

A CROSSFIELD LITERATURE REVIEW OF THE HIV AND AIDS IMPACTS ON  
THE UGANDAN WORKFORCE THROUGH THE HRD LENS

A Dissertation

by

DEBRA MAYES HOWARD

Submitted to the Office of Graduate Studies of  
Texas A&M University  
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

December 2004

Major Subject: Educational Human Resource Development

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## ABSTRACT

A Crossfield Literature Review of the HIV and AIDS Impacts on  
The Ugandan Workforce Through The HRD Lens. (December 2004)

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This study performed a literature review of five crossfields (economic, educational, medical, political, and socio-cultural) utilizing human resource development (HRD) models, tools, definitions, and theories to understand how the findings of HIV and AIDS impacts on Uganda can be managed with HRD importance to improve the workforce and decrease HIV and AIDS incidence and prevalence.

The study concerns Uganda's (1) HIV and AIDS history, (2) workforce demographics, (3) decentralized government for diffusion capabilities, (4) AIDS fundings, international nongovernmental organizations (INGOs), and their effectiveness, and (5) utilization of change agents to overcoming socio-cultural barriers in the prevention and treatment of HIV and AIDS.

Human Resource Development (HRD) theories examined are Lewin Field Theory involving leadership identification characteristics as they interact with the group dynamics in force fields, Nadler's Hierarchal Order for Training and Development, and Organizational Development in Systems, Swanson's Systems Model for inventing, improving (or disrupting) a system, Porter, Schwartz,

Ringland, and Shoemaker's Performance Improvement Performance Needs Model, Swanson and Holton's Basic Human Resource Development Model, Kuhn's use of paradigms, Dubin's Theory Building Model, and The Body of Knowledge Model.

Findings indicate ten major areas where the workforce could be improved and decreases in HIV and AIDS incidence and prevalence could occur. These areas are: (1) overcoming socio-cultural stigmas, (2) increased verifiable HIV testing and treatment, (3) HRD instructions, strategies, tools, and skills for training and development, organizational development, and cultural sensitivity for Westerners; (4) evaluation tools for measuring INGO activities: accountability needed, (5) implementation of the ABC Program transnationally, (6) advocacy for maintaining philanthropy, (7) building of infrastructures and schools - increasing teachers, managers, and engineers and apprenticeships, 8) empowering women and orphans with skills and education, (9) partnering resources and decision making amongst stakeholders and (10) outlining areas for further research.

## DEDICATION

To my husband

and daughter

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## CHAPTER I

### INTRODUCTION

“HIV and AIDS are pandemic” (UNDP, 2002), “the leading cause of Ugandan deaths” (AIDS Weekly, 2002), “incurable” while “decreasing the workforce prematurely” (IFMSA, 1997), with an age longevity” from 55 in 1983 to 37 in 2000 (IFMSA, 1997). The virus and disease are “widening the inequality gap” (Akiki, 2002; Uganda AIDS Commission, 2000) with a “30% orphaned” Ugandan population of “uneducated, unskilled robbers and prostitutes” (Uganda AIDS Commission, 2000). Annually, HIV and AIDS impacts Uganda through a “2-4% incidence due to infected blood”, “1% sharp, non-sterile instrument piercing”, “15-25% Mother-to-Child transfer” (MTC), “12% deaths” (UNAIDS, 2002a), and “10% living with HIV and AIDS” (WHO, 2000; IFMSA, 1997; Uganda AIDS Commission, 2000; Essex, 1998; Morbidity and Mortality, 2001).

With a population in Uganda of 22-24 million, these conditions, added to a 3 to 6 times higher rate of HIV and AIDS incidence in 18-25 year olds, as opposed to other age groups, has placed the workforce at risk. Uganda is lacking the professions of managers, teachers, and engineers (World Bank, 1996; World Bank, 1997b; World Bank, 1999a; AIDS Family Health International, 1996).

Without professions to build and maintain societies, and without teachers to educate these professionals, societies or systems will be unable to develop economically. There is a need for HRD in training and development,

organizational development, with change agents, and assessment in the NGO AIDS programs, activities on the environment in the form of economic development by INGOs to staff teachers, engineers, and managers to build and maintain infrastructures (USAID, 2002; Annan, 2001a; Annan, 2001b).

In the 18-25 workforce age, identifying leaders as change agents is important for increasing lifespan and decreasing HIV and AIDS incidence and prevalence. Medically, antiretroviral (ARV) drugs could prolong life enabling the professionals to apprentice younger ages, perhaps 12-17 years old. Rural cohort studies have documented HIV and AIDS; but further documentation is needed for verifiability of Uganda's claim of a decrease in HIV and AIDS incidence and prevalence from the NGO AIDS prevention program before taking the ABC AIDS Program transnationally to the other SSA states. Politically, incorrupt leaders are needed to endorse volunteer testing (VT), AIDS education on prevention and treatment, and clinics and hospitals for counseling, treatment, and testing. Socio-culturally change agents as tribal healers, clergy leaders, and nonprofit sector entities (INGO, NGO, CBO, FBO) need training to dispel myths, stigmas, and deaths resulting in barriers to HIV and AIDS (Bodeker, G., Kabatesi, D., King, R., Homsy, J. 2000; Museveni, 2000).

By studying the impacts of HIV and AIDS on the Ugandan workforce by crossfield compilation of data (economically, educationally, medically, politically, and socio-culturally), the full effect of the HIV and AIDS pandemic can be better understood in reference to the application of HRD to areas such as the (1)

identification of traits and skills of African leaders to change agent leaders, and (2) the group dynamics needed for success of the real world by multi-scenario collections and theory building. Instrumental in the HRD applications would be examining the stakeholders involved and how HIV and AIDS can be better managed under a holistic thinking, managing, and partnering of resources, offering greater effectiveness. Orphan care (Stricherz, 2003), poverty (World Hunger Education Service Associates, 2000), and inequalities affecting the workforce service professions (Uganda AIDS Commission, 2000; UNDP, 2002; Duguemy, Sjoberg, 1999) would be areas of further concern.

Ugandan services comprise “small businesses and trades, railroad, health care, and agriculture” (CIA: The World Fact book, 2002). Economically, HIV and AIDS affect groups and systems as orphans (Stricherz, 2003), caretakers, communities, and nations, (Uganda AIDS Commission, 2000, UNDP, 2002). With government and market failure theories in place, 120-130 INGOs exist to finance 80-82% of Uganda’s HIV and AIDS expense while Uganda funds 8%, and CBOs and FBOs fund 10% (UNDP, 2002, Stricherz, 2003).

Uganda is just one of 47 Sub-Saharan African states affected by HIV and AIDS; the application of HRD theories and research to Uganda’s environment and successful ABC program could be applied to other countries for transnational, HIV and AIDS prevention and treatment of other Sub-Saharan workforces (WHO, 2003; UNDP, 2002).

### **Crossfield Literature Review**

Politically, Uganda has been ravaged with wars, Idi Amin's massacres, and "30 years of HIV and AIDS" (Freedland, 1995). Uganda is said to have "a new breed of African leadership," a "darling of the West" (UN Summit on Sustainable Development, 2002; USAID, 2002), in Ugandan President Yoweri Museveni and First Lady Janet Museveni; elections and a democracy have been established (UNESCO, 2000; Stricherz, 2003) with a ratified constitution and a pledge to end corruption (Annan, 2001a; Annan, Gowers, Chomsky, Kirkpatrick, 2002; Wasike, 2003). Museveni formed the Ugandan AIDS Commission, calling clergy, political and community leaders to share the ABC National AIDS Program with schools, religious centers, and communities. Museveni's wife acknowledged Uganda's AIDS problem by public radio broadcasts upon HIV and AIDS initial outbreaks (USAID, 2000b; IFMSA, 1997). President Museveni's national AIDS program (A for abstinence, B for be loyal to one's partner, and C for condom use with at risk situations) has been publicized to the 54 decentralized districts with notable results (Uganda AIDS Commission, 2000; UNDP, 2002; Stricherz, 2003). This education program has purported a three-year success at lowering HIV and AIDS incidences in the 22-24 million Ugandan population (from 18% in 1995, to 8.3% in 1999 to 5% in 2001) (UNDP, 2002; Stricherz, 2003; IFMSA, 1997; USAID, 1997) with uncertainty in what has been the deciding variable – abstinence, be faithful to one's spouse, or condom use – with argument for A or B (Museveni, 2000; Kilan, Gregson, Ndyana-Bangi, Walusaga, 1999; Kipp, W.,



Kabagambe, G., Kende-Lule, J., 2002). However, there are tensions over the importance of condom use.

Educationally, with schooling not compulsory, Uganda is seeing a decrease in education levels among its citizens with vocational schools closing due to teacher shortages of 50% (UNESCO, 1999).

Societies wrestle with the socio-cultural stigmas, myths, and fears that thwart progress of HIV and AIDS prevention and treatments as “socio-religious-cultural factors are the greatest barriers to HIV and AIDS prevention” (IFMSA, 1997; Stricherz, 2003; Kirunga, Ntozi, 1997). “Youths 20-30 years old are vulnerable to HIV and AIDS, lacking awareness, materials, and skills for protection” (Uganda AIDS Commission, 2000). HIV and AIDS are difficult to control with polygamy, multi-partners, or sugar daddies (IFMSA, 1997). Ignorance, traditional healer practices, and condom use myths add to the difficulties (UNESCO, 2000, 2004b; Kikule, 2003; Konde-Lule, 1991). The Ugandan Rural Project sees education as the best approach to combating HIV and AIDS, utilizing art and sporting clubs for public AIDS education (IFMSA, 1997), and skill development to overcome peer pressure.

Medically, “unlike cancer, AIDS has stigmas surrounding the disease” which has led to deaths, divorces, family abuse, ostracism, loss of livelihood, and negligence. “Knowledge (learning) is not applied when it conflicts with traditions” (IFMSA, 1997). Doctors Without Borders strategizes to overcome myths (UNDP, 2002; IFMSA, 1997). Computer technology resourcing HIV and AIDS could offer information that would be “free, while keeping confidentiality” (IFMSA, 1997) in

the future with technology development. Nonprofit sector agencies (INGO, NGO, CBO, FBO) have established clinics for volunteer testing (VT) (Kipp, Kabagambe, and Konde-Lule, 2002; Matovu, Kigozi, Nalugoda, Wabwire-Mangen, and Gray, 2002; Alubo, 1990). Technology with leadership of clergy and tribal healers could aid efforts to reach the 60-70% rural agricultural population in the prevention and treatment of HIV and AIDS by increasing the acceptance of volunteer testing (VT), need for mother-to-child transmission (MTC) treatments, condom use, drug research trials, and possible vaccines.

These areas of study bring understanding as to the effects on the economy of Uganda. Uganda is rich in natural resources; but without technology, goods are not marketable. The price of coffee has fallen from \$3.40 per pound in 1984 to \$.60 in 1998, an example of the economic situation in the country (Museveni, 2000).

### **Statement of the Problem**

The problem is that HIV and AIDS kills, is depleting the workforce, is incurable, has treatment costs which are unaffordable to most Africans, and results in inequalities economically, educationally, medically, politically, and socio-culturally – while reversing economic development (CDC, 2001a; Chin, 1989; Cliff and Smallman-Raynor, 1992). The gap in the literature is the need for HRD involvement in HIV and AIDS education and prevention, training and development, INGO effectiveness assessments, development of instruments for measuring outputs upon the workforce environment, and workforce development.

Under President Yoweri Museveni's leadership, economic development could be jump started by the national AIDS program becoming transnational, staffing teachers for training engineers and managers to sustain economic societies, and another seven years of reducing HIV and AIDS incidence and prevalence (Banta, 2002; Biritwum, 1995; Kohls, 1987; Kohls, 1995).

### **Research Questions**

- 1) What does the literature say about the impact of HIV and AIDS on the Uganda workforce?
- 2) How can HRD contribute to the HIV and AIDS incidence and prevalence to improve the workforce?

### **Purpose of the Study**

The author seeks, through emerging data, to bring understanding of the HIV and AIDS impact on the Ugandan workforce. Objectives are as follows: 1) to compile a literature review of HIV and AIDS impacts on the Ugandan workforce through crossfield analysis of publicly-accessible text data; 2) to understand what the workforce demographics are after 30 years of HIV and AIDS activities from mainly INGOs, FBOs, and CBOs; 3) to determine what change agents (ABC National AIDS program, INGOs, FBOs, CBOs), leaderships (clergy, tribal healers, President, First Lady, and Cabinet), and workforce age groups can most effectively lower HIV and AIDS incidence and prevalence; 4) to determine INGO effectiveness, and 5) to examine how HRD can contribute to improving the workforce environment and reducing HIV and AIDS incidence and prevalence.

Compilation of data from a literature review text will analyze data by crossfields (economic, educational, medical, political, and socio-cultural), age groups, HIV and AIDS incidence levels, case studies, and rural and urban demographics.

### **Methodology**

Steps to achieve the objectives will involve the compilation of data, numbering sources, coding crossfields, filing hard copies, noting pertinent data for analysis by searches, identifying themes, framing themes, dividing themes into fields of researcher study and areas for further study. Findings are synthesized from the literature review. Areas for further research are noted. The synthesis of full-text, publicly-accessible data will attempt to answer the stated research questions utilizing Swanson and Holton's Basic HRD Model with outcomes (impacts of HIV and AIDS impacts) analyzed and processed through HRD theoretical models and tools to determine recommendations for improving the workforce, decreasing HIV and AIDS impacts, and creating a criterion grid for implementation and assessment of INGO effectiveness in HIV and AIDS prevention and treatment on the Ugandan workforce populations.

### **Sample**

The researcher has chosen purposive sampling of a literature review from publicly-accessible libraries consisting of internet sites, annual reports, conference proceedings, research studies, journal articles, government resources, an autobiography of President Yoweri Museveni, editorials, foundation

and corporate reports and multi-NPS entities (INGO, NGO, CBO, and FBO) as “the method of discovery to gain insight and understanding” (Merriam, 1998) into the impacts of HIV and AIDS on the Ugandan workforce and how HRD impacts can help improve workforce and decrease HIV and AIDS incidence and prevalence.

### **Collection of Data**

Procedures for synthesizing data are through the analysis of volumes of text data (Bogdan and Biklen, 2003), focusing upon the impacts of HIV and AIDS on the Ugandan workforce. The identifying of 82% INGO inputs (objectives, goals, and mission statements), processes (actions), and outcomes (impacts on environment of the workforce) for making inferences enable findings of impacts of HIV and AIDS on the workforce to be summarized.

In Chapter IV, these crossfield findings are synthesized with comparative case study analyses of 1) MTC and VT, 2) ABC and INGO efficacies, and 3) President Yoweri and other change agents. Also in Chapter IV, HRD theories and tools are applied to recommend a system for measurement evaluators of the impacts of HIV and AIDS on the Ugandan workforce. Under the improved system, utilizing Swanson and Holton’s Basic HRD Model, Von Bertalanffy’s General System Thinking, Light’s Partnering Model, and Vertzberger’s Management Theory are introduced to enable a criterion grid (measurement instrument for processes impacting the workforce environment) be created,

implemented, and followed with assessments upon further data collection for effectiveness of agencies and impact upon the environment.

### **Analysis of Data**

The instrument, content analysis, is “a systematic, replicable technique for compressing many words of text into fewer content categories based on explicit rules of coding” (Bogdan and Biklen, 2003; Stemler and Bebell, 1998). The research will examine 1) NPS agencies activities for reducing HIV and AIDS on the Ugandan workforce, 2) the impact of HIV and AIDS on the current workforce environment, 3) identification of agents and tensions, socio-cultural myths, and obstacles to overcome for HIV and AIDS prevention and treatment to occur, 4) INGO efficacies, and 5) the ABC Program successes as a feasible program to send transnationally to the 47 other Sub-Saharan African states for AIDS prevention. This research will involve an understanding of the workforce demographics by age groups with crossfield data compilations for determining factors of success for economic development to occur. Economic development can begin if HRD theories and tools are applied to the environment of the workforce. Further research involves Lewin’s Field Theory (Lewin, 1942; Lewin, 1951; Wolman, 1960) concerning leadership, group dynamics, and agencies, and force field analysis. The research will be examining all compiled data that has been synthesized for determining effective and efficient means for HRD to improve workforce professionals and decrease HIV and AIDS incidence and prevalence on the environment.

## **Research Design**

The design and statistical nature follows Swanson and Holton Basic HRD Model, Kurt Lewin's Force Field, Leadership and Group Dynamics to identify leaders, change agents, and successful group dynamics, Porter, Schwartz, Ringland, and Shoemaker Performance Improvement Performance Need Model for multi-scenario building, Kuhn's paradigms for overcoming socio-cultural stigmas and for use in teaching resources, Basic Knowledge Model to Theory Building, Light's Partnering Model for sharing, Von Bertalanffy's General System Thinking, and Vertzerber's Management Theory for the prevention and treatment of HIV and AIDS incidence and prevalence and increasing the workforce. These theories and models represent the major analysis and application through an HRD lens. The adversary evaluation (Borg, Gall, 1989) method is used to ensure validity.

## **Assumptions**

As qualitative research, the focus is on dependability (different people coding the same text in the same way) (Weber, 1990, Merriam, 1998) by 1) maintaining an audit trail, 2) triangulating sources as the principal element of study (Stemler, Bebell, 1998; Bogdan, Biklen, 2003), and 3) researcher worldview (Merriam, 1998). Assumptions are that publicly-accessible text data is accurate in reflecting programs, agencies, agents, cases, and figures as reported.

### **Limitations**

Disadvantages of content analysis are time consumption and error increases (Stemler, Bebell, 1998). Advantages of content analysis are researcher examination of communicative text, via crossfields. "Generalizability is dependent upon accurate categories from data sources" (Bogdan, Biklen, 2003) with minimal biases sought.

### **Delimitations**

The researcher, over the last two years, has sought to limit the data to a manageable size, seeking peer-edited journals, scholarly journals, texts concerning the selected five crossfields (economic, education, medical, political, socio-cultural) and articles concerned with HIV and AIDS with a focus mostly on Uganda. The use of the Wall Street Journal is noted since the United Nations has designated this media source as the means to build public advocacy. Articles indicating INGO activity, economic forecasting, poverty issues, INGO and NGO political agendas, prevention and treatment educational materials, vaccine trial reports, philanthropic endeavors, and medical research studies were retrieved for further examination with crossfield classification.

Discovered areas of tension are (1) whether the National AIDS Program accomplished a decrease in HIV and AIDS incidence and prevalence rates over the last three years with generalizability possible to the Ugandan workforce or whether to only the urban population (30%), (2) whether the ABC national AIDS



program is ready to go transnational or global, as is supported by USAID and the UN, and (3) whether Yoweri Museveni's leadership offers the stable, democratic, and incorrupt means for workforce preparation with HIV and AIDS incidence and prevalence decreases to improving the workforce in Uganda and offering a future with economic development, and (4) the importance of condoms in the HIV and AIDS prevention and treatment of the population.

### **Significance of the Study**

Research contributes to the body of HRD and non-profit sectoring (NPS), building paradigms in identifying leadership, group dynamics, success and failure analyses, training needs, and future program development. Research also contributes to HIV and AIDS prevention and treatment in management decisions, options, risks, goals, evaluation, and assessments (Vertzberger, 1998) with change agents, in the (1) understanding of the HIV and AIDS impact on developing countries economically, educationally, medically, politically, and socio-culturally and (2) in the offering of practical ways for crossfields to collaborate (Light, 2000), share resources, teach paradigms (Kuhn, 1996; Gioia and Pitre, 1990), and evaluate effectiveness in developing environments, for countries such as Uganda to become a self-reliant, sustainable workforce society (Anheier and Kendall, 2001).

### **Importance to HRD**

This study offers a holistic approach to the building of theory in HRD strategies to, first, better understand how to impact, improve, and strengthen the

professional workforce (Herschbach, Campbell, 2000). Second, model build in HRD utilizing system thinking to make decisions, define goals, understand options, and comprehend risks of the real world (Swanson and Holton, 2001). Third, define scenarios of multi-cultural differences resistant to decreasing HIV and AIDS incidence (Gioia and Pitre, 1990). Fourth, design management strategies for change agents (Mugeere, 2000; Salamon, 1997; Vertzberger, 1998), and fifth implement HRD solutions where government and market failure theories fail in increasing workforce professionals, stabilizing economic societies, and systems to jump-start economic development (Ott, 2001b; Lewis, 2002; Ott, 1996).

### **Areas for Further Research**

Further challenges for sustained workforce are economic sufficiency, globalization speeds, technological change, population, poverty, and inequalities in education and skills (Herschbach and Campbell, 2000).

Key words, operational definitions, and acronyms are listed in Table 1. Operational Definitions. This dissertation follows the outline of five chapters.

TABLE 1. Operational Definitions

AIDS	Acquired Immunodeficiency syndrome
ARV	Antiretroviral drugs for HIV & AIDS treatment
CBO	Community-Based Organization
Crossfields	Medical, education, economic, socio-cultural, and political data text
FBO	Faith-Based Organization
HIV & AIDS Incidence	Number of new cases over a given period and the total number of cases in a given population during a given period.
HIV & AIDS Prevalence	Total cumulative disease burden on the population...rate at which those infected are removed from the population
HRD	Human Resource Development
INGO	International nongovernmental organization
MACA	Multi-sectoral AIDS approach
MTC	Mother-to-child transmission of HIV & AIDS
NGO	Nongovernmental organization
NPS	Non-Profit Sector
SSA	Sub-Saharan Africa
STD	Sexually transmitted disease
UNLA	Ugandan National Liberation Army
UNLF	Ugandan National Liberation Front
VT	Volunteer testing

(Source: Compiled from the literature review)

Chapter I is the introduction to the study stating the gap in the literature, Chapter II is the review of literature from the five crossfields, Chapter III is the methodology, Chapter IV is the application of HRD theory and tools upon the findings in the literature review, and Chapter V is the discussion, recommendations, and conclusions. Vita follows.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### **Introduction**

#### **Research Questions**

1. What does the literature say about the impacts of HIV and AIDS on the Uganda workforce?
2. How can HRD contribute to the HIV and AIDS incidence and prevalence to improve the workforce?

#### **Description of Study**

This literature review was the principal method of study to answer research question one. The author reviewed over 1500 full-text articles out of which five crossfields emerged. In looking at these crossfields, certain themes arose, which added frames to the crossfields. These frames include the medical situation of HIV and AIDS in Uganda, the demographics of Uganda as a result of HIV and AIDS, change agent involvement, philanthropic giving, and INGO activities as outcomes on the environment towards HIV and AIDS prevention and treatment and increase workforce dynamics. Therefore, what follows are the findings regarding research question one from a narrative approach.

The research sample was taken from publicly-accessible, full-text data from public libraries and the Internet comprising five emerging crossfields of economic, educational, medical, political, and socio-cultural crossfields. Data was accumulated from journals, summit findings, annual reports, medical studies, drug research, and conference proceedings. Medical journals such as LANCET,

Journal of American Medical Association, British Medical Journal, Geographia-Medica, AIDS, East African Medical Journal, Royal Tropical Institute, Scientific American, Health and Societies, Journal of Infectious Diseases, Journal of Health Communication, Social Science and Medicine, Health and Human Rights, Journal of Human Virology, AIDSSCAP/Family Health International, Journal of Alternative and Complementary Medicine, International Family Planning Perspectives, International Journal of Epidemiology, Health Transition Review, Tropical Medicine and International Health, Western Journal of Medicine, Morbidity and Mortality, International Journal of STD and AIDS, World Health Organization reports, Center for Disease Control statistics, Vaccine, and New England Journal of Medicine were article and journal sources for data selection.

### **The Theoretical Framework**

Theoretical frameworks involve Lewin's Field Research Theory, Lewin's Leadership and Group Dynamics, Swanson's System Theory, Von Bertalanffy's General System Thinking, Vertzberger's Management Theory, Nadler's Hierarchy, Organizational Development (OD) Model, Swanson and Holton's Basic HRD Model, Porter, Ringland, Schwartz, and Shoemaker's Performance Needs/ Performance Improvement Model, Kuhn's paradigms, Dubin's Theory Building, and the Body of Knowledge Model as noted in Lynham and Chermack (2002). These models are utilized in Chapter IV with case study comparisons involving (1) MTC and VT, (2) ABC Program and INGO efficacies, and (3) Change agents and President Yoweri Museveni.

Evaluation and assessments of how the HIV and AIDS epidemic has affected the workforces in SSA can be helpful in future decision-making and implementation of programs. Information as to how each party defines the problem, establishes goals, estimates risks, determines options, and establishes consensus with advocacy for effective choices to be successfully implemented is important to the management of people, groups, and systems (using general system thinking, management, and partnering) (Weinberg, 1975; von Bertalanffy, 1962; Vertzberger, 1998; Light, 2000).

### **HIV and AIDS – the Disease**

#### **HIV and AIDS Outcomes**

##### *Medically*

The World Health Organization estimates that of the 510 million people in Sub-Saharan Africa (SSA), 24.5 million are living with HIV. These numbers, in reality, may be higher. Morbidity and Mortality Weekly Report (2001) reveals 22 million people have died from AIDS in SSA. The leading cause of death in SSA for the 18-25 year old age group is AIDS complications (Center for Disease Control and Prevention, 2001a). Lives are at risk (Buve, Bishikwabo-Nsarhazi, Mutangadura, 2002) as HIV continues to be pandemic, with worsening effects in the 47 Sub-Saharan African states. Table 2 summarizes the HIV and AIDS statistical estimates of SSA.

##### *Politically*

There are 47 countries that represent the area south of the Saharan Desert in Africa. These countries average a life expectancy at birth of 48.9 years,

TABLE 2. HIV and AIDS Estimates  
(for SSA)

Estimated numbers as of the end of 1999	
Adults and children living with HIV	24.5 million
Children <15 years old living with HIV	1 million
Adult and child deaths due to AIDS	14.8 million
Total deaths in children <15 years due to AIDS	3.3 million
Adults and children newly infected with HIV	4.0 million
Children infected with HIV	515,000
Children orphaned at <15 years old by AIDS	12.1 million

(Source: UNAIDS, 2000; WHO, 2000)

In Sub-Saharan Africa, statistics also show 15,000 new HIV infections per day in 1999; 95% are in developing countries; 1,700 children are less than 15 years of age; 13,000 persons are between 14-49 years of age; 50% are women; and 50% are between 15 and 24 years of age (UNAIDS, 2000; WHO, 2000), indicating the seriousness of this epidemic (see Table 3). The infant mortality rate

TABLE 3. Sub-Saharan African (SSA) Countries

Angola	Ethiopia	Malawi	Sierre Leone
Benin	Equatorial Guinea	Mali	Somalia
Botswana	Eritrea	Mauritania	South Africa
Burkina Faso	Gabon	Mauritius	Sudan
Burundi	Gambia	Mozambique	Swaziland
Cameroon	Ghana	Nambia	Togo
Cape Verde	Guinea	Niger	Tunisia
Central African Republic	Guinea Bissau	Nigeria	Uganda
Congo	Kenya	Rwanda	Zambia
Cote d'Ivoire	Lesotho	Sao Tome & Principe	Zimbabwe
Democratic Republic Of the Congo	Liberia	Senegal	United Republic
Djibouti	Madagascar	Seychelles	of Tanzania

(Source: UNAIDS, 2000; WHO, 2000)

is 106 per 1,000 live births, and there is a mortality rate of 172 deaths per 1,000 live births for those children under five. The maternal mortality rate reported is 590 per 100,000 births (UNAIDS, 2000, WHO, 2000). Not only does SSA suffer from a high rate of HIV and AIDS incidence and prevalence, but also is afflicted with already low rates of survival. Table 4 indicates further the life projections in this area. A yearly population growth rate of 2.81% is within the figures for a society to not face extinction or overpopulation. Table 5 reveals the ratio of population to infant deaths in Sub-Saharan Africa which affects the future workforce of the 47 states.

TABLE 4. Demographic Indicators of the Population of Sub-Saharan Africa (averages)

Population	728 million
Yearly Rate of Growth	2.81%
Birth Rate/ 1,000	41.9
Death Rate/1,000	13.7
Life Expectancy at Birth	52.8

(Source: Livi-Bacci, 1997, p. 162)

TABLE 5. Estimates of the Burden of Premature Deaths in Sub-Saharan Africa, 1990

Population	510 million
Infant Deaths	9 million

(Source: UNAIDS, 2000; WHO, 2000)

The Deputy Secretary of the UN, reiterates what Kofi Annan said in his statement of address to the UN: “No part of the world today can afford to ignore the problems affecting other regions, even the most remote. Human solidarity is not merely a moral imperative – it serves the long-term interests of all” (CDC,



2001a; UN, 2000). Another notable political figure acknowledges the seriousness of AIDS; Secretary of State Colin Powell when talking about HIV and AIDS stated, “I was a soldier, but I know of no enemy in war more insidious or vicious than AIDS, an enemy that poses a clear and present danger to the world” (UNDP, 2002).

### *Economically*

Developing countries suffer as the GNP annual growth rate is .4% and the annual inflation rate is 26.9% (see Table 6) with Table 7, and Table 8 expounding further upon SSA’s economic situation.

TABLE 6. Economic Performance of Sub-Saharan Africa, 1998

GNP	\$310.8 billion
Annual GNP Growth Rate	2.3
Per Capita	\$530.00
GNP/capita Yearly Rate	0.4
Yearly Rate of Inflation	26.9

(Source: UNDP, 2002; WHO, 2000)

Compound this with a profession shortage (engineers, managers, and teachers) for designing, constructing, and maintaining infrastructures, and SSA states (or systems) are at risk. Understanding the effects of the impacts of HIV and AIDS on the present and future workforce is crucial for building a workforce population and establishing economic progress (Banta, 2002).

TABLE 7. Sub-Saharan Africa Macro-Economic Structure, 1998

Gross Domestic Product (GDP)	\$319.8million
Agriculture % of GDP	18.8
Industry	29.6
Services	51.6
Private	69.0
Government	16.0
G.D. Savings	\$14.8
Tax Revenue	\$51.2
Expenditure	\$24.7
Overall Surplus/Deficit	-2.6
% Labor Force in Agriculture	68.4

(Source: UNDP, 2002; WHO, 2000; Sanderson, 1999)

SSA is one of the lowest developed areas in the world, according to Figure 1. The Human Development Index is a general index for taking into account health, education, poverty, and living standards in its calculations.

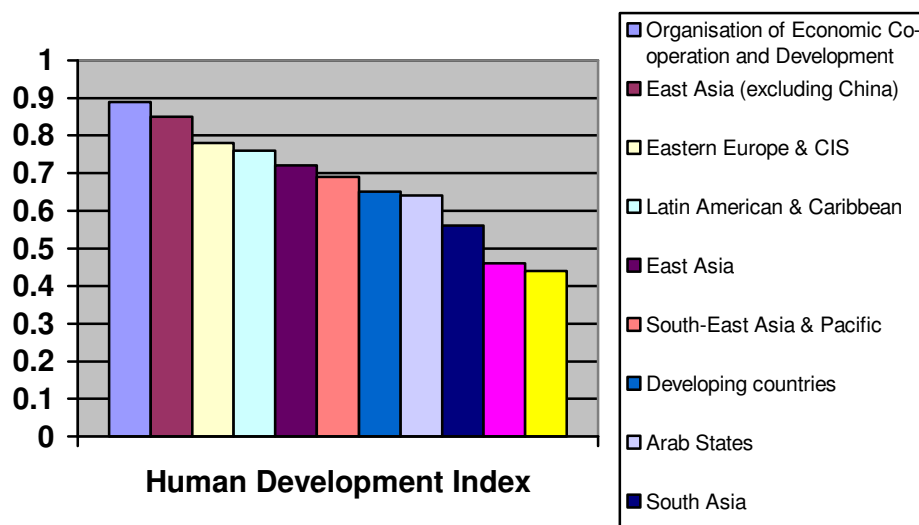


FIGURE 1. Human Development Among Regions  
(Source: United Nations, 2000)

Economic success is dependent upon the present and the future workforce (UN, 2000; UN, 2002; Livi-Bacci, 1997) for this workforce to develop

and progress economically, educationally, medically, politically, and socio-culturally.

### *Educationally*

As urban poor populations increase and workforces of ages 19-49 decline, an influx of unskilled children in the workforce increases. The adult literacy rate is 59.6% and the youth literacy rate is 75.8% in SSA (UNAIDS, 2000). Professional development of the workforce is a concern. Further, technology and access to information flows is needed for the building and maintaining of infrastructures, communication, and transportation (Smith, 1996, UNAIDS, 2000). Table 8 indicates the access to information flows in SSA.

TABLE 8. Access to Information Flows in Sub-Saharan Africa, 1998

International Tourism Departures	35,467,000
Main Telephone Lines	14/1,000 people
Public Telephones	.5/1,000 people
Cellular Mobile Subscribers	5/1,000 people
Personal Computers	162/1,000 people
Television	50/1,000 people
Internet hosts	.27/1,000 people

(Source: UNAIDS, 2000)

Figure 2 outlines the situation in Uganda in particular. Basic needs to be met are education, safe water, public health, and nourishment.

	People born today not expected to survive to age 40	Adult illiteracy rate	People without access to safe water	People without access to health services	Children under five who are malnourished
Rural	38	43	57	57	27
Urban	27	16	23	5	15

FIGURE 2. Rural and Urban Disparities in Human Poverty in Uganda  
(% of population)  
(Source: UNDP, 2002)

### *Socio-Culturally*

With no cure for AIDS, the burden to the workforce populations in SSA continues to be problematic. Table 9 reveals the long history of HIV and AIDS on the workforce in SSA.

TABLE 9. History of HIV and AIDS in Sub-Saharan Africa

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1981	Morbidity and Mortality Weekly Report of the Centers for Disease Control reported five homosexual men in Los Angeles under Dr. Gottlieb's care with breakdowns in their immune system.
1980s	Ann Bayley, researching disease in Tanzania and Uganda, noticed an incurable illness that slowly wasted patients into skin-shrouded skeletons. They called it "Slim".
1981	Many patients were diagnosed with the virus in Uganda and Tanzania.
1981	Human T-cell Leukemia virus is identified in patients with AIDS. Identified as the virus that causes AIDS, it is later renamed human immunodeficiency virus, or HIV.
1983	David Serwadda, another doctor in Africa, had patients with the Kaposi sarcoma and saw the similarities to HIV and AIDS
1991	Uganda President went public with acknowledgment of AIDS epidemic.
1997	Lost many Ugandans to AIDS due to mutation of HIV virus in host as virus becomes resistant to drug therapy.
1999	Kofi Annan speaks out on War on AIDS.
2000	United Nations Conference organized to implement HIV and AIDS treatment and prevention.
2000s	Deaths followed from blood bank sharing, MSM (men having sex with men), bisexual HIV-infected men, breastfed babies of HIV-infected mothers, transmission of mother to child, blood transfusions, sharing needles, Tuberculosis-related, cancer related, HIV-infected mutation-resistant patients resistant to some drug treatments.

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(Source: compiled from the literature review)

## **Vertzberger Theory**

The remainder of this section concerns Vertzberger Theory application to Ugandan demographics. Because management of HIV and AIDS tends to come through the political leadership in SSA, a political science theory is used.

Vertzberger Theory is a method of managing the workforce environment through group consensus building, decision making, and risk taking as forces that have impacted the environment emerge. Through analysis of outcomes on the environment, options are developed, risks are established, advocacy is built, consensus is sought, and choices are drawn for implementation, assessment, evaluation, and feedback of the problem to be defined and addressed.

Vertzberger Theory does not allow one stakeholder to define the problem, but uses consensus of all involved.

## **Environment**

Countries that have achieved hegemonic power are countries that have built an infrastructure enabling progress (Schaefer, 2002; World Bank, 1999b). Basically, the environment in SSA is tumultuous. For Sub-Saharan African states to build and erect infrastructures, more skilled workers and monies must be available to sink into such entities (Armstrong, 1995). When there are weak infrastructures which compromise and/or deny HIV and AIDS treatment and prevention, then opportunities to reduce the percent incidences of HIV infections are missed (Weidle, Mastro, Grant, Nkengasong, Macharia, 2002).

Skilled workers are needed for maintaining and developing the infrastructures of transportation, communication, information systems, power-

generation, sanitation, and health care (Philipson, Posner, 1995). The basic services needed to be deliverable for the polity to exist and develop (Leonary, 2002) are those of sanitation and public plumbing, which is still unavailable in most Sub-Saharan states (Okello, Guwatudde, Sebina-ziwa, 1998) (see Figure 3 for map of Uganda). National TB rates have escalated over the



FIGURE 3. Map of Uganda  
(Source: World Atlas, 2004)

past decade in Sub-Saharan Africa (CDC, 2001b). Seventy percent of these patients are positive with AIDS (Banta, 2002). There is a need for trained documenters of AIDS testing and protocol of blood usage. For stability of SSA states to take place, technology, communication, social services, education, and corporate structure development is necessary.

A lot of aid for the unstable countries of SSA comes from international nongovernmental organizations (INGOs) concerned with AIDS prevention and treatment, as well as injustices and inequalities concerning gender, education, poverty, and medical treatment (drug treatment costs not affordable at \$300/person/year) (Creese, Floyd, Alban, Guinness, 2002). The need for addressing these injustices, inequalities, and outcomes begins with women who receive the virus from HIV-positive husbands who choose not to disclose results or to use protection (aWake, 2002; Boroffice, 1995). Kofi Annan's vision is to utilize UNAIDS to increase the awareness of the need for the protection of women's rights, and their improved socio-economic status. (Annan, 2001b; Lo and Bayer, 2003). But, besides women, other unheard voices include children in extended families where abuse leads to HIV transmission to children (Mukiza-Gapera and Ntozi, 1995) as well as others which are listed in Table 10.

INGOs, nongovernmental organizations (NGOs), faith-based organizations (FBOs) and community-based organizations (CBOs) use information from other crossfields to fight HIV and AIDS injustices on societies and economic systems (Pratt, Petrescu, 1995; UNDP, 2002). Some areas in which programs have been implemented are shown in Table 11.

TABLE 10. Injustices Contributing to the Impacts of HIV and AIDS on the Ugandan Population

Injustices	Victims
sugar daddies (HIV+)	Young girls 12-18
Polygamy (HIV+)	Wives
Prostitution	Multi-partners
mother-to-child	Unborn
condom myths	Spouses of HIV positive
Ignorance	10% of population living with AIDS 12% who die annually from AIDS
massacres/civil war	Orphans
Uneducated	Orphans, widows, women, siblings of orphans
Poverty	Basic needs of food, water, and sanitation not met
Corruption	AIDS funds not filtering to citizens
Tribalism	People not of ruling tribe
family abuse	Extended family children
Ostracism	Mothers not breast feeding
fired from jobs	HIV positive employees

(Source: Compilation from Literature Review)

TABLE 11. Targeted Areas for Change

Areas	Programs	Ages to affect
Villages	Tribal Healer Training	25-
Primary Schools	ABC Program	6-11
Workplace	Boss Sensitivity	25-
Ministry Cabinet	Anti-corruption	25-
UNDP Objectives	Expatriates vs. Indigent	
Sport Clubs	Director Training	17-
Art Clubs	Director Training	17-
Synagogues	Religious Leader	25-
Churches	Training	25-

(Source: Compilation from Literature Review)

Over the years AIDS has impacted Uganda resulting in:

- Larger extended families
- Inequality in education due to large families
- Businessman costs



- Workforce absence
- Added caretakers for the infected
- Retraining costs
- Loss of leadership in tribes
- Long-term economic development loss (10 years minimum, 20 years needed)
- Disrupted drug treatments with unaffordable costs
- Absences due to deaths
- Funeral costs drain on income
- Decreases in education
- Decreases in workforce to maintain an infrastructure
- Decreases in economic development annually
- Societies and ages at risk
- Health problems (AIDS is pandemic)
- Poverty issues of inequalities in basic needs met
- Economic failure theory with inadequate market resources
- Government failure theory with inability of national government funding

### **Option Development**

#### *Politically*

Governmental controls are options in the prevention of AIDS (Museveni, 2000). Back in the Middle Ages, quarantining those with plague was the means for infection control. To annihilate the infection, individuals were brought to clinics and left to die (Livi-Bacci, 1997). Of societies today, most would consider this

inhumane and unethical and/or an infringement on personal freedoms and rights; yet the course of governmental controls is still an option available for implementing prevention of AIDS.

Another means for eradicating plagues in history is war. Most of the Sub-Saharan areas have been spared major wars. Certainly, tribal wars in localized areas continue to occur (Dodge, 1990); but this is not significant enough to eradicate the infectious (USAIDS, 2004) in Uganda.

An alternate way of monitoring and controlling the spread of the virus may lie in other options. Looking at orphanages and testing for the HIV virus could help in locating, containing, and treating AIDS. Mandatory testing of workers before hiring could also help in locating and treating people who will develop AIDS (HIV-positive, partners, prostitutes, poor). Some small businesses already require AIDS testing before hire. Ugandan President Yoweri Museveni requires mandatory testing of all military personnel. Mandates and quarantines can help identify and contain the HIV virus and give incentives for abstinence, faithfulness to spouse, and protection in at-risk encounters – the ABCs of prevention of HIV.

### *Economically*

For a developing country to sustain and grow economically, a healthy workforce is needed. In order to have a healthy workforce those learning to work or young apprentice workers have to learn how to avoid becoming infected with the HIV virus (Stonebumer, Low-Beer, 2004). If someone does become infected and are identified, treatment that can prolong the effective work life could benefit

the society (Kaleeba, Kalibaba, Kaseje, Ssebbanja, Anderson, 1997; Kammali, 2003).

### *Socio-culturally*

Behavioral modification could cause a significant lowering of new incidences. There is family shame from deaths reported as AIDS; therefore, most are not reported accurately. The International Federation of Medical Students' Association seeks accessibility of health care for all, furthering documentation, and a reduction of HIV infections to improve workforce populations (IFMSA, 1997; De Cock, Janssen, 2002).

### *Medically*

Another aspect of concern in urban areas is the number of deaths of the educated because of HIV and AIDS. Mr. Mark Malloch Brown, Director of the UN Development Program, seeks to implement a prevention and treatment program to give governments practice in dealing with community groups, improving education, restoring basic health care, and controlling expenditures. He states: "a successful response will leave much strengthened governments and societies." However, "it is not clear whether competence follows HIV or the response to HIV is a response to competent government" (UNDP, 2002).

### *Drug Treatment*

At present, protease inhibitor drugs like nelfinavir, zidovudine, efavirenz, lamivudine and indinavir are being used in developing countries (Deeks, Barbour, Martin, Swanson, Grant, 2000; Starr, Fletcher, Spector, Yong, Fenton, Brundage, Manion, Ruiz, Gersten, Becker, McNamara, Mofenson, 1999; Hammer, Squires,

Hughes, Grimes, Demeter, Currier, Eron, Feinberg, Balfour, Deyton, Chodakewitz, Fischl, Phair, Pedneault, Nguyen, Cook, 1997). The drug lowers the percent of the unborn contracting HIV and AIDS, raising the chances for an infant's survival significantly (Dabis and Ekpini, 2002).

A study underway at Yale is looking at the effects of a blocking protein attached to the HIV virus. The chimpanzees being studied continue to live as the active HIV virus thrives within (Yale, 2001). Researchers admit there are years of research ahead for this to be approved by the Food and Drug Administration for marketing by pharmaceutical companies (VaxGen, 2002). The hope in research is to produce a cost-effective drug to block the HIV virus offering a productive life for those with AIDS.

In developed countries, the use of high-cost treatment drugs prolongs life but with some side effects. America recognizes twenty years of such treatments, costing \$20,000/year (Brigham Young University Culturegram, 1998). Presently, \$3.25 per person per year in SSA states is the average expense for health care. Per person yearly, \$125-350 is needed for AIDS drug treatment in SSA – an unaffordable cost to most (UNDP, 2002; AIDS Family Health International, 1996).

In developing countries, few HIV-infected individuals have the privilege of drug treatment even with the reduction in price. Developing countries do not have the infrastructures to support the prolonged care, testing, and retesting necessary for life on AIDS drug treatment (Brugha, 2003).

As of date, most Sub-Saharan countries have clinics for their AIDS-diagnosed patients. Few drugs are administered and treatment involves relief of

pain and treatment of bacterial and parasitic infections. Most treatment is in the form of emotional support with counseling clinics (Calvarese, 2001). Community-based approaches are increasing in resource-poor settings (Farmer, Leadre, Mukherjee, Claude, Nevil, Smith-Fawzi, Koenig, Castro, Becerra, Sachs, Attaran, and Kim, 2001).

### **Risk Established**

Many risk factors exist regarding HIV and AIDS treatment, such as nausea, vomiting, gastrointestinal side effects, paresthesias of the arms and legs, bone pain, and the unknown prolonged side effects of drug usage (Flexner, 1998; Crixivan, 1997; Viracept, 1997; Norvir, 1997; Gulick, Mellors, Havlir, et al., 1997; Kopp, Miller, Mican, et al., 1997; Flexner, 1998). Without adequate funding, Western drug treatment programs for prevention of the disease can not be expected to be implemented for the future in Uganda. Yet, reports are ongoing about the effect of deaths from the HIV virus on families, extended families, social systems, and national growth and development (BakamaNume, 1996; Caldwell and Caldwell, 1996). Risk factors regarding the spread of HIV and AIDS involve migration to the cities, further economic instability, overpopulation of street poor, drug use, STDs, and low-levels of literacy and poverty all contribute to increasing HIV and AIDS incidence and prevalence (Baker, 2002; Hogg, Chan, Wood, Craib, O'Shaughnessy, Montaner, 2001; World Bank, 1997a).

Another area of risk is in the socio-cultural stigmas associated with HIV and AIDS. Applying Western strategies, means, and ideas to the treatment and

prevention of the disease may not be the most effective means in Sub-Saharan Africa for prevention and treatment of HIV and AIDS. Understanding the people groups, cultures, and establishing credibility with governing ministers of health is essential in communication of HIV and AIDS education and partnering (Annan, Gowers, Chomsky, Kirkpatrick, 2002; Light, 2000; Museveni, 2000; Curtis and Taket, 1996). Care and trust are factors in relationship building.

Political leadership cooperation in the coordination of the NPS is important in collaborative management (Light, 2000). In China, just one case of HIV-positive virus contaminated a large population of the agriculture sector (Farmer, et al., 2001; UN, 2000). Chinese leaders sought the United Kingdom and United States for assistance in helping to locate, treat, and further prevent the spread of the HIV virus. The Chinese leader had to acknowledge help was needed and he chose to be accountable to his citizens in seeking effective aid. Leadership accountability to citizens and acknowledgement of a need of partnerships is important in combating HIV and AIDS (UN, 2000; Museveni, 2000; Light, 2000) to eliminate AIDS globally.

Political leaders in SSA are beginning to understand responsibilities to their people and are realizing how they treat the citizens determines whether the state will one day be an attractive destination for global investments and further economic development (Blair, Bush, 2002). In Uganda, there is a reported reduction in the HIV and AIDS incidence and prevalence rate (Mbulaiteye, Mahe, Whitworth, Ruberantwari, Nakiying, Ojwiya, Kamali, 2002), credited to President Yoweri for his accountability to funding nations and responsibility to his citizens.

He advocates economic development over tribalism (Museveni, 2000), a new political ideal for SSA.

### **Advocacy**

Advocacy is sought in SSA political leadership, INGOs, and other stakeholders. Strong, high-level political leadership for HIV prevention, nationalized health programs, full community involvement, funding for the costs of HIV infection and disease, and training to support treatment and prevention are necessary (Marseille, Hofmann, Kahn, 2002; UN, 2000; UNESCO, 2004a) to improving the workforce.

### *Political Leadership*

Tony Blair, Prime Minister of the United Kingdom (UK), stated that Africa was the “scar in our conscience... morally, we should offer our assistance.” Mr. Annan warns, “We cannot deal with AIDS by making moral judgments or refusing to face unpleasant facts and still less by stigmatizing those who are infected” (Annan, 2001b).

President George W. Bush, emphasized the importance of strong political leadership of SSA countries to be “responsible to their people.” Trust is needed for cooperative communications to take place (Blair, Bush, 2002). The Bush Administration has committed \$200 million to the United Nations for the Global Fund (National Intelligence Council of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, 2002) and other countries have followed with large-sum commitments (Ministry of Foreign Affairs of Japan, 2000; UNDP, 2002). This is a beginning in the implementation of AIDS prevention and HIV drug

treatment in Sub-Saharan states (De Cock, Janssen, 2002; Science, 1998; Science, 2001) in overcoming the socio-economic-religious-cultural stigmas of HIV and AIDS.

“We cannot abandon Africa, the womb of humanity. World-wide heterosexual spread of AIDS provides troubling affirmation of the critical nature of the condition of women which facilitates heterosexual spread of AIDS and then ties women to their caring roles. We must assist women in negotiating for changes in sex behavior” where women are at risk (Duguemy and Sjoberg, 1999).

#### *INGOs*

There are other national humanitarian relief organizations offering aid with successful outcomes being noted. For example, Doctors Without Borders are passing out AIDS-drug cocktails in the township of Khayelitsha inside Cape Town. This project is completely financed and directed by the French group with successes in changing behaviors (UNDP, 2002).

Philanthropists Bill Gates, Ted Turner, George Soros, Johnson and Johnson, Johnson Foundation, Wood Johnson, Ford Foundation are contributors to HIV and AIDS prevention and treatment. Publicly, Bill Gates has endorsed the United Nations Secretary-General Kofi Annan’s plan for a global mobilization for fighting HIV and AIDS. Mr. Gates has challenged pharmaceutical companies to produce at marginal profits for AIDS drugs in Africa and backs this endorsement with millions of dollars (Science, 2001; Science, 1998).

Mr. Bill Gates is holding developing countries receiving AIDS funding accountable for their educating, administering, distributing, and researching in



HIV and AIDS. The Gates team enters small villages, trains locals as in-house health technicians, builds infrastructures needed to document deaths, and offers volunteer testing, reviewing records in the fight against AIDS (Science, 2001).

Entities, such as industries, corporations, NPS, and philanthropic organizations, are choosing to give of their time, personnel, monies, research, patents, and profits (Independent Sector, 2001). Coca Cola assists in the distribution of AIDS education materials through their bottling distributors as well as providing an employee to serve on the UNAID organization annually (USAID, 2002). Another volunteer, Dr. Anne Bayley, now 67, is returning to Africa to offer further care. She was the first to note the HIV virus characteristics (Harden, 1991) in Uganda in the early 1980s.

### **Consensus of Options and Choice**

Specialists do believe a drug can be produced to block the HIV virus from breaking down the immune system. These drugs retard the HIV virus only. For those patients with chronic HIV antiretroviral therapy (ART), treatment timing has been disputed by seeking a lower CD 4 cell count (Phillips, Staszewski, Weber, Kirk, Francioli, Miller, Vornazza, Lundren, Lederguber, 2001). Pharmaceutical companies continue to research these possibilities.

When a person becomes infected with the AIDS virus, it becomes part of the DNA of the host's immune system. Replication of the virus continues and the infected lymphocytes become incapable of mounting an immune response against commonly-encountered, infectious agents. This leaves the patient susceptible to a variety of diseases. Infectious disease specialists have found a

number of agents (Flexner, 1998; Gulick, Mellors, Havlir, 1997; Kopp, Miller, Mican, 1997) that block the replication of the virus and slow the decline in immune function. Unfortunately, the virus can mutate and become resistant to these drugs. Drug combinations or cocktails have become better at blocking replication and decreasing development of resistance (Palella, Delaney, Moorman, Loveless, Fuhrer, Satten, Aschman, Holmberg, 1998; Gathe, Burkhardt, Hawley, et al., 1996). The treatment requires monitoring the patient's blood for toxicity of the drugs and CD 4 lymphocyte counts for status of the immune system (O'Brien, Hartigan, Martin, Esinhart, Hill, Benoit, Rubin, Simberkoff, Hamilton, 1996). This becomes difficult in developing countries because access to healthcare providers and laboratory testing are limited.

Aspen Pharmacare, Ltd. Holdings and Hetero Drugs Ltd., pharmaceutical companies in South Africa, are now beginning the manufacture of the AIDS drugs Zerit and Videx for distribution with 47 other African countries (World Health Organization, 2000). Two drug companies, Boehringer of Germany and Bristol-Myers of Switzerland, are allowing immunity from lawsuits for an indefinite number of years to South African pharmaceutical companies to treat maternal cases. Conditions are to be such that the drugs are for specified groups, proper records are kept, and health personnel are trained. Additionally, Roche Laboratories has agreed to cut the price of their AIDS drugs by 40% (UN, 2002). The involvement of these drug companies in treatment and measurement is important in forecasting trends, conducting analyses, and making generalizations (Buve, Bishikwabo-Nsarhaza, Mutangadura, 2002).

## **Implementation**

After the stakeholders coordinate with consensus, implementation of a chosen course of action commences. The United Nations' goals for retarding and preventing the HIV virus are to 1) ensure that 90% of people aged 15-24 have access to AIDS education and prevention services, 2) reduce the proportion of infants infected by 20% from current levels and by 50% five years later, and 3) develop and make significant progress in implementing treatment strategies for drugs (UNDP, 2000).

The United Nations has established the Global Business Council for assisting developing countries. With former United States Ambassador Richard Holbrooke as President, the objective is to communicate to corporations, philanthropists, and public health facilities the importance of humanitarian care to developing SSA states (National Intelligence Council of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, 2002) free of AIDS.

## **Assessment, Evaluation, and Feedback**

Assessment and evaluation of activities implemented on the workforce environment provide feedback on effectiveness to problem solving. Examining and evaluating HIV and AIDS programs enables a clear definition of the problem, risk assessment, goals to be achieved, and options for future implementation and further evaluation (Vertzberger, 1998). For instance, in the United Kingdom where African migration is prevalent, the government has initiated a program of quarantining of HIV-positive immigrants. This is proving an effective means in

prevention of new incidences and treatment, and perhaps revealing a possible application where the virus is so destructive (CDC, 2001b).

Further assessments can be made on drug treatments. Prophylaxis with co-trimoxazole can prevent some infections and reduce the number of HIV-related deaths. Niverapine or zidovudine, in conjunction with advice to women on breast-feeding, can reduce infant transmission. (Taha, Kumwenda, Hoover, Fiscus, Kafulafula, Nkhomas, Nour, Chen, Liomba, Miotti, Broadhead, 2004). Additionally, improved STD treatments can slow HIV-infection rates (Yeni, Hammer, Carpenter, Cooper, Fischl, Gattell, Gazzard, Hirsch, Jacobsen, Katzenstein, Montaner, Richman, Saag, Schechter, Schooley, Thompson, Vella, Volberding, 2002). Additionally, when antiretroviral therapy included a combination of more than one drug for treatment, HIV rates declined (Palella, et al., 1998). Overall, medical research has been effective in the need to reduce the number of HIV-related deaths.

### **Demographics of the Workforce**

Demographically, Uganda is 30-40% urban (13.20 million), consisting of small businesses and railroad services; and, 60-70% rural (8.80 million), consisting of farm lands. With these demographics, economic progress is slower in urban populations, without the added strain of HIV affecting the population.

Economist David K. Levine (Schaefer, 2002) states, if a country with HIV and AIDS can remain at only a 2-3% rate of new incidences for twenty years, the country could move from economic regression to economic progress by the tenth year. Uganda has already shown a decrease in its HIV and AIDS incidence rate

for the past three years, (USAID, 2002; Uganda AIDS Commission, 2000) indicating that it has potential to reach economic progress (Economist, 2004).

AIDS has been shown to be a 7-10 year illness with death if untreated (see Figure 4). As the disease develops in its victims, the loss of an individual from the workforce for assisting the sick usually occurs in the 7<sup>th</sup> year of the ten-year disease. Thus, there is a two-three year production loss for a second worker in the workplace (Bongaarts, 1996; CDC, 2001a).

In Uganda, age longevity of 37.7 years shortens the workforce production years to 20 years. The highest incidence age for contacting the HIV virus is 15-24 years. If the disease is contacted in the early years, skilled worker

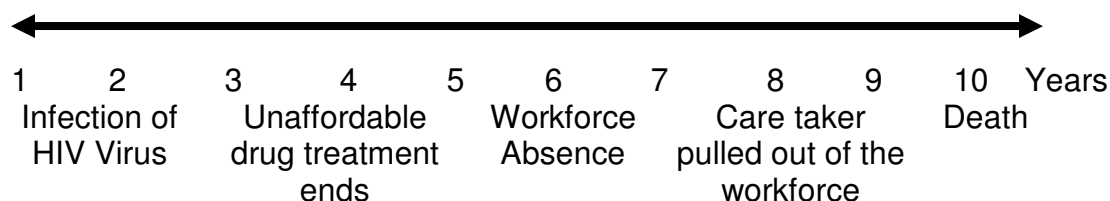


FIGURE 4. AIDS Timeline  
(Source: Compilation of a literature review)

productivity is lost (Ntozi, Lubaale, Nakanaabi, 1997; Obbo, 1993; WHO, 2003). The present workforce and apprentice-age workforce are at risk for HIV and AIDS, with annihilation possible, if the infection is unrecognized and untreated (UNDP, 2002). An unskilled, young workforce (ages 6-17) will be unable to support the society. (Schaefer, 2002; World Bank 1997b).

## **Change Agents**

Change agents are identified as committed persons or organizations in a society or group that can have the potential to help others change thinking by information for improved decision-making concerning the future (Gilley, Hoekstra, Quatro, Whittle, Maycunigh, 2001). The Porter (1985), Schwartz (1991), Ringland, and Shoemaker (Unaipon, Calton, 1995) Performance Improvement/Performance Need Model outlines the context needed for improved change (Lynham, Chermack, 2002). Change involves the inventing, disrupting, and/or improving of an individual or population to change a system as in Swanson's System Model (Swanson, Holton, 2001). President Yoweri Museveni, First Lady Janet Museveni, Ugandan ministers and cabinet officials, the Ugandan AIDS Commission, the Multi-Sectoral AIDS Approach (MACA) for decentralizing to districts, Uganda Rural Project, ABC Program, tribal healers, religious leaders, and sport/art directors are change agents in Uganda. Over time change agents can diffuse into systems innovative thinking, changing societal social-cultural beliefs; and thus, behaviors (Dresser, 1996; Gilley, et al., 2001; Francis, 1995). Change agents can be effective in reducing HIV and AIDS incidence and prevalence and improving the workforce populations.

### **Ugandan President**

Ugandan President Yoweri Museveni, outlined in the National Resistance Army Ten Point Plan, his pledge to fight underdevelopment (Museveni, 2000). Additionally, Ugandan external funding stakeholders (120-130 INGOs, FBOs, and CBOs) over the last 30 years are committed to combating AIDS due to

market-failure and government-failure theories. Approximately 80% of Uganda's AIDS expenses are from international nongovernmental organizations, ten percent community-based organizations and faith-based organizations, and eight percent Ugandan funded (Akhtar, 1990; BakamaNume, 1996; UNDP, 2002; UNAID, 2002a; Uganda AIDS Commission, 2000).

### **Ugandan ABC Program**

President Museveni has legislated 1) primary school AIDS education, 2) mandatory AIDS testing in the military, and 3) shorter periods of time away from families for the military so as to reduce HIV and AIDS incidences (Museveni, 2000; Nunn, et al., 1996; Pickering, Nunn, 1997). After three years, the HIV and AIDS incidence and prevalence in Uganda has decreased from 18% in 1995, to 8.3% in 1999, to 5% in 2001 (USAID, 2000a). The objectives of the nationally-instituted ABC Program are A for abstinence, B for be faithful to one's partner, and C for condom use in risky practices, derived from First Lady Museveni's AIDS Radio for Life Education Program broadcasted five times a day to teach citizens responsibility to their self, families, and societies (Ugandan AIDS Commission, 2000, Museveni, 2000). The President and First Lady are advocates for abstinence and AIDS testing over condom use and AIDS testing (Wasike, 2003; Museveni, 2000).

The success of Uganda's National AIDS Program is paralleled in data from 15 cohort programs; the cities in which they took place are seen in Table 12. However, the largest portion of Uganda's population is rural, not urban,

demonstrating a need to reach the greater percentage of the population with HIV and AIDS prevention and treatment as well.

TABLE 12. AIDS Testing Cohorts

Cities	% AIDS
Moyo	5
Mbaurara	30
Kayita	30
Kyakulaga	30
Kampala	5
Masaka	5
Jinga	5
Rakai	5
Gulu	2-5
Kitgum	2-5
Luwero	2-5
Kiboga	2-5
Kabarole	2-5
Kasese	2-5
Mpigi	2-5

(Source: Ugandan AIDS Commission, 2000)

### **Ugandan Rural Project**

In answer to the need for more programs to meet rural needs, the Ugandan Rural Project is a program in villages with the purpose of (1) establishing clinics, (2) offering voluntary counseling and AIDS testing, and (3) providing drug care through the MACA decentralized government. Through the partnering of UNAIDS and the Ugandan AIDS Commission, villagers are exposed to AIDS education. Further, Doctors Without Borders (French INGO), and DANIDA (Danish INGO) combat social stigmas that have been barriers to the progress of AIDS reduction (Friedrich, 2002) and have been instrumental in teaching the importance of HIV-positive mothers to not breastfeed, and condom



use in at-risk situations (UNDP, 2002; Ugandan AIDS Commission, 2000). The French and Danish INGOs utilize sengas, or aunties, with tribal healers to implement HIV and AIDS education and demonstrate a need for change in behaviors.

Education is utilized to overcome social stigmas, change beliefs; and thus, behaviors-at-risk (Ng'weshemi, Bennett, 1997). The effectiveness of change agents has yet to be fully understood as success scenarios have yet to be collected and the importance of voluntary AIDS testing in rural Uganda is slowly being accepted (from 35% acceptance % in 1994 to 65% acceptance % in 2002) (Matovu, et al., 2002; Nyblade, Menken, Wawer, Sewankambo, Serwadda, Makumbi, Lutalo, Gray, 2001).

### **Crossfield Collaboration**

Because AIDS kills and there is no cure, individual responsibility is needed for groups and systems to combat the virus. Possible drug treatment, if implemented, could encourage increased numbers to test for AIDS voluntarily at clinics, educating others tribally, by family, by organizations, and systems (UNDP, 2002; TASO, 1995; United States Senate, 2003; Yeni, et al., 2002). Through medical research and data collection of rural VT of AIDS, generalizability is expected for forecasting capabilities. As change agents collect scenarios for overcoming socio-cultural stigmas, theory building models can be established utilizing data from multiple crossfields (Lynham and Chermack, 2002). A list of potential venues through which crossfield knowledge sharing can meet the needs of Uganda can be seen in Table 13.

TABLE 13. Crossfield Knowledge Sharing  
(Depiction of Crossfield Activities in the Environment)

Medical	Social/Cultural	Political	Economic	Educational
M-T-C	Voluntary Counseling	Yoweri Museveni	Build Infrastructures	Religious Leaders
Drug Treatment	Doctors w/o Borders	Janet Museveni	Maintain Infrastructures	Tribal Healers
Voluntary AIDS Testing	Sports Clubs	Ugandan AIDS Commission	Anti-corruption w/in government	Primary School
Military Mandatory AIDS Testing	Art Club	Ugandan Rural Project	Philanthropists	Radio Broadcasts TV, News-Papers
AIDS Clinics	Sugar daddies	ABC AIDS Program	NPS Funding	Condom Distributions
Drug Cohorts	Empowering Women	MACA	United Nations Development Programs	Orphanages
	Sengas (respected "aunties")	Cabinet & Ministers	CBOs, FBOs, INGOs	

(Source: Compiled by a literature review)

## Philanthropy

### Definition

Philanthropy, as a call to service and satisfaction (Ott, 2001a), involves individuals (President Museveni and First Lady), foundations (The Bill and Melinda Gates Foundation) (Clotfelter and Ehrlich, 2001), and nonprofit organizations (INGOs, FBOs, CBOs), through collaborative partnering (Light, 2000), the giving of time and valuables (volunteerism and giving, advocacy) for public purposes (Salamon, 1997) and ethical notions of serving beyond family (Lewis, 2001). Philanthropy also includes challenges for stronger orientation to service, care, decentralization, and accountability in good public management (Kettl 2000), involving transfer of knowledge (HRD T&D and OD) by learning

organizations, learning orientations, and organizational learning (Russ-Eft, Preskill, Sleezer, 1997; Retamal, Aedo-Rickmond, 1998; Francis, 1995; Independent Task Force on Higher Education and Society, 2000).

To understand the role of philanthropy, the researcher examines the demographics, issues, and interactions through which philanthropy can have a major effect on the reduction of HIV and AIDS incidence and prevalence in workforce populations (Mhalu, Lyamuya, 1996). Change agents in Philanthropy can offer the change needed to continue the trend of reduced HIV and AIDS incidence and prevalence in Uganda (Lewis, 2002;Wagner,1999; Ott, 2001a; Salamon, 2001).

### **HRD Theory**

Lewin Field Theory (see Figure 5) is helpful in understanding the driving forces at work, which motivates behavior within individuals in groups, and the recognizing of leadership traits, helpful for marking successful group dynamics in the African culture which combats HIV and AIDS successfully (Wolman, 1960; Lewin, 1951). President Museveni is an example of the influences of leadership and group dynamics (as Lewin depicts in the Figure 5) starting in his early life when he spent time volunteering in nonprofit organizations. With his rise to power, President Museveni expanded his leadership to influence prevention and treatment of HIV and AIDS and an increase in the population by implementation of skills in the cabinet, establishment of MACA, the ABC Program, the Uganda Rural Project, and the Uganda AIDS Commission (USAID, 2002).

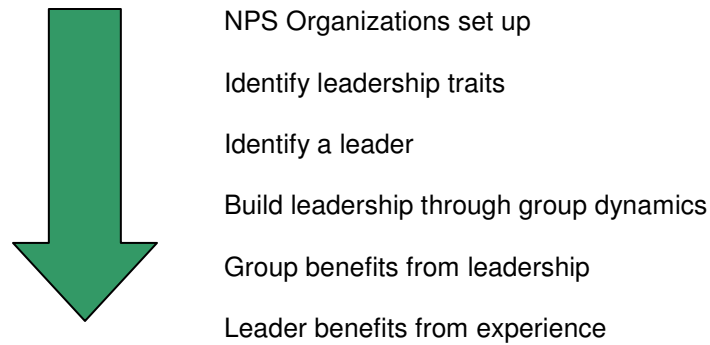


FIGURE 5. Lewin Leadership Theory  
(Source: Lewin, 1951)

Additionally, Light's Partnership Model offers resource sharing by 1) cooperating relationships of trust and care, 2) coordination of reconciling activities, and 3) sharing resources and programs responsibly – producing joint projects, creating new systems, and planning collectively (Light, 2000).

Further, the Theory of Commons by Roger Lohmann (Wagner, 1999) reveals a need for groups such as the Ugandan art and sport clubs to come to the aid of youths at risk for counsel, education, teaching prevention, and showing care - empowering those with disparities (Ott, 2001a; Wagner, 1999).

### **Benefits of Philanthropy**

#### *Medically*

INGOs have funded much of Uganda's AIDS budget (82%). Without that funding, it would be difficult to assume that Uganda would have had the recent success that it reports. Uganda has had HIV and AIDS incidence and prevalence reductions in the last 3 years. This is data generalizable for 30% of the population, showing successes in the urban areas and a willingness to be AIDS

tested in the rural areas. Researchers are no longer hopeful of a vaccine (VaxGen, 2002; Van de Perre, 1995). Instead, continued volunteer testing can isolate the areas of infection for treatment and prevention.

### *Politically*

President Yoweri Museveni has 1) established a democracy, 2) befriended the West, and 3) increased commitment of external funding from INGOs, FBOs, and CBOs (Stricherz, 2003; Hayden, 2002). He is willing to take his ABC AIDS Program globally and the United Nations Development Council has given their endorsement (UNAIDS, 2002b, USAID, 2000a). The President's involvement with this successful program indicates the benefits with having the political leader actively involved in addressing the AIDS issue to the people and providing a "way of passage for AIDS" aid (Museveni, 2000; Blair, Bush, 2002; Lockhart, 1996). Figure 6 depicts Ugandan President Museveni's decentralized outline for reaching the country with HIV and AIDS education, prevention, and treatment.

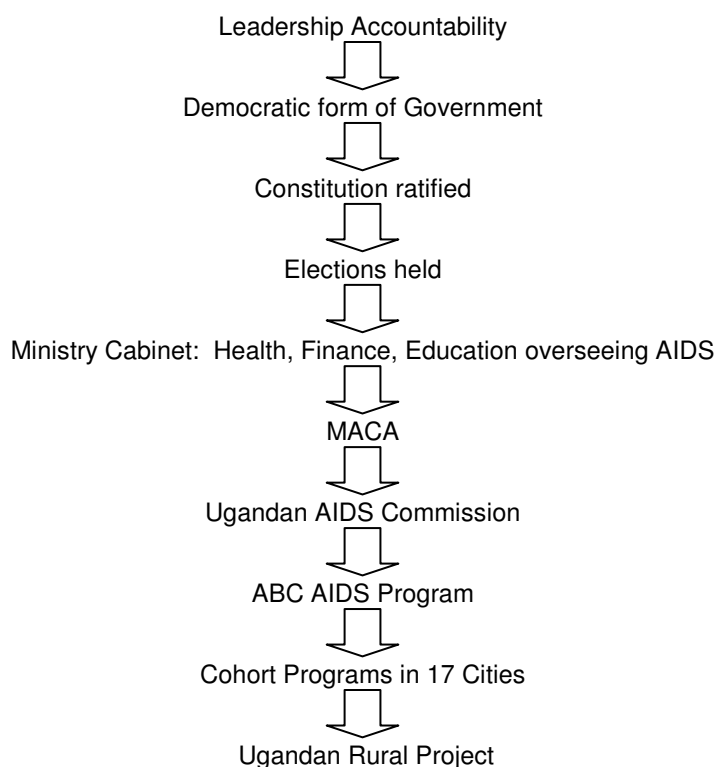


FIGURE 6. Uganda Decentralized Government for HIV and AIDS  
(Source: compiled from the literature review)

Further, Museveni's cry, as in his Ten Point National Resistance Army Plan (see Figure 7) is economic development over tribalism. He has been

1. Restoration of Democracy
2. Restoration of Security
3. Consolidation of National Unity and Elimination of All Forms of Sectarianism
4. Defending and Consolidating National Independence
5. Building an Independent, Integrated, and Self-Sustaining Economy
6. Restoration and Improvement of Social Services and Rehabilitation of War-Ravaged Areas
7. Elimination of Corruption and the Misuse of Power
8. Redressing Errors that have resulted in the Dislocation of some Sections of the Population
9. Cooperation with Other African Countries
10. Following an Economic Strategy of a Mixed Economy

FIGURE 7. The National Resistance Movement Ten-Point Program  
(Source: Museveni, 2000)

successful with this slogan enabling citizens to forego tribalism for economic development.

### *Educationally*

The ABC program is simple in message, understood by all, taught even in the primary schools, and endorses abstinence over condom distribution – more in line with the socio-cultural values of SSA, who generally abide by the non-Western affection displays, using more private displays of affections instead (Museveni, 2000). Change agents and INGOs of crossfields can assist the Ugandan ABC Program to be implemented transnationally by cooperating in funding, coordination of training, and organizational development, and collaborating the sharing of knowledge (UNAIDS 2000; USAID, 2002). However, cultural differences should be noted. The Ugandan Rural Project is a similar program aimed at the 70% rural workforce of Uganda for AIDS prevention and treatment education (Uganda AIDS Commission, 2000).

### *Economically*

Economically, philanthropy has given over thirty years to Uganda through human resources, training and development programs, organizational development of nonprofit organizations, advocacy, lobbying for public HIV and AIDS education, and how poverty and inequity issues are relational to HIV and AIDS incidences with decreases in workforce populations (Baingana, Choi, Barrett, Byansi, Hearst, 1995; De Cock, Janssen, 2002; Farmer, et al., 2001). Nonprofits seem committed to continuing funding (Ott, 2001a; Clotfelter, Ehlick, 2001; Salamon, 2001) with international nongovernmental organizations

investing heavily in training, development, and implementation, seeking good public management, leadership building, and scenario building for paradigms in overcoming socio-eco-cultural barriers to AIDS and HIV (Ott, 2001a; Salamon, 1999).

Economically, poverty is now an agent that brings out injustices and inequalities in societies (Key, 1997; Macro International Inc., 1996; Ministry of Planning and Economic Development, 1997; Monk, Ineichen, 1997). In Theory of the Commons, developed nations become stewards for sharing resources to enable developing states to have basic needs of food, water, and sanitation (National Intelligence Council of the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2002; Wagner, 1999). Continual advocacy could encourage such stewardship.

#### *Socio-culturally*

The AIDS issue has become not just an ethical issue but a humanitarian concern, becoming involved by funding, volunteering, and/or assisting in research, theory building, scenario-collecting to overcome the socio-cultural barriers to HIV and AIDS prevention and treatment (Conference of Non-Governmental Organizations in Consultative Status with the United Nations, 2004; De Cock, Janssen, 2002; Department for International Development's HIV and AIDS and STI Knowledge Programme, 2003; Duguemy, Sjoberg, 1999). With needs escalating in the SSA states afflicted with HIV and AIDS, philanthropy can also act as a change agent in combating the virus – decreasing Uganda's HIV and AIDS incidence and prevalence where societies are at risk,



while motivating services, satisfaction, and giving, to partnering collaboratively in meeting increasingly-diverse needs, empowering people with knowledge and skills to develop documentation of data needed for establishing trends in the HIV and AIDS incidence and prevalence of rural Uganda and the other SSA states (UNDP, 2002; Ott, 1996; Lewis, 2001).

There is an apparent benefit in how change agents have been utilized in villages with the ABC and Uganda Rural Program to create change (Konde-Lule, Tumwesigye, Lubanga, 1997). Academia will continue to build upon scenarios, theories, and paradigmatic models for assessing changes in services as needed for successes to be implemented (Swanson and Holton, 2001; Kohls, 1987).

### **Summary**

Through nonprofit sector management reform, the shared knowledge of crossfields is important in not only committing to combating AIDS but cooperating, and coordinating in funding, program development, training, organizational development, and assessments of collaborative programs with joint

responsibilities of stakeholders (Lewis, 2001; Macrae, Zwi, Gilson, 1996; Ott, 2001a; Pretes, 2002; Light, 2000)

Prevention and treatment are the factors in managing the spread of AIDS. Education can enable societies to overcome stigmas and myths through scenario-building with change agent involvement. Commitment and cooperation of shared crossfield stakeholders is needed to increase successful AIDS awareness programs for rural Uganda (Uganda AIDS Commission, 2000; Yach, Matthews, Buch, 1990).

Therefore, to control HIV and AIDS transnationally, T&D, OD, and paradigmatic models enable (1) socio-cultural stigmas to be overcome, (2) societies to understand HIV and AIDS risks, (3) improvements to spark economic development of societies or systems, and (4) collaboration to implement HIV and AIDS reductions in incidence and prevalence rates (Kuhn, 1996; Lee, 2002; Leonary, 2002; Monk, Ineichen, 1997; Murphy, 2002).

## **Chapter II Summary**

Using a crossfield analysis literature review of publicly-accessible data, the author reviewed the effects of HIV and AIDS on each crossfield (economically, educationally, medically, politically, socio-culturally), the HIV and AIDS impacts on the demographic environment of Uganda with 30 years of INGO AIDS funding, wars and deaths, NGO education program successes, philanthropy as giving and volunteering, and HRD theories and tools applicable – identifying and utilizing change agents in alleviating the obstacles to HIV and AIDS prevention and treatment.

## CHAPTER III

### METHODOLOGY

The purpose of this study is to bring understanding to the area of the impact of HIV and AIDS on the Ugandan workforce at risk. Specifically, the study addresses two questions:

1. What is the impact of HIV and AIDS on the Ugandan workforce?
2. How can HRD be utilized to improve the workforce and reduce the HIV and AIDS incidence and prevalence?

Based on constructivist research methods, this dissertation takes a historical approach to document analysis by utilizing a qualitative content-analysis technique. Thus, the design, data collection, and analysis is emergent, one that allows the study to unfold, rather than to construct it preordinately (a priori) (Lincoln and Guba, 1985), and requires both flexibility and discipline. Additionally, flexibility was present in data collection and analysis, while discipline was basic to the procedures used to establish trustworthiness and authenticity. Through the analysis of the data in this study, consisting of large, publicly-accessible data, inferences of findings can be made as the data is systemized and synthesized.

While Chapter I established the need for the study, Chapter II expressed what the literature said about the impacts of HIV and AIDS on the Uganda environment. Chapter III describes the methodology and procedures used to study and develop the results. Chapter IV analyzes how HRD theories and tools can be utilized for improving the workforce and decreasing the effects of HIV and

AIDS, while Chapter V concludes the study with discussion, challenges for Uganda, recommendations, and summary for areas of further study.

### **Naturalistic Inquiry**

As Lincoln and Guba (1985) stated, “qualitative methods are stressed within the naturalistic paradigm” because these methods “come more easily to the human-as-instrument,” through normal human functions such as seeing, hearing, speaking, reading, etc. (p. 199).

Denzin and Lincoln (1994, p. 2) give a very comprehensive explanation of qualitative research, defining it as multi-method in focus, involving an interpretive, naturalistic approach to its subject matter, and involving the studies use and collection on a variety of empirical materials that describe scenarios, tensions, paradigms, factors for measuring success, and activities on workforce populations.

Erlandson, Harris, Skipper, and Allen (1983) also spoke to naturalistic inquiry’s incommensurability with logical positivism, of the “received view” and held that “one cannot fairly understand any paradigm, naturalistic or otherwise, on the basis of considerations evolved in relation to some other paradigm” and to do so would be judging. The authors went on to define the term incommensurable as “no common points of reference exist to which difference and conflicts among paradigms may be substituted for” (p. x). Further, although alternative paradigms, such as naturalistic inquiry are not widely used, they are available and their use is spreading due in part to a need for a different, more

holistic approach to explaining the occurrence of phenomena (Erlandson, Harris, Skipper, Allen, 1983).

### **Historical Content Analysis**

The historical content analysis study is based upon qualitative methods. Biddle and Anderson (1986) described the goal of qualitative research as “the generation of insights” (as cited in Gall and Borg, 2003, p. 24) while Holsti (1969), as cited in Altheide (1996), denoted *content analysis* refers to a systematic technique for the objective study of characteristics and messages. Holsti (1969), as cited in Lincoln and Guba (1985) further noted five major characteristics of modern content analysis: (1) as a process that is “carried out on the basis of explicitly formulated rules and procedures” (p. 3); (2) as a systematic process; (3) as a process that aims for generality; (4) deals in manifest content, and; (5) has been viewed as a quantitative technique (p. 338).

Disadvantages of content analysis can be the consumption of time, increase in error with relational analysis due to “higher-level interpretations” (Stemler, 1998) lacking a theoretical basis, reduced to frequency word counts, and cumbersome to computerize.

Advantages of content analysis are that the researcher can examine text data for economic, educational, medical, political, and socio-cultural ramifications, can be both quantitative and qualitative can offer an historical/cultural insight with relationships analyzed to offer insights into the more complex issues, thinking, and management. Through content analysis a historical, (through economic, educational, medical, and socio-cultural crossfield classifications) understanding

can be achieved across text data fields for understanding the real world and making improvements.

### **Rationale for Studying Publicly-Accessible Data**

For this study, primary documents are evaluated in the form of publicly-accessible documents. Altheide (1996) defines documents as any symbolic representations that can be recorded or retrieved for analysis and document analysis is an integrated and conceptually-informed method, procedure, and technique for locating, identifying, retrieving, and analyzing documents for their relevance, significance, and meaning.

Publicly-accessible documents make this study repeatable, by enabling any other researcher to search the subject and acquire the same information, thus enhancing validity.

### **Research Design**

The instrumentation of choice in naturalistic inquiry, according to Lincoln and Guba (1985), is the human. Accordingly, the researcher, Debra Mayes Howard, was the primary data-gathering instrument. She was born in the United States, early education in Dutch Schools, lived in Iran, Kenya, and Ghana as a student and educator of English as a foreign language. Presently, she lives in College Station, Texas.

### **Data Collection**

The study's unit of analysis is publicly-accessible text documents. The researcher utilizes purposive sampling, which supports the rationale behind obtaining exactly what is needed to facilitate with answering the stated research

objectives because it “is based on the assumption that the investigator wants to discover, understand, and gain insight, and therefore must select a sample from which the most can be learned” (Merriam, 1998, p. 61). Therefore, the author extracted articles from the databases and search engines at the Texas A&M University Library in College Station, Texas. Each article was printed and stored in the researcher’s home in a locked file drawer.

Furthermore, when conducting a purposive sampling, Erlandson, Harris, Skipper, and Allen (1983) suggested the researcher make two basic decisions: (a) selecting who and what to study, that is, the sources that will most help to answer the basic research questions and fit the basic purpose of the study, and; (b) choosing who and what not to investigate; that is, there must be a process of elimination in order to narrow the pool of all possible sources (p. 83).

In light of this, the researcher primarily searched the following keywords and combination of terms to gain articles: HIV, AIDS, Uganda, President Yoweri Museveni, Janet Museveni, INGOs. Upon examination of the article, the ones that were primarily centered on the effect of HIV and AIDS and projects done to alleviate those effects were retained, printed, and stored. From the accumulation of articles emerged five subcategories or crossfields: economic, educational, medical, political, and socio-cultural areas of sampled data.

### **Data Analysis**

The data under observation in this study were analyzed utilizing the constant-comparative method as originally discussed by Glaser and Strauss (1967) and further communicated in Lincoln and Guba’s (1985) *Naturalistic*



*Inquiry*. Intent on describing a means for deriving (grounding) theory, not simply a means for processing data, Glaser and Straus (1967) describe the process, which is used throughout this study: (1) compare case scenarios; (2) integrate categories for repeated themes and their properties (for factors of success and failure); (3) delimit the theory (applicable HRD theory and tools) and; (4) build HRD importance, by the application of HRD theory and tools) to improve the Uganda system workforce to the impacts of HIV and AIDS.

### **Unitizing Data**

As defined by Lincoln and Guba (1985), unitizing is a process of coding data and considered the crucial step in transforming text into manageable chunks of information so that patterns can be established (Alsmeyer, 1994). Thus, actual articles were imported from various databases onto Microsoft Word computer files, printed for hard copy, and saved by their titles, author, date, and crossfields.

### **Coding**

All information utilized was coded and an appropriate trail for locating the original source was also provided. Each unit received a code that enabled the researcher to locate the original source. For this study, the coding system consisted of a combination of the article number as retrieved (four digits), crossfield identification (two letters) (EC – economic, ED – educational, MD – medical, PO – political, SC – Socio-cultural), the type of article (one letter) (C – cause, I – impact, S – solution), and a date of the article to identify its unit. For example, an article about an educational solution to alleviate the impact of HIV

and AIDS on the Ugandan workforce would be coded 0002-ED-S-091403. An annotated bibliography allowed cross-referencing.

### **Categorizing and Discovering Patterns**

After each document is unitized, categorizing takes place. Categorizing is a process, Lincoln and Guba (1985) reported, whereby previously unitized data are organized into categories that provide descriptive or inferential information about the context or setting from which the units were derived (p. 203).

During the categorization phase, previously broken down “units” of data are brought together into provisional categories. For example, an article having to do mainly with HIV and AIDS drug treatments was unitized to the medical crossfield with underscoring of key themes noted.

The criterion for division of articles into crossfields is as follows. An article is classified as economic if the article deals with a (1) financing agent or agency outside of Uganda (an INGO) or (2) an economic forecaster. The article is classified as educational if the article deals with the diffusion of HIV and AIDS prevention and treatment. An article is classified as medical if the article deals with research that furthers medical advances of HIV and AIDS treatment and prevention. An article’s classification political if the article deals with a government leader, dictating, legislating, and policy making as well as NGO program. The article is classified as socio-cultural if the article deals with knowledge or skills needed to desire a change in individual group or system behavior to overcome obstacles in prevention and treatment of HIV and AIDS.

The same process was performed until every piece of text, within the printed searches, was categorized and resulted in the establishment of sub-categories where information was grouped and patterns or themes emerged.

### **Identifying Themes and Frames**

Altheide (1996) identified themes as a “key category in most qualitative studies of documents, involving meanings and emphasis” (p. 28) and defined them as “recurring theses that run through a lot of reports” (p. 31). Altheide suggested that themes are “mini-frames” for a report, yet also seen in the form of general definitions. As Altheide noted, themes and frames are not determinate. Interpretive data was reconstructed to provide meaning and emphasis. The themes were unitized into codes prior to the findings. The findings are the impacts of HIV and AIDS on the workforce and codes were as follows: (C) is for causes, (I) for impacts, and (S) is for solutions.

Frames are somewhat of a “super theme” and refer to a particular perspective one uses to bracket off something as one thing rather than another (Altheide, 1996, p. 31). The author further continued that it is important to observe that although there are subtle distinctions, frames and themes can be closely joined when examining documents. Altheide (1996) noted that both themes and frames are crucial in defining situations in providing much document analysis (p. 31).

### **Identifying Paradigms**

As scenarios and paradigms are built, they can be used as teachings for a successful model to the “real world,” providing a visual analysis to (1)

understanding the system, (2) the operation of the system, and (3) troubleshooting in the maintenance of the system. As experience and knowledge increase in the scenario or case study, the level of expertise in being efficient and effective in improving the system increases (Lynham, Chermack, 2002).

Kuhn's (1996) paradigms for teaching describe a radical change in the fundamental framework or way of thinking through which people view their world, requiring a new intuition or insight plus observation to change the frame or reference so that people can see old and new aspects of their world through a new framework (Marsick, 1990, p. 1). Through multi-scenario building from paradigms, the real world model for theory building can be achieved.

### **Establishing Trustworthiness**

When exploring ways in which trustworthiness can be built into the collection, analysis, and reporting of data from media, several factors should first be considered. First, the term *trustworthiness* is synonymous with words like honesty, truthfulness, and openness and warrants integrity in the evolution of scholarly research. Erlandson, Harris, Skipper, and Allen (1983) argued that "establishing trustworthiness enables a naturalistic study to make a reasonable claim to methodological soundness" (p. 31).

Reinard (1998) noted research is judged by 1) the rigor of procedures; 2) the results obtained, and 3) the ethics of the researchers. Therefore, ensuring integrity in data analysis requires prescribed techniques for carrying out of erudite research such as 1) credibility; 2) transferability; 3) dependability; 4) confirmability. These measures must be utilized to establish trustworthiness as

well as satisfy methodological competency. When these measures are met, research is considered both authentic and valid.

### **Credibility**

Credibility is only one of the necessary components needed to establish trustworthiness. According to Lincoln and Guba (1985) as cited in Erlandson, Harris, Skipper, and Allen (1983), the definition of credibility is “the degree of confidence in the ‘truth’ that the findings of a particular inquiry have for the subjects with which – and the context within which – the inquiry was carried out” (p. 290).

Erlandson, Harris, Skipper and Allen (1983) also stated that the goal of credibility should be to interpret the constructed realities that exist in the context being studied. Further, the authors proposed “because these realities exist in the minds of the people in the context, attention must be directed to gaining a comprehensive, intensive interpretation of these realities that will be affirmed by people in the context” (p. 30). These authors also suggested the use of the following instruments to ensure the integrity of the inquiry:

- **Prolonged Engagement:** occurs when the researcher spends enough time in the context being studied to understand the culture as does the native.
- **Persistent Observation:** occurs when the researcher is able to identify events and relationships that are relevant for solving a particular problem through consistent pursuit of interpretations in different ways.

- **Triangulation:** occurs when data obtained directly from the statements of individuals is checked against an observed behavior and various records and documents.
- **Peer Debriefing:** occurs when the researcher steps out of the context being studied to review perceptions, insights, and analyses with professionals outside the context who have enough general understanding of the nature of the study to debrief the researcher and provide feedback that will refine and, frequently, redirect the inquiry process.

Although each strategy can be used with the analysis of data, one in particular stands out – referential adequacy materials. Erlandson, Harris, Skipper, and Allen (1983) stated “because all data must be interpreted in terms of their context, it is extremely important that materials be collected to give holistic views of the content provide a ‘slice of life’ from the context being studied to provide a supportive background that communicates to the reader a richer contextual understanding of the researcher’s analyses and interpretations” (p. 31).

### **Transferability**

Erlandson, Harris, Skipper, and Allen (1983) remarked research is judged in terms of the extent to which its findings can be applied in other contexts or with other respondents. Realizing that context, people, and their construction of reality shift over time, the authors point out one of the many goals of transferability, which is to “focus on those aspects of inquiry that do not shift within or across contexts or to interpret findings in a way that make allowances for the shift of

context” (p. 32). Furthermore, the authors suggested the use of thick description and purposive sampling to achieve the goals of transferability.

Thick description, Erlandson, Harris, Skipper, and Allen (1983) wrote, requires the researcher to collect “sufficiently detailed descriptions of data in context” upon which he or she “reports them with sufficient detail and precision to allow judgments about transferability” (p. 33). Lincoln and Guba (1985) stated that it is not yet clear what constitutes “proper” thick description; however, the authors do suggest thick description include “everything that a reader may need to know in order to understand the findings” (p. 125).

Erlandson, Harris, Skipper, and Allen (1983) stated that because the researcher seeks to maximize the range of specific information that can be obtained from and about that context, the search for data must be guided by processes that will provide rich detail about it” (p. 33). Thus, the authors propose the use of purposive sampling, which required “a sampling procedure that is governed by emerging insights about what is relevant to the study and purposively seeks both the typical and the divergent data that these insights suggest” (p. 33).

### **Dependability**

Erlandson, Harris, Skipper, and Allen (1983) defined dependability as the reliability and consistency of a study. They mentioned Lincoln and Guba’s (1985) interpretation of the term stating, “an inquiry must also provide its audience with evidence that if it were replicated with the same or similar respondents (subjects) in the same (or a similar) context, its findings would be repeated (p. 290). In

addition, the authors noted that dependability, from the naturalistic viewpoint, believes that observed instability might be attributed not only to error but also to reality shifts.

Using Guba's (1981) example, the authors asserted:

"Thus the quest is not for invariance but for trackable variance (Guba, 1981), variabilities that can be ascribed to particular sources (error, reality shifts, better insights, etc.). Consistency is conceived in terms of "dependability," a concept that embraces both the stability implied by "reliability" and the trackability required by explainable changes (Guba, 1981, p. 81).

Four means (Merriam, 1998) were used to assure the dependability of this study: (1) an audit trail was maintained during the course of the research for a check of the collected data or the analysis process to refer to the audit trail, (2) triangulation of sources was a principal element of this study as research attempted to gather sources from the five crossfields (five subcategories) studied (Stemler, 1998; Bogdan and Biklen, 2003) (3) the methods used to offer dependability encompassed an explanation of the researcher's position and (4) presentation of personal worldview where "results are consistent with the data collected" (Merriam, 1998, p. 206).



**Confirmability**

Confirmability means data should be traceable back to its sources.

However, confirmability also speaks to the objectivity of inquiry and the degree to which the findings represent the phenomena studied, external to the researcher's bias. Erlandson, Harris, Skipper, and Allen (1983) observed that researchers should not attempt to ensure that observations are free from contamination by the researcher but rather, they should trust in the "confirmability" of the data themselves (p. 34). The authors borrow Guba and Lincoln's (1989) view, "this means that data (constructions, assertions, facts, and so on) can be tracked to their sources, and that the logic used to assemble the interpretations into structurally coherent and corroborating wholes is both explicit and implicit" (p. 243).

As with dependability, confirmability also utilizes an audit trail. Erlandson, Harris, Skipper, and Allen (1983) stated the following. The audit trail that was

established to ascertain dependability by looking at the processes that were used in the study also enables an external reviewer to make judgments about the products of the study. An adequate trail should be left to enable the auditor to determine if the conclusions, interpretations, and recommendations can be traced to their sources and if they are supported by the inquiry (p. 35).

When considering ways in which trustworthiness can be built into the collection, analysis, and reporting of data, credibility, transferability, and dependability must be in place. Finally, Erlandson, Harris, Skipper, and Allen (1983) contended that if intellectual inquiry is to have an impact on human knowledge, either by adding to an overall body of knowledge or by solving a particular problem, it must (1) guarantee some measure of credibility about what it has inquired, (2) communicate in a manner applicable by its intended audience, and (3) enable its audience to check on its findings and the inquiry process by which the findings were obtained (p. 28).

### **Chapter III Summary**

Using naturalistic research methods, this study seeks to perform a content analysis by utilizing a qualitative, historical content analysis. Articles were taken from publicly-accessible databases, unitized and coded to reveal emergent themes and frames. These themes and frames provided the data base for crossfield analysis, findings, and application of HRD theory and tools to the findings (which are the impacts of HIV and AIDS on the Uganda workforce) to understand how HRD can improve the workforce and reduce HIV and AIDS incidence and prevalence.

## CHAPTER IV

### FINDINGS

#### **Research Questions**

There are two research questions of inquiry:

1. What does the literature say about the impact of HIV and AIDS on the Ugandan workforce?
2. How can HRD contribute to the HIV and AIDS incidence and prevalence to improve the workforce?

#### **Findings**

Using the Swanson and Holton HRD Model as seen in Figure 8, the summary findings from Chapter II research question (the impact of HIV and AIDS on the workforces) are analyzed with six case studies. The processing step (propose, create, and implement) offers recommendations of the HRD contribution to improving the workforce. Chapter IV is divided into two main parts: findings and propositions. The findings with HRD theories applied to the research lead into the proposed step of the Swanson and Holton Model to answer research question two.

#### **Economically**

- Economists state that economic regression will cease if a country can retain a 2-5% decrease in HIV and AIDS incidence for 10 years.
- Economic development is defined by four factors: (1) improved public health, (2) improved workforce, (3) improved education, and (4) improved environment.

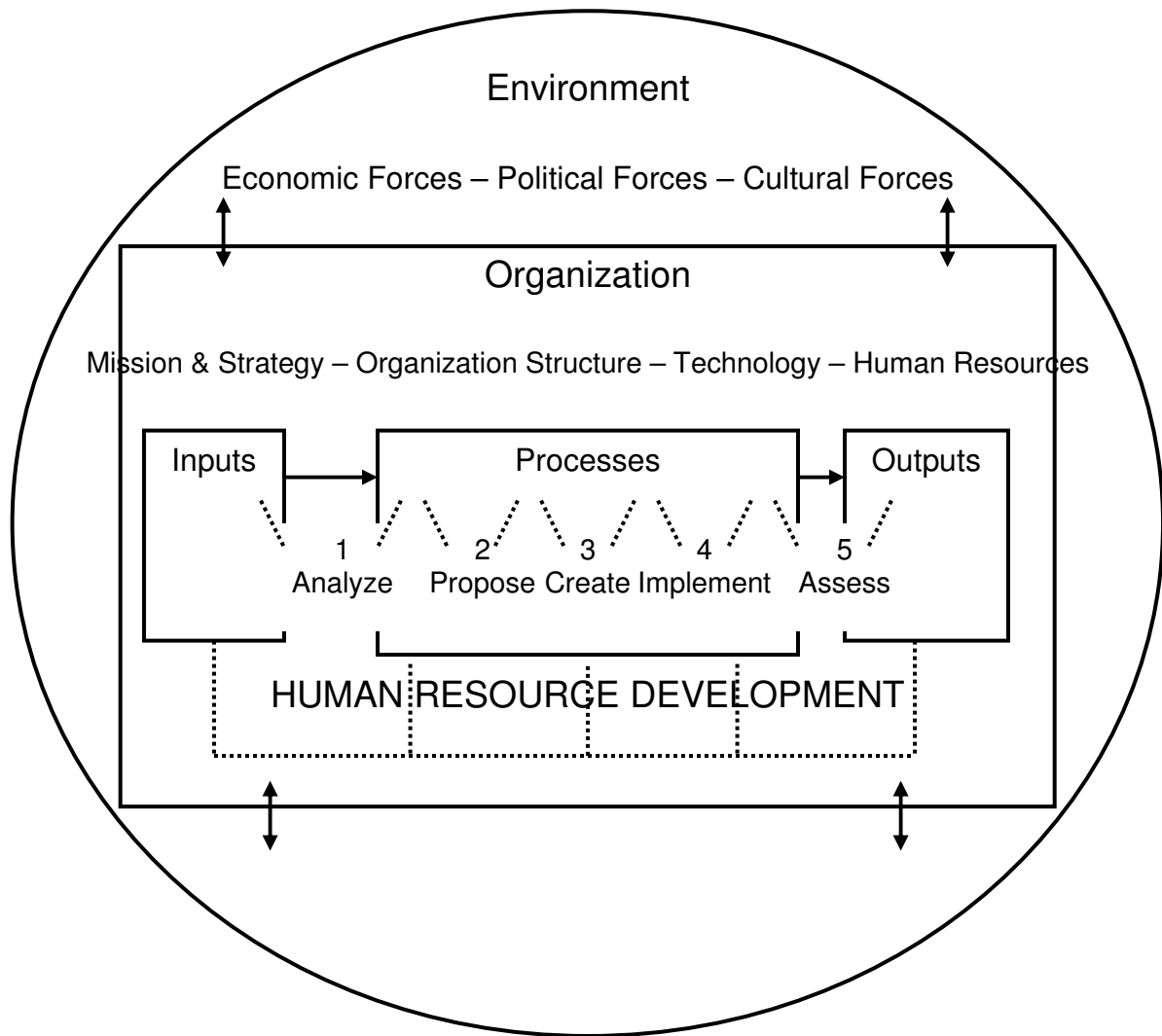


FIGURE 8. Swanson and Holton Basic HRD Model  
(Source: Swanson and Holton, 2001, p. 5)

- Further, economic growth will occur if a country can retain a 2-5% decrease in HIV and AIDS incidence for 20 years, meaning that the country will be progressing on its own, without outside help, based on its own GDP or GNP.

- Not only does this benefit its economy, but it indicates that the country is taking ownership of its own economic concerns and gaining control for its own economic development.

### **Educationally**

- Education in Uganda has decreased over the years. It is reported that there are 50% shortages in teachers, 100% of trade schools are closed, and secondary schools are decreasing in number.
- In Uganda, 30% of the population is orphans or live in single-parent households.
- These families have less money for education and find quick ways of making money to support the family (robbery and prostitution, for example).
- The age of most begging or working in the streets is 12-17 years of age.
- It is evident that poverty is a barrier to acquiring education and skills necessary for economic survival.
- Success indicators for the education area are increases in (1) primary and secondary schools, (2) trade schools and universities, (3) teachers, engineers, managers, and (4) higher skilled positions, and (5) education to orphans and women for empowerment.

### **Medically**

- The research cohort studies in Uganda revealed ARV complications in treatment, inhibitor length variation, and ineffective drugs in some subjects, indicating further testing is needed.

- Despite the incentive to promote volunteer testing (if HIV positive, then receipt of free drug treatments), the motivation to VT was not strong enough to overcome the obstacles of shame, ignorance, and socio-cultural myths. If a person discovered he or she was positive, the result would be great shame and possibly ostracism and/or death.
- Additionally, a distrust of “Western” ways involving drug treatments is still prevalent, all combined to give people little incentive to test for HIV.
- Also, training for documentation of blood work and swabbing (two means for HIV testing) for HIV detection is inadequate.
- The insufficient population sampled makes any correlation between offering free treatment and increasing volunteer testing difficult to discern.
- Indicators for success in medicine for the decrease of HIV and AIDS incidence and prevalence include (1) decrease in deaths due to AIDS, (2) decrease in persons living with HIV and AIDS, (3) decrease in mother-to-child transfers of HIV, and (4) an increase in volunteer testing in age group populations representative of a sampling of Uganda’s population.

### **Politically**

- President Yoweri Museveni secured and stabilized the Ugandan government, developed a “democratic” system, and established free elections; providing a stable government which has a greater chance for economic development.
- Additionally, President Museveni serves on the UN anticorruption board, to limit corruption in Africa, including Uganda.

- Political indicators of success include: a stable government, democratic elections, fewer incidences of corruption, successful legislation to protect and empower citizens, no war, and political leaders being responsible to their people.
- President Museveni's legislation has included steps for economic development: (1) he promotes what is best for the whole country, instead of a certain tribe; (2) he promotes citizens to take ownership of their economic development; (3) he promotes the protection of women; (4) he works to empower women with education and skills; and (5) he has instigated legislation to decrease HIV and AIDS incidence and prevalence.
- Specifically, President Museveni requires mandatory testing of HIV for military personnel and limits promotions if the results of testing are positive for the virus.
- He also changed military practices to have shorter stays away from home villages, which have helped lower the HIV and AIDS incidence in the military.
- In conjunction with his wife, HIV and AIDS education is used to motivate citizens to change their behaviors, thus reducing HIV and AIDS incidence and prevalence and improving workforce longevity.

### **Socio-culturally**

- With so many socio-cultural differences between Western and African cultures, it is difficult to use ideas from the West effectively in Africa.



- Some socio-cultural stigmas of Africa include: condom myths, mistrust of Western drugs, shame of disease, and fear of job loss if found to be HIV-positive, and misunderstanding of cultures without relationship building.
- Some socio-cultural indicators are changed behaviors to reduce HIV and AIDS incidence and prevalence, removing ignorance of condom use and demythologizing villages to accept a means for HIV and AIDS prevention and treatment.

### **Analysis**

Further, with the Swanson and Holton HRD Model, the crossfield findings will be analyzed according to HRD theoretical applications. HRD Theories for understanding the importance of decreasing HIV and AIDS incidence and prevalence and increasing the workforce in Uganda are: Nadler's Critical Events Model, Lewin's Field Theory, Lewin's Leadership/ Group Dynamics, Nadler's Hierarchical Order for Training and Development, and Organizational Development in systems, Swanson's Systems Model for inventing, improving or disrupting a system, Porter, Schwartz, Ringland, and Shoemaker's Performance Improvement Performance Needs Model, Nonprofit Sector, Swanson and Holton's Basic Human Resource Development Model, Kuhn's use of paradigms, Dubin's Theory-Building Model, Gioia and Pitre HRD Body of Knowledge Model. Other theories are mentioned in brief such as Theory of Commons, Market Failure Theory, Government Failure Theory, NPS Leadership Theory, Vertzberger Management Theory, Von Bertalanffy General System Thinking, and

Light's Partnering Model. Six case studies follow this synopsis; the first is mother-to-child transmission of HIV.

### **Case Study 1: MTC**

A major aspect that affects the mother-to-child transmissions in Uganda is the monetary factor. Medical treatment exists in Uganda such that one treatment given will reduce the chance of a mother passing HIV to her unborn by 20%. A second treatment given at a certain time will further reduce the risk to 40%. However, when told to return, the mother does not. The reason was no money was available for transportation for a second visit to the clinic. Therefore, money was given to provide for return visits. Yet, clinics still saw few mothers returning. "Sengas", counselors, found that the mothers needed money for food before the time of the return visit and thus spent the transport money. Thus, the money for a return visit is allocated to a "counselor" who holds it until the time for the mother to receive the second treatment. Lives are saved and workforce increases are possible with a lowered HIV and AIDS incidence and prevalence as well.

### *Performance Improvement Model*

Using Porter (1985), Schwartz (1991), Ringland, and Shoemaker's (Unaipon, Calton, 1995) Performance Improvement/Performance Needs Model (see Figure 9), we can apply this case study scenario of MTC transmission though not receiving proper medical aid to strategies implemented for successes.

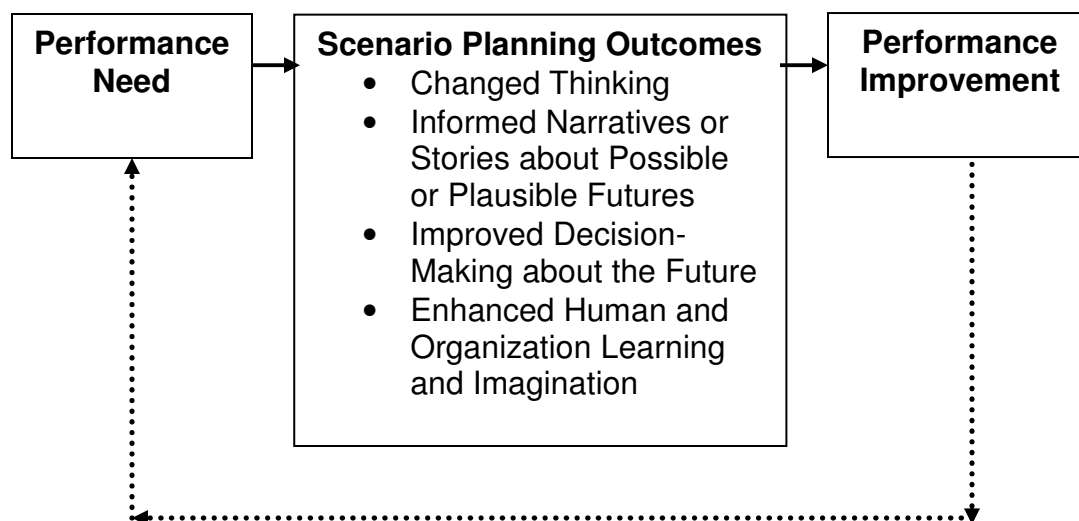


FIGURE 9. Performance Need Performance Improvement Model  
(Source: Lynham, Chermack, 2002)

### *Case Analysis*

The need to survive becomes the basic premise upon which Ugandans live, illustrated in the administration of nelfarin to HIV-positive pregnant women. Two injections are necessary for lowering the incidence of HIV transmission to the unborn child (UNDP, 2002; Dabis, Ekpini, 2002). When transportation is ten times more expensive than food and the major cost per day for the means to hold a job, it is difficult for patients to choose to use the money for the return visit (UNDP, 2002; Friedrich, 2002).

The AIDS virus can be transmitted from the mother to the baby during pregnancy, the birth process, and breastfeeding. Historical data in Malawi observed a mother-to-child transmission rate of 28% (Biggar, Miotti, Taha, et al., 1996; Semba, Kumwenda, Hoover, et al., 1999). The risk of intrauterine infection is 5-10% and transmission during delivery is 10-20% (De Cock, Fowler, Mercier, et al., 2000). Breastfeeding may give an additional risk of transmission of 10-20%

(Nduati, R., John, G., Mbori-Ngacha, D., et al., 2000; Leroy, Newell, Dabis, et al., 1998; Miotti, Taha, Kumwenda, et al., 1999; Nicoll, Newell, Peckham, Luo, Savage, 2000). Medical research in Malawi has shown that giving antiretroviral drugs, nevirapine, and zidovudine to the mother during labor and the baby during the neonatal period can reduce the mother-to-child rate to 14.1-16.3% (Taha, et al., 2004) Other studies have shown a similar reduction in the transmission rate in antiretroviral drugs in the periparturient period. The HIV NET 012 study in Uganda showed a transmission rate of 11.8% and the SAINT trial in South Africa showed a transmission rate of 12.3% at 8 weeks (Jackson, Musoke, Fleming, et al., 2003). The standard dose of nevirapine and zidovudine for the mother and costs about 4-5\$ in US dollars (Taha, Kumwenda, Gibbons, et al., 2003). Use of these drugs on a widespread basis can have an impact on the number of children infected with HIV. In fact, more than 95% of HIV-positive infected children acquired the disease from their mother. Seven hundred thousand have become infected in 2001 and 500,000 have died (Dabis, Ekpini, 2002).

The mortality rate of infants from the AIDS virus is high and can be reduced with drug treatments. Prophylaxis or co-trimoxazole, in conjunction with advice to women on breast-feeding, can help reduce infant transmissions and infections. Nevirapine and zidovudine can slow infection, but availability of these drugs is sparse in developing countries. Sponsorship is needed to reduce infant mortality rates in Uganda (DuGuemy, Sjoberg, 1999; Nagy-Agren, Young, 2001).

Several companies have patented a drug that seems to reduce the incidence of AIDS in the newborn if the mother is given an injection in pregnancy

and a second injection upon birth (Wiedle, et al., 2002). Harvard Macy Institute is enabling physicians to become better educators and change agents (Friedrich, 2002) to alleviate some of these transmissions. Needs can be met with scenario building, and MTC incidences can be decreased significantly by assessing successes (see Table 14 as applied with Swanson and Holton Basic HRD Model) (Gioia, Pitre, 1990; Lynham, Chermack, 2002; Ng'weshemi, Bennett, 1997).

TABLE 14. Swanson HRD System Model Applications

<b>HRD</b>	<b>Directive</b>
Objective:	Reduce risk to unborn child.
Proposing	Get mother to return for second treatment.
Creating	Send counselor with transport money to bring M-T-C patient to the clinic for return visit.
Implementing	Counselor trained in same culture (Senga or "Auntie") M-T-C patients completed both treatments
Assessing	The lowering of HIV and AIDS incidence reduced 40% to the unborn – investing in a young workforce.

(Source: Compilation from the literature review)

As a result of model-building from successful scenarios of performance improvements, outputs are:

- Mother's options for decision making were improved when she had the means to return
- When village counselor kept money until time for second visit, the return rate was higher.
- Learning took place which changed the actions and thinking of stakeholders
- Performance improvement in the baby's chances of HIV infection were reduced
- When the mother made the first visit, an increased 20% chance of baby's was possible.
- When the mother returned for the second visit, an increased chance of baby's survival to 40% was possible
- Improved performance based on the performance need.

### *Lewin's Theories*

Using Lewin's Theories on Force Field Analysis (see Figure 10), the researcher further examined the mother-to-child transmission case to be more effective in reducing HIV and AIDS incidence and prevalence in this group. Understanding and addressing the forces in the environment can improve outcomes as seen in Table 15 from Lewin Force Field Analysis.

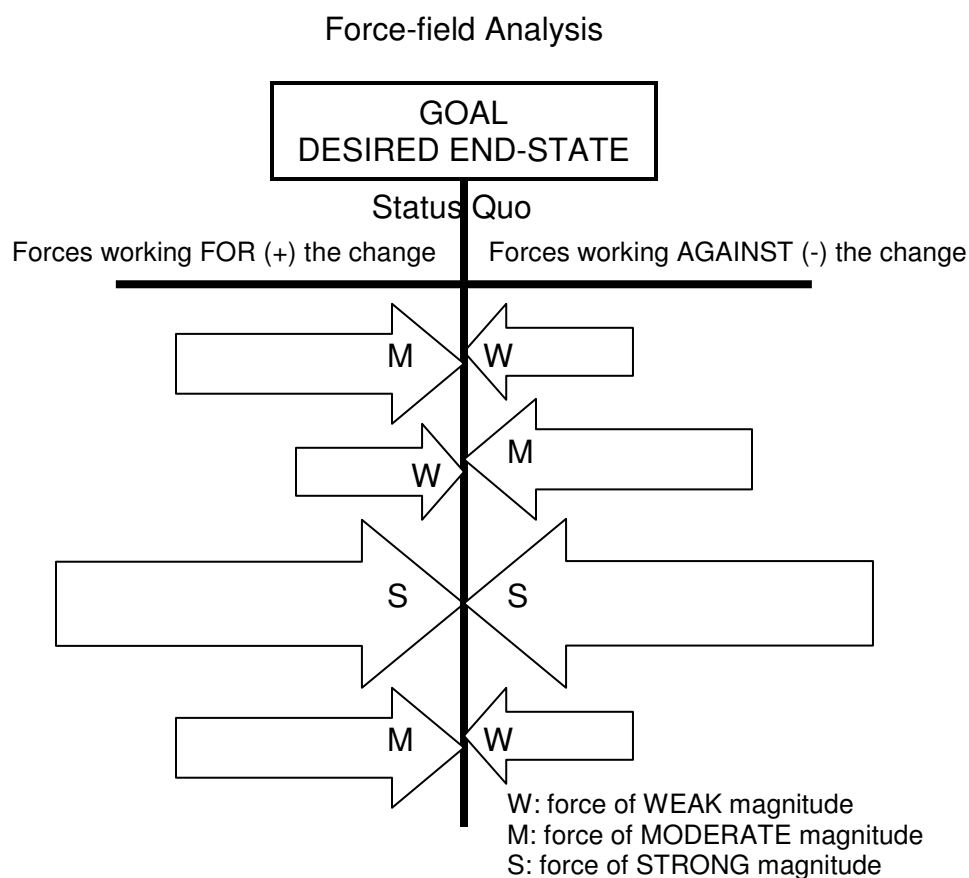


FIGURE 10. Lewin Force-field Analysis  
(Source: Lewin, 1942, 1951)

TABLE 15. Analysis of Group Dynamics Utilizing Lewin Force Fields

Input	Output
Transport money	70% return for 2 <sup>nd</sup> shot
Teach why visits are important	70% return for 2 <sup>nd</sup> shot
Treatment	40% less chance of HIV transmission
Paid passage for MTC	Diffusion available
Communicate to other villagers	Baby and mother are accepted

(Source: Lewin, 1942, 1951)

Further outputs based on this HRD theory are:

- Group dynamics is important for acceptance and survival of the unborn.

- Change in thinking of villagers is needed for infant and mother survival.
- Change agents, “sengas”, have shown to be effective in changing thinking of villagers.
- Possibly future populations are saved.

### *Nadler's Critical Events Model*

Using Leonard Nadler's Critical Events Model (see Figure 11), the author analyzes the case of the mother-to-child transmission with breastfeeding. A HIV-positive mother who breastfeeds her child increases the chances of the infant acquiring the virus. However, a mother who does not breastfeed may be

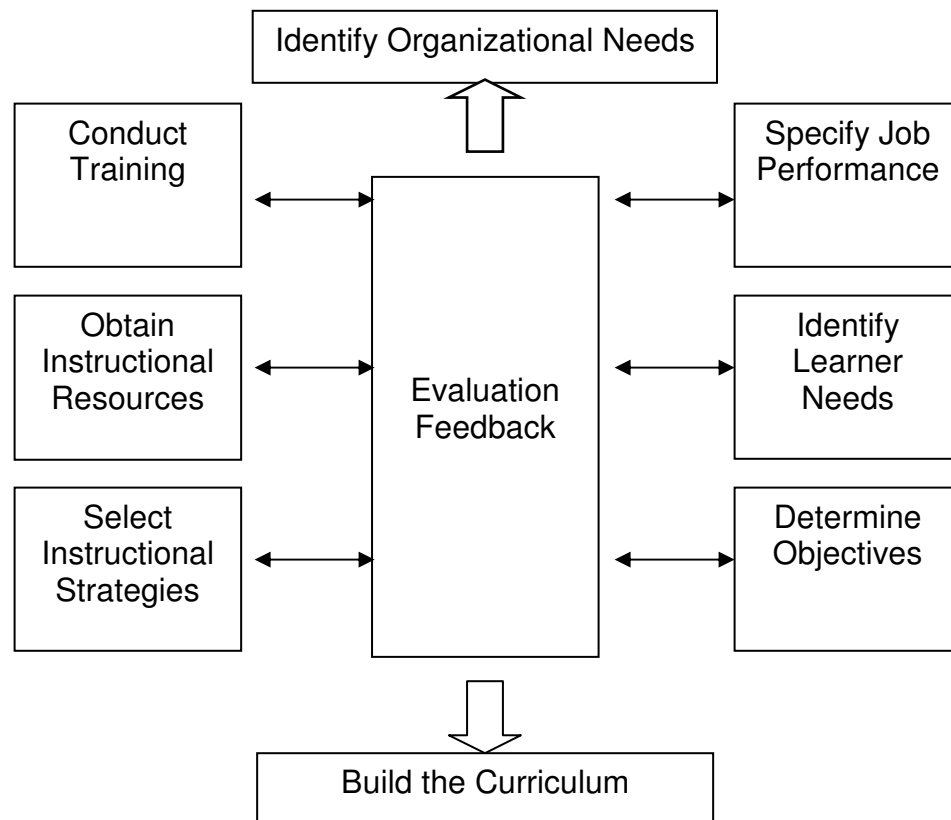


FIGURE 11. Leonard Nadler's Critical Events Model  
(Source: Nadler and Nadler, 1989)



ostracized or killed because it is evidence to villagers that she has AIDS, a shameful disease. However, the infant may die of other diseases prevalent in developing countries such as malnutrition, dehydration, or meningitis. Nadler's Model can be applied to the scenario to change this practice and perhaps save both mother and baby.

The first figure is the basic Nadler's Critical Events Model (Figure 11) and the second has the MTC breastfeeding case study applied to the theory (see Table 16).

TABLE 16. Nadler's Critical Events Model with Case Study  
HIV+ Mothers/Breastfeeding

Nadler's Events	Case Study of MTC
Identify Organizational Needs	Need to not nurse child for survival
Conducting Training	Education awareness Socio-cultural acceptance by village that M-T-C will not breastfeed.
Obtain Instructional Resources	Change agents to teach villagers non-nursing mothers of MTC cases should not be stoned, ostracized or killed. Change agents understand HIV passage is through blood
Select Instructional Strategies	Dispel myths of socio-culture by play-acting of Sengas or Aunties and some INGOs, religious leaders speaking from their mosque or church
Build Curriculum	Practice, Theory, and Development cycle to produce models Paradigms explain, offer understanding, and insight.
Determine Objectives	Change beliefs so as to correct actions.
Identify Learner Needs	Fear alleviated. Children possibly live. Mother and child are accepted into the village.
Specify Job Performance	Reduce MTC HIV transmissions and increase infant survival rate

(Source: Compiled from the literature review)

Through education, stakeholders are made aware of obstacles for increasing infant survival chances; future decision-making can be made with the application of new knowledge to overcome shame, ostracism, or death, and aid in the survival of infants of HIV-positive mothers through breastfeeding.

### **Case Study 2: VT**

Vertzberger management theory (see Figure 12) can be applied in this case study of volunteer testing, having agreed upon goals and definitions of the problem. The risks (many socio-religious-cultural) can be addressed by same-culture leadership as change agents to overcome socio-cultural obstacles for understanding in the prevention and treatment of HIV and AIDS. With all five crossfields in agreement of the goal and definition of the problem, then agreement in thinking, and a commitment to share knowledge and skills (resourcing by partnering) then a commonality of how to manage can be approached for establishing advocacy, developing options, and forming consensus, and implementing choice with assessment of strategies for volunteer testing in document analysis followed by generalizability.

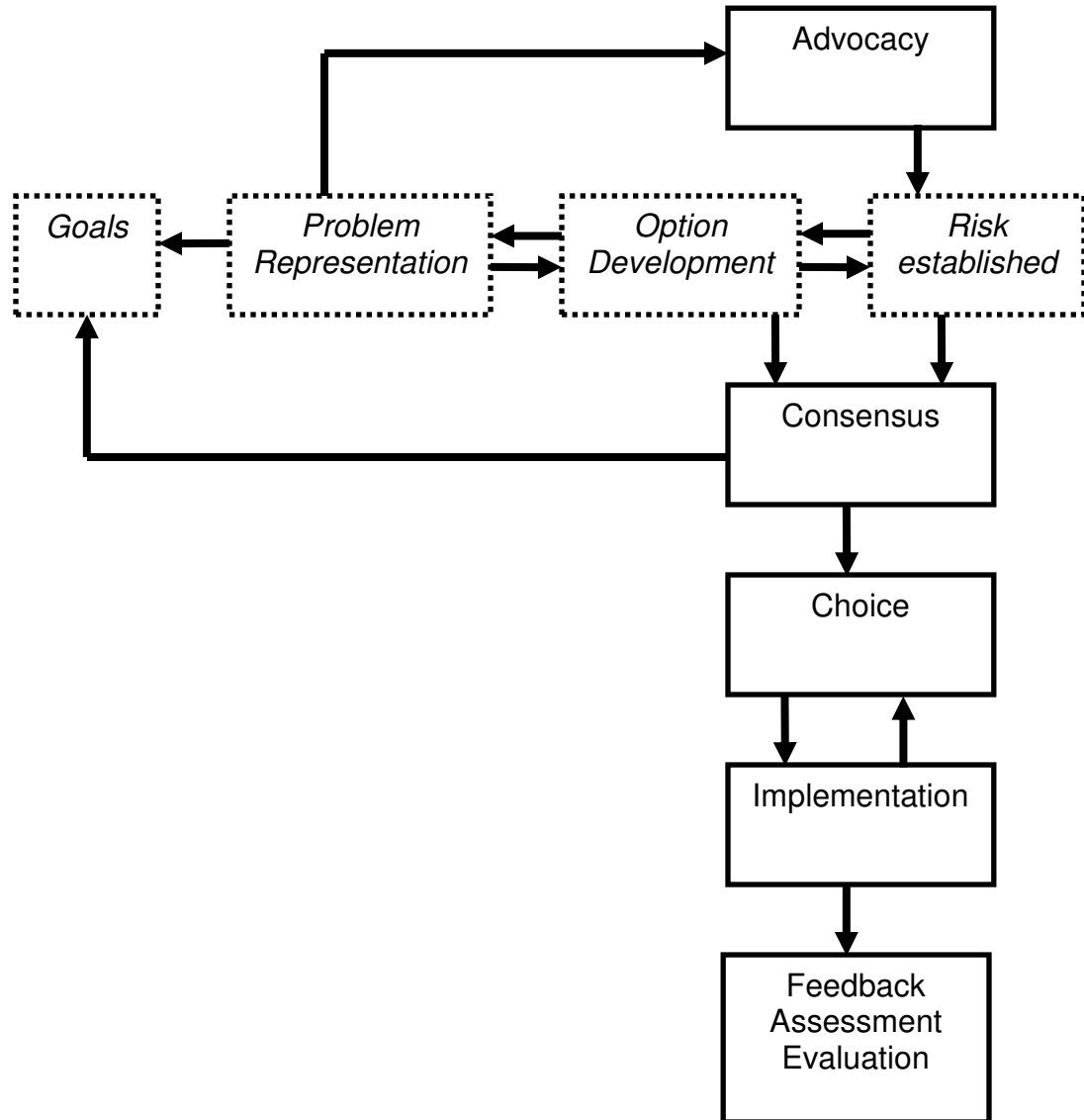


FIGURE 12. Vertzberger Risk-Taking Decision-Making Management  
(Source: Vertzberger, 1998)

#### *Activities in VT*

- HIV and AIDS prevalence has lowered the average life expectancy to 37, putting more emphasis on the need to VT

- When HIV can be identified in community populations, then isolate for prevention and treatment of those involved to lower HIV and AIDS incidence.
- There are a number of complications in HIV and AIDS prevention and treatment concerning medical testing for HIV and AIDS, proper documentation, mutation of virus with certain drug treatments, and availability of ART drugs to the population. These need to be documented as well.
- Moyo district has 5% prevalence rate of HIV and AIDS. Mbourara (urban) has 30% (Kayita and Kyakulaga, 1997). In Kampala, Masaka, Jinja, and Rakai, 500 AIDS cases per 100,000 residents was reported. Gulu, Kitgum, Luwero, Kiboga, Kabarole, Kasese, and Mpigi record 200-500 HIV and AIDS cases per 100,000 people (Uganda AIDS Commission, 2000). These are the start of significant figures as samplings of the urban Ugandan population.
- AIDS was first reported in Rakai and Masaka. HIV prevalence is 10-13% now. Trading centers along major roads have higher prevalence rates (Uganda AIDS Commission, 2000). These rates need to be noted with success strategies for reducing HIV and AIDS incidence and prevalence.
- There are suggestions that sero-prevalence rates among antenatal clinic attendees in 1993 and 1998 is decreasing but believe HIV infection rate is higher than that recorded. HIV prevalence rate is 9.5% (considered high) (Uganda AIDS Commission, 2000). Further research is necessary.

- HIV prevalence is low from 0-5 and 5-14 years. However, 15-19 year old girls are six times higher. HIV mother-to-child transmissions are 15% of children with AIDS. MTC transmissions have been as high as 25% of the incidences of HIV in children (WHO, 2000; UNAID, 2001).
- Further research targeting girls 15-19 is needed as this group is 3-6 times more likely to be infected with HIV than males of this age (Uganda AIDS Commission, 2000).
- There are population-based cohort studies in Rakai, Masaka, Enebbé, Kabarole, and Gulu districts. There is a need to encourage VT for information to be compiled over time to make generalizations and establish trends in prevalence rates.
- 56 study communities were examined in a research study from 1994 to 2000 and determined that only 35% in 1994 sought HIV results from testing. In 2002, 65% receipt sought results. This is said to indicate a high proportion of acceptance and receipt of VT in rural populations. Could home delivery of VT offer opportunities for people in rural areas to access counseling and testing services if given adequate resources (Matovu, et al., 2002)?
- Are HIV counseling and testing in rural Uganda needed and are attitudes and perceptions towards an HIV counseling and testing program positive (Kipp, Kabagambe, Konde-Lule, 2002)?
- 2,267 persons from Kigoyera district were tested and counseled. Of the 171 people who participated in 17 focus group discussions, most

expressed a need for HIV counseling (Kipp, Kabagambe, Konde-Lule, 2002).

- In 1998, 54, 712 cumulative reporting AIDS cases were documented. Of these cases, 50,757 (92.8%) were adults aged 12 years and above while 3,963 (7.2%) were children below age 12. Of 49, 869 cases, 46.1% were males and 53.9% were females. AIDS information centers indicate a consistently higher sero-prevalence rate among women. These rates may not be representative since only a small fraction of cases is known and/or reported in health facilities. HIV data is based only on voluntary counseling and testing (Uganda AIDS Commission, 2000).

Some outputs from volunteer testing are:

- Voluntary Testing (VT) offers the means needed for sampling the population, making generalizations and forecasting trends. Therefore, the goals of reaching the rural population are important. Time is of the essence with HIV and AIDS.
- With indigent change agents, overcoming social stigmas, mistrust, and ignorance can be addressed in order to increase VT.
- Socio-cultural change agents are breaking down mistrusts, offering understanding of the need for VT, identifying a need for individual motivations to test, realizing socio-cultural issues that prevented HIV testing results since shame of HIV and AIDS to family members was strong. Realization that causes of death were listed as malaria or TB, rather than AIDS, further complicates the accuracy of prevalence statistics.

- Economically, VT is very feasible with HIV and AIDS as costs are paid by INGOs. However, tensions heighten when the subject of condom distribution is included with VT counseling, as this is in opposition to some religious beliefs and ignorance about condom use – believing impotency can result.
- Privacy is not available in the rural areas for AIDS testing results. From this data collected, forecasts and trends can be established amongst populations at risk with a proper sampling number from the population.
- The consensus amongst all crossfields for HIV and AIDS prevention and treatment is to gather documentation from blood work and swabbing at VT centers to determine the prevalence of HIV and AIDS.
- There needs to be rewards for voluntary testing or mandatory requirements.
- Privacy of test results would increase the number of those willing to be tested.
- Further scenario building is needed of successful strategies in HIV and AIDS prevention and treatment.
- Advocacy is needed for more VT and funding of drug treatments.
- Options are still being uncovered for identification of problems to overcome
- Overcome shame associated with HIV and AIDS

VT Testing compared with MTC cases can both be determined successful.

However, mother-to-child as compared to the volunteer testing program has

reached advocacy and consensus with only insignificant changes to implementation, following a management flow as in Vertzberger's Management Theory. There has been advocacy and consensus, resulting in funding to allow the provision of drugs and implementation to reduce the transfer of HIV from mother to child, reducing infant mortality; VT has not had as much success because the topic is in need of greater advocacy.

### **Case Study 3: ABC Program**

First Lady Janet Museveni established the Radio for Life education program with three points for AIDS prevention and treatment. The message of the ABC Program establishes successes if heeded by populations at risk. Medical researchers teach abstinence has a success rate to improving the workforce and decreasing HIV and AIDS incidence and prevention. Being faithful to one partner evaluates success factors in HIV and AIDS incidence and prevalence. Condom use has been shown to be effective in high-risk situations (as prostitution) to reducing HIV and AIDS incidence.

Clergy and tribal healers are being solicited to preach the need to modify behaviors. As change agents, teaching abstinence and monogamy with behavior modification, the 70% rural population can be affected in HIV and AIDS prevention and treatment (Farmer, et al., 2001). With two decades of media use in HIV and AIDS prevention and treatment via the ABC program, President Museveni and First Lady Janet Museveni, with their decentralized government network, can help in the diffusion of the program to rural areas through the same message of the Ugandan Rural Project. With the ABC program, the Musevenis



have reported a three-year reduction of 5% in HIV and AIDS incidence and prevalence with the success of the ABC AIDS Program (Kmietowicz, 2004; Akhtar, 1990). The UNAIDS seeks to send the program globally to SSA (UNAIDS, 2000). Training a workforce, developing the organizational structure, and partnering in these global enterprises can ensure success to SSA with reductions of HIV and AIDS incidence and prevalence (Ng'weshemi, Bennett, 1997; Museveni, 2000).

Through Lewin's Leadership and Group Dynamics (see Figure 13), the successes of the ABC Program can be analyzed. Ideally, if the education of abstinence could be possible, HIV and AIDS rates would decline dramatically. The ABC Program, under First Lady Janet Museveni which broadcasted five times per day, enabled workforce populations to understand the need to openly confront sexual taboos, be responsible to self and be aware of community. Even though tools were not available for measuring success (behavior change), her Radio for Life program for a decade is credited for changing beliefs, behaviors, and attitudes in HIV and AIDS prevention (Ugandan AIDS Commission, 2000, Museveni, 2000).

KURT LEWIN FIELD RESEARCH THEORY
Field Theory is the study of human behavior as positive and negative forces at work, causing change. As these changes affect human(s) in their environment, researchers are able to describe and explain behavior, needs, motivations, personalities, goals, group influences, cohesiveness, and interrelationships (Synthesis from Lewin's text resolving social conflict. (Also called action research).
Lewin's Aim: to improve (practice); to involve (practice), and to inform (theory).
Lewin's Beliefs: 1) Abilities and traits come from the environment. 2) Human behavior is always goal driven. 3) Environment can cause stress. 4) The study of only present time results in the loss of cause-effect relationships.
Lewin's areas of study: group dynamics, personality dynamics, leadership types, child-rearing effects, and learning dynamics are crucial to understanding behaviors for change.
His theories are foundational in dealing with inter-relatedness to persons within groups. By understanding the goals, aims, needs, stresses, and aspirations of individuals, less friction and frustrations results. Oneness of all individuals in achieving all levels of goals, objectives, and aims of the organizational level become possible.
Benefits: The process becomes one of efficiency and effectiveness under these conditions. Cohesive groups solidify organizations. Systems can progress. Psychological theory focuses on the whole. These studies can reinforce inter-group relations and offer quality programmed learning, motivate drives, and readiness, and even enable individual habits to be improved by the groups' dynamics.
Action Research or Change Theory (Schein, 1992, p. 194) involves 4 states (cyclic): Plan, Act, Observe, and Reflect.
Lewin Goals in Action Research: 1) to define and critique, 2) to establish ends, 3) to revise policy and power relationships.

FIGURE 13. Kurt Lewin's Field Research Theory  
(Source: Wolman, 1960; Lewin, 1942; Lewin, 1951)

Outputs from the ABC program are:

- Identifying points for prevention.
- Repetitive means of learning
- Overcome barriers to sex talk publicly
- Identification of the same cultures teaching to the same culture HIV and AIDS prevention and treatment with successes.

- As mistrusts, socio-cultural barriers, myths, ignorance, religious obstacles, and cultural laws are understood, legislation to protect citizens against unnecessary exposures to HIV and AIDS can be helpful.
- Further research could identify African leadership traits that enable learning transfer to occur positively with the African groups for successful dynamics of improving the workforces.
- The United Nations, UNAIDS agency are in consensus that the ABC is a program to be developed for sending globally or transnationally to affect 46 other Sub-Saharan states.
- The use of technical resources such as computers could be utilized in privacy of data, resulting in possible increased VT.
- Sharing the technical resources of computers is needed to take on the challenge of developing and implementing a successful organizational program where HIV and AIDS incidences are reduced and workforce populations are improved. Much infrastructure needs development before this is possible in Uganda.

#### **Case Study 4: INGOs**

The corporation, individual, and foundation are involved in philanthropy (Clotfelton, Ehrlich, 2001). Giving of time or valuables for public purposes – charitable giving, or income of private NPO – is a growing concept in developing countries (Salamon, 1997). As developing country needs are increasing, (McCormick, 1986) external funding resources are decreasing with restrictions increasing (Ott, 2001b).

Further analysis reveals INGOs are at a crisis in their organization cycle and in need of establishing credibility to funding advocates; African stakeholders and African political powers offer cultural differences to that of Western stakeholder thought (see Table 17). Attacks on cost justifications for INGO actions are objectionable when tensions as condom use, condom distribution, establishment of counseling clinics, Western thought practices, documentation falsified for AIDS deaths, unverifiable HIV test results, and polygamy versus monogamy are mounting. Medical Research INGOs are faced with superstition,

TABLE 17. Stevens' Life Cycle Growth of an Organization Applied to INGOs

Idea	There is no organization, only an idea to form one	Need recognized
Start-Up	An organization that is in the beginning phase of an operation	Philanthropy, funding
Growth	An organization whose services are established in the marketplace but whose operations are not yet stabilized.	Volunteering, giving
Established	An organization that is well established and operating smoothly	INGOs in SSA working in health, education, and welfare, meeting needs of the communities, working towards efficacy
Decline	An organization that is operating smoothly, but is beginning to lose market share	Effectiveness is dependent upon flexing to the environmental conditions as they change in unstable states as Sub-Saharan Africa
Turnaround	An organization that is losing money, is short of cash, and is in a state of crisis	Funding is declining, needs may have changed
Terminal	An organization that no longer has a reason to exist	INGOs that determine the risk factor is too great or funding is not received or environmental changes are negative to the INGO.

(Source: Stevens, 2001; Compiled from the literature review)

animism and ignorance as new drugs are tested. INGOs are in need of cultural sensitivity training in African ways to not risk termination or decline in NPS organizational growth.

### *Concerns*

To counter socio-cultural myths and stigmas, INGOs, CBOs, FBOs, and other philanthropic foundations have cooperatively developed programs in the form of forums, plays, and counseling centers to villagers incorporating AIDS education and behavior modification: saying “no” to sex-at-risk situations and teaching preventive means with abstinence and condom use (UNDP, 2002). AIDS testing in some treatment centers is taught with counseling to encourage volunteer testing. However, further incentives are needed for increasing voluntary testing before the socio-cultural stigmas of the virus can be disrupted (Nelson, 2001; Ng’weshemi, Bennett, 1997; Nyblade, et al., 2001). Table 18 outlines the division of INGOs and their approaches to activities impacting environments in SSA.

These philanthropic agencies, consisting of foundations and nonprofit organizations, are breaking down the sexual taboos of publicly discussing the subject; however, change, in beliefs and behaviors, has not occurred so readily. “Entertainment” is the result in many villages as nonprofit sector organizations reach the rural Ugandans with pantomimes for AIDS education...not changes in beliefs and behaviors (Duguemy, Sjoberg, 1999; Friedrich, 2002).

Through the UNDP, WHO, and World Bank collectively, directives reach rural workforce populations at risk. Through nonprofit sector leadership theory,

Ugandans continue to volunteer, be trained, and some become political decision makers, serving in cabinets, minister positions, and/or as President.

TABLE 18. INGO Work Towards Efficacy in Sub-Saharan Africa

<b>INGO Work Towards Efficacy in Uganda to Build</b>		
INGOs Director Board Staff, Administration Members Mission Statement Policy Regulations Financial Reports Evaluations/Assessments		
Collaboration	Advocacy	<b>Consensus building for</b>
	:	
Health	Education	<b>Welfare</b>
	:	
Research	Training volunteers, Workers, manager	<b>Food aid</b>
Education AIDS	Knowledge/skills for sustaining life:	<b>Safe potable drinking water</b>
Testing	Economic development over tribalism:	<b>Sustenance agriculture</b>
Counseling	Educate engineers and managers to build, develop and maintain infrastructure :	<b>Free HIV AND AIDS prevention And treatments</b>
Vaccines	Staffing of teachers for schools :	<b>Food work Programs</b>
Treatments	Democratic elections & Political leaders held accountable for citizens	<b>Education with skills</b>
Training of technicians		<b>Build orphanages and schools</b>

(Source: Compiled from the literature review)

Philanthropy can transition with the changes in environmental forces of Government Failure and Market Failure and other failed theories as noted in

Figure 14. But, application of theory for nonprofit sector activities in philanthropy are needed for growth and meeting society needs. From nonprofit sector and philanthropic work, meeting and identifying performance needs (behavior

<b>Theory</b>	<b>Comments</b>
<b>Market failure theory</b>	Lack of an economic market to provide the local resources to meet community demands.
<b>Balance Theory</b>	As the INGO is established, legitimacy is established by work towards efficacy, organization learns to let go and involve more indigenous yet maintain responsibility. Collaboration as such.
<b>Government failure theory</b>	Lack of responsibility to citizens and accountability alignment as to the UN.
<b>Institutional theory</b>	Comparing and working toward isomorphism when beneficial to the community, INGOs, and work towards efficacy. It is also important to sustaining as a legitimate INGO in Sub-Saharan Africa (Leonary, 2002).
<b>Network theory</b>	INGO utilizing the resources for accomplishment of work – collaborating, communicating, and cooperating with other agencies
<b>Balance theory Contract-failure Theory</b>	The pendulum swing in volunteerism and giving An unwillingness to deal with the crises at hand.
<b>Management Theory</b>	Establishes collective leadership and INGO interactions (Lewis, 2002)
<b>Economic theory</b>	Supply and demand (Dr. Straub) has brought in INGOs to SSA to meet unmet needs.

FIGURE 14. Theories Studied for Policy Implementation  
(Source: Compiled from the literature review)

changes), performance improvements can be accomplished, thereby implementing policy or educating groups - overcoming social stigmas and myths

in HIV and AIDS prevention and treatment. As a result, scenario building becomes important to behavior change, behavior improvements, and to understanding the underlying issues associated with AIDS (Gioia and Pitre, 1990).

### *Dynamics*

Tribal healers are being trained as socio-eco-cultural leaders to teach AIDS education to villagers. INGOs as DANIDA and Medicines sans Frontier are demythesizing beliefs and changing behaviors. Partnering for over 20-30 years by 120 INGOs, faith-based organizations (FBOs), and community-based organizations (CBOs), have given philanthropists time to reflect and observe on scenarios and programs to be developed (Gioia and Pitre, 1990). Training of indigent change agents by nonprofit organizations is currently the highest endeavor (UNDP, 2002). These INGO finances are making this possible.

Partnering cooperatively by Uganda's national government, faith-based organizations, and community-based organizations, education programs with INGOs, the national ABC program, and philanthropic funding can provide the social services to aid economic developments (Museveni, 2000; Light, 2000). The UNDP also encourages AIDS testing/counseling and medical cohorts in supplying AIDS drug treatments to some centers as AIDS is identified (Museveni, 2000; UNDP, 2002).

Education in Uganda is needed to overcome socio-cultural stigmas and myths of condom use, fears of impotence, and working with HIV-infected people. Economically, funding for social services is needed for Uganda to become self-



reliant. Medically, continued testing of antiretroviral drugs, researching virus mutations, and offering counseling for volunteer testing in prevention are sought (AIDS Family Health international, 1996; John, 1991; Kammali, 2003). All these areas of multiple crossfields are needed to build change agents, partnering with philanthropy, to combat the disease and virus plaguing the workforce and systems at risk.

### *Tensions*

Tensions on the approach to HIV and AIDS education in prevention and treatment vary due to African and Western philosophies and cultures (Nelson, 2001; Yach, Matthews, Buch, 1990). Table 19 indicates present tensions in societies and systems concerning HIV and AIDS education in Uganda.

Culturally-specific groups can be reached by indigent change agent leadership funded programs with foundations continuing to offer support (Clotfelter and Ehrlich, 2001). Lobbying and advocacy is in nonprofit and philanthropy's own best interest (Clotfelter and Ehrlich, 2001). Effectiveness can reduce inefficiencies when resources are utilized well and approaches to problem solving provide definitions of the problem collaboratively (Ott, 2001a).

### *Partnering*

Social services and infrastructures need to be established and maintained within Uganda for self sufficiency and economic progress. There is a need for

TABLE 19. Tensions Concerning HIV and AIDS Prevention and Treatment

Condom	vs	Abstinence
Volunteer testing	vs	Mandatory Testing of AIDS
Counseling without treatment	vs	Counseling with Treatment
Funding condom distribution	vs	AIDS Education
AIDS education using fear tactic	vs	Counseling
Poverty	vs	Empowerment
Socio-eco-cultural needs	vs	Shame
Self reliance	vs	Sugar daddies
Ignorance	vs	HIV-positive partner
AIDS	vs	Drug costs
Corruption	vs	Trickle Down
Tribalism	vs	Collaboration
Basic Needs	vs	Equalities
Education and skills	vs	Poverty
National responsibility	vs	External funding
Socio-eco-cultural issues	vs	Inequalities and Injustices

(Source: compilation of literature review)

teachers, engineers, and managers to help develop SSA states that are underdeveloped. Schools need to be built, funding for books is needed, and schools for primary age could enable orphans and one-parent siblings to learn skills to earn a living raising the poverty index. Women empowerment of education, skills, and knowledge is needed with large extended one-parent families. All these strategies need funding.

Education is one of the elements needed to overcome social stigmas and myths. Museveni states in his book 90% of his people are illiterate. Uganda does not need more condoms or the distribution of; but instead needs funds for education to reach the 70% rural areas in overcoming socio-religious-economic-cultural barriers for reducing HIV and AIDS incidence and prevalence (Museveni, 2000; UNDP, 2002).

Socio-culturally, high HIV and AIDS incidence and prevalence rates for the 18-25 year old youths needs to be studied further. Building multi-scenarios, surveys to understand the elements of despair and what can be done to change grim belief resulting in at-risk behaviors. This is crucial in preserving a workforce and developing a system. A generation of 30% single parents with a 3-6 times higher incidence of HIV and AIDS than the state rate (of 5%) has nearly been lost (Ugandan AIDS Commission, 2000).

Medically, prevention first and treatment second is crucial. Mother-to-child (MTC) case studies need socio-cultural and education aspects to continue to overcome stigmas with the treatments. Through the 1) cooperation of sharing information, 2) coordination of partnering program expenses of AIDS prevention and treatment, and 3) the collaboration of joint visions and management of resources, problem solving of social problems can follow with efficacy (see Table 20) (Light, 2000).

Examples of such cooperation, coordination, and collaboration within philanthropy, were the identification of change agents for improving behaviors and resistance to AIDS testing while partnering with political leaders in SSA states (UNDP, 2002).

### *Consensus/Choice*

Agencies, collaborating for consensus to determine options or choices for implementation, are important to Uganda's economic development. As consensus develops sponsorship, programs can be funded by developing countries.

TABLE 20. INGO Importance and Significance

<b>Individual</b>	<b>Group</b>	<b>National</b>
Learn to meet needs	Group accomplishments contribute to organizational efficiencies	Learn civic responsibility
Build character	Learning from others	Learn corporate networking
Motivate others to serve	Skill development	Competitive market hopefully
First-hand testimony	Learn to overcome opposition as the forces of the environment	Collaborate information
Train others	Ability to care for masses	Long-term relationships established inter- and intra states
Satisfaction of needs met	Opportunity to teach/train	Pride in country
Become global minded		Literacy rate raised
Encourage others to go	Team building	More skilled persons

(Source: Compiled from the literature review)

*Advocacy*

The globalization of the food industry has managed to reach consumers of an international level offering a carefully developed sustainability report detailing the economic, environmental, and social performance with flexibility to tailor to home country markets. What is unique is the “evolution of thinking that will be applied country by country as the situation requires” (Duff, 2002).

South African NGOs are assisting the 12.8 million stricken with poverty by providing food aid. Some British NGOs, with the suggestion of Tony Blair, are asking corporations to disclose amounts of gratuities, or “signature fees”, to political leaders to be able to exist in some developing countries (UN Summit on Sustainable Development, 2002).

UK-based NGOs are becoming more advocacy-based and policy influence centered, with questioning about effectiveness, governance, accountability, and legitimacy (Hudson, 2002).

*Coordination, Cooperation, and Collaboration*

Uganda has not yet entered a communication, industrial or information age revolution. Without the political and economic cooperative means, coordination of multi-INGOs in establishing clinics for AIDS testing, counseling, and condom distribution is not possible. NGO programs and training of religious leaders and directors in sport and art clubs and tribal healers to teach HIV and AIDS prevention and treatment to overcome socio-cultural stigmas could not be implemented (UNDP, 2002). But greater partnering is required in the form of resource sharing of African and Western means (see Figure 15). The Bill and Melinda Gates Foundation has identified grassroots villagers in Uganda and empowered them with the knowledge and skills to determine symptoms of AIDS, deaths from AIDS and challenging corporations and pharmaceutical companies as well (Science, 2001).

<b><i>Private national enterprises for investment in volunteering, and giving</i></b>
<b><i>Private investments to INGO (pharmaceuticals)</i></b>
<b><i>Gift of Land for INGO work (President Museveni)</i></b>
<b><i>Influential nationals networking inter-and intra-state for INGOs (ABC)</i></b>
<b><i>Indigenous wanting to work, building esteem, being trained – rising above poverty (change agents)</i></b>
<b><i>Pharmaceutical companies offering drugs at cost (sponsorship)</i></b>
<b><i>Legal sanctions to allow the manufacturing of HIV and AIDS drugs by Sub-Saharan African states without penalties (collaboration)</i></b>

FIGURE 15. Present and Future Resources  
(Source: Compiled from the literature review)

Collaboration through multi-scenario building, theory-building can help establish models to understand systems, to develop training, organizational development, and performance improvements utilized to overcome socio-cultural barriers to HIV and AIDS prevention and treatment (Lynham, Chermack, 2002). Collaboration with state presidents through coordinated efforts of a national AIDS program and nonprofit sector philanthropy partnering to the rural populations can begin to be developed for lowering HIV and AIDS incidence and prevalence, as reported in the urban city cohorts, where improving the workforce, jumpstarting economic development, and establishing trends in HIV and AIDS populations is meeting measures of success (Museveni, 2000; UNAIDS, 2000; Akhtar, 1990; Good, 1995; Lee, 2002; Monk, Ineichen, 1997; and Ministry of Planning and Economic Development, 1997).

### *Implementation*

The implementation of programs can be accomplished by understanding how other developing countries have provided partnering in civil society for accountability of public resources and policies.

The World Summit on Sustainable Developments (WSSD) met in September, 2002 to offer NGO partnerships with corporations in the development of projects. The World Chlorine Council (WCC) with World Vision and International Development are partnering to provide pure water to rural villagers. The chemical industry is partnering in theme with the Responsible Care, a voluntary program to achieve improvements in environmental, health and safety performance beyond levels required by the U.S. government, to develop projects

for the next six years (Alubo, 1990). World Summit Leaders recognized the need to have partnering for the goals of capacity building to build infrastructures to support the development programs (UN Summit on Sustainable Development, 2002).

The National Democratic Institute has been strengthened by NGOs providing technical assistance to political parties, strengthening civil society, providing consultations, conducting civic and voter education, election monitoring, conferences, and skills to become a parliamentary democracy. The objectives in all of the NDI programs are to provide partners in Parliament, civil society, accountability in public resources, and the rule of law. "Empowerment of women and gender equity are cross-cutting objectives in all of NDI's programs" (National Democratic Institute for International Affairs, 2002).

#### *Evaluation/ Assessment*

After the September 11 catastrophe, in which terrorists knocked down the Twin Towers in New York City, NY, killing thousands, there was established a link between poverty and terrorism. If developing countries can be provided a means to improve their conditions, then terrorism can be minimized. Possible methods on which to base evaluation and assessment of theory application include the following discussion. The US is assuring increased aid of up to \$5 billion to countries demonstrating effective governance and improved economies (Ministry of Planning and Economic Development, 1997; National Democratic Institute for International Affairs, 2002). Also, the need for Western training was recognized as international NGO personnel will need to learn from culturally

diverse communities for exchanges in learning – especially cultural sensitivity training (Kammali, 2003; Kettl, 2000).

### *NGO Development*

NGO development in the belief that “a world with fewer boundaries calls for organizations able to transcend vertical and horizontal boundaries and create hybrids that are both cost-effective and responsible to local, regional, and domestic, international, and global communities of interest” is crucial in meeting needs and sustaining societies (Stevens, The, 2001).

In Hyden’s “economy of affection” reveals how “African organizational activity can be structured to a high degree through networks of support among people connected by kin and community.” Ideally, an NGO may start with a “power culture in that it has a strong charismatic leader but then may grow to display a strong role culture as procedures and hierarchies are formalized: “The role culture offers security and predictability and it works well in a stable environment. However it is not flexible, it does not adapt well to change and it is not suited to multi-sect oral projects.” “The need to shift from a role culture toward a task culture is necessitated both by the uncertainty and instability of developing country contexts and by the changing ideas within development management, which sees more participatory bottom-up approaches as more effective than top-down blueprint ones.” “Development managers, like others in the management world, must shift toward flexible work teams and less directive leadership and repetitive routines.



In this new management model, holistic programs require task culture rather than role culture with an emphasis on consultation and non-heroic styles of leadership.” “Development management therefore provides ideas about the interface between different cultural models which may be relevant to third sector, nonprofit organizations working cross-nationally, as well as the need to examine how personal and societal values intersect with more so-called rational organizational objectives and structures.”

The business management literature now increasingly discusses organizational responses to the current process of globalization. From the field of development management, it may be possible to draw ideas that allow us to investigate further the challenges for third sector, nonprofit organizations working in less predictable and resource-scarce developing country contexts and to understand better the dangers of seeking to transplant organizational forms and approaches that do not achieve a good fit with local values and norms (Lewis, 2002). In 1996 the South African Constitution made primary health services a local government responsibility and comprehensive health service provision designated as a provincial responsibility, confusing lines of accountability (Tollman and Pick, 2002).

#### *INGO Work towards Efficacy*

Ethiopian government, NGOs, and local agencies are targeting the poor with free distribution and food-for-work programs (Jayne, 2002). Twenty million children will be the victims of HIV and AIDS either due to parental deaths or

infliction of the disease by 2010 in SSA as the burden to care for orphans is with NGOs mostly.

These statistics indicate that the funding for HIV and AIDS is running out of money. The board met from the Global Fund for AIDS and assessed the added need for funds as \$2 billion more than received or pledged (National Intelligence Council of the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2002).

World Bank Funds have not proved efficient in establishing economic stable growth to developing countries. Of the 74 countries provided revenue of \$71.5 billion between 1980 and 1999, 33 countries have “experienced negative compound annual growth in real per capita GDP from 1980 to 1999 (in constant 1995 U.S. dollars); 15 countries have experienced marginal compound annual growth of less than 1 percent in real per capita GDP from 1980 to 1999 (in constant 1995 U. S. dollars); and 26 countries experienced compound annual growth greater than 1 percent in real per capita DGP from 1980 to 1999 (in constant 1995 U.S. dollars), but only 5 achieved per capita growth of more than 4 percent.” A 4% annual rate of growth over 20 years is required for a country to reach “lower-middle income status.” Thus, World Bank is changing its policy of loans to grants, an adoption of a means to measure results, and a focus on economic growth (Schaefer, 2002).

James Wolfensohn, President of the World Bank, discussed the feelings of the developing countries since September 11. He believes that if you don’t deal with the poverty question you’re not going to have global peace. When a

study called the Voices of the Poor study was conducted, interviewing 60,000 poor people in 60 countries, the very poorest stated that they were most interested in technology and information because what keeps “them poor is the lack of competitiveness and lack of knowledge” (Murphy, 2002).

The Financing for Development committee of the UN International Conference met on how to create funds for needed poverty alleviation in developing countries. Concerns in partnership, reducing poverty, improving public health, trade, funding, and economic growth are being discussed.

African clerics are urged to help AIDS orphans by NGOs. Twaik Mukuye, leader of Uganda’s Muslim community, says that “through our silence and denial, we have contributed to increased stigma and exclusion of people living with HIV and AIDS and their families...now we are here to launch a continent-wide jihad on AIDS”.

The International Center for Not-for-Profit Law (ICNL) with the World Bank surveyed laws affecting 100 countries as to the best practices for non-governmental organizations to operate. Table 21 notes forces that can affect INGO activities in becoming more efficient. Further discussion involved 1) income taxation exemption of nongovernmental organizations, 2) income tax deductions or credits for donations, 3) taxation of economic activities, 4) VATS and customs duties, and other taxes.

With NGOs what will the international sector look like? Kofi Annan was asked, what is the international community? The Secretary-General replied, that it is those of shared vision seeking to better all people of the world.

TABLE 21. Environmental Forces That Affect INGO Work Towards Efficacy

Politics: transitional, unstable, civil war, ethnic jealousies, taxes of that country: VAT tax, refunds of VAT tax/ tax laws, biases in religious beliefs, grafting, corruptions in government, misrule
Environmental: ecological waste, harshness in unavailable resources
Social: poverty grows, poor unrecognized by governments, HIV and AIDS rampant in poor, disparities in resources available
Health: HIV and AIDS, tuberculosis, malaria, vaccines unavailable, technicians in need of training/ education, record keeping for HIV and AIDS, epidemics
Education: understanding and compliance to laws of the land, changing regulations, indigenous needs in education-skills-training
Ethical: rejection of aid due to animistic beliefs, racial biases, or fears

(Source: Compiled by the literature review)

The United Nations established a board whose goals are to prevent genocide or terrorism. However, the United Nations is not able to prevent injustices alone either. Sadako Ogata, post United Nation Commissioner sees the goal as building global consensus for protecting citizens seeking religious, ethnic, and political freedoms and protections (see Table 22).

The coordination, cooperation, and collaboration of philanthropy and INGOs are important to the progress of reducing the HIV and AIDS incidence and prevalence rates in Sub-Saharan Africa. We have already seen that crossfield involvement benefits the reduction of HIV and AIDS rates, and now it is evident that the coordination of philanthropic and INGO efforts unites to further progress the fight against HIV and AIDS in Africa (see Figure 16).

#### *Relational Factors*

- INGOs have been assisting Uganda due to government failure and market failure theory with philanthropy for more than twenty years. More than 120 agencies are registered in Uganda in HIV and AIDS.

- As these INGOs operate, growth is a goal for continued survival. As these INGOs emerge (Ott, 2001a), an examination of losses or reassessment needs to take place regularly to prevent stagnation and death (Stevens, 2001). For success to be measured, instruments of measurement need to be established.

TABLE 22. INGO Activities Towards Efficacy

Legal	Removing patents for manufacture of HIV and AIDS drugs
Political	Educating citizens and leaders to be responsible and accountable
Social	Recognizing the poverty, promoting them out of this class through education, Knowledge imparted, and skills developed
Economic	US/UK/Asia INGOs, Europe INGOs, IMP, World Bank funding
Environmental	UN clean up of pollution, improving waters for safe, potable drinkable means
Humanitarian	Education and motivate to giving, volunteering, and philanthropic ways
Ethical	Equity, lower disparities in basic survival needs: water, electricity, sanitation, agricultural sustenance
Ethical	Holistic approach – diversities are good – teach teamwork and elimination of tribal jealousies.
Educational	Establish schools for orphans, professional and technical skills, educate towards the dangers of HIV and AIDS, awareness of ethnicities...
Spiritual	Religion applied outside the church for communal development; religion more than a social activity. Need of an awakening or renewal to humanitarian responsibilities. Boss and family relations are harsh in work ethics.
Ecological	Learning to not waste but the have to share with the have nots
Governmental	Good citizenship, civic service, responsibilities with voting...

(Source: Compiled from the literature review)

- HRD's Swanson and Holton Basic HRD Model assess INGO inputs, processes, and outputs of activities, strategies, and programs upon the Ugandan environment for workforce improvements.

Promote economic growth
Prevent terrorism
Prevent genocides
Reduce incidences of HIV and AIDS
Expose injustices
Build global consensus
Promote Disarmament
Protect environments
Protect ethnicities
Protect human rights
Instill trust
Improve transparencies
Meet communal needs

FIGURE 16. INGO Work Towards Efficacy  
(Source: Compiled from the literature review)

- Economists are questioning the performance of INGO effectiveness.  
Economists ask: (1) are population-at-risk needs being met by INGO funding? (2) does 82% of the funding reach 82% of the population at risk? (3) is there adequate stakeholder representation for management of HIV and AIDS incidence and prevalence in the workforce?
- Consensus among most sociologists indicate agreement that the necessary stakeholders are not involved in the decision making process, definition of the problem, and choices available for implementation.

- Further critics in the field indicate the insensitivity of these Western-thought INGOs implementing self agendas based upon Western culture-thought alone.
- Funding and administering of INGO programs has no accountability.
- Philanthropy is being asked if doing well for others is enough.
- Philanthropy advances social justice (Ott 2001b, p. 248) humanity – moral and ethical obligation (Blair and Bush, 2002) to developing countries.
- Change is determined by how successfully charity and voluntary groups determine what they do and how they do it (Anheier, Kendall, 2001).
- Poverty is relational to the HIV and AIDS incidence and prevalence.
- UN and UK/ US pact holds SSA leaders accountable for funding and responsibility to citizens before Western funding is implemented.
- Philanthropy offers potential sources of funds and volunteers to carry out plans devised inside public bureaucracies (Clotfelter and Ehrlick, 2001).
- Worry that market values may supersede charitable ones causing organizations to judge their activities by what they are worth rather than what is worthwhile is an emerging concern.
- It is uncertain whether the call to service and satisfaction will be sufficient for NPS effectiveness and efficiency.

### *Closing*

Advocacy activities of culture specification groups continue to pursue social justice agendas publicly so that they become acceptable to a broader public and thereby foundations become willing to support such activities

(Salamon, 2001; Ott, 2001b). How best can NPS and VT respond to socio-cultural beliefs and behaviors in tribal society? How effectively and efficiently are VT and NPS in responding to environmental impacts on society? How will the call to service and satisfaction be answered (Ott, 2001b)?

### **Case Study 5: President Yoweri Museveni**

President Museveni worked in an INGO and established, through volunteering, leadership abilities, understanding of Western thought, and abilities to implement and build consensus and advocacy. He recognizes negative forces that prevent economic development and how to improve workforce demographics (see Figure 10). Recognizing the negative forces, President Museveni isolates these forces, through a decentralized government (see Figure 6) MACA and his Uganda AIDS Commission and the United Nation Committee seats where he serves to speak out against graft and corruption, need for injustices and inequalities to cease, to teach abstinence rather than condom use, offer land grants for orphanages, build advocacy with INGO, CBOs, and FBOs, offer elections for the democracy, political stability, and Ugandan AIDS committee exemplifying responsibility of political leaders to citizens.

Presidential powers in African countries are not always stable but hold much power for possible policy legislation when governments of free elections and democracies are established. With democracy in African leadership, a more stable government of increased chances for economic development are possible.

When polities are effective at assisting the prevention and treatment of HIV and AIDS – or improved public health, then there are workforce



improvements, education improvements, and safer environments that can successfully follow. These are successful factors in emerging economic development and workforce improvements.

### **Case Study 6: Change Agents**

Besides President and First Lady Museveni as change agents for the decrease of HIV and AIDS incidence and prevalence and improving the workforce, traditional values and practices in rural communities of widow inheritance, sugar daddy syndrome, female genital mutilation, and dry sex need policy legislation (IFMSA, 1997) and combat stigmas and stereotyping (IFMSA, 1997). Some Sub-Saharan African leaders believe HIV is not a cause of AIDS; others have religious discrimination issues for resisting HIV and AIDS prevention and treatment. Recognition of change agents to overcome socio-cultural issues of AIDS is needed. Dispelling the social stigmas surrounding HIV and AIDS is a critical task of change agents in order to decrease the threat to the workforce in Uganda. HRD theories, research, and practice can have a major role in the development and distribution of materials, cultural training of Westerners to African leadership and group dynamics for overcoming socio-cultural barriers in HIV and AIDS prevention and treatment. Change agents can be clergy, the ABC Program, tribal chiefs, INGOs, NGOs, FBOs, CBOs, and sports and art clubs for overcoming peer pressure for youths. Utilizing these change agents as leaders in the same culture, who understand the socio-cultural stigmas attached to HIV and AIDS, enables AIDS education to be addressed to all populations.

### *Case Analysis*

In Uganda, where HIV and AIDS have been combated for thirty years, the workforce parents are dying, leaving HIV-positive children orphaned, poverty stricken, unskilled, uneducated, and with little hope for independent stability, and economic progress (Nagy-Agren, Young, 2001; UNDP, 2002).

Uganda, the first of the SSA countries to recognize an HIV and AIDS problem, informed its citizens in the early 1990s with daily multiple broadcasts entailing the need for behavior modification, dangers of unsafe sexual practices, prostitution, and the use of contaminated needles (Museveni, 2000). The government united national forces under the multi-sector AIDS approach (MACA) expediting public education (Museveni, 2000), condom distribution (Opio, Asilmwe-Okiror, Musinguzi, Kaweesa-Kisitu, Madraa, 1997), UN clinic cohorts (Calvarese, 2001), establishment of orphanages, and alignment with UNAID to expand the ABC AIDS program globally. Uganda's government-initiated NGO education program and distribution materials are given credit for the success of lowering new cases of HIV and AIDS (UNAIDS, 2000) and maternal-infant transmissions (USAID, 2000a).

Uganda's success can be offset with other setbacks as some SSA governmental officials refuse to acknowledge an HIV and AIDS problem: 1) expressing disbelief of its transmission, 2) claiming a Muslim-Christian conflict, and 3) reporting a low 3-4% HIV and AIDS infection rate. (World Bank, 2000). By training of change agents (see Figure 17) in similar socio-cultures, beliefs and behaviors of SSA states can be changed, removing socio-cultural stigmas to HIV

and AIDS prevention and treatment (Belanger, Tujinman, 1997; Diop, 2000; Kammali, 2003).

Programs
ABC Program
Counseling centers
Orphanage Schools
Ugandan Rural Project
Doctors without Borders
MTC
Radio for Life
Tribal healers
Art clubs
Military
Sport clubs
Clergy
Sengas
VT Cohort Cities
INGOs

FIGURE 17. Programs and Agencies Acting as Effective Change Agents  
(Source: Compiled from the literature review)

By identifying characteristics for African group leadership as clergy, tribal healers, sengas, and these leaders as change agents, each can be equipped with the knowledge and skills to go back into the organization, business, group or village to change belief and behavior. Western indoctrination to African leadership trait identification and African group dynamics is needed for greater understanding of how indigent change agents can decrease HIV and AIDS incidence and prevalence.

Socio-religious-cultural stigmas are a barrier to changing belief and behavior needed to help prevent HIV and AIDS incidence and prevalence. With

sharing of paradigms and scenarios, Uganda's programs and change agents can be supported.

Outcomes can be:

- With the expansion of the ABC Program principles, Uganda gets closer to reaching a larger sample of its population. If measured, generalizability may be possible for this country and others.
- African leadership/ group dynamics has successes with changing beliefs, changing behaviors, and increasing the workforce within the same culture.
- Same culture is effective in changing behavior and not having to overcome mistrust or build care and trust.

Inputs for further analysis are:

- Need training programs for the tribal healers to overcome ignorance and traditional practices which contribute to the growth of the epidemic and increase change agent numbers.
- The Care Project offers a lot of on-the-spot training with local proverbs, songs, idioms, and legends composed and taught to encourage behavioral change. Local aunts (sengas) promote cultural values like virginity and modesty. They have been effective in spreading the message of protection and prevention (Mugeere, 2000).
- Diffusion of drug treatments are needed before treatment and preventions can be received. Clinics throughout Uganda can aid distribution of ART.
- Continued AIDS funding of INGOs is needed.

- The relationship of successful programs and agencies involving all five crossfields is important in partnering.
- Cultural sensitivity learning could offer insights in the thinking, management, and partnering of the prevention and treatment of HIV and AIDS and the need for greater stakeholder representation.
- There is a correlation between the level of poverty and HIV and AIDS incidences and prevalence.

### **Synthesis**

Areas for further hypothesis testing to determine relationships, if any, are important in establishing greater understanding of the impacts of HIV and AIDS and how to improve the workforce with reduced HIV and AIDS incidence and prevalence.

- As HIV and AIDS incidence and prevalence decreases, workforce populations will increase.
- As HIV and AIDS drug treatment costs can be estimated for distribution, populations can be treated and HIV and AIDS cases may decrease.
- As the burdened poor populations (orphans of two or three younger siblings, extended families, prostitutes, and robbers) increase, decreases in education and skill levels results.
- If these young people were taught a trade before the age of puberty (10-12), perhaps high risk behaviors (robbery, prostitution, and sugar daddy syndrome) would not be an issue if money could be earned sufficiently.

- As disadvantaged persons are not adequately skilled for employment, the children of the next generation suffer without the means for education and skills and also become disadvantaged.
- As disadvantaged persons are not adequately skilled for employment, the country suffers by increases in street gangs, deaths, and populations not able to build and maintain infrastructures.
- As disadvantaged persons are not adequately skilled for employment, the country's future educational standards decrease, increasing burdens of country, and devaluation in the next generation investors.
- As disadvantaged persons are not adequately skilled for employment, the country's medical concerns increase, resulting in increased AIDS, deaths, and spread of the virus.

### **Propose**

The author proposes a model of holistic thinking, HIV and AIDS prevention and treatment management, and a sharing of resources to cooperate with stakeholders regarding the goal of improving the workforce. The use of Swanson and Holton's Basic HRD Model propose step is utilized. With the HRD tools, a greater understanding of two different cultures is developed so that there might be improved workforces and decreases in HIV and AIDS incidence and prevalence. Furthermore, theory-building models can develop (Dubin) with the expertise from paradigms and multi-scenario sharing, under a holistic thinking, for management and assessments upon the workforce environment with

probable economic development, continued reductions in HIV and AIDS incidence and prevalence, and improvement in the workforce populations.

### **Economically**

- Studies of GDP and GNP omit economic factors, such as cost of living, standard of living, and average income. Since the GDP and GNP comprises the money supporting the country, often money given from aid, perhaps other standards should be used to measure economic success in Sub-Saharan African nations.

### **Educationally**

- Studies indicating further educational decline in Uganda are (1) no compulsory primary schooling requirements, (2) primary and secondary schooling fees, (3) book fees, (4) lack of higher education (trade schools or universities), and (5) shortages of teachers, managers, and engineers.
- In the poverty-affected areas, offering schooling in orphanages, adoption of orphans, and education options for women and children to learn a trade and education could sustain extended families.
- Radio for Life, ABC Program, Ugandan Rural Project, and Volunteer Testing would be the HIV prevention means to improving the workforce populations.

### **Medically**

- It is proposed that further research on HIV and AIDS be done to make drugs more effective in treating the disease and to show success based

on medical indicators as documentation collected over time will reveal on HIV and AIDS.

- Volunteer testing may have better results if more privacy could be maintained with results.
- Further education may also aid in promoting a trust of testing for AIDS and the benefits of knowing and training personnel in testing centers to properly document the volunteer testing will further enable generalizability.

### **Politically**

- Keeping a stable, decentralized government with goals of reducing HIV and AIDS incidence and prevalence and maintaining a decentralized government to easily diffuse education and treatment is beneficial.

### **Socio-culturally**

- It is proposed that stakeholders learn the socio-cultural stigmas to be overcome to effectively teach behavior change.
- Additionally, using more change agents and training them to effectively measure results may give more measurable results of the HIV and AIDS incidence and prevalence.

## **Create**

### **Creating the Learning Environment**

Learning needs to be established, to overcome social barriers and build trust. In the field of adult education, there are many theories about how adults learn. One of the philosophical and instructional foundations of twentieth century adult learning is the focus on experience as essential to learning as emphasized



by Dewey (1938), Knowles (1980), and Kolb (1982) as each provides support for the importance of experience to learning. Jarvis' model of learning and reflection "commences and concludes with the personal learner" (Jarvis, 1987, p. 37).

Learning for Jarvis, Dewey, Knowles, and Kolb occurs in the individual.

Mezirow (1991) developed a theory of adult learning based on the work of the critical social theorist, Jurgen Habermas (1986). Mezirow (1991) believes that perspective transformation characterizes adult learning and connects it to the adult development. Adults are motivated to re-examine premises previously formed as they seek to more fully make meaning of their experiences (Mezirow, 1991). Although understanding the meaning of experience as a basis of decision and action is central to Mezirow's theory, a criticism by Clarke and Wilson (1991) is that he fails to emphasize adequately the "context-dependent" nature of experience "which both shapes it and gives it meaning" (p. 90). In contrast, Schon's (1983, 1987) theory of reflection-in-action fundamentally situates the knowing and learning in the actual doing of activities, not the application of the generalized principles to practice. However, Schon's theory fails to address directly the interpersonal dynamics of learning in the workplace, home, or village.

### *Emergence of General System Thinking*

General System Thinking (see Figure 18) offers a holistic approach to management and partnering of resources and decision-making for improved workforce populations. It is a general description and explanation of inter relationships among input, processes, outputs and feedback in systems, wholes,

and organizations (Von Bertalanffy, 1962; Kipp, Kabagambe, Konde-Lule, 2002; Ruona, 1998) in considering OD.

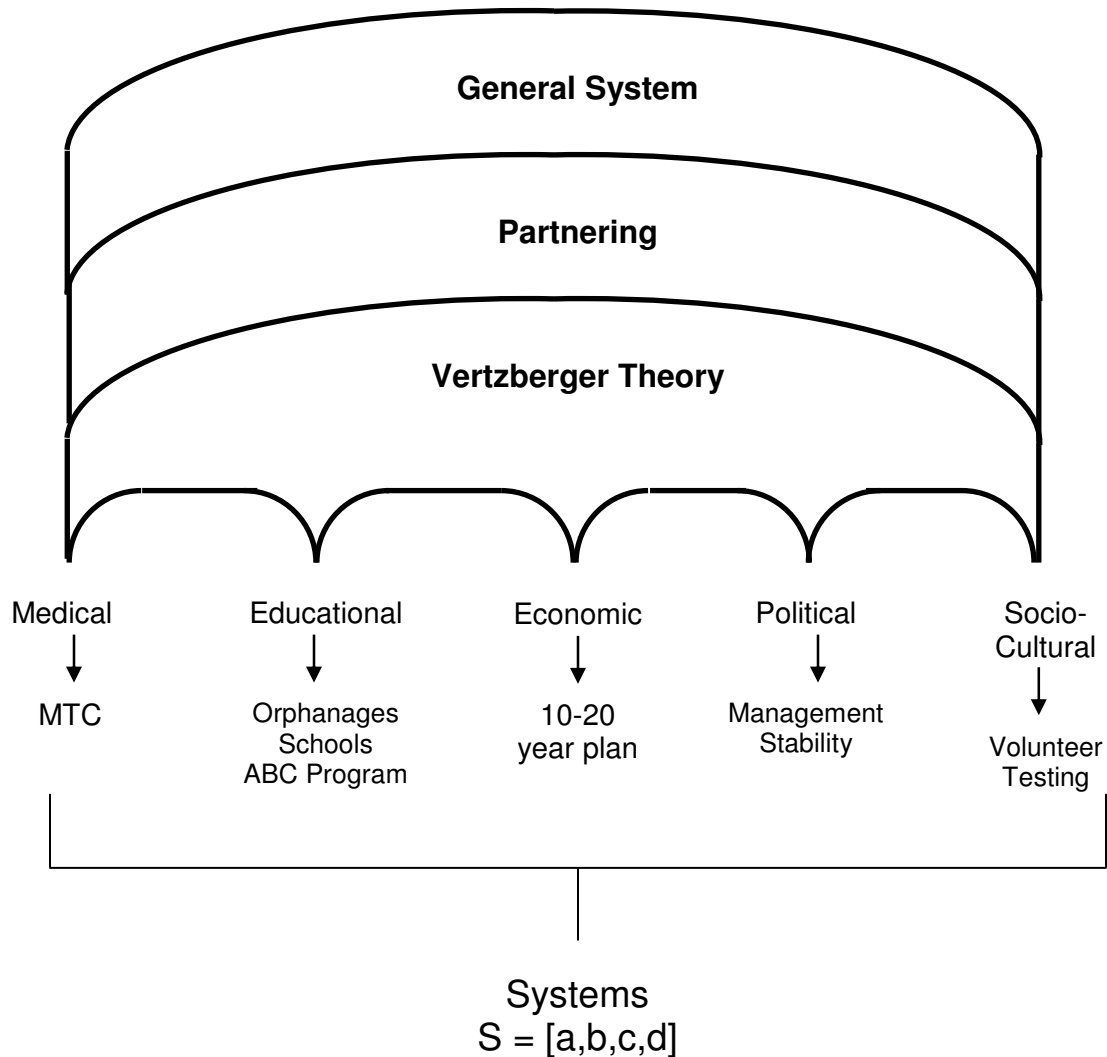


FIGURE 18. Von Bertalanffy's General Systems Theory  
(Source: Von Bertalanffy, 1962)

General System Thinking will enable the real world model decision makers to:

- Make sense of the multi-system environment
- Classify agents/agencies (units) as variables or forces in the environment
- Establish laws of units for relationships and correlations

- Reveal stakeholder representation in laws of the system
- Establish a theoretical model of the real world for empirical indicators
- Allow testing of propositions for truths
- Allow room for hypothesis testing (as mathematical equations)
- Establish validity (repeatable with same results)
- Establish rules from the mathematical models for the real world

### **Partnering**

HIV and AIDS is of such global penetration that it will require a world-wide effort in the areas of responsible governments, caring societies, committed corporations, and generous pharmaceutical companies. The realization is that HIV and AIDS is not just a health issue. In Uganda, technology and communication are undeveloped, roads are inadequate, and railroad systems are incomplete. Costs for drug treatments are too expensive for HIV-infected persons seeking treatment.

By the collection of resource sharing, stakeholders could work together to achieve the purpose of the whole. (McLagan, 1989; Bodeker, Kabatesi, King, Homsy, 2000). Light's Partnership Model (see Figure 19) is a commitment to the communication of knowledge and experience, coordination of programs, cooperation of personnel, and collaboration of stakeholders to share such resources as funding, personnel, training, scenarios, and skills. Benefits of sharing resources will increase efficacies of INGOs for cost justifications, goal setting, reassessing activities upon the workforce, economic development, and reducing HIV and AIDS incidence and prevalence.

Coordination means reconciling activities, sharing resources/ programs, and producing joint projects. Collaboration means sharing program responsibility, creating new systems, planning collectively. Commitment means choosing involvement to the same goals, options, and implementation for consensus, evaluation, assessment (Light, 2000).

		<i>Cooperation</i>	<i>Coordination</i>	<i>Collaboration</i>
Level of resource involvement	<i>High</i>	<i>Promoting others</i>  Agencies willingly share information about the work or services of others.	<i>Sharing resources or programs</i>  Agencies that use the same good or service agree to share in its cost; often defined by contract.	<i>Creating new systems</i>  Agencies work together to create and implement a new model to deliver services or address a public problem.
	<i>Low</i>	<i>Sharing information</i>  Agencies share information on a formal or informal basis.	<i>Producing joint projects</i>  Agencies depend upon each other for producing a specific product or event; generally involves short-term commitments.	<i>Planning collectively</i>  Agencies develop a vision or conduct a study for the management of a resource or the alleviation of a social problem.

FIGURE 19. Light's Partnership Model  
(Source: Light, 2000)

Outputs with Light's model are:

- Collaboration is necessary for combating HIV and AIDS and sustaining the economic systems of SSA countries. Commitment globally of agencies, philanthropists, corporations, individuals, countries, and UN development groups is needed for societies to progress.

- There is a need for a regional network of organizations currently working in isolation with traditional medicine and HIV and AIDS – a task force, The Taskforce on Higher Education and the Treatment of AIDS, (THETA), including the traditional Health Practitioners Association, UNAIDS, WHO/AFRO, and Global Initiative for Traditional Systems (GIFTS) of Health and its partner Commonwealth Working Group on Traditional and Complementary Health Systems may collaborate amongst agencies in establishing shared strategies, instruction, and knowledge for successful HIV and AIDS prevention and treatment (Bodeker, Kabatesi, King, Homsy, 2000).

## **Management**

The subject of HIV and AIDS impacts and how HRD can be applied to alleviate workforce impacts is a critically important contribution to the cross-cultural dimension of HRD. HRD is needed to take on the challenge of developing, refining, and implementing the personnel for training and developing to implement a successful organizational program where HIV and AIDS incidences are reduced and workforce is improved.

Vertzberger Risk Taking and Decision Making Management Theory (see Figure 12) is a political science theory utilized for comparisons of two or more political points in history. The theory was originally used for learning how decision making and risk taking could be assessed if the scenario again arose. Former President George Bush made use of the theory in his relationship building with China...much like Game Theory thinking. Each stakeholder comes

to the negotiations with resources for defining the problem, establishing the goals, establishing the risks, building advocacy, determining consensus, and making the choice to implement and evaluate collectively. Sometimes evaluation and assessments of how the HIV and AIDS epidemic has affected the workforces can be helpful in future decision making and implementation of further or improved programs.

As the environment changes, demographic, economic, and technological shifts are forcing individuals and nations to take responsive actions to meet changes with the influx of villagers, migrants and refugees (Moulton and Fickel, 1993). Organizations should respond to the learning needs of the workforce as these changes demand. In developing countries the president can initiate directives to meet these changes by policy legislation, or through programs. In Uganda, President Museveni utilizes the decentralized network of agencies.

### *Processes*

Looking at HIV and AIDS through the HRD lens to improve workforce involves the following:

- Training of trainers and trainees
- Cultural sensitivity training of Westerners
- Identifying leadership traits and learning roles and responsibilities of change agents as well as successful group dynamics
- Training indigent (rural communities) volunteers in NPS for future leadership

- Measurement tools to assess and re-evaluate data, programs, and strategies for accountability as well
- Develop community skills to work with Ugandan system, national program, developing trust and care
- Evaluate national programs establishing criteria for successful measures
- Train villagers for documentation of HIV and AIDS testing and deaths
- Education and skills to prostitutes for altering lifestyle
- Education and skills to empowering mothers, orphans, and ages 6-17
- Discuss partner interpretation to building understanding, learning about cross training, partnering of ideas, collaboration, amending roles and expectations (Saranson and Lorentz, 1998).

Issues from Chapter II involving drug treatment testing, volunteering testing, abstinence, condom use, ARV costs, ignorance, inheritance rites, polygamy, mistrust, corruption, public health improvements, empowering women and children at risk, economic development, education and skill development for the 30% orphaned, can be discussed (Clotfelter and Ehrlich, 2001).

Outputs with the Vertzberger Model are:

- Examination of INGO efficacies for HIV and AIDS education prevention and treatment in meeting needs
- Offering socio-cultural awareness to say “no” with art/sport groups
- To decrease the percent of mother to child transfers
- To decrease the percent of infant deaths
- To retard HIV mutants with ARV drugs

- To increase HIV and AIDS care
- To increase awareness of prevention of HIV and AIDS
- To decrease HIV in women
- To encourage efficient collaboration , cooperation, and coordination of programs
- To fund for building primary, secondary, and vocational schools
- To prevent economic societies at risk from extinction
- To implement the development of a transnational AIDS program to SSA
- To increase economic development and spur economic growth
- To decrease populations at risk
- To increase VT documentation
- To increase distribution of free ARV drug treatments
- To increase partnering
- To increase and create training programs, leadership identification for change agents/change agencies and organizing for program development
- To decrease poverty or the burden to society
- To overcome socio-cultural stigmas to HIV and AIDS
- To increase voluntary testing

By the utilization of a general management system, economic societies at risk could be approached holistically, efficacies examined, AIDS education analyzed, HIV preventions problem solved, and HRD tools established for developing training and development (T&D), organizational development (OD),



and cultural sensitivity. Roles and responsibilities could be identified with relationship to successful group dynamics to improve the real-world model.

### Implement

With a system of management thinking and partnering through a HRD lens, stakeholders can take resources available and improve the system (see Figure 20).

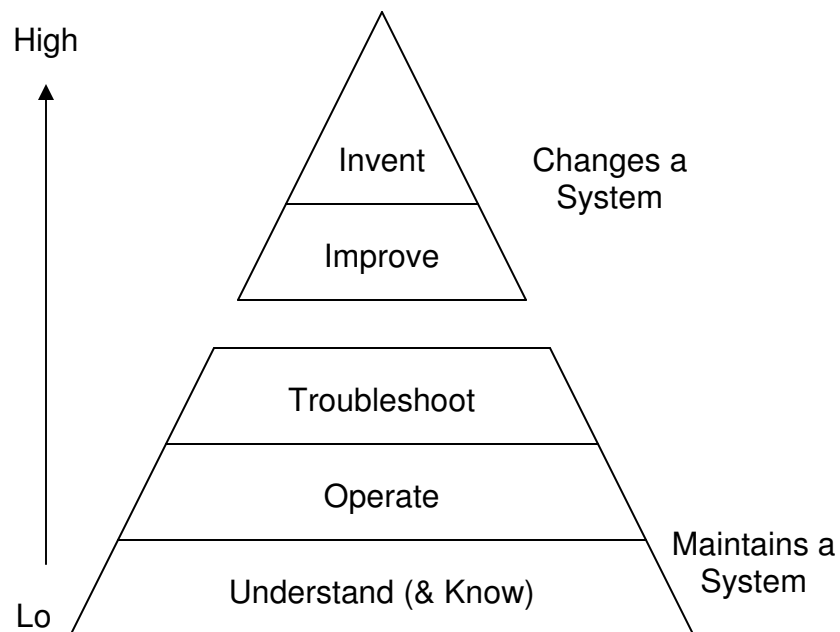


FIGURE 20. Swanson's System Model  
(Source: Swanson, Holton, 2001)

Relying on the knowledge and experience at hand (see Figure 21), there exist scenario successes in the field and knowledge of cultural sensitivity needs of village ways, while introducing HIV and AIDS prevention and treatment. This means that multi-scenarios, sensitive to socio-cultural factors, can enable theory

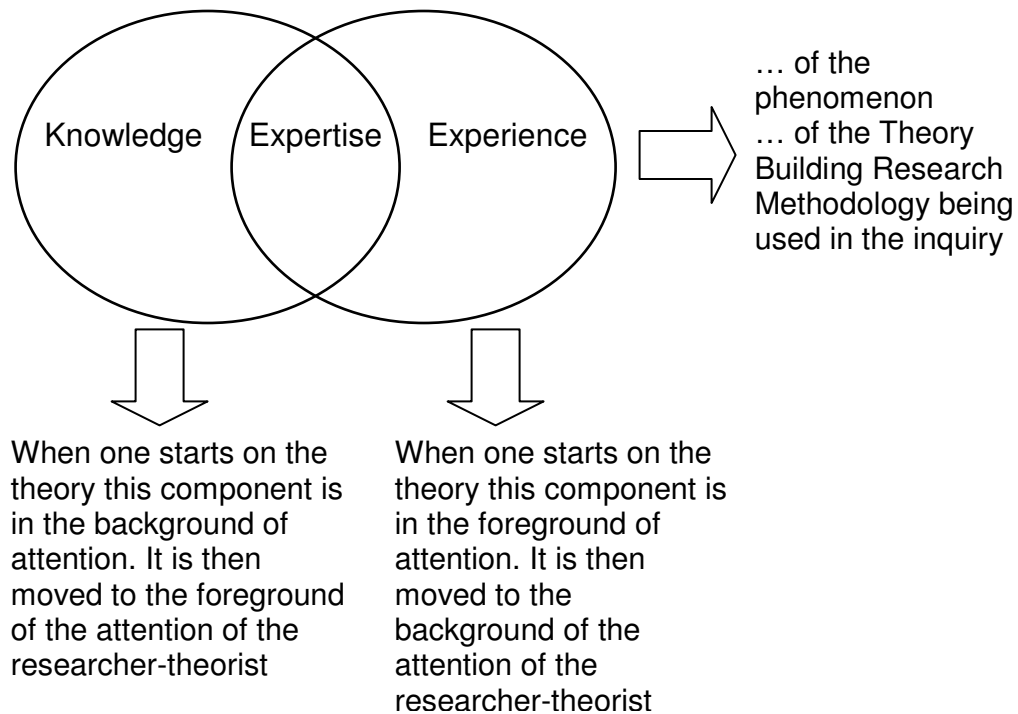


FIGURE 21. Body of Knowledge Model  
(Source: Lynham, 2002)

building of the real world (see Figure 22) for decision making, risk taking, and defining of the problem.

By identifying experiences, a collection of multi-paradigms could be shared for expertise of knowledge and experience. Construction scenarios and the recursive process of theory building could be expanded (Lynham, 1998, Dubin, 1978) in Dubin's Eight Step Theory Building Model. This model provides a real world view to better understand relationships within systems.

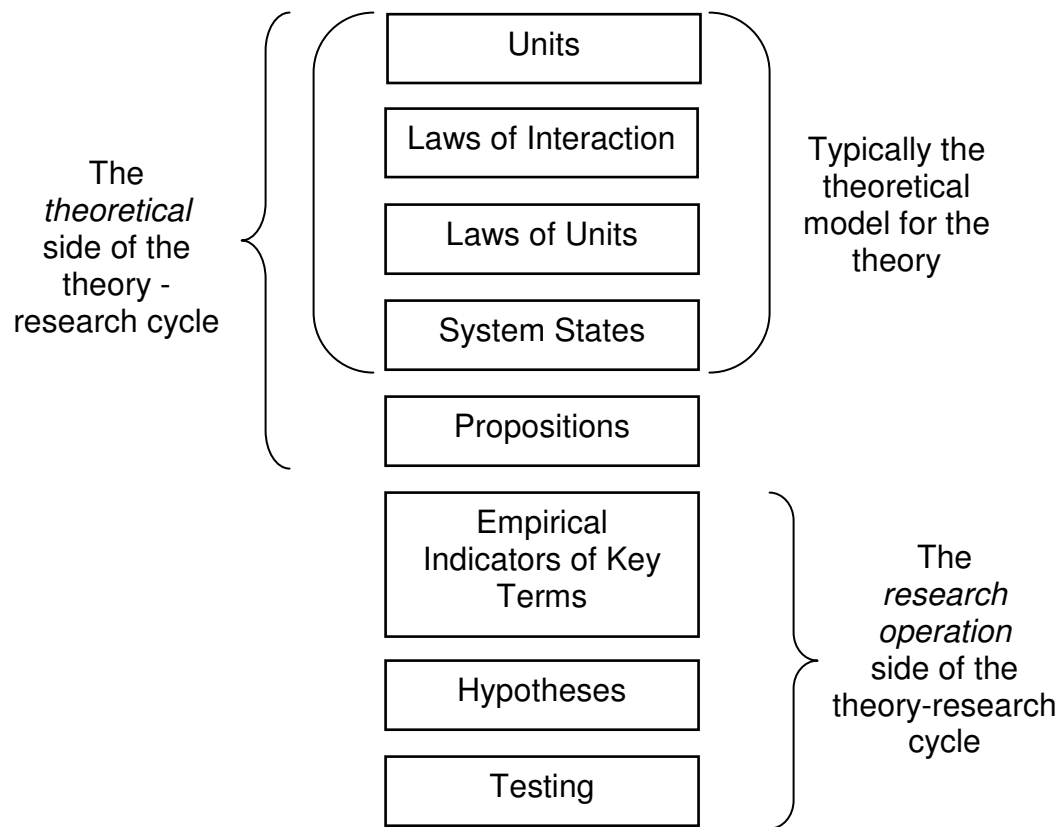


FIGURE 22. Dubin's Eight-Step Theory Building Research Model  
(Source: Lynham, 2002)

## HRD Tools

This study contributes to the body of research, development, practice, and theory building with teaching paradigms. HRD is a process for developing and or unleashing human expertise through training and development and organizational development for the purpose with improving performance. HRD theory explains systems, HRD research aids improving systems, and HRD practice is utilized for the implementation of ideas of improving human capital.

The proposing of a holistic thinking, as General System Thinking Theory by Von Bertalanffy, involves a sharing of paradigms and scenarios for teaching

and organizational development, and the skill and knowledge to transfer knowledge to learning by change agents or agencies - furthering successes in fighting HIV and AIDS incidence and prevalence and improving the workforce. Paradigms for (1) teaching cultural sensitivities, (2) environments for learning transfer, (3) change agent entry into overcoming socio-cultural barriers, and (4) multi-scenario collecting for success to a theory-building model are some of the areas identified for developing a program of instruction to teach individuals, groups, and states in the prevention and treatment of HIV and AIDS (see Figure 11).

### **HRD Theory Utilized**

The use of Nadler's Organizational Development Training and Development and Critical Organization Model helps identify trainers, trainees, strategies, and knowledge for training and development, organizational development, and cultural sensitivity of Western and African personnel using pertinent questions (see Figure 23).

Questions to be asked under Nadler's Organizational development are:  
 Who will do the job(s)?  
 What must they know?  
 How can they best perform the task?  
 How can success be achieved?  
 Who are the key persons to train first?  
 What leaders need to be held accountable for team development?  
 How will training be evaluated?

FIGURE 23. Nadler's Organizational Development Questions  
 (Source: Nadler and Nadler, 1989)

### *Identification of Trainees*

Through HRD, trainees and trainers will be identified. Change agents, President Yoweri Museveni, CEOs of INGOs and employees are but a few identified leaders for implementing instructions, strategies, and programs. The training materials would cover the training and development as well as the organizational development and cultural sensitivity training that would be needed to offer greater understanding between cultures, identify African leadership, African group dynamics and target the various groups for instruction. See Table 23 for identification of trainers and trainees from crossfields that could be trained individually, organizationally, with HRD theory.

TABLE 23. Identification of HRD Change Agents in Training and Development, Organizational Development for Reducing HIV & AIDS Incidence & Prevalence

<b>HRD application</b>	<b>T&amp;D</b>	<b>OD</b>
Nadler OD	Ugandan Rural Program ABC	
Vertzberger Management theory	Change agents	Change Agents
NPS Leadership Theory	Leaders	
Chg Agent: Ldrship Theory	INGOs	INGOs
Partnering (Light)	FBOs	FBOs
Kuhn (paradigm teaching	CBOs	CBOs
Scenario Building	NGOs	NGOs
Perf. Need, Perf Improve		
Dubin Theory Building	Women to empower	Ugandan Rural Community
Lewin Leadership		ABC Program
Lewin Group Dynamics	Ugandan AIDS Commission	Ugandan AIDS Commission
	Sengas	Sengas
	Villagers	
	People of VT	People of VT
	UN	UN

(Source: Compiled from the literature review)

### *Instructional Resources*

There is the need to research particular dynamics of certain age groups. The high HIV and AIDS incidence in 18-25 year olds, the need for empowering the orphan 12-17 years of age and the female to avoid prostitution or sugar daddy syndrome.

With the use of HRD theories and the three proposed systems of general systems thinking, management, and partnering, propositions can be implemented with representation of all stakeholders (see Table 24).

The creation of a crossfield criterion instrument measurement could assist analytical decision-making to enable a more manageable means for implementing an instrumentation to evaluate costs, concerns, and assess possible predictors as the followings. The main purpose of the criterion tool would be to determine success from all the crossfields and perhaps apply a Likert rating for level of success. These success markers or indicators are findings from the impact of HIV and AIDS on the workforce environment and what research repeatedly indicated were indicators of success.

### Outputs of HRD

- HRD maturation/profession
- Model development
- Scenario building
- Theory Building
- Paradigm development

- Understanding of knowledge, explanations, predictions, (tensions, inputs, impacts, perspectives, roles of leaders).
- Program development
- Generalize/establishing trends
- Diagnose future circumstances
- Improving environments
- Efficiencies of INGO activities
- Detailing problem solving
- Benefits of partnering and shared decision-making.

TABLE 24. Theoretical Use in Alleviating HIV and AIDS Impacts on the Workforce  
(Proposed Partnering, Thinking, and Management Model)

HRD Theories	Von Bertalanffy General System Thinking	Vertzberger Management	Light Partnering
Swanson & Holton Basic HRD Model	Crossfield System States	Decision making	Sharing
Input	Economics	Problem Defined	Communication
	Inflow information	Goals estimated	Cooperation
	Medical demographics		
	Moral		
	Ethical		
	Humanitarianism		
Processing	Social	Options	Perceptions
	Ethnic	Risks	Collaboration
	Cultural	Consensus	Advocacy
	Political		Coordination
Output	Trust	Advocacy	Evaluation
	Respect	Implementation	Commitment
	Actions	Assessment	
	Caring choice made		
	Reciprocation		

(Source: compiled by literature review)





training and development needs for individuals with division of training for individual and groups in the prevention and treatment of HIV and AIDS. DANIDA and Doctors Without Borders uses plays for relating prevention information with measures to increase life.

### **Assess**

Evaluation consists of: (1) stakeholder agreement on program goals and appropriate indicators of progress; (2) progress monitored by beneficiaries and planners; (3) data sharing among stakeholders; (4) reevaluation of goals periodically (5) modification of original goals; (6) data utilized to improve scenarios (Uphoff, 1992). Planning involves value questions about purpose, goals of education and training. Cost effectiveness needs to be measured for effectiveness to justify the rationale for further education and training investments of direct costs, indirect costs, and benefits (Dougherty, 1989; Herschbach and Campbell, 2000). Table 26 represents crossfield stakeholders with the selection of four possible indicators of success. Likert ratings would be weighted in particular crossfields. These weights would be based on the number of success factors that the stakeholders in the proposed system (holistic thinking, management of HIV and AIDS prevention and treatment, and workforce improvements and shared resources) have a consensus of importance. Table 27 provides the success indicators for each crossfield as indicated in the literature review from each crossfield literature. Taking Dubin's Eight-step theory building, build a model of the outcome in Uganda with success indicators applied.

TABLE 26. Implementation and Assessment Tool for Evaluating Successful Outcomes to Workforce Environment due to HIV and AIDS Impacts

<b>Crossfields</b>	<b>Field indicators</b>	<b>Likert Rating</b>
<b>Economic</b>	<b>4</b>	<b>3</b>
<b>Educational</b>	<b>4</b>	<b>4</b>
<b>Medical</b>	<b>4</b>	<b>6</b>
<b>Political</b>	<b>4</b>	<b>4</b>
<b>Socio-Cultural</b>	<b>4</b>	<b>5</b>
<b>Likert Scale:</b>	<b>80=excellent</b> <b>55 = fair</b>	<b>70=good</b> <b>40 = poor</b>

(Source: Compiled from the literature review)

TABLE 27. Criterion Tool to Measure Success of Activities in Uganda

<b>Criterion Tool to Measure Success of Activities on Ugandan Environment</b>	
Economic	Improve the workforce
	Improve the environment
	Improve education
	Improve public health
Educational	Increase the number of teachers, engineers, managers
	Increase the number of trade schools
	Increase the number of primary, secondary schools
	Improve the education of HIV and AIDS
Medical	VT verifiable documentation
	Drug treatment
	Drug costs deliverable, effectively
	MTC
Political	Passage into Uganda of AIDS Funding
	Diffusion to all population HIV and AIDS prevention & treatment
	Mandatory testing of certain ages 6-17
	Legislation to protect/ empower women and children
Socio-cultural	Change behavior
	Overcome myths, mistrust, ignorance
	Develop success scenarios with training change agents
	ABC Program

(Source: Compiled from the literature review)

HRD can serve in the area of practitioner, theorist, trainer, curriculum developer, strategist, cultural sensitivity developer, and researcher for multi-scenario building regarding successes of behavior change in HIV and AIDS education and prevention in all designated age groups of the population (see Table 28). HRD theory and tools can offer improvements to the workforce and understanding that could decrease the HIV and AIDS incidence and prevalence for Uganda. Table 29 details instructional materials needing to be discussed, taught, developed based upon cultures represented, and are important in goal setting and defining the problem with all stakeholders in mind. Work in the area of INGO accountability is needed for environments to be protected (as ecologies) from unnecessary actions or even harmful actions in the case of socio-cultural aspects. Table 30 represents the beginning of some questions to be included in surveying INGO efficacy and effectiveness.

TABLE 28. Needs of Ugandan Workforce Populations  
due to the Impact of HIV and AIDS

<b>Ugandan Age Groups for Implementing Activities and Identifying Needs</b>				
<b>-1-5</b> With HIV+ mothers	<b>6-11</b> "Purest" age	<b>12-17</b> Poor, robbers, prostitutes, orphans with siblings	<b>18-25</b> 6 x higher HIV & AIDS incidence in females (30%) 3 x higher HIV & AIDS incidence in males (15%) Survey why behavior has not been changed  Teach to group behavior change	<b>26-39</b> Professionals, managers, teachers, engineers
Pay women to not get pregnant, not be promiscuous, and as a benefit receive education in the village while taking care of their infant(s) that can learn with the mother	Provide education to all.  Pay schooling and books to invest in this generation as the future  Boarding schools to ease family burden  Need teachers  Mandatory testing  Need 1-2% verifiable HIV & AIDS incidence and prevalence	Apprentice to learn skills to be teachers, managers, & engineers  Not promote secondary schools of terrorist philosophies  Monetary investment of future workforce  Reduce peer pressure  Mandatory testing with 1- 2%, verifiable HIV & AIDS incidence & prevalence		Sponsor monetary support for treatment  Teach apprentice a skill  Conforms to African learning of older teaching the younger  Show care and trust in funding and teaching

(Source: Compiled from the literature review)

TABLE 29. Issues for Training and Development Instruction

1. The influence of poverty in HIV and AIDS Incidence and Prevalence rates.
2. The importance of behavior choice in prevention of HIV and AIDS prevention and treatment
3. Ignorance in HIV and AIDS prevention in treatment
4. Overcoming peer pressure in HIV and AIDS prevention and treatment
5. The outcome of the disease is death
6. How can environments be improved for sustaining life in developing countries?
7. Sponsorship of apprentices for skill and education development – incentive to HIV and AIDS prevention and treatment
Illustration: During the United States, the Great Depression years, persons with less-than a high school education learned a skill for livelihood and contribution to community development. However, HIV and AIDS were not issues.

(Source: Compiled from the literature review)

TABLE 30. Questionnaire Concerning INGO Accountability and Efficiency

1. Should actions of goals decrease HIV and AIDS impacts?
2. What are tools utilized to measure actions on the environment?
3. What activities implemented have Africa input and representation? Defining the problem, options, choices, risk factors are examples.
4. How are the goals of INGOs represented – self initiatives alone?
5. How successful are actions on the environment in decreasing HIV and AIDS incidence and prevalence on the workforce?
6. How are goals, risks, and decision making reevaluated?
7. Where is accountability to funders and to benefactors from INGOs?
8. How is the environment improved as a result of AIDS funding? Discuss tensions of cultures for example.
9. How extensive is the cultural sensitivity training program for Westerners?
10. How are nongovernmental programs ( the ABC program) endorsed ?
11. How are advocates informed about the activities of INGOs supported? (INGO goals carried out in activities for example.)

(Source: Compiled from the literature review)

### **Chapter IV Summary**

Research Question one has been addressed in Chapter II, while research question two, utilizing Swanson and Holton Basic HRD Model, is addressed in the analysis of the findings (the impacts of HIV and AIDS upon the workforce environment) processing the findings of Research Question one as outputs (HRD recommendations for improving the workforce).

The author applied the findings as inputs into six case study scenarios for comparison, applying HRD theories and HRD tools to offer importance in HRD in development. Analyzing INGO efficacies and accountabilities in proposed thinking, partnering, and management of HIV and AIDS incidence and prevalence decreases and workforce improvements follows.

The author applies analysis to suggest the proposing of a crossfield criterion grid of success indicators to assess crossfield activities implemented for successes in decreasing HIV and AIDS incidence and prevalence and improving the workforce in Uganda.

## CHAPTER V

### CONCLUSIONS AND RECOMMENDATIONS

#### **Discussion**

Within the five crossfields, each field has made advances. Medicine has drug treatments to aid HIV-positive individuals in living life more fully. Most researchers are in consensus that there will never be a cure – only blocking agents to assist AIDS-infected persons. However, these drugs are not readily available to developing country populations due to their high costs. Politically, the Bush-Blair Pact of holding Presidential leaders of developing countries accountable with funding and policy is proving effective and efficient with political leader responsibility, establishment of democracies, and implementation of anti-grafting policies. Economically, indicators and forecasters require developing countries to maintain a 3-5% HIV and AIDS incidence for at least ten years before economic growth can be possible. Economic indicators, accepted as measures of success in improving economic development, are an improved 1) education, 2) public health, 3) workforce, and 4) environment. Educationally, the ABC program has taught individual responsibility and accountability to communities and openness to sexual taboos. With change agents overcoming socio-cultural stigmas and mandatory HIV and AIDS education in primary and secondary schools (ABC Program), awareness and understanding can change beliefs to positive behavior for decreasing HIV and AIDS incidence and prevalence and preserving the workforce. Socio-culturally, Western INGO goals and activities have created new means for HIV and AIDS prevention and

treatment – emphasizing counseling clinics and condom distribution centers as a means to control HIV – which conflicts with African culture. Furthermore, socio-cultural policies need to be enacted by political leaders of stable governments to protect populations at risk, including orphans, indentured children, and wives of HIV-positive husbands, inheritance rite widows, and women of polygamy where HIV-positive cases are documented.

### **Recommendations**

Recommendations for decreasing the HIV and AIDS incidence and prevalence as well as improving the Ugandan workforce populations are as follows.

- (1) Overcoming socio-cultural stigmas
- (2) Increased verifiable AIDS testing and treatment
- (3) HRD instructions, strategies, tools, and skills for training and development
- (4) Evaluation tools for measuring INGO activities: accountability needed
- (5) Implementation of the ABC Program transnationally
- (6) Advocacy for maintaining philanthropy
- (7) Building of infrastructure and schools – increasing teachers, managers, and engineers and apprenticing
- (8) Empowering women and orphans with skills and education
- (9) Partnering resources and decision-making amongst stakeholders
- (10) Outlining areas for further research.

A goal is to (1) prevent new HIV and AIDS cases through education (using the ABC Program); (2) Fund 100% of treatment of ARV drugs to HIV-positive



persons (ages 26-39 professionals as engineers and managers); (3) build schools staffed with teachers to equip students for developing professions of the workforce (engineers, teachers, managers); and (4) empower women with a skill or trade to sustain an adequate living. Goals target age groups with high incidences of HIV and AIDS, particularly ages 12-25, to change thinking by education and skill-learning to overcome peer pressure. Education diffusion in communities by similar culture leaders as change agents has been shown to be more effective than other cultures educating; thus it is perhaps the means for drug treatment.

### **Economics: INGOs**

INGOs demonstrated a lack of (1) Ugandan workforce representation as stakeholders; (2) sufficient culture sensitivity training and understanding of African leadership and group dynamics; and (3) evaluation of behavior change due to the funding of HIV and AIDS education and prevention.

### **System Partnering and Management**

General System Thinking enables learning orientations; these are structures for the acquisition, sharing, and utilization of knowledge and skills in formal or informal settings where learning occurs within the organizations to offer holistic risk-taking and decision-making management. As organizational development and training and development is mobilized, learning organizations from Light's Partnering Model have embedded a continuous learning process and an enhanced capacity to change or transform through sharing of strategies, programs, change agents, leadership, and group dynamics. Through training and

development, organizational development, and HRD theoretical construction, organizational learning takes place with the process of knowledge acquisition, knowledge sharing, and knowledge utilization, therefore transforming the organizations (or systems) directionally with satisfaction to stakeholders and benefactors.

Elements influencing learning are utilization of culture, knowledge, and skills, communication of strategy successes, and changes affecting values and norms (through legislation and/or overcoming ignorance) (Russ-Eft, Preskill, Sleezer, 1997). Organizational learning, the process of knowledge acquisition, sharing, and utilization, should transform systems in a direction satisfying to stakeholders. Therefore, full representation of stakeholders is crucial.

### **INGO Crises: Accountability, Evaluation, Termination**

Despite the billions of dollars from INGOs, populations are finding that it is not enough; in 30 years, only 30% of the Ugandan population has been affected, demonstrating government failure theory. The INGOs went into countries, aware of government failure, but only enhanced government failure when the money to aid Uganda did not decrease HIV and AIDS incidence and prevalence or offer economic development to the environment. Advocates and funders need to understand how their given funds are being used. INGOs need to have evaluative tools to measure success indicating efficiencies for accountability.

Further, more INGO effectiveness, efficiencies, and mission goals are being doubted by economists and religious groups when the distribution of condoms is the best solution offered for lowering HIV and AIDS incidence and

prevalence. Funding given for AIDS does not necessarily help lower incidence and prevalence of HIV and AIDS or improve workforce. This is a concern.

### **Education and Apprenticeships**

Education needs to play a major role in directing economic development, AIDS prevention, and investing in professional development for building and maintaining an infrastructure. A nation without skilled workers can not reach a high level of economic development. Providing primary education to all, opening trade schools, staffing teachers, development of a curriculum of skills and knowledge will enable workers to increase and improve the workforce.

Teaching Ugandans as technicians for AIDS testing documentation may improve quality testing, blood-use guidelines, promotion of safe blood supply procedures, use of condoms, where applicable, cleaning of syringes, and behavior modification for verifiable results to be generalizable (UNAIDS, 2000; Calvarese, 2001).

### **Medical Sponsorship**

Medically, research will continue in attempts to find a cure for this epidemic. Centers, universities, and researchers may collaborate to provide HIV and AIDS drug treatment and prevention with free ARV treatment to possibly lower the spread. Community networks, the ABC AIDS program, counseling clinics, antiretroviral drug treatment, and voluntary HIV and AIDS testing all presently contribute to improving the workforce in Uganda. Distribution to the workforce population is important for professional development to occur, enabling apprenticing of the young and maintaining and building infrastructures to

commence economic development, maintain decreased HIV and AIDS incidence and prevalence rates and improve the workforce in Uganda to sustain and develop life.

### **Mandatory Testing**

Strong, high-level political leadership is beneficial for HIV prevention. Some possible implementations of politically-sponsored programs are (1) sponsored drug treatment, (2) ABC HIV and AIDS education to all schools, (3) change agent training success strategies taught to change behaviors, (4) overcoming peer pressure in the 12-17 age group and (5) remaining HIV-negative. Political leadership has demonstrated its effectiveness in legislating policies purposed to reduce HIV and AIDS incidence and prevalence in mandatory testing for the military, yielding positive results. Mandatory testing for ages 6-17 could offer greater controls to behavior, understanding, and actually lowering the HIV and AIDS incidence and prevalence rates in this future workforce population offering verifiable documentation for forecasting purposes.

### **Cultural Training**

A greater effort is needed to understand African culture so that education about important issues (HIV, AIDS, prevention, treatment) will be accepted and behavioral changes will occur more readily. Westerners could benefit from programs to understand the African culture leadership and group dynamics to aid further successes.

## **Challenges in Uganda**

The grander the implementation designs become, the wider the gap between proposed reform and ability to implement reform becomes. The challenges for Uganda are (1) continued HIV and AIDS education for prevention and treatment in the primary schools, radio, newspapers, television, ABC Program, and Uganda Rural Project (with abstinence as the best means for prevention); (2) a strong, decentralized government to continue to endorse HIV and AIDS prevention and treatment programs (UNAIDS, 2000; Calvarese, 2001); (3) legislation to empower orphans and women with the skills and education for sustaining life; (4) to continue the goals of President Museveni towards economic development over tribalism for solidarity; (5) to continue AIDS funding by INGOs for rapid research response to “positive preliminary finds” and provision for schools (Kikule, 2003; Bodecker, 2000; Akiki, 2002); and (6) continued use of change agents to overcome barriers to HIV and AIDS prevention and treatment socio-culturally.

There are other challenges due to the lack on information on the validity of research testing in Uganda. There needs to be verifiable testing and research in the area of testing for HIV in Uganda. Table 31 notes the areas of research sources for this research.

Table 31. Type of Sources by Crossfields

References	ECO	ED	MD	POL	S-C	TOTAL
Peer-edited journal	8	5	64	8	15	100
Reviewed journal	1	3	2	0	1	7
Web reference	8	0	1	4	2	15
Book	23	36	0	6	8	73
Newspaper/ Magazine	0	0	6	0	3	9
Technical Reports	16	5	8	5	3	37
TOTAL	56	49	81	23	32	241

(Source: compilation from literature review references)

### Areas for Further Research

Four areas for further research involve the following:

- What could be INGO success rates if African leadership and group dynamics with cultural sensitivity training were implemented?
- What could be the impact if verifiable AIDS testing of ages 6-17 were implemented?
- What is the cause of the high HIV and AIDS incidence and prevalence rate amongst 18-25 year olds?
- What are the results of the evaluative tools for INGOs under holistic thinking, management, and sharing of resources?

### HRD Development (to T&D, OD, Cultural Sensitivity)

1. Develop a tool for measuring INGO effectiveness to aid implementation, evaluation, and re-assessments for growth, and further activities on environment that aid benefactors.
2. Develop training programs for trainers with strategies beginning with identification of trainers, trainees, leadership traits, and successful group dynamics.

3. Building political leadership that is responsible to citizens to aid free passage of AIDS funding.
4. Build continued advocacy with philanthropy.
5. What is the relationship of change agent influences to changed behaviors?

**HRD Practice (teach for implementation)**

1. Teach trainers and trainees documentation for AIDS testing
2. Implementation of ABC AIDS education program
3. Teach education and skills to children for professional development, sustenance and ownership of their own society.

**HRD Research (survey)**

1. What are the HIV and AIDS incidence and prevalence in rural Uganda after sufficient AIDS testing?
2. What is the HIV and AIDS incidence and prevalence in sampling a sufficient population of Uganda (to possibly project to other SSA states)?
3. What are attributes contributing to high HIV and AIDS incidence and prevalence rates in 18-25 year aged?

## **Conclusions**

This content analysis of the literature review contributes to the understanding of the impacts of HIV and AIDS on the Ugandan workforce with an economic, educational, medical, political and socio-cultural crossfield analysis. Synthesized data, from publicly-accessible libraries, and applied HRD theories and tools propose a learning environment conducive to stakeholder thinking, managing, and sharing of resources to enable decision making, goal establishing, option developing, risk assessing, problem defining, consensus developing, and advocacy for implementing successful activities for future evaluation. The analysis of findings from Chapter II (impacts of HIV and AIDS on the workforce environment) is processed (propose, create, and implement stage of Swanson and Holton Basic HRD Model). The outcomes for improving the workforce, utilizing HRD tools and theory, are applied. Through this study of inquiry (1) findings of HIV and AIDS incidence and prevalence on the workforce emerge, (2) HRD importance and study significance to improving the workforce, and (3) areas for further study and Ugandan challenges emerge.



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