleagues will wonder why? It attracts negative stigma and we need to move away from that." (Interview, TSC 2, November 17th, 2016). The bottom line is that declaration is necessary for one to be considered for less workload as indicated by the excerpt. Once these teachers get reasonable workload without being stigmatized, they will be productive as clarified by Reinius (2018). According to this author, without stigma and discrimination in the society, HIV positive persons are capable of dispensing their duties as required.

Almost all the teachers as indicated by a mean of 1.53 and a standard deviation of 0.860 had the opinion that with support, the HIV positive teachers can perform

duties like any other. The kind of support being indicated by the teachers could be the psychosocial support which has highly been recommended by scholars (Dahab, et al., 2008; Garcia, et al., 2016, Government of Sierra Leon, Ministry of Education, Science and Technology– GSMEST, 2015) as key facilitator of treatment adherence. It can be concluded that once one is infected with HIV, that person is highly susceptible to diseases hence may not be able to attend to all the duties with ease without psychosocial support. Contrary to these data in the questionnaire depicting HIV positive teacher as productive as any other, a key informant described that while it was necessary for them to ensure sustained effective service delivery, they were straining and sometimes it was difficult to cope. One of them lamented,

> *"My memory is not what it used to be. I would walk into class those days without a book and I would teach. Nowadays I can't, I have to carry my notes with me and I have to be very keen on what I'm saying. When I'm in class I must remember that I'm in class and may be that is something that TSC ought to know; that these drugs we are taking hurt our memory. We might not be as productive as we used to be. There are other effects like feeling weak and loss of appetite especially if one is not keen on the proper diet".* (Key Informant D, November 7, 2016)

Another key informant re–counted,

> *"We really need support, and sometimes you feel you are so down like the world is crushing on you. Sometimes you feel so tired but you don't want to show, you to look like everything is fine…you know. Some kindness will make you feel you are still of value especially from the principal who is my immediate boss…this can make you feel you have some energy psychologically. I strain a lot to make to work every day early in the morning for fear of losing my job but I cannot make a mistake of confiding to him. It can be worse for me".* (Interview, Key informant E, December 12, 2016).

The implication from these excerpts is that the HIV positive teachers are suffering in their lone life for fear of stigma and discrimination which make the other colleague teachers construe that they usually as work hard as every other teacher. It is also possible that colleague teachers of the positive ones still feel the social pressure to accept the HIV positive teachers hence the encouraging data (Chan & Tsai, 2016).

In illustrating data further, a good number of the respondents (44.6%) disagreed that teachers perceived to be HIV positive get fully involved in extra curriculum activities. Another notable number (31.6%) was undecided on whether teachers are actively involved in the extra–curriculum activities or not. The interpretation is that teachers with perceived or known HIV positive status are insignificantly involved in extra–curriculum activities which are also very important for an all–rounded student. The revelation from the data could also mean that the HIV positive teachers are not energetic enough to undertake this extra workload and that they could be experiencing fatigue as suggested by Delport et al. (2011) making them not able to work after lessons. Again, the results confirm that these teachers need support for them to do their duties as expected. It is therefore imperative for the employer to consider aggressive practices to mainstream the policy in schools for improved service delivery since the infected teachers may not be able to attend to their duties optimally. In fact, these teachers are suffering in silence due to the negative view of the disease by the society Cheung (2014).

4.5 Suggestion to Improve the TSC HIV and AIDS Sub–sector Policy Implementation

Largely proposed plan to activate the implementation process, was to devolve the implementation activities to counties and sub–county levels. Doing so would bring services closer to the targets (teachers) thus ensuring policy implementation effectiveness. For ease of organization of HIV and AIDS related activities, respondents recommended more funds allocation by the government. With more funds, awareness campaigns and capacity building workshops will be increased leading to effective implementation of the policy. Teachers recommended that TSC should work together with the principals to support the HIV positive teachers so that they remain healthy and productive.

Another suggestion was to take advantage of information technology. This will take place in the creation of HIV positive teachers' portal. Through this portal, HIV positive teachers can communicate in confidence with their employer about their status and challenges facing them. Additionally, the portal can have an automated

messaging capacity that can remind a positive teacher of medical appointment.

For intervention purposes, the TSC should organize to review the HIV and AIDS sub–sector policy and in the process involve all the stake holders and especially the principals and teachers so that they can own it hence ease the implementation process. In addition, the reviewed policy should be printed, and copies distributed in schools to increase its awareness. Implementation process of the policy should adopt the ambiguity conflict model as suggested by Matland (1995) where the central principals should be contextual conditions and coalitions. In such a process, TSC will interact with all the actors to ensure the policy blueprint is actualized and at the same time give a chance to the principals to be pragmatic in the way they mainstream the policy in their schools. More funds allocation by the MoE for the purpose of implementation of this policy will enable more interactions with actors at all levels through workshops organized by TSC and well–defined communication channels.

More aggressive streamlining of the TSC HIV and AIDS sub–sector policy can possibly be achieved by principals developing HIV and AIDS policies in each individual school to address teachers HIV and AIDS issues and manage HIV–related illnesses therein. Although accommodating unique and creative ideas based on the challenges faced by individual schools, the policies should be in tandem with the TSC HIV and AIDS policy. The formulation process of the policies should involve all the role players (TSC, principals and teachers) so as to make implementation of the same effective. The TSC should organize workshops to train the principals how to develop these policies.

Evaluation of the implementation process should be undertaken periodically by TSC for surveillance purposes. Doing so will ensure that heads of schools are on track in implementing course. The assessment will also ensure that goals of the policy are being realized. These include: teachers' awareness of critical issues concerning HIV, reduced HIV–related stigma and discrimination amongst teachers in schools, increased teachers' VCT uptake, improved treatment, care and support of HIV infected and affected teachers and lastly enhanced HIV infected and affected teacher productivity. The grant expected impact of the policy is zero HIV new infections and quality education service delivery.

5. Conclusions and Recommendations

5.1 Conclusions

Even though TSC has a well elaborate HIV and AIDS sub–sector workplace policy, study findings indicate that its implementation is inadequate to mitigate teachers' HIV and AIDS concerns. From the onset, publicity of the policy among secondary school teachers was lacking. Besides, the policy mandate may not be attained since the policy principles such as TSC personnel going to schools to discuss HIV issues with teachers have not been undertaken. The principals, who are the key implementers, have unclear knowledge of their obligation in the policy implementation process besides having a vague knowledge of the contents of the HIV and AIDS sub–sector policy in which they were not involved in its formulation.

Lack of appropriate care, treatment and support of the HIV positive teachers from the employer (TSC) was evident in this study. The nationally organized support group (KENEPOTE) is unknown to most public secondary school teachers and for those who have heard of it, do not know how it operates. Hence the HIV positive teachers do not join the group and as data revealed, the groups' membership has remained low compared to the number of teachers. HIV and AIDS care and support was dependent to policy implementation thus its implementation is very critical as a means of ensuring that teachers stay healthy and productive for quality service delivery in the education sector. The implementation of the TSC HIV and AIDS sub–sector policy is crucial in attaining quality education service delivery since teachers who are the main medium of communication will stay healthy and productive.

5.2 Recommendations

There is need for TSC to hasten the policy implementation process to ensure teachers receive support, care and treatment services for improved productivity. TSC should organize workshops to disseminate the sub–sector policy to the principals who are the in the frontline of implementing the policy among secondary school teachers. TSC should focus on improving teachers' healthcare by having a health insurance which gives special attention to HIV positive teachers. Principals to be encouraged by TSC to form teachers' social groups. There is need for monitoring and evaluation of the implementation process, guided by the theory of implementation, so as to identify any barriers and arrest the situation for quality service delivery.

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