

# Methodology

Institutions from three countries were selected as case studies: councils under the Ministry of Local Government (MLG) in Botswana, the Ministry of Agriculture and Food Security (MoAFS) in Lesotho, and the Malawi Police Service (MPS). These institutions were chosen on the basis of the important role they play in protecting the well-being of the public in the three countries. In the case of Botswana, the original aim was to examine the state of the response in the MLG and selected local councils as the implementers of most ministry policy. Unfortunately, owing to restructuring within the ministry, researchers were unable to gain access to the ministry and had to limit their activities to the councils instead. The data was collected by local consultants working in each country.

## DATA COLLECTION

Four different methods were used to collect quantitative and qualitative information on the impact of HIV/AIDS and, more importantly, the extent and adequacy of the response to the threat posed by the epidemic. These were adapted to suit the situation in each country, but broadly included the following elements:

- *Policy and literature review:* This review sought background information on the context in which the institutions function, the extent and nature of their formal response to HIV/AIDS and, where such information existed, the impact of HIV/AIDS on their staff and functioning. It also involved an appraisal of key national and institutional policy documents, studies, and reports with relevance to both the institutional environment and HIV/AIDS.
- *Analysis of relevant human resource data:* In an effort to obtain a quantitative indication of attrition levels and trends within these

institutions, human resource data on selected attrition indicators was collected. This data was collected for the five-year period between 1999 and 2003 and ideally included information on vacancy rates, the number and skills levels of staff, their demographic characteristics, such as age and gender distribution, and the number of deaths and retirements on medical and other grounds. Where available and relevant, data on attrition-related financial costs was also collected.

None of the organisations kept detailed data on causes of illness or death in their institutions, although an effort was made to ascertain whether deaths were due to natural causes, such as disease, or unnatural causes, such as car accidents, suicide or homicide. An attempt was also made to collect information on proxy indicators such as age at death, or whether deceased employees had suffered lengthy periods of illness prior to their death. Such indicators, while obviously not able to prove whether deaths were as a result of AIDS, can provide a broad indication of the virus impact. As already discussed, for example, individuals are most likely to contract HIV/AIDS in their late teens and twenties and are likely to become ill and die in their thirties and early forties—an age group that does not normally experience particularly high death rates. Elevated levels of death owing to natural causes in this age band are therefore highly suggestive of AIDS. AIDS is also associated with lengthy, repeated bouts of serious illness that may leave a person incapacitated for months at a time. Prolonged illness prior to death is also therefore strongly indicative of AIDS.

- *Stakeholder interviews:* Information on the impact of HIV/AIDS and the extent and nature of the organisational response was obtained through a series of semi-structured, in-depth interviews. These were conducted with key personnel in each institution, including senior and middle managers, human resource officers, and individuals involved in HIV/AIDS-related activities. Interviews were also conducted with other relevant roleplayers, such as representatives of national HIV/AIDS co-ordinating structures, other government departments, and donor agencies. Approximately 30 interviews were conducted in each country.
- *Self-administered questionnaires:* A limited number of structured, self-administered questionnaires were circulated among staff in each institution. These questionnaires were not aimed at providing a

Table 1: Number of self-administered questionnaires returned

Position	Councils (MLG, Botswana)	MoAFS (Lesotho)	MPS (Malawi)	Total
Administrative	26	13	20	59
Technical	7	30	4	41
Management	10	3	4	17
Professional	22	9	24	55
Other	2			2
Unknown	1	3	1	5
<b>Total</b>	<b>68</b>	<b>58</b>	<b>53</b>	<b>179</b>

representative picture of what was happening within each institution, but rather at identifying whether the perceptions and statements of senior management corresponded with the perceptions of more junior and operational personnel. They were distributed to all the staff available on the day of the site visits. A minimum of 50 self-administered questionnaires were collected at each site. As shown in Table 1, most of the questionnaires returned were completed by either administrative or professional staff, followed by technical personnel. A smaller number were completed by people in middle- and lower-management positions.

## LIMITATIONS

As mentioned earlier, there is very little data available on the impact of HIV/AIDS on public sector institutions in Southern Africa and how these institutions are responding to the epidemic. Thus, although this study consists of only relatively small-scale, case study research, it provides preliminary data in an under-researched area.

The findings highlighted in the proceeding chapters do not provide a definitive analysis of the situation in the region and are limited in temporal scope, but provide crucial information that can inform future studies and serve as a baseline against which such studies can compare their findings.

With this in mind, certain limitations should be mentioned. A number of problems were encountered, particularly in the collection of human resource data. As found by several other studies in this area, gathering hard data on the impact of HIV/AIDS was difficult.<sup>18</sup> There were a number of reasons for this, including:

- *Stigma and denial:* Owing to the stigma still associated with the virus and because people die as a result of a syndrome of illnesses rather than the virus itself, AIDS-related illness and death are difficult to isolate. AIDS-related morbidity and mortality are seldom recorded as such, and people are sometimes reluctant to talk openly about the virus. As discussed above, none of the institutions examined recorded the cause of death in their human resource data, and it was impossible to conclusively distinguish between AIDS and non-AIDS-related deaths. With one exception, respondents were generally relatively willing to discuss HIV/AIDS issues, but owing to the difficulty of specifically identifying AIDS-related illness and death, sometimes found it difficult to determine the effects of AIDS in their workplace. The study thus relies heavily on proxy indicators, such as age at death, to determine the virus likely impact.
- *The state and accessibility of human resource information:* Human resource monitoring systems were often difficult to access and varied in their completeness. In some cases, institutions did not keep human resource information in a systematised fashion, or had only recently begun to capture such information. In others, records were kept manually and were difficult and time-consuming to access. Where information could be accessed, records were often kept in such a way that it was difficult to discern broad trends (where, for instance, data was organised according to post or unit rather than for the institution as a whole). It was also often insufficiently detailed to allow it to be broken down by demographic categories such as age, gender or locality. Such variation in the level and quality of the data hampered the depth of analysis possible and makes comparisons between the institutions difficult.

Some institutions were better able to provide quantitative information than others, but for the most part this information was fairly limited. The impact data presented in the proceeding chapters is therefore relatively superficial and is included simply to provide an indication of likely trends. It is impossible to say for certain how much of the recorded attrition in each institution is due to HIV/AIDS, but given both the high adult prevalence rates and the maturity of the epidemic in each of the three countries, it is likely that a sizeable proportion is due to the epidemic.