IMPLEMENTATION OF HIV/AIDS WORKPLACE PROGRAMMES:

THE CASE OF TEACHERS SERVICE COMMISSION - KENYA

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DECLARATION

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This research project is my original work and has never been presented to any university for an award in Masters in Business Administration.

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ABSTRACT

The HIV/AIDS epidemic has become a great challenge in any workplace and especially as far as human resource management is concerned. Many business managers have previously been apathetic about HIV/AIDS despite the devastation that the epidemic has wrecked in workplaces through absenteeism, loss of productivity and rising health care costs. Some organizations barring certain exceptions, have either maintained silence on it or have been reluctant in providing resources for HIV interventions in the form of HIV/AIDS workplace programmes.

The objective of the study was therefore to establish any such interventions at the Teachers Service Commission (TSC) which is a public sector organization employing the largest workforce in Kenya. It also intended to establish the challenges the TSC faces in the implementation of these programmes. The workforce is distributed countrywide hence the implementation of these programmes is bound to face a diversity of issues.

The study established that the TSC has formulated and implemented several HIV/AIDS workplace programmes including peer support, counselling, management support skills and advocacy aimed at mitigating the impact of the epidemic on the TSC. The TSC has however faced a number of challenges in the implementation of these programmes. Stigmatization and discrimination of those infected with HIV especially by school manager has hampered successful sensitization of all that are targeted. Besides this,
funding for the successful implementation of the programmes in not adequate thus the programmes are not able to reach all the intended.

The study recommends that the government and other donor organization increase their support for HIV and AIDS workplace programmes. There should also be increased involvement of the beneficiaries of such programmes in their formulation in order to ensure wide acceptance and support. Organizational leadership and involvement is also critical in prevention and care of the infected and affected employees in an organization. Governments as employers need also to increase their funding for HIV and AIDS programmes at the workplace considering the wide dispersion of the employees.

Ms. Sara Irungu, Assistant Deputy Secretary in charge of the AIDS Control Unit, and Mr. Munguti also of the AIDS Control Unit, TSC for the time and information they provided for this study. I am also grateful to Mr. Adema, Under Secretary, Ministry of Education, Science and Technology and Mr. Opiyo, his assistant for authorising this research to be carried out within the TSC, an arm of the ministry. My gratitude also goes to Mr. Wambugu and Mr. Yinga for reviewing my document.

Many thanks also to my MBA colleagues and friends, Unnah Kiloria and Vicky Kimyu for all the support and encouragement during the course of the study.

To all of you, I say thank you.
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To all of you, I say thank you.
DEDICATION

To my husband, Urbanus Kioko; our sons Dan, Dave and Peter, you have been of great inspiration and support. Thank you for your immeasurable patience and sacrifice.

To mum, you planted the seed of hard work and patience in me! I can’t thank you enough.
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CBE  Curriculum Based Establishment
CBS  Central Bureau of Statistics
CFBT  Centre for British Teachers
HIV  Human Immuno Deficiency Virus
GOK  Government of Kenya
ILO  International Labour Organization
KENEPOTE  Kenyan Network for Positive Teachers
KNASP  Kenya National AIDS Strategic Plan
KNUT  Kenya National Union of Teachers
MDGs  Millennium Development Goals
MOEST  Ministry of Education Science and Technology
NACC  National AIDS Control Council
NASCOP  National AIDS and Control Programme
NGO  Non-Governmental Organizations
PTR  Pupil Teacher Ratio
TESCOM  Teachers Service Commission Republic for Positive Living
TSC  Teachers Service Commission
UNAIDS  United Nations Programme on HIV/AIDS
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<th>Acronym</th>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ACU</td>
<td>AIDS Control Unit</td>
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<td>ART</td>
<td>Anti Retroviral Therapy</td>
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UNESCO United Nations Educational Scientific and Cultural Organization

UNICEF United Nations Children’s Fund

VCT Voluntary Counselling and Testing

WHO World Health Organisation

WPPs Workplace Policies and Programmes

Employers in Kenya have a general duty under Health and Safety regulations to ensure, so far as is reasonably practicable, the health, safety and welfare of their employees at work. These Regulations aim to ensure that workplaces meet the health, safety and welfare needs of all members of a workforce, including giving special attention to the physically challenged. Employers should be able to provide proper healthcare for their employees during illness and at the same time there should be no discrimination on the grounds of any illness. (Employment Act, Cap 226). The Factories and Other Places of Work Act, Cap 654 also provides for the safety, health and welfare of persons employed, and of pregnant or newly present at workplaces and for any matters incidental thereto.
CHAPTER ONE: INTRODUCTION

1.1. Background

The health and safety of employees is a prime responsibility of human resource managers in any organization. All employers are by obligation required to maintain a health and safety policy for its workforce. This is important because management realises that the human resource is by far the most important for the functioning of the organization. It is an invaluable asset in the organization and needs to be well cushioned against any accidents and illnesses which may threaten the continued performance of any organization’s staff (Armstrong, 1998).

Employers in Kenya have a general duty under Health and Safety regulations to ensure, so far as is reasonably practicable, the health, safety and welfare of their employees at work. These Regulations aim to ensure that workplaces meet the health, safety and welfare needs of all members of a workforce, including giving special attention to the physically challenged. Employers should be able to provide proper healthcare for their employees during illness and at the same time there should be no discrimination on the grounds of any illness (Employment Act, Cap 226). The Factories and Other Places of Work Act Cap 514 also provides for the safety, health and welfare of persons employed and all persons lawfully present at workplaces and for any matters incidental thereto.
1.1.1 HIV/AIDS

The first case of HIV/AIDS in Africa was reported in 1983 (Tari, 1998). Research evidence indicates that HIV/AIDS was born in Africa in Zaire (now Democratic Republic of Congo) in 1959. HIV itself does not kill, however, the damage caused to the immune system allows other opportunistic infections (including non-fatal) to attack without the body being able to defend itself thus making the person vulnerable. The first such case in Kenya was reported in 1984 and by the year 2005 over 1.5 million people had died of the epidemic majority in the 15 – 49 years age bracket. This is the most productive age bracket in the workforce (NACC, 2005).

HIV/AIDS is one of the biggest challenges to human resource management in organizations. It is now widely recognised that HIV/AIDS reverses the achievements in human development in the region and, as a consequence, has the capacity to undermine organizational growth and development. The epidemic also poses a serious challenge to the country’s labour force and public sector management in general. As such, it raises particularly challenging questions regarding the nature, strategic orientation and impact of development planning in the region, which is as arguably the worst affected by the epidemic. The national coordinating bodies have sought to make appropriate policies to address the impact of the epidemic in work places, so that the government can shape and direct the course and nature of response to the benefit of its people and the fulfilment of their basic rights. Past efforts in the development of workplace policies and interventions in sub-Saharan Africa have brought significant
improvements, but also great disappointments. From the point of view of workplace policies, the human tragedy and devastation associated with the HIV/AIDS epidemic clearly adds to the complexity and makes the realisation of development of human capital infinitely more challenging (UNAIDS, 2003).

The number of people estimated to be living with the virus has more than tripled since 1990, from ten million to over 41 million in 2003, with 28.5 million of these in Sub-Saharan Africa, most of who are likely to die prematurely from AIDS related conditions. As the disease takes its toll on the economically active population, production and demand are expected to decline, slowing down economic growth and development. In Sub-Saharan Africa, the disease will also have serious budgetary implications in terms of increased government expenditure on health care, aggravated by the decline in government revenue due to declining economic activity in the continent. HIV/AIDS has emerged against a backdrop of extreme poverty, hunger, conflict and inadequate infrastructure. These factors have combined to increase the spread of the disease in the region and it is the one hardest hit by the epidemic (Barnett & Whiteside, 1998).

In Kenya there are over 1.4 million adults infected with HIV/AIDS; and more than 1.5 million have so far died of the disease leaving behind over 1.7 million orphans. The disease mainly affects people in their most productive years especially those between 15 and 49 years. The pandemic is also affecting the fundamental rights at workplace, particularly with respect to discrimination and stigmatisation of people living with
HIV/AIDS. At the macro-level, the deaths of workers due to HIV/AIDS related illness exerts negative effect on economic growth by reducing productivity and efficiency of the labour force. Given that labour is the input hardest hit by HIV/AIDS, especially those in productive ages of between 15 and 49 years, it could be argued that the effects of HIV/AIDS on labour reduces labour productivity, leads to loss of benefits of education, and resources that would have been used for wealth creation and poverty reduction are diverted to treatment, care and support. Thus, in the absence of treatment, gains achieved in the education sector in terms of access, quality and retention will seriously be eroded by the pandemic. Moreover, its impact on demand for, and supply of education will thwart the government’s goal of attaining the Millennium Development Goals - MDGs (ILO, 2003).

To respond to the epidemic, the government of Kenya declared HIV/AIDS a national disaster in 1999 and subsequently established a national coordinating body (National AIDS Control Council) to spearhead a multi-sectoral response to the disease. In the education sector, the government has developed a policy to specifically address the crisis imposed by the pandemic in the education sector. The aim of the policy was to provide guidance to the management of employees in the education sector who are infected and affected by HIV and AIDS and prevention of further infections (GOK, 2005).
1.1.2. HIV/AIDS as a workplace issue

The spread of HIV/AIDS worldwide, and the growing number of people affected, makes it very likely that few, if any, organizations will escape its impact. As the pandemic progresses, an ever-wider sphere of organizational operations is being touched by the disease. When HIV/AIDS emerged as a significant workplace issue in the 1980s, companies responded by developing policies and programs designed to create awareness among employees about HIV/AIDS, prevent discriminatory behaviour, support ill employees, and contribute to the general fight against the disease. Social considerations were originally the principal motivating force for business response to HIV/AIDS, but economic factors are now driving efforts to address the pandemic. Now, two decades later, as the pandemic progresses, the issues for businesses impacted by HIV/AIDS are more global and much more complex than ever before. Business organizations have had to go the extra mile in cushioning their most valuable asset against the impact of the HIV/AIDS epidemic (http://www.businessfightsaids.org).

Companies have responded to the HIV/AIDS challenge in a variety of ways. Some of the approaches companies are taking include, developing clear workplace policies and programs; undertaking extensive prevention and education efforts within their own operations; conducting prevalence studies and surveys to help them understand the long-term benefits of investing in more costly, comprehensive efforts; providing treatment including antiretroviral therapy (ARVs) to employees; developing partnerships and collaborations with government, NGOs, academic and medical
institutions, multilateral organizations, business associations, and other related resources that can complement their programs and enhance their ability to fight HIV/AIDS in the workforce and community; and building strong business cases for their efforts, focusing on quantitative costs (including health costs, absenteeism, and recruitment) and qualitative costs (such as employee morale, reputation damage and others.

1.1.3. HIV/AIDS Workplace Programmes (WPPs)

HIV/AIDS severely impacts organizations, both in the private and the public sector. It means more sick leaves, increases personnel costs, deprives companies of skilled employees and makes investment unprofitable. HIV/AIDS Work Place Policies and Programmes (WPPs) includes prevention through education and practical support for behavioural change, non-discrimination and protection of workers' rights, entitlement to benefits, gender equality, care and support, including confidential testing and treatment in areas where local health systems are inadequate. HIV/AIDS already affects all our workplaces, and is likely to grow worse (Murambi, 2002).

Major concerns that organizations need to address at the workplace include dealing with denial and discrimination against people with HIV and AIDS, from employers, other employees and communities, ensuring that all people in the organization are empowered to prevent HIV, including in the workplace, and have access to free condoms, getting medical treatment, adequate nutrition and wellness support, additional time off for
opportunistic illnesses, and appropriate working conditions for workers with HIV/AIDS. Organizations also need to ensure that workers who can no longer work because of the condition get disability pay when they need it, and that if they die, their dependants—including their children—get adequate support from their retirement funds (UNAIDS, 2003).

WPPs define a business’s position and practices for preventing HIV transmission and for handling HIV infection among employees. They provide guidance to supervisors who deal with day-to-day issues and problems that arise in the workplace. Besides this, it also informs employees about their responsibilities, rights and expected behaviour on the job. It addresses issues such as setting foundation for HIV/AIDS prevention and care programs, provision of a framework for consistency of practices within an organization and the expression of the standards of behaviour expected of all employees in an organization. It also informs all employees what assistance is available and where to get it, guides supervisors and managers on how to manage HIV/AIDS in their work groups while ensuring consistency with relevant local and national laws and statutes (ILO, 2003).

For a business to be productive, offer services efficiently and turn a profit, the skills and experiences of employees at all levels are needed to develop quality products or services. The rapidly changing environment in which a company operates requires flexibility and coordination of production processes. Like other challenges in the
contemporary business world, HIV/AIDS is a factor that a company must now consider in its planning and operations. HIV infection can disrupt the smooth operations of a business in a variety of ways. For example, through increased absenteeism, low productivity by employees who have to seek time off their jobs to seek medical care for themselves or infected family members, high recruitment and training costs for the organization as new employees have to be procured when the organization can no longer retain sickly employees. The disease ultimately reduces company profits as expenses increase, and production or service delivery fails to adhere to planned schedules (ILO, 2003).

Specifically, the TSC Act mandates the commission to recruit, employ, assign, pay, AIDS is a costly disease for organizations. It affects work performance and quality of work in organizations. Of the 29.4 million people infected with HIV/AIDS in Africa, 18 million are workers. Taking this into account, it is clear that the workplace is an important and obvious entry point to deliver relevant HIV/AIDS prevention, care, support and treatment programmes to a large number of high risk category. Companies are at an advantage in this as they have the workers as a captive audience that can be reached on a regular basis with the education and information needed for mitigating the spread and the impact of HIV/AIDS crisis (Neary, 2001).

1.1.4 Teachers Service Commission

The Teachers Service Commission (TSC) was established in 1967 under an Act of Parliament (Cap 212). Its history however dates back to the colonial times when
different bodies employed teachers namely the Missionaries and the Government for primary school teachers and the African Teachers Service and the Government for both African and European Secondary school teachers. The Kenya National Union of Teachers, an umbrella body of teachers established in 1957 found it unnecessary to have the decentralized system of handling teachers’ affairs. It therefore made it its priority to press for the employment of teachers by a central body, which led to the establishment of the Teachers Service Commission as a semi-autonomous government agency under the Ministry of Education Science and Technology (TSC Act, 2005).

Specifically, the TSC Act mandates the commission to recruit, employ, assign, pay, promote, transfer and exercise powers conferred on the Commission by the Code of Regulations for teachers on all public schools, delegate to any person, with consent of the Minister subject to such conditions as he may impose, any of its powers and to compile, publish, amend the Code of Regulations for teachers from time to time as it becomes necessary. The secretariat is also mandated to keep under review standards of education, training, fitness to teach, appropriateness of persons entering the service and to supply teachers in all public learning institutions in the country. Effectively the Commission is set up into various departments and divisions that carry out specific functions to implement the mandate of the Commission as stipulated. The Commission whose top governing body are the Commissioners is headed by the TSC Chief Executive whose role is to ensure effective implementation from work due to prolonged illness or caring of who is also the Commission Secretary and is divided into four large departments namely, Finance and Accounting, Staffing, Administration and Internal Audit. Under
these departments are several divisions and sub-divisions for each of the respective functions that the TSC is mandated to carry out. The TSC provides service to the largest workforce in the Civil Service in Kenya totalling to over 243,000 teachers as well as secretariat staff (TSC Act, 2005).

Despite the existence of the policy, information on workplace programmes is limited and it is not clear whether organizations within this sector conform to policy.

1.2 Statement of the Problem

HIV/AIDS presents the greatest challenge to the development of this country and has put immense pressure in the workplace. The most devastating and far reaching, perhaps, is the impact of the epidemic on education systems. The education system, which is the primary mechanism for the development of future human resources, has not been spared the effects of the pandemic. The pandemic does not only affect the demand for educational services, but also the loss of teachers and even educational administrators to the pandemic. Employee productivity is influenced by attitudes and situations outside the work environment. Companies are at an advantage in coming up with relevant workplace programmes as they have the workers as a captive audience that can be reached on a regular basis with the education and information needed for mitigating the spread and the impact of HIV/AIDS crisis (World Bank 2002).

Objectives of the study

The disease is responsible for the loss of skilled and experienced manpower at the workplace due to deaths, absenteeism from work due to prolonged illness or caring of sick relatives, reduced productivity, increased stress, stigma, discrimination and loss of human capital in general (Murambi, 2002).
To address the negative impact of HIV/AIDS specifically on the education sector, the Ministry of Education in Kenya which is the largest employer in the country developed the Education Sector Policy on HIV/AIDS to address the rights and responsibilities of every person involved, either directly or indirectly, in the education sector (GOK, 2004). Despite the existence of the policy, information on workplace programmes is limited and it is not clear whether organizations within this sector conform to policy specifications. Very little is known about the existing workplace programmes and policies and their effectiveness in addressing HIV/AIDS issues at the workplace. Moreover, evidence on the challenges faced by the TSC in implementing the programmes remains unknown.

Murambi (2002) conducted a survey on Human resource policy responses to the HIV/AIDS pandemic with a focus on insurance firms in Nairobi. Wasike (2005) studied on the factors influencing responses to the threat posed by HIV/AIDS within the motor vehicle industry in Kenya. The findings from these studies did not address the implementation of HIV/AIDS workplace programmes at Teachers Service Commission. This study has tried to bridge this knowledge gap.

1.3. Objectives of the study

The specific objectives of the study were:

i. To establish the HIV/AIDS work-place programmes at the Teachers Service Commission;
II To determine the extent to which the TSC has implemented the HIV/AIDS workplace programmes;

III To determine the challenges faced by the TSC in implementing HIV/AIDS workplace programmes;

IV To draw conclusions and make recommendations based on the study findings.

1.4. Significance of the study

i. Teachers Service Commission

The study findings will assist the TSC management and its partners/sponsors to develop clear, coherent, consistent and harmonised workplace programmes on HIV and AIDS. In addition, from the findings of the study the TSC will be able to identify appropriate workplace policies and programmes and areas of weaknesses in the current implementation of any HIV/AIDS workplace programmes.

ii. Teaching fraternity

The findings of this study will also be able to assist those teachers who are affected or infected. This will enable them play the role expected of them in the management of the pandemic at the workplace e.g. issues on stigmatization, discrimination, care and support, work-sharing with sick colleagues etc.
iii. Public Service organizations and other organizations

Other public organizations/managers may also use the information to restructure their workplace programmes and incorporate the workplace HIV/AIDS programmes. This is because the TSC is a public sector organization and therefore other public organizations can draw parallels, which can benefit them from the findings of the research.

The information will also benefit other similar organisations to design appropriate workplace programmes and establish the required responses to ensure sustainability of the human resource at any one time. They will be prepared for the unknown e.g. deaths, sickness, absenteeism and have estimates based on those infected.

iv. Government HIV/AIDS coordinating bodies

The National Aids Control Council as well as the Ministry of Education Science and Technology will benefit greatly from the findings of this study. The study has provided information on whether HIV/AIDS workplace programmes enshrined in the national response have been mainstreamed in the education sector and by extension the public service sector.
2.1. Introduction

The human resource is the most important resource in any organization. One of the challenges of human resource management is that most organizations and institutions either absolutely ignore the value of fostering human resources, or it is addressed by structuring a human resource department with a human resource manager or director. This challenge means that the most critical and important aspect of an organization or institution is not addressed. When it is, a sole departmental head is charged with the responsibility of handling all people strategies for the entire organization (Dessler, 2003).

2.1.1. HIV/AIDS

Human Immuno deficiency virus (HIV) which is the virus that causes Acquired Immuno deficiency syndrome (AIDS) is an extraordinary kind of crisis. It is both an emergency and a long-term development issue. Despite increased funding, political commitment and progress in expanding access to the HIV treatment, the epidemic continues to outpace the global response and no region of the world has been spared (World Bank, 2002).
2.1.2. HIV/AIDS in the workplace

A company's human resource is an important class of capital for long-term growth and viability. It is the most important asset than an organization can have. Today the survival of many companies depends on the mechanisms put in place to deal with HIV/AIDS. Those companies that have nothing in place to deal with this pandemic unfortunately are going to self-destruction as their human capital gets destroyed. The wiping out of the working age population means that there will be a reduced number of able people to work in these organizations. The problem is not just about loss of life, there is the drastic contraction in the working age population, fall in the life expectancy and deterioration of general social welfare (GTZ, 2003).

The growing HIV/AIDS pandemic is affecting more companies in developing markets every day. At the individual company level, lack of awareness and understanding can result in critical workplace conflict, disruption at managerial levels, and conflicts arising from unsuitable business responses. Business can play a vital role in HIV/AIDS prevention and care and support efforts. Mobilizing corporate resources may prevent further economic and social damage and indeed, avert the loss of many lives (UNAIDS, 2002).

HIV/AIDS in the workplace has led to among others, increased absenteeism from work and lowered output as infected persons develop full-blown AIDS, shortage of skilled labour, reduced productivity hence profitability which is associated with the above
stated factors. Besides the above, continuous illness and death have also led to high staff turnover forcing companies to increasingly focus on recruiting and training new employees rather than concentrating on their core business. HIV/AIDS magnifies costs of running a business given the rise in the number of employees falling sick. The impact of AIDS on business is already visible in many parts of the world. According to the International Labour Organization (ILO, 2003), the consequences of HIV/AIDS deaths for total population numbers in Africa are clear; by 2010, for 29 countries with prevalence rates of over 2%, the total population will be 50 million fewer than it would have been in the absence of HIV/AIDS.

One of the greatest effects of the pandemic among teaching service in the public sector is the increased rate of death among teachers. Although data on HIV/AIDS related deaths among teachers is lacking due to confidentiality of health records, available evidence shows increased teacher deaths in the presence of HIV/AIDS. Although the TSC does not identify deaths by cause, a recent WHO publication estimates that 21% of adult mortality in Africa is caused by AIDS. Based on the WHO assumption, the overall teacher deaths due to AIDS rose from 255 in 1993 to 448 in 2001. Although these figures appear conservative, there is no doubt the HIV/AIDS epidemic will affect the quality of service offered by teachers in public educational institutions as well as staff at the secretariat (UNAIDS, 2001).
Available evidence from numerous studies done in Sub-Saharan African countries indicate that the epidemic is draining the supply of education, eroding quality of education, weakening demand for education, limiting access and increasing the sector’s costs among others. Although the effect on education is enormous, the education system has an important role to play. It can provide the mechanism for the transmission of information about HIV and hence can play an important role in mitigating the impact of the pandemic (UNAIDS, 2001).

A workplace HIV/AIDS Programme is a very important tool that would aid the Human Resources Manager to effectively plan for the required workforce in an organization. For example, every organization must develop programmes that are preventive, such as health promotion programmes. Every organization must provide psychosocial support for teachers with sick families. Departments must have sick pay, and should be knowledgeable about treatment. Teachers must be provided with information about the epidemic (UNAIDS, 2001).

A study carried out in Zimbabwe found that 19% of male teachers and almost 29% of female teachers were infected with HIV. It was estimated that 17% of Mozambique's teachers are HIV-positive by the year 2004. This is considerably higher than the national average of 13% HIV prevalence among people aged 15 and 49. With this trend, it is believed that this will lead to the death of 1.6% of the country's teachers per year. Teacher absenteeism is increased by HIV/AIDS as the illness itself causes increasing periods of absence from class. Teachers with sick families also take time off to attend funerals or to care for sick or dying relatives, and further teacher absenteeism results from the psychological effect of the epidemic (William, 1993).

When a teacher falls ill, the class may be taken on by another teacher, may be combined with another class, or may be left unaught. Even when there is a sufficient supply of teachers to replace such losses, there can be a significant impact on the learners. The illness or death of teachers is especially devastating in rural areas where
schools depend heavily on one or two teachers for any one class. Moreover, skilled teachers are not easily replaced. The Kenya National Union Teachers argues that the country’s teaching force is currently understaffed by more than 6,000 teachers for all public educational institutions in the country (Teachers Image, 2005).

2.1.3. HIV/AIDS Workplace Programmes

A workplace HIV/AIDS Programme is a very important tool that would aid the Human Resources Manager to effectively plan for the required workforce in an organization. For effective HIV/AIDS Workplace implementation programs, partnerships between large, small and medium enterprises should be formed in the fight to enable those that lack the necessary financial and human resources to run these programmes. There is no simple template for putting a workplace HIV/AIDS programme. Every organization is different and each organization must develop programmes that fit its special needs. Management must provide guidance and Human Resource Departments must oversee it. They must both focus on organizational culture (Gachui, 1999).

Armed with a sound policy, the next step in HIV/AIDS response in the workplace is development of prevention and care programmes. These programmes seek to inform employees about HIV/AIDS, promote behaviour changes that will reduce the spread of HIV/AIDS, provide services to reinforce behaviour changes and offer services to cope with HIV/AIDS infection. For effectiveness, they need to build upon a variety of on-
going, coordinated activities and services like informal groups, sports teams, project teams and other social groups. They should be streamlined in the normal flow of business with few one off special events (Odette, 2004).

A person infected with the HIV virus can take from one to 10 years and sometimes even more before they succumb to AIDS which is the full-blown state of the disease. This person may be productive for many years before AIDS sets in. Thus the Human Resources Manager may find it very difficult to estimate the productive years of the infected person, especially if their status is not known to the organization (World Bank, 2003).

Businesses not only have a responsibility to act, but an opportunity to play a crucial role in the global fight against the epidemic, particularly within their own workplace. Initially many employers had initiated workplace awareness programmes and policies, to help prevent the spread of HIV. However as the infection rate increases, sickness and death affect profits and benefits paid out and thus treatment programmes have become necessary. Most International organizations have started workplace treatment programmes. Parastatals and Small Micro Enterprise organizations in Kenya have lagged behind in treatment due to lack of funds. HIV/AIDS is a bottom-line issue and should therefore be managed just as any other issue in the workplace (UNAIDS, 2003).

Most businesses have now realized that in addition to humanitarian consideration, it makes economic sense to invest in maintaining the health and productivity of workers
rather than wait until they become too sick to work and then pay out death benefits, recruit and train new staff as more and more employees die because they have no access to drugs. Human Resource Managers are able to have effective succession plans since they can determine how many people in the organization are infected, even though there is still a large percentage of staff members who are still scared of going for Voluntary Counselling and Testing and most organizations still do not have strategic succession plans. Implementing workplace programmes enables business to benefit financially as HIV/AIDS prevention results in lower recruitment costs, cost savings related to employee turnover, re-hiring and training, reduced workplace disruptions and protection of productivity levels, increased staff morale and higher sense of job security (Wasike, 2005).

Towards the foregoing discussion, organizations may implement several workplace programmes aimed at combating the pandemic. The Education Sector Workplace Policy on HIV/AIDS summarizes the tenets on which organizations can build its HIV/AIDS workplace programmes. The suggestions are not hard rules but a framework within which organizations can develop such programmes (Teachers Image, 2005).
Table 1: Suggested framework for developing HIV/AIDS workplace programmes:

<table>
<thead>
<tr>
<th>Tenet</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to education and information</td>
<td>▪ Right to education, relevant and factual information, knowledge and skills that are appropriate to their context.</td>
</tr>
<tr>
<td>Equality</td>
<td>▪ Equal rights, responsibilities and opportunities</td>
</tr>
<tr>
<td></td>
<td>▪ Protection from all forms of discrimination</td>
</tr>
<tr>
<td></td>
<td>▪ All individuals (infected or affected) to be subjected to fair labour practices – recruitment, appointment and continued enjoyment of employment, promotion, training and benefits.</td>
</tr>
<tr>
<td>Counselling, testing and confidentiality</td>
<td>▪ Encourage all employees to get tested for HIV, and pay for counseling and testing for all employees.</td>
</tr>
<tr>
<td></td>
<td>▪ No actual or prospective employee may be required to take an HIV test, and no employee may be tested without his or her knowledge and consent.</td>
</tr>
<tr>
<td></td>
<td>▪ All employees who get tested should receive counseling by a trained counselor.</td>
</tr>
<tr>
<td></td>
<td>▪ The results of an individual’s test remain fully confidential. Files related to HIV must be kept confidential.</td>
</tr>
</tbody>
</table>
Non-discrimination

- Parties to work together to end unfair discrimination and stigmatization.
- All parties to ensure that an employee with HIV does not experience unfair discrimination in access to employment, training, promotion and/or benefits.
- Parties to work together to create a supportive environment to ensure that employees with HIV are able to continue working for as long as they are able to do so.
### Employment Security

- No employee may be dismissed or retrenched because of their HIV status.

- If an employee with HIV cannot perform his or her normal duties because of opportunistic diseases, the employer must attempt to find reasonable alternative accommodation for him or her.

- If HIV permanently disables an employee, the employer shall apply standard procedures for termination of employment due to disability, without unfair discrimination.

### Health Care

- General assistance to help people with HIV stay healthy, by providing nutritional support and immune boosters.

- Provision of condoms.

- Assistance with primary health care and referrals for treatment for opportunistic diseases.

- Provision of anti-retroviral treatment for people with HIV.

- The employer will ensure that an employee with HIV is protected from unhealthy conditions at work.

**Source:** The Teachers Image – Volume 8, 2005
Odette (2004) notes that HIV/AIDS workplace programmes should include non-discrimination at the workplace, voluntary testing and counselling, confidentiality, workplace health and safety programmes focusing on education and awareness and also having roles for all concerned clearly defined. There should also be a clear monitoring and evaluation strategy for all such programmes in place at the organization.

2.2. Challenges in implementing HIV/AIDS Workplace Programmes

Previous studies have examined challenges of implementing HIV/AIDS workplace programmes. The survey by UNAIDS (2002) for example establishes that when implementing HIV/AIDS workplace programmes, organizations are often confronted with some problems that can affect the sustainability of such initiatives. Some of these include lack of top-management commitment, employer’s belief that HIV/AIDS is not a corporate responsibility, the perception that HIV/AIDS prevention is expensive and the lack of knowledge of care and support issues.

Establishing an effective, long-term workplace programme is contingent upon genuine support from senior management. According to Odette (2004) management commitment must be seen as going beyond, but including, corporate social responsibility and philanthropic responses such as donations and fundraisers. Opportunities for synergy and complimentarity between workplace and community HIV prevention programmes should be promoted. Sustaining HIV/AIDS programmes should
be viewed as a means to achieve overall effective human resource management and to reduce costs, through integration of HIV/AIDS programmes into human resource management systems, prevention of workplace and production disruptions, reduction of fear and discrimination-related issues, improvement of employee's sense of well-being and workplace morale and positive effect on staff retention and quality of applicants.

Odette (2004) further argues that many employers are hesitant to address HIV/AIDS in the workplace because of the sensitivity attached to the issue. However, changing the perception of AIDS from a negative, death-related, personal issue into a positive challenge to secure and improve employees' health creates excellent opportunities for employers to prevent employees and their families from contracting HIV, secure high-qualified labour supply, improve productivity and staff morale, prevent discrimination and fear among workers, create a positive corporate image, and reduce stigma related to HIV/AIDS in the wider community. The misperception that AIDS prevention is expensive is also another challenge to effective HIV/AIDS workplace programmes. A managed response to HIV/AIDS is always more cost-beneficial than an unmanaged response. Prevention secures corporate interests and therefore makes sound business sense. Prevention saves lives and reduces costs. It is as simple as that. Avoidance of cost increases that are directly or indirectly related to HIV infections in the workplace can be a significant motivating factor for adopting and implementing workplace policies and programmes.
A study commissioned by UNAIDS to measure the often hidden costs of termination in 20 hotels in North America and Europe established that the increase of costs equals around 30 per cent of total annual salaries and benefits related to the position. Direct costs were related to separation, recruitment, selection and hiring. Furthermore, a significant portion of the costs were related to lost productivity. Hinkin also established that it took a new employee 54 to 80 workdays to reach an acceptable level of competence through orientation and training (UNAIDS, 2002).

2.3 Facing the challenge

A survey commissioned by (UNAIDS, 2003) on 182 international organizations established that only 14% of organizations surveyed had HIV/AIDS workplace policies and programmes that adhered to the recommended standards as defined in the ILO code of practice. 38% of the organizations did not feel that their organizations needed specific WPPs covering all sections of the organizations. This points to the fact that until recently not many organizations had embraced HIV/AIDS as a workplace issue. The realization that the pandemic had an effect on organizations has led to many more companies embracing such programmes in the management of their human resources.

The Public Service is perceived as the biggest employer of labour. (Odette, 2004) The demand for services is never commensurate with the available resources, hence the development and implementation of policies aimed at bringing quality service delivery
to the most number of people at the least cost possible. There is a growing pressure on
governments for a more efficient human resource base and service delivery outcomes.
The overall toll of HIV/AIDS on the work force will bring more pressure on the
capacities and finances of governments than ever before. Odette further argues that
trends on HIV/AIDS impact in the workforce focus largely on the economic impacts of
the disease in relation to disease progression. The cost of the impact of HIV/AIDS
should also be measured in psychological and socio-political terms.

3.2. Data collection

Primary data as well as secondary data was used for the study. The Head of the AIDS
Control Unit (ACU) and senior staff in the unit were the key respondents for the study.

An interview guide (see appendices) was used to obtain the required data.

3.3. Data analysis

The data collected was edited and cleansed then analysed by use of content analysis.

This was because the data obtained was qualitative in nature, and therefore
necessitating this kind of analysis.
CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Research Design

The research was a case study. This was the appropriate design since an in depth investigation was necessary to fully appreciate the HIV/AIDS workplace programmes in place at the Teachers Service Commission.

3.2. Data collection

Primary data as well as secondary data was used for the study. The Head of the Aids Control Unit (ACU) and senior staff in the unit were the key respondents for the study. An interview guide (see appendices) was used to obtain the required data.

3.3. Data analysis

The data collected was edited and cleaned then analysed by use of content analysis. This was because the data obtained was qualitative in nature and therefore necessitating this kind of analysis.
CHAPTER FOUR: DATA ANALYSIS AND FINDINGS

4.1. HIV/AIDS and the performance of staff /teachers at TSC.

Evidence obtained from the AIDS Control Unit of the TSC reveals that the HIV epidemic has affected the performance of staff and to a wider extent teachers in several ways.

4.1.1. Increased Absenteeism

Discussions held with key informants at the TSC revealed that cases of sick teachers are mostly managed at school and district levels. Many of them are not reported to the headquarters. There is however evidence that cases of teachers absenting themselves for medical reasons have increased. This has both affected the infected and affected employees. For the infected staff, absenteeism has been due to members of staff seeking medical attention or they are too weak to attend to their duties. At the school level where the impact is highly felt, this has led to erratic teaching thus contributing to poor service delivery.

4.1.2. Poor performance

Infected as well as affected staff have had reduced concentration on their work. Those infected and especially the very sickly are unable to concentrate on their work because of their weak health status. The HIV condition has as one of its effects being loss of memory of the infected especially with patients who have developed full blown AIDS. Affected staff have also had reduced concentration on their work as they have to share
their energies between their ailing relatives and work. This is because some of the affected employees have to leave early or report late to get time to care for their sick relatives at home.

4.1.3. Increased sick leave application

Teachers as well as the TSC staff at the secretariat and TSC units just like other employees in other organisations are entitled to several types of leave. Sick leave as well as compassionate leave applications have been on the rise due to the HIV/AIDS pandemic. Although the study could not obtain specific figures, it was established that due to increased infections and more members of staff having affected family members, more have had to apply for sick leave to seek medical attention for opportunistic infections or for those with sick family members, they seek compassionate leave to attend to them either at home or hospital. These leaves are also inevitable in the event of death of close family members. This has also contributed to increased absence of employees.

4.1.4. Fear, stigma and discrimination

The HIV epidemic has also led to fear, stigma and discrimination against affected employees. Cases of teachers being discriminated by colleagues, learners or even parents abound. This has led to heads of institutions where such teachers/members of staff are to decline allocating them workload. Socialisation with such teachers has also
being avoided by some colleagues who because of lack of awareness feel that they should not interact with sick colleagues. This is made worse by the fear of sick employees from disclosing their HIV positive status to their seniors or even colleagues. It has also led to the lack of positive living for those affected and for those infected, they have suffered stigma and discrimination at the work place and society at large.

4.1.5. Increased disciplinary cases

Due to the stigma associated with the HIV pandemic, many staff have shied away from disclosing to their supervisors/employer the true reasons behind their chronic lateness or absence from work. Most staff do not share openly with their supervisors about their HIV status or even their family member’s HIV status. As a result, cases of desertion of duty or insubordination have been reported to be on the increase which leads to forwarding of such cases to the TSC headquarters where such staff are interdicted pending the determination of their cases. Such disciplinary cases could be avoided if teachers applied for appropriate leave as provided for in the code of regulations for teachers.

4.1.6. Increased mortality

Although records on staff illness are confidential, the number of death gratuity claims forwarded to the TSC shows an increased mortality rate. Concern has been raised that this increased rate of deaths may be attributed to HIV related illnesses. The current
national HIV prevalence is estimated at 6.1% down from 6.7% in 2004, (NACC, 2005) most of those affected being in the age bracket of 15 – 49 years. The TSC just like any other sector in the country has experienced the impact of HIV and AIDS with an increasing number of teacher deaths. Natural attrition has been on the rise and this by implication could be due to HIV and AIDS. The government freeze on employment in 1998 has not made matters any better as the TSC is not able to adequately replace teachers who die while still in service. This has forced boards of governors in the affected schools to employ teachers that the TSC is unable to replace due to the freeze. Where such boards are constrained financially, existing teachers have had to bear with the situation of sharing the workload thus leading to overworked staff hence increased stress levels and poor quality performance.

4.2. HIV/AIDS Workplace Programmes at the Teachers Service Commission

The TSC has had HIV and Aids workplace programmes in place for the last six years now. The HIV/AIDS epidemic was declared a national disaster in 1998 and with this declaration, the war against the epidemic assumed a multi-sectoral approach. The TSC established a sub Aids Control Unit of the Ministry of Education Science and Technology in September 2000 and was subsequently upgraded into a fully pledged Aids Control Unit (ACU) in April 2004. The TSC has also created sub ACUs at district level TSC units in order to bring the services closer to its employees. The objective of the ACU and its sub units is to equip employees with correct information on HIV and AIDS in relation to infection, prevention, care and support for both infected and affected employees.
4.2.1. Awareness creation, prevention, care and support programmes

The TSC has embarked on aggressive awareness creation, prevention and support programmes for its employees. The most widely used tool for the dissemination of this information is the monthly payslip where HIV and AIDS related messages are printed for all employees. This is done for all employees and has helped a lot in the dissemination of information on awareness, prevention, care and support.

The ACU has also recently launched a biannual newsletter on HIV and AIDS – ‘Breaking the Silence’ aimed at providing reliable information on issues surrounding HIV and AIDS within the TSC. Besides this, the TSC quarterly magazine – ‘The Teachers Image’ has also been used to disseminate HIV and AIDS related information to employees. This is especially on policy and emerging issues in the management of HIV/AIDS in the workplace and the education sector in general. Other tools that have been used to create awareness and disseminate information include distribution of Information, Education and Communication (IEC) materials which include brochures, posters and fliers with HIV/AIDS messages.

At the TSC headquarters in Nairobi, male and female condom dispensers have been introduced to also help in the prevention of new infections. This is in line with the shift of main focus in the fight against HIV/AIDS from treatment to prevention of new infections. Plans are underway to introduce the same facilities at the district TSC units countrywide.
4.2.2. Peer support groups

The TSC has facilitated the provision of psycho-social support to both infected and affected employees. The ACU provides guidance and counselling support to employees who visit the TSC Headquarters and also at the district sub units. There have been cases of employees on interdiction referred to the unit(s) by the disciplinary unit. This is especially so where it is established that cases of absence and/or desertion of duty has been due to illness of the staff or family members. The TSC has also facilitated the establishment of the Kenya Network of Positive Teachers (KENEPOTE) which is a network of teachers living with HIV and AIDS. It is composed of retired teachers (many due to early retirement on medical grounds) and those still in the teaching service both in public and private schools and tertiary institutions. Currently, the membership of KENEPOTE stands at 1,800. KENEPOTE has managed to organize workshops and sensitize members and non members as well on prevention, care and support in regard to HIV and AIDS.

Recently in 2006, another psycho social support group, the Teachers Service Commission Network for Positive Living (TESCONEP) which is based at the Secretariat headquarters in Nairobi has been formed. TESCONEP aims to achieve for secretariat staff and TSC units staff what KENEPOTE has done for teachers in learning institutions and there are future plans for the exercise to include all the heads of institutions in the whole country. This is especially important because majority of the employees (teachers) are based at the schools/learning institutions and it would be paramount for...
4.2.3. Peer Educators Training

Although at a small scale, the TSC through the ACU has trained peer educators to help in sensitization as well as guidance and counselling for infected as well as affected staff.

Each of the fourteen (14) divisions at the TSC headquarters has two officials who are available for consultation on HIV/AIDS issues by their colleagues in the divisions. These officials are also charged with the evaluation of the HIV/AIDS issues at the workplace and in liaison with the ACU, action may be taken either for improvement of already existing programmes or suggestions for new action. At the TSC headquarters, there are three professional counsellors at the ACU while all district staffing and Human Resource Officers have been trained on management of HIV/AIDS issues at the workplace.

4.2.4. Management skills training

Commissioners and senior staff at the TSC have been going through relevant training on how to address HIV/AIDS at the workplace. This has been through seminars and workshops which have also included heads of departments and divisions, provincial directors, district education officers (DEOs) and district staffing officers at the TSC units country wide. The District Human Resource Officers have also gone through similar training. Heads of institutions from some select districts have also gone through training and there are future plans for the exercise to include all the heads of institutions in the whole country. This is especially important because majority of the employees (teachers) are based at the schools/learning institutions and it would be paramount for

35
the school heads as the managers to learn the ways in which they should manage employees as far as HIV and AIDS is concerned.

4.2.5. Voluntary Counselling and Testing

The TSC currently does not conduct voluntary counselling and testing for its employees directly but does so through referrals to government health facilities and VCT centres country wide. The Ministry of Education which is TSC’s parent ministry has a VCT centre at its headquarters in Jogoo House where the TSC has been sending its staff for such services. Currently, plans are at advanced stage for the TSC to establish its own Voluntary Counselling Centre at its headquarters with support from Liverpool, a Non Governmental Organization which is expected to assist in both technical and financial support.

4.2.6. Advocacy

There have been increased campaigns for the reduction of stigma and discrimination of Employees Working with HIV and AIDS at the TSC. This has been through the creation of the TSC Workplace Policy on HIV and AIDS which in consistency with the Education Sector Policy on HIV and AIDS gives guidelines for effective prevention, care and support within the public teaching service in Kenya. The TSC has been communicating HIV/AIDS related messages to its employee through the monthly payslips and it has
also used its in-house quarterly publication – "The Teachers Image" to advocate on issues relating to HIV/AIDS at the workplace.

4.3. Implementation of HIV/AIDS Workplace Programmes at the Teachers Service Commission

The HIV and AIDS workplace programmes have been implemented, through facilitation and support in various ways. This has been through:

The Teachers Service Commission has linked up with development partners and other stakeholders to continue in education and awareness creation among others. These partners include among others the Centre for British Teachers (CFBT), the Kenya National Union of Teachers (KNUT), which is the largest umbrella body for teachers in the country and the Kenya National Commission of UNESCO. The National Aids Control Council (NACC) which is the body charged with the coordination of HIV and AIDS programmes in the country is also instrumental in the formulation of necessary programmes and technical support in their implementation.

There has been continuous capacity building for Teachers Service Commission senior management staff both at the secretariat headquarters, TSC units and also at the institutional level. This has been through workshops and seminars organized by the ACU in conjunction with several partners in the fight against the HIV pandemic.
HIV and AIDS issues have also been mainstreamed into all the activities been carried out by the TSC. Every speech been delivered by a TSC official as a matter of policy must include a HIV/AIDS related message and this has helped in creating increased awareness and reduction of fear, stigma and discrimination among employees.

4.4. Challenges in the implementation of HIV/AIDS Workplace Programmes

As in any other organizational programmes, the TSC has experienced several challenges in the implementation of its HIV and AIDS workplace programmes.

4.4.1. Inadequate funds

The TSC just like any other government agency receives funding for its programmes from the government. Government funding may not always be sufficient for all the necessary programmes or expansion of already existing ones. The TSC is the largest public service employer in the country with over 240,000 teachers countrywide and with the demand for education especially at the primary level expected to continue rising because of the introduction of free primary education in 2003, the workforce may continue to expand. The budgetary allocation is therefore not always sufficient to serve this size of workforce adequately. Furthermore, donor funding may not always be forthcoming or enough for all programmes.
4.4.2. Management complacency

Some learning institution’s managers still do not take HIV and AIDS issues seriously. This is also the case with some other administrators at the TSC who are directly involved in the management of staff/teachers. Cases of heads of institutions recommending the transfer of sick teachers or stripping such teachers of their duties have been reported. Sick teachers have also being ridiculed through songs, discrediting insinuations and name calling by fellow teachers, learners and parents and this has also been blamed partly on school managers who do not act authoritatively to ward off such situations (“protecting” teachers). HIV positive teachers live in fear of being discovered and in some situations, they have been forced to retire on medical grounds while in extreme cases some have been interdicted because of their chronic absence.

4.4.3. Government freeze on employment

The freeze on government employment in 1998 has also been another big challenge to the implementation of HIV/AIDS workplace programmes at the TSC. As much as the TSC as an employer may wish to justify the case for relief teachers, serious shortages in some areas has left the few teachers available overstretched in their work hence reduced quality of service delivery. This especially with the introduction of Free Primary Education in 2003 has affected the effective implementation of such programmes and even with the annual recruitment of teachers, serious shortages are still being felt in some areas. The Curriculum Based Establishment which stipulates the number of
learners that a teacher is supposed to handle has also been challenged in this respect. This is because, in the situation of very sick teachers who are still in service, the TSC may not post new teachers to such institutions which implies that the few teachers available will continue to be overburdened.

4.5. Addressing the challenges

The challenges enumerated above have been addressed in several ways.

In the current teacher transfer policy, there is a provision that where possible sick teachers can be transferred to institutions near their homes or hospitals where they can be able to access better care by their family members and/or health care staff. This aims to improve care and support for sick employees and also to reduce the rate of new infections among employees.

There has been a concerted effort by the TSC through the ACU to link infected staff with psycho-social support groups. Teachers visiting the TSC headquarters especially on disciplinary or transfer issues when and where it is found necessary have been referred to the unit for counselling.

The TSC has also continuously continued to encourage/advise school managers and senior secretariat staff to create a HIV friendly environment at the workplace. This is aimed at reducing fear, stigma and discrimination among employees. This has been
especially through management skills training and sensitisation which has helped a lot in contributing to HIV friendly workplaces.

The TSC has mainstreamed HIV/AIDS into its core functions and strategic plan. Any speeches be delivered by senior TSC officials or any policy issues now have a HIV/AIDS component and this has enhanced leadership in the management of HIV and AIDS at all the TSC workplaces.

The TSC being the largest single employer in the public service in Kenya has had to face a diversity of issues in the management of its workforce. The implementation of HIV/AIDS programmes is faced by the same diversity of issues due to the large geographical dispersion of the workforce countrywide. Essentially, the TSC has an employee in every corner of this country and this by implication means that every single HIV/AIDS workplace programme must bear in mind the different issues presenting themselves in all these areas.

While the above is true, it may not be easily attainable due to a myriad of logistical issues especially funding and technical support from expected partners and the possibility of implementing some of the anticipated programmes. In any case, the staffing policy of a 50:1 Pupil Teacher Ratio (PTR) in primary schools or the Curriculum Based Establishment (CBE) in secondary schools requiring a teacher to take between 24 and 28 lessons per week has been severely challenged. This is because where teachers are seriously sick, some school managers have "protected" such teachers by making
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. Summary

The TSC fully appreciates HIV/AIDS not only as a health issue but a workplace issue. It is one of the public sector organizations in Kenya that have led by example in the management of HIV/AIDS issues at the workplace.

The TSC being the largest single employer in the public service in Kenya has had to face a diversity of issues in the management of its workforce. The implementation of HIV/AIDS programmes is faced by the same diversity of issues due to the large geographical dispersion of the workforce countrywide. Essentially, the TSC has an employee in every corner of this country and this by implication means that every single HIV/AIDS workplace programme must bear in mind the different issues presenting themselves in all these areas.

While the above is true, it may not be easily attainable due to a myriad of logistical issues especially funding and technical support from expected partners and the possibility of implementing some of the anticipated programmes. In any case, the staffing policy of a 50:1 Pupil Teacher Ratio (PTR) in primary schools or the Curriculum Based Establishment (CBE) in secondary schools requiring a teacher to take between 24 - 28 lessons per week has been severely challenged. This is because where teachers are seriously sick, some school managers have “protected” such teachers by making
“local arrangements” to cover for these teachers. In extreme situations, some classes have been left unattended. The TSC may not be in a position to replace such teachers where such arrangements occur and in some remote areas, serious staff shortages have been experienced leading to a crisis in service delivery in such areas.

5.2. Conclusions

The TSC has been greatly affected by the HIV/AIDS pandemic. Staff absence and poor service delivery have been on the rise and in many areas natural attrition has led to serious staff shortages owing to sickness and deaths besides the usual reasons for such attrition.

Because AIDS related illnesses result in frequent teacher absenteeism, the TSC should address the issue of how to respond to a situation that creates very difficult conditions for the institution’s where such teachers are. Should they leave it to the school authorities to cover in some way for AIDS-related teacher absence/chronic lateness or should they make provision for the replacement of such teachers or argue the case for relief teachers?

The TSC has introduced a number of HIV/AIDS workplace programmes aimed at mitigating the impact of the pandemic on the workforce.

The coverage of these programmes is not adequate given the size of TSC’s workforce and also due to the fact that they are spread all over the country. The coverage is also not adequate because of limited funds provided by the government and donor partners.
5.3. Recommendations

More effort is required in the reduction of stigma and discrimination among staff countrywide. More needs to be done in management skills training and peer support and training to improve on the care and support of sick employees.

Although it is not the duty of the commission to provide health care, it however needs to embrace the role of facilitating access to such care including ART without the danger of such sick employees feeling exposed.

Because AIDS related illnesses result in frequent teacher absenteeism, the TSC should address the issue of how to respond to a situation that creates very difficult conditions for the institution/s where such teachers are. Should they leave it to the school authorities to cover in some way for AIDS-related teacher absence/chronic lateness or should they make provision for the replacement of such teachers or argue the case for relief teachers?

There should also be increased involvement of employees in the formulation of programmes. This will be especially important where because of regional diversities and issues, the HIV/AIDS have to be localised to suit the environment and especially on such issues like socio-cultural and religious considerations.
5.4. Suggestions for further research

The implementation of HIV/AIDS programmes has not been fully evaluated especially as far as the beneficiaries in the learning institutions i.e. teachers are concerned. It is necessary to carry out further research and establish how the programmes are being implemented and to what level of success. There is also need to get ideas from the beneficiaries on what ways to improve the programmes especially because of the different situations that are prevailing in the different localities. This may help the employer, TSC in customising its HIV/AIDS workplace programmes to suit the needs of different areas instead of formulating programmes to cover all areas uniformly.

5.5. Limitations of the study

The study faced several limitations.

All the required information could not be obtained. This is owing to the fact that HIV/AIDS is still a sensitive issue and such issues like death through HIV related illnesses may not be disclosed.

The study focused on the HIV/AIDS workplace programmes at the Teachers Service Commission and did not cover the district units as well the learning institutions where majority of the employees who are targeted by these programmes are. This could not have been possible due to logistical and financial limitations.
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APPENDICES

APPENDIX I - INTRODUCTION LETTER

Roda M. Katuva
University of Nairobi – School of Business
Nairobi

September 4th, 2006

The Secretary
Teachers Service Commission
P.O. Private Bag
Nairobi

Dear Sir,

RE: IMPLEMENTATION OF HIV/AIDS WORKPLACE PROGRAMMES AT THE TSC

I am a student at the University of Nairobi, School of Business undertaking a Masters in Business Administration (Human Resource Management) course. A partial requirement for this course is to carry out a research project in my area of specialisation. The title of my study is “Implementation of HIV/AIDS workplace programmes at the Teachers’ Service Commission”

This study intends to conduct interviews with the relevant senior officers at the TSC Headquarters. I am therefore requesting for your permission to enable me proceed and obtain the required information for this exercise in order to necessitate a successful completion of the study. All the information obtained from this study will be used solely for academic purposes. At your request, a copy of the final document can be availed to your office.

Thanking you in advance,

Yours faithfully,

Roda M. Katuva
MBA Student.
IMPLEMENTATION OF HIV/AIDS WORKPLACE PROGRAMMES AT THE
TEACHERS' SERVICE COMMISSION HEADQUARTERS

Job Title

1. How has HIV/AIDS affected the performance of staff/teachers? Please list and explain.

2. Does the commission have any official figures on the HIV prevalence among staff/teachers?

3. Does the Teachers Service Commission have any HIV/AIDS workplace programmes in place?

4. If yes, how long have such programmes been in place (or last reviewed)?

5. What aspects are covered in the programmes?
   i. Voluntary, counselling and confidential testing
   ii. Peer support groups
   iii. HIV/AIDS awareness creation
   iv. Treatment
   v. Awareness programmes and communication systems
vi. Peer Educator Training
vii. Management Skills Training
viii. Others (please list and explain)

6. How are the programmes implemented?

7. What challenges does TSC encounter in the implementation of such HIV/AIDS workplace programmes?

8. How have the challenges (above) been addressed?

9. Have any members of your staff/teaching fraternity publicly declared that they are HIV Positive?

   Yes ----------------------- No ------------------------

10. In what ways has the commission supported HIV/AIDS positive teachers/secretariat staff?

11. What is the impact of HIV/AIDS among staff/teachers on the TSC in specific reference to:

   i) Increased absenteeism
   ii) Increased medical expenditure
   iii) Retired on medical grounds
   iv) Any other (specify)

12. How has HIV/AIDS affected the TSC in terms of:

   i. Increased Medical costs
   ii. Increased payment of benefits.
iii. Funeral expenses  
iv. Replacement costs  
v. Any other (specify)  

13. How has the TSC factored the impact of HIV/AIDS in its planning and management? Explain  

14. What methods does the TSC use to communicate to staff/teachers messages on HIV/AIDS?  

15. How effective have the above methods been in creating awareness?  

16. What plans does the TSC have on improving the response to the epidemic to its staff?