

**HUMAN RESOURCE POLICY RESPONSES TO THE  
HIV/AIDS PANDEMIC: A SURVEY OF INSURANCE FIRMS  
IN NAIROBI**

**BY  
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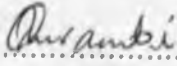
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**DECLARATION**

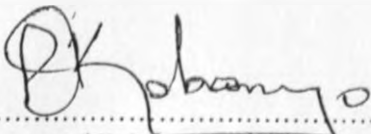
This project is my own original work and has not been presented for a degree in any other university

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This project has been submitted for examination with my approval as university supervisor

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Date ..... 19 - 10 - 2002 .....

## DEDICATION

I dedicate this work to my brother Martin, and to the thousand others who, caught up in a web of uncertainty, continue to suffer the stigma and rejection of an ignorant society.

To a very special friend, Poisson, for believing in Africans, and in their capacity to change their world.

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## ABSTRACT

This study set out to investigate the responses of Human Resource managers to the HIV/AIDS pandemic. More specifically, it sought to examine and analyze the policies that have been put in place to counter the devastating impacts of AIDS on organizations. Broadly, the objectives of the study were to find out if any policies were in place and to examine the content of the said policies. It also sought to identify the challenges organizations face in implementing these policies.

The need for this study arose out of the observation that no systematic studies have been undertaken to establish the level of response of Human Resource Managers in Kenya to the HIV/AIDS pandemic. Little is therefore known about the mechanisms organizations have put in place to counter the impact of HIV/AIDS and how successfully they have been implemented. Alarming statistics also continue to be published by the UNAIDS and other organizations on the socio-economic impact of HIV/AIDS, and more specifically their impact on organizations.

The study was based on the assumption that since there exist sufficient policy guidelines from the International Labour Organization (I.L.O), the Kenya Government and the Federation of Kenya Employers (FKE), organizations have a proper policy framework within which to set and implement sound workplace policies.

The study focused on insurance firms operating in Nairobi. Data was collected using a questionnaire and follow-up in instances where some issues needed clarification. This was done mainly with the Human Resource managers. Through a statistical analysis



programme (SPSS), frequencies and percentages were used to summarize and analyze the data collected.

In conclusion, the findings of this study revealed that very few organizations in the insurance industry in Kenya have sound workplace policies on HIV/AIDS. While they offer a general medical insurance, this is not sufficient. The organizations that had policies specific to HIV/AIDS tended to focus on education and awareness activities and on procurement of medication for their employees. While this is a step in the right direction, the policies ought to be more comprehensive with a multidimensional approach. Most organizations attributed this deficiency to lack of sufficient funds. However, our conclusion was that there is a general lack of commitment and knowledge of HIV/AIDS among organizations in Kenya. It was the recommendation of this study that organizations pool resources and take a more proactive stance in their fight against HIV/AIDS. Given the ignorance of the actual cause of HIV/AIDS, the study recommended that organizations support further research in order to establish the real cause of the pandemic in order to find plausible and durable solutions.

## CHAPTER ONE : INTRODUCTION

### 1.1 BACKGROUND

Conceptually, human resource management can be regarded as a strategic coherent approach to the management of an organization's most valued assets – the personnel, who when well organized individually and collectively facilitate the achievement of the organization's objectives. To Armstrong (1996), the process of human resource management encompasses the strategic deployment of highly committed and capable force using an integrated array of cultural, structural and personal techniques. The success of this process demands that a human resource manager not only understands the interests of the organization, but also harmonizes them with those of the personnel. This ability of matching means to ends facilitates institutional growth at one level, and organizational effectiveness at the other.

While the direct organizational interests revolve around the process of manpower development, planning and deployment in human resource development, those of the employees revolve around material and psychological rewards that engender their security and well-being. For most organizations, these include the provision of medical cover, housing, transport and contributory pension schemes. If an organization has to achieve its objectives, the human resource manager must consistently ensure a harmonious balance of this duality of organizational and employee interests. As a matter of fact, they are mutually reinforcing hence their inseparability. Human resource management therefore demands reflective

strategic planning, which requires that the Human Resource manager understands the objectives of the organization and responds innovatively to the dynamics of the environment.

Traditionally, human resource managers put emphasis on the functions of planning, recruiting, training and staffing, compensation and separation. This worked very well when the environment was relatively stable, with few external threats. Early psychologists like Abraham Maslow, Mintzberg and Ebert in their studies on human behaviour recognized the importance of the individual's well-being to organizational effectiveness (Graham and Bennet, 1995). This was summed up in their needs analysis for the overall satisfaction of the individual and hence the organization. They included among others, health and safety, basic physiological needs, self-dignity and security (Graham and Bennet 1995).

Today, legislation exists in various countries to cater for personnel health and safety. In Kenya, the Employment Act (Cap 226) 12, p13, clearly states the role of the Organization as far as employee health is concerned:

".....every employer shall ensure the provision for his employees of proper medicines during illness and (if procurable) medical attendance during serious illness and shall take all reasonable steps to ensure that the illness is brought to his notice as soon as reasonably practicable after the first occurrence thereof (Employment Act (Cap 226) p12)

Too frequently, benefits such as good health and compensation plans are haphazardly devised and instituted from union pressure (Miner and Crane, 1996).

Yet ideally, benefits and good health services should provide mutual advantages to employees and employers, offering employees more job and income security and employers effectiveness through reduced turnover and high productivity.

While this Act is not discriminative as far as sickness is concerned, the outbreak of the HIV/AIDS pandemic has created a new dimension that poses a potent challenge to Human resource managers today. Although it might be considered as any ordinary sickness, it continues to threaten organizational effectiveness, through soaring absenteeism, diminished capacity to work and hence plummeting productivity. It is in appreciation of the foregoing that the International Labour Organization (ILO) sought to strengthen the capacity of employers and trade unions in providing education on HIV/AIDS prevention at one level and raising awareness on the socio-economic impact of HIV/AIDS and its implications on the worker's rights (ILO Programme on HIV/AIDS, 2000).

According to the USAID report, "Kenya and HIV/AIDS, Key Talking Points", (1999), 9-10% of the adult population is infected with HIV. This population constitutes the most productive force in organizations. It is estimated that by the year 2005, Kenya's Gross Domestic Product will be 14.5% smaller than it would have been in the absence of AIDS. The devastating impact of HIV/AIDS on organizational effectiveness drives us to conclude that this pandemic is not just a problem of the Ministry of Health and the Society. It is a problem that requires combined efforts of employers, the Ministry of Health and the society. In this

light therefore, it is imperative that Human resource managers set up sound health and safety and compensation policies to counter these negative effects of the HIV/AIDS pandemic.

## **1.2. STATEMENT OF THE PROBLEM**

In response to the stigma and fear surrounding the HIV/AIDS pandemic, the Kenya Government prepared a policy paper, the Sessional Paper No. 4 of 1997 on HIV/AIDS. The paper's emphasis was on a multi-sectoral approach to the crisis. It sought fair treatment of HIV/AIDS patients and the setting up of AIDS control units in all organizations (USAID 1999). Acknowledging the existing crisis engendered by HIV/AIDS in the workplace, the Federation of Kenya Employers (FKE), in conjunction with the Ministry of Health's National AIDS Program issued a document on the Socio-Economic Impact of HIV/AIDS in Kenya (FKE Code of Conduct, 1999). The document sought to lay a foundation upon which company specific policies could be constructed in response to the crisis. It sought to mobilize employers in the fight against AIDS, to protect the dignity and human rights of infected workers and to ameliorate the economic impact of HIV/AIDS on organizations.

Despite these policy guidelines, most organizations do not seem to adhere to or have implemented any policies. Some organizations continue to deny suspected HIV positive individuals employment opportunities (The East African Standard, 7<sup>th</sup> May 2002, p7 and 12<sup>th</sup> August, 2002). While in principle some organizations

indicate the provision of medical cover as part of the health and safety benefits they avail to their employees, such services are discontinued once an employee's HIV status is confirmed positive. Some insurance companies' policies still deny various covers to HIV positive individuals apparently contradicting government, ILO and FKE policy guidelines. This contradiction points to a policy failure at implementation level. What is not known however is whether and to what extent organizations have embraced these policy guidelines to put in place sound policies that can exhaustively address the HIV/AIDS crisis. Despite newspaper reports on the response of employers to the existent policy initiatives and guidelines, there has been no systematic study to determine the magnitude of the problem and the associated reasons. The proposed study is intended to fill this gap in knowledge.

### **1.3 OBJECTIVES OF THE STUDY**

1. To find out the objectives and content of the said policies.
2. To find out the problems firms are facing in the implementation of the said policies.

#### 1.4 IMPORTANCE OF THE STUDY

This study will be of importance to:

1. **Human Resource Managers:** It is hoped that this study will help HR Managers to redefine their existing policies to be able to respond more proactively to the HIV/AIDS pandemic and other similar situations arising within their organizations and in their environment.

2. **Further Research:** Although studies have been undertaken on HIV/AIDS, most of them have not focused on effective policy formulation and implementation in the context of the HIV/AIDS pandemic in the workplace. It is hoped therefore, that this study will fill this knowledge gap.

## 1.5 THEORETICAL FRAMEWORK

The importance of theory lies in its ability to explain, analyse and generate causative relationships between the different variables. Various psychologists make several assumptions when interpreting human behaviour. Social psychologists Godfrey Hochbaum, Irwin Rosenstock and Stephen Kegeles (Rosenstock and Becker 1988) developed the Health Belief Model (HBM) in the 1950s. Their model was in response to the failure of a free tuberculosis health screen program. Despite the fact that free screening x-rays and mobile units were conveniently located in various neighbourhoods, few adults came out for the free services. Hochbaum undertook further studies on this behaviour and concluded that perceived risks of the disease and perceived benefits of action were crucial in their motivation. This model is based on the understanding that a person will take a health-related action if he/she feels that a negative health condition (such as HIV) can be avoided, if he/she has a positive expectation that by taking a recommended action, the negative condition will be avoided and if he/she believes that this recommended action can be undertaken successfully.

The central thesis of the HBM model is the potential for motivating people to take positive health actions to avoid a negative health consequence. This theory is important for this study because HIV/AIDS is a negative health consequence. The desire to avoid the devastating effects of this health problem can thus be used to motivate employers to formulate and implement sound health policies. Perceived benefits, on the other hand, would motivate employees to change their attitudes



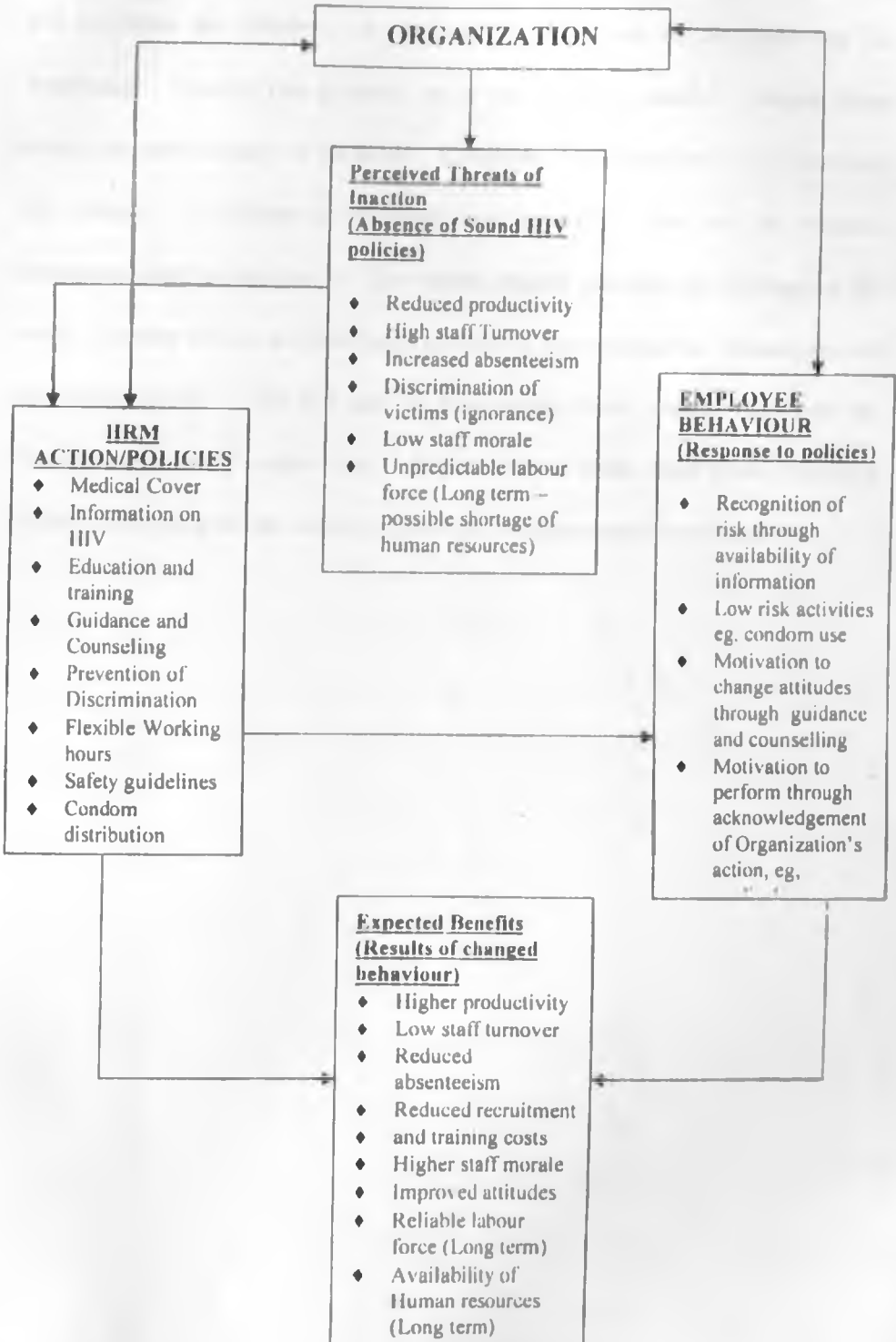
and behaviour and hence support management in the successful implementation of their policies.

The AIDS Risk Reduction Model (ARRM), introduced in 1990 by a group of social psychologists working in the Behavioural Research Unit in the United States provides a framework for understanding behaviour change in relation to HIV/AIDS (Catania, Kegeles et al, 1990). This model is comprised of three stages: (a) recognition and labelling of one's sexual behaviour as high risk for contracting HIV, (b) making a commitment to reduce high risk sexual contacts and increase low risk activities, and (c) seeking and enacting strategies to obtain these goals. This model is relevant for our study because the ultimate goal of HR policies on HIV is to reduce risks associated with HIV/AIDS through application of policies that encourage positive behaviour change.

The final model that is useful for explaining dynamics of behavioural change is the Information-Motivation-Behavioural Skills Model (Fisher and Fisher, 1992). This model contends that there are three fundamental determinants of AIDS-risk reduction: (a) Information regarding AIDS transmission and prevention, (b) motivation to change AIDS-risk behaviour, and (c) behavioural skills for performing specific AIDS-preventive acts. For the purpose of our study, this model is important in that it focuses on the role the organization has to play in motivating employees to change behaviour. This is through such activities as awareness campaigns, training, and education programs. While all these theories

seem to highlight behaviour change, we cannot dispute the fact that behaviour is at the centre of change in any institution. HIV/AIDS is a life-threatening illness that is mainly transmitted through behaviour patterns. However excellent an organization's policies on HIV/AIDS might appear to be, they remain useless in as long as they ultimately do not influence the behaviour pattern of the employees. The relationship between these models and this study is summed up in the framework below:

**FIGURE 1: POLICY FRAMEWORK FOR HIV/AIDS IN THE WORKPLACE**



## 1.5 ORGANIZATION OF THE STUDY

This study consists of five chapters. Chapter one gives a background of the study and identifies the problem. It outlines the objectives of the study and its importance. Chapter two is made up of the literature review. Chapter three entails the methodology of the study. It outlines the population of the study and the sample. It explains the methods used to collect data and the research techniques used to analyze it. The fourth chapter presents the findings of the study. Chapter five on the other hand consists of the conclusions, discussions and recommendations. The first part of this chapter draws conclusions from the findings presented in chapter four. Implications of these findings are discussed further in this chapter and recommendations for improvement proffered.

# CHAPTER TWO

## LITERATURE REVIEW

### 2.1 Introduction

Organizations spend plenty of time and money planning, recruiting and developing an effective workforce to enable them meet their overall objectives. It is therefore imperative that this workforce is sustained and remains ready, reliable and available through maintenance of their mental and physical stability.

Early concerns for employee health and safety can be traced back to 1906, when the Massachusetts Board of Health started the Industrial Health Movement. It appointed health officers to inspect schools, factories and workshops in order to establish the health standards (Flippo, 1984). However, this study was not specifically concerned with the physical and psychological health of the employees, but was rather an effort to reduce accident rates at their place of work. This was an era when industrialization was growing and industrial movements were being born, and lack of attention to such negligence would have cost organizations their stability.

Later in 1918, Frederick Taylor, an American Mechanical engineer attempted a study that would seek lower labor costs and high wages for workers. In his scientific theory, the key assumptions included primary emphasis on the work than the person doing it, viewing a good worker as one who accepts orders but does not initiate action, and that the worker had to be told how to do his job based

on scientific analysis of the job (Herbert and Gullet, 1975 p172). Despite the fact that this theory seemed to perceive an employee as mechanical "near-objects", Taylor still acknowledged worker integration as important when he wrote:

"No system or scheme of management should be considered which does not in the long run give satisfaction to both employer and employee, which does not make it apparent that their interests are mutual, and which does not bring about such thorough and hearty cooperation that can pull together instead of apart" (Herbert and Gullet, 1975 p180).

According to Torrington and Hall (1995), in relation to the variety of psychological and physical problems that employees suffer, there is need for a number of facilities that employers can provide to ease difficulties that employees may be experiencing. Sicknesses such as HIV/AIDS cause both physical and psychological trauma to both the victim and his family, and to a lesser extent to his peers at work. Physical trauma can be said to constitute the physical discomfort associated with AIDS such as fatigue, frequent attacks of opportunistic infections and headaches (Obel, 1995). On the other hand, psychological trauma entails stress resulting from increased costs of medical care, reduced productivity and the feeling of helplessness created by mounting responsibilities and fear of eventual death. However, Torrington tends to lay too much emphasis on the welfare of the employee with little regard to the organizational objectives, and how these two can be balanced effectively.

As Graham and Bennet (1995) rightly put it, human resource management has strategic dimensions that involve the integration of employees and other human

resource considerations into the firm's overall corporate planning and strategy formulation procedures. These should encompass human asset accounting, cost/benefit analysis of alternative personnel policies such as staff development, salary structures, medical and pension schemes and the valuation of human worth of the employees. The advent of the HIV pandemic in the workplace and its impact on the organization's effectiveness compels Human resource managers to be more proactive if they must achieve accurate HR asset accounting. This requires that employers seek constantly to discover new ways of utilizing the available labor force optimally.

On her part, Rothwell (1990) reiterates that human resource managers should evaluate their approach to manpower needs. To her, changes in demands on market and supply management requires understanding of the available abilities and personnel profiles needed in the future, identification of people with those abilities, planning how they will be developed through combination of factors such as training and sound policies. This however is not possible if there is insufficient data on the employees and the market, or if the labor in the market is devastated by an elaborate pandemic, like HIV/Aids. What then becomes necessary are sound policies that can decipher ways of working out new working arrangements with the available labor force to enable organizations meet their objectives.

The FKE (Code of Conduct) attributes the socio-economic impact of HIV/AIDS on human resources to loss of human capital, especially skilled and high level professionals, loss of production capacity as a result of HIV/AIDS related absenteeism, high staff turnover, high training and replacement costs, high employee healthcare costs and high employee expenses on funerals.

Among key issues in policy development for AIDS in the workplace, FKE urged employers to consider designing coping mechanisms for workers living with HIV/AIDS, to make reasonable alternative working arrangements for victims, educate their employees on HIV /AIDS, facilitate the promotion of programs and policies that increase the availability of affordable anti-retroviral drugs at enterprise level, and encourage the insurance industry to offer medical insurance cover to those infected with HIV. What FKE does not tell us is how it intends to ensure that these policies are formulated and implemented, or what measures it has taken to ensure that employers put in place mechanisms to insure against losses resulting from HIV/AIDS.

Miner and Crane (1995, p5) define human resource management as:

“The process of developing, applying and evaluating policies, procedures, methods and programs to the individual in an organization.”

To them, the human resource component of an organization is a processing unit that plans through job analysis and design, that receives input through recruitment,



selection and deployment, that transforms them through transfer, promotion, development, compensation and safety and health programs, and finally produces output through better performance and high productivity. In Kenya today, one key external influence to organizational effectiveness is the HIV/AIDS (USAID 1999). Hence, labor force characteristics have changed and are no longer predictable. It has also become almost impossible to plan for human resource inputs or to anticipate higher productivity from available resources, unless proper mechanisms of monitoring and understanding the capacity of the available human resources are put in place.

The financial burden on an employee suffering from HIV/AIDS or one with a victim in his family is bound to be overwhelming. According to the Kenya Medical Association, the cost of handling a single AIDS patient has risen to more than Kshs. 573,240.00 per annum (The People Daily, 26<sup>th</sup> April 2002 p24). An employee suffering from HIV Aids is therefore likely to stay absent from work for longer periods. This impacts heavily on productivity, taking into consideration the man-hours lost or the extra labor required to cater for his absenteeism. Inability to afford proper medical care also results in faster death. It is therefore clear that HIV/AIDS is not just a disease like other diseases, but that its impact on Human Resources and hence organizational effectiveness is devastating.

A study undertaken by UNAIDS and World Health Organization (AIDS Epidemic Update, December 2001, p8) acknowledges that replacing skilled professionals is

a top priority, especially in low income countries where governments depend heavily on a small number of policy makers and managers for public management. Human resource managers are key policy makers in an organization with regard to issues affecting personnel health (such as HIV/AIDS) and impacting heavily on organizational effectiveness. The report continues to state that a successful response to AIDS therefore requires that essential public services such as health, education, security and proper governance be maintained. It recommends that each sector take account of HIV/AIDS in its own development plans and introduce measures to sustain its functions. In an organization, such measures include sound health and safety policies, and good compensation that can reduce the financial and physical burden on victims.

Hamid (2001), an international consultant, who was the director of the ILO's multi-disciplinary task team (SAMAT), gave a presentation on the impact of HIV/AIDS on the world of work. To him, high rates of morbidity and mortality from HIV/AIDS provoked reduced supply of labor, loss of skilled and experienced workers (not only will the size of the workforce be affected but also its quality, given that many of those infected with HIV/AIDS are experienced and skilled workers in both blue-collar and white-collar jobs), changes in the composition of the labor force, a mismatch between human resources and labor requirements. In his conclusions however, he focused more on worker's rights and the role of the government and the society. The role of the organization was not clearly outlined.

While information on responses to the HIV/AIDS pandemic might be lacking in Kenya, responses of Human Resource managers in Southern Africa and Uganda have been very encouraging. In Botswana for instance, the Botswana Meat Commission began its HIV/AIDS prevention and care program in 1991. With a workforce of 1500, it put in place an ongoing HIV/AIDS education program for all workers, provision of condom dispensers, STD treatment for workers and their partners at the workplace clinic and HIV counseling for employees and their families. In this organization, when fitness is impaired by HIV-related illnesses, HIV positive workers are given less strenuous jobs until they are no longer able to work (UNAIDS, 1998). While this is the practice, there is very little known about the success of this program in reducing infection.

In South Africa, the Anglo American Corporation has had a full-time AIDS education officer since 1980s, and has encouraged all its companies to set up AIDS awareness programs (UNAIDS, 1998).

The ILO's global programme on HIV/AIDS and the world of work (2001) rests on five pillars:

- ◆ To improve knowledge and understanding of the economic, labour force and social consequences of HIV/AIDS
- ◆ To pursue advocacy and raise awareness of the socio-economic impact of HIV/AIDS and its implications for workers' rights

- ◆ To set standards and frame laws that guide national action against HIV/AIDS and oppose discrimination
- ◆ To strengthen the capacity of employers' and workers' organisations, and mobilise their contacts and resources, for education and prevention, counselling and support, and action against discrimination;
- ◆ To apply specialist expertise of the I.L.O's sectoral and technical co-operation programmes to particular workplace needs, especially in training, social security, and safety and health at work.

With such a comprehensive program, it would be expected that a follow-up mechanism is put in place too. Apparently, this is lacking in many organizations.

### SUMMARY OF LITERATURE

Although there exists vast literature on health and safety and excellent policy guidelines for human resource management, some glaring gaps need to be filled. Policy guidelines and formulation is not sufficient. Efforts need to be made to ensure their implementation, if possible provide various scenarios for implementation. Most policies formulated do not take into consideration differing circumstances of each organization. For instance, what may work perfectly in an organization in Europe may not work the same way in an organization in Africa, or Asia given the socio-economic, cultural and political differences. It is imperative to consider differences in the structure of the labour forces, government regulation and legislation, union power and environmental influences. Another gap in the literature available is the necessity to update existing policies

to enable them cope with new hazards. Most studies seem to be specific to circumstances rendering them reactive, other than proactive. It is thus our hope that this study will help fill some of these glaring gaps.

# CHAPTER THREE

## RESEARCH METHODOLOGY

### **(a) The Population**

The population of study consisted of insurance companies operating in Nairobi. Due to the time and resources available, the study was limited to Nairobi.

### **(b) The Sample**

The sample of study consisted of 38 insurance firms in Nairobi (See Annex V). This is the total number of insurance firms that are officially registered with Commissioner of Insurance and which are legally mandated to undertake insurance activities. The number was deemed adequate for the study and thus the entire population was used to undertake the survey. The sample of study consisted of 60 key informers. One key informer was the HR manager and one employee from each organization. Human Resource Managers were chosen specifically because they know and understand organization's HR policies, given that they are the key actors in both formulation and implementation of such policies. The employees were selected randomly. From a list of employees who have been in the organization for more than two years, we used the random sampling technique to select one employee from each organization. The two-year period was considered long enough to enable the individual gain reasonable understanding of organization's policies and practices concerning HIV-AIDS. One limitation however was that in some organizations, there was only one

employee who had been in the organization for more than two years and had to be selected for the survey. In a few other, the employers did not cooperate in giving all the names of the employees that we required to construct a sampling frame. Where this happened, a convenient sample was used, whereby questionnaires were distributed to any ten accessible employees in each organization. This obviously is a limitation.

**(c) Data Collection**

The study largely utilized primary data. The data was collected using a questionnaire. It consisted of both closed and open-ended questions. For responses that were not clear, follow-up interviews were conducted to seek clarification (specifically with Human resource managers).

**(d) Data Analysis**

The data collected was coded and a statistical analysis Programme (SPSS) used to analyze it. Using this method, frequencies of responses from managers were compared with those of non-managers. Percentages were then used to summarize the data.

# **CHAPTER FOUR**

## **DATA ANALYSIS AND FINDINGS**

### **4.1. INTRODUCTION**

This study relied primarily on key informers. Our respondents consisted of both Human Resource managers and Employees. This section is therefore divided into two parts: part (a) analyses the respondents of employees while part (b) analyses those of the Managers. In reading the results presented in this chapter, it should be noted that the percentages of the respondents represent the percentages of the organizations the respondents come from, i.e., the sampling unit is the organization.

#### **4.1. Employees' Profiles**

Questionnaires were distributed to thirty insurance firms operating in Nairobi. Ten outrightly declined to participate in the study, citing the sensitivity of the subject of investigation and twenty accepted to fill them. Out of the 20, there was a response from eleven or 55%. We obtained responses from employees in various categories, ranging from Risk/Claims managers, Secretary, Sales Agents, departmental Managers, Administrative Assistants to Accountants. Each of these had a response rate of 16.7%. The department which the responsible respondents worked in were the Claims department (25%), Medical department (25%), Risk Acceptance department (25%), and Human resources department (25%).



## Demographic Profile

Out of the 11 employees who responded, 7 were female while 4 were male. Although 25% of respondents were from foreign owned firms, all respondents were Kenyan citizens. Out of the 11 employers who responded, 9 were male and two were female.

36.4% of the respondents have worked in the organization for 3 years. 27.3% have worked for 2 years, 18.2% have worked for 4 years, 9.1% have worked for 6 years and 9.1% have worked for over 10 years in the organization they work for. This information is presented in Table 1 below.

**Table 1 : Length of time worked in the Organization (n=11)**

<b>Period worked in the Organization</b>	<b>Response %</b>
At least two years	27.3%
At least three years	36.4%
At least four years	18.2%
At least six years	9.1%
More than ten years	9.0%
<b>Total</b>	<b>100%</b>

### 4.2. Organizational Policy on HIV/AIDS

72.7% of the respondents do not have any policy on HIV/AIDS. Only 27.3% have any policy at all on HIV/AIDS. The benefits of the policy on HIV/AIDS, according to 11.1% of the respondents from organizations that have such a policy, are as follows: Open information on HIV/AIDS was available. 11.1% of the respondents indicated that the benefit if HIV/AIDS positive, treatment was available for up to 3 members of the family. Another 11.1% indicated that they were working on the policy; 16.3% indicated that the policy offered

encouragement and support through counseling; 50% indicated that their companies pay 80% of HIV drugs for employees. These findings are presented in the table below.

**Table 2 : Benefits of Organizational policy on HIV/AIDS (n=11)**

<b>BENEFIT OF ORG. POLICY ON HIV/AIDS</b>	<b>RESPONSE %</b>
Open Information on HIV available	11.10%
If positive offer of Treatment for upto 3 family members	11.10%
None	11.10
Pays 80% of HIV drugs for Employees	50.00%
Encouragement & support through counseling.	16.70%
<b>Total</b>	<b>100%</b>

66.7% of the respondents indicated that the organizational policy on HIV/AIDS has been in place for 2 to 4 years; 33.3% indicated that the policy has been in place for 2 years or less; 33.3% of the respondents came to know about the policy through communication in the employment contract. Another 33.3% came to know about it after joining the organization and 33.3% did not know about it.

#### **4.3. General Medical Cover for Employees**

62.5% of the respondents indicated that there is a general medical cover for employees in the organization. The medical scheme according to 20% of the respondents, covers inpatient upto Kenya Shillings two hundred thousand and outpatient upto Shillings one hundred thousand per year; Another 20% of the respondents indicated that the scheme covers 80% of outpatient upto shillings 150,000; a further 20% of the respondents indicated that the cover offered a

maximum benefit of Ksh. 36,000 for outpatient and Ksh. 220,000 for inpatient; 20% indicated that the benefit included outpatient and hospitalization and another 20% indicated a benefit of unlimited outpatient cover and a limit of 2 million shillings for in-patient. Table 3 shows the details.

**Table 3 : Benefits of General Medical Cover for Employees (n=11)**

<b>BENEFIT OF GENERAL MEDICAL COVER</b>	<b>RESPONSE %</b>
Inpatient cover upto Sh. 200,000 and outpatient cover upto 100 p.a.	20.00%
80% outpatient cover upto Sh. 150,000 p.a.	20.00%
Maximum of Sh. 36,000 outpatient and Sh. 220,000 inpatient	20.00%
Outpatient Hospitalization	20.00%
Unlimited Outpatient and Sh. 2 million limit inpatient.	20.00%
<b>Total</b>	<b>100%</b>

If an employee became HIV/AIDS positive, 40% of the respondents indicated that they will be covered for hospitalization and outpatient for a set limit. 20% indicated that there would be no benefit for them, 20% indicated that they would get medical loan, and 20% indicated that they would benefit even though HIV is a standard exclusion. 80% of the respondents indicated that the general medical policies cover employee and the family while 20% indicated that the policies cover the employee only.

#### **4.4. Information on HIV/AIDS**

75% of the respondents indicated that, information on HIV/AIDS was not readily available at the place of work. 25% indicated that such information is readily available. 88.9% of the respondents indicated that they would comfortably work

with an HIV positive employee in the same department while 11.1% would not. All the respondents (100%) indicated that they have never undergone any training on how to deal with HIV/AIDS patients.

55.6% of the respondents indicated that they would not declare their HIV status to the employer, while 44.4% indicated they would declare their status. 66.7% of the respondents indicated that the employer does not organize any AIDS awareness activities while 33.3% of the respondents indicated that the employer organizes AIDS awareness activities. Counseling was the main activity in 50% of organizations that organize HIV/AIDS awareness. 33.3% indicated that the activities entailed talks on HIV/AIDS, while 33.3% indicated that the activities consisted of talks and video presentations by experts. 75% of the respondents participate in these activities while 25% do not participate. For those who participate, all of them indicated that they listen and ask questions. The table below recapitulates these findings.

**Table 4 : Information from Employees on HIV/AIDS in the workplace**

<b>Information from Employees</b>	<b>Yes (%)</b>	<b>No (%)</b>	<b>Total</b>
Whether information on HIV/AIDS was readily available at the place of work	75%	25%	100%
Whether the employees would comfortably work with an HIV positive employee	88.9%	11.1%	100%
Whether employees would disclose their HIV status to the employer	55.6%	44.4%	100%
Whether the employer organizes any AIDS awareness activities	66.7%	33.3%	100%

#### 4.5. HIV/AIDS Tests

77.8% of the respondents have undergone HIV/AIDS test while 22.2% have not. Of those who underwent tests, 57.1% did so voluntarily, while 42.9% underwent compulsory tests. Of those who underwent the test involuntarily, 28.6% indicated that it was a pre-employment test; 7.6% did so because of a suspected infidelity; 7.6% underwent the test as part of a medical examination and 7.6% underwent the test because they were taking a life insurance policy. 50% indicated that they took the test involuntarily at a blood donation.

#### 4.6. HIV/AIDS Status

All the respondents indicated that their organizations do not participate in HIV/AIDS awareness campaigns. The respondents had varied views on whether the employer and colleagues should know their HIV status; whether employees with HIV should be given special treatment e.g. flexible working hours; whether all employees should be involved in sensitization activities on HIV/AIDS; whether all employees should undergo regular tests for HIV/AIDS; and whether HIV/AIDS should be discussed in the work place (see table below).

**Table 5: HIV/AIDS Status (n=11)**

Status	Strongly Agree	Agree	Neither Agree Disagree	Disagree	Strongly Disagree
All employees should be involved in HIV/AIDS sensitization activities	81.8%	18.2%	0.0%	0.0%	0.0%
Employer should know about employee's HIV status	27.3%	45.5%	9.1%	0.0%	18.2%
Colleagues should know about employee's HIV status	9.1%	45.5%	9.1%	0.0%	36.4%
All employees should undergo HIV/AIDS tests	9.1%	9.1%	54.5%	9.1%	18.2%
HIV/AIDS should be discussed in the work place	0.0%	0.0%	0.0%	0.0%	100.0%
Employees with HIV/AIDS should be Given special treatment	0.0%	45.5%	36.4%	18.2%	0.0%

From Table 5, 81.8% of the respondents strongly agree with the statement that all employees should participate in HIV/AIDS sensitization. Those who simply agree were 18.2%. All the respondents strongly disagree with the statement that HIV/AIDS should be discussed in the work place. The implications of these findings are highlighted in the discussions and conclusions in chapter five of this study.

#### **4.7. Aspects of the Organizational Policy on HIV/AIDS that are difficult to cope with**

33.3% of the respondents indicated that there are aspects of the policy that they find difficult to cope with. 66.7% indicated that there are no aspects difficult for them to cope with. The aspects that are difficult to cope with according to the respondents (100%) is undertaking compulsory regular tests. 50% of the respondents indicated that the problem they experience in the implementation of the policy was the forced testing and they felt that employers should encourage, rather than force testing. The other 50% do not have any problem with the policy. 66.7% of the respondents do not think that the policy is satisfactory in meeting the needs of employees while 33.3% indicated that the policy is satisfactory. For those who indicated that the policy is not satisfactory in meeting the needs of the employees, 16.7% of them indicated that more active involvement of management was required. 50% indicated that dependants should be catered for by the

organizations. 33.3% indicated that training of all managers at all levels on HIV/AIDS should be undertaken to facilitate HIV/AIDS policy implementation.

#### 4.8. Organizational Size by Number of Employees

54.6% of the organizations have less than 100 employees; 18.2% have 100 to 150 employees; 9.1% have between 151 and 191 employees, and 18.2% have over 250 employees.

#### 4.9. Types of Insurance

**Table 6 : Types of Insurance**

Type of Insurance	Response %
Medical	19.5%
Life	15.8
Building and Property	2.1%
General Insurers	9.9%
Motor Vehicle	30.6%
Education	20.0%
All	2.1%
<b>Total</b>	<b>100.0%</b>

As shown in Table 6, 30.6% of the respondents offer motor vehicle insurance; 20% offer education insurance; 19.45 % offer medical insurance; 15.98% offer Life insurance; 9.85% offer general insurance; 2.075% offer building and property insurance; and 2.075% of the respondents offer all types of insurance.

#### **4.10. Ownership**

75% of the organizations are locally owned, while 25% are foreign owned. Of those who were responsible in responding to the questionnaires in these organizations, 66.7% were human resources managers, 8.3% for each of the following: Underwriting manager, Sales manager, Manager for special projects, and personnel manager. This was due to the fact that some of the organizations do not have human resource managers and the managers who filled the questionnaires for Human resource managers are those who undertake policy implementation in the organization. 66.7% of the respondents consider HIV/AIDS a threat to their organization. 33.3% think otherwise.

#### **4.11. Presence of a policy on HIV/AIDS**

According to 66.7% of the respondent employers, their organizations do not have organizational policy on HIV/AIDS. Only 33.3% of the respondent employers indicated that they have organizational policy on HIV/AIDS. 75% of employers with a policy indicated that their policy is written. 50% of the respondents employers indicated that the policy has been in place for 3 years; 25% that it has been in place for 5 years and 25% indicated that it has been in place for 1 year.

#### **4.12. Formulation of the Policy**

On the formulation of the policy, all respondents indicated that Top management was involved in the formulation; 25% of the respondent employers indicated that other managers were involved; None of the respondents indicated involvement of



the all the managers, human resources department, all managers and employees, or external consultants in the formulation of the policy.

#### **4.13. Communication of the Policy**

All the respondents indicated that the policy has been communicated to the employees; 25% indicated that the communication was done through the employment contract; 50% indicated that it was done through an internal memo circulated to all employees; 25% indicated that the communication was done verbally at employment. All the respondents indicated that the human resources manager is responsible for the implementation of the policy.

#### **4.14. Objectives of the Policy**

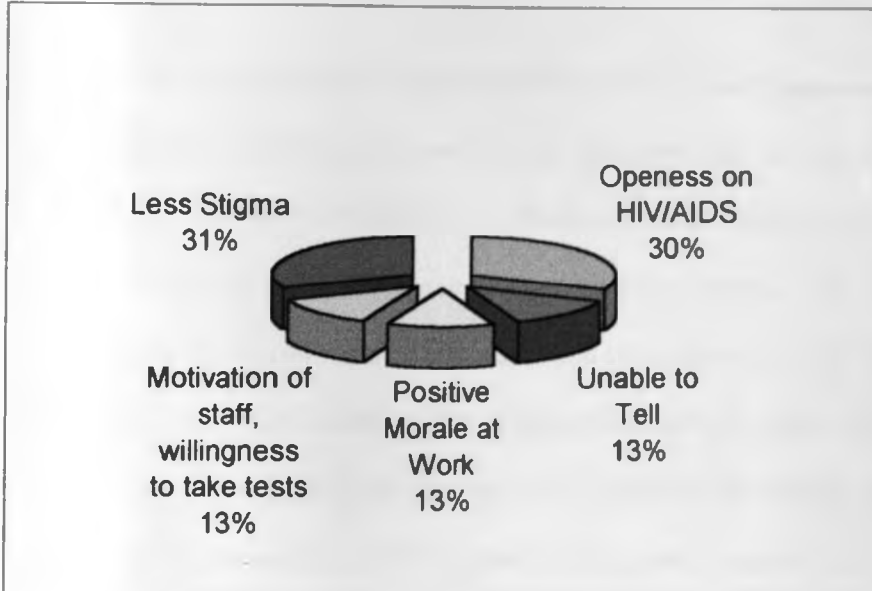
The main objectives of the policy, according to 25% of the respondents, was to avoid losses through sudden death, 25% of the respondent employers indicated that the main objective was to implement the headquarters' legal requirements; another 25% indicated that the policy was formulated in line with their affirmative action plan; 6.25% respondent employers indicated that the policy was meant to be: part of employees benefit scheme, prevent emergencies at work, part of a long term strategic plan, to motivate employees.

#### **4.15. Evaluation of the Policy**

All the employers indicated that, the policy has not been evaluated since its inception. According to 33.3% of the respondents, lack of evaluation was due to

the fact that the policy had not yet attained the 5 years required before evaluation. 33.3% indicated that evaluation has not been carried out because they have not had any complaint about it; while 33.3% indicated that evaluation has not been done because the policy was still new.

#### 4.16. Achievements of the Policy



**Figure 2: Achievements of the HIV/AIDS policy**

Figure 2 shows that 31% of the respondents considered decrease of stigma as one of the achievements of the HIV/AIDS policy; 30% indicated that there was more openness on HIV/AIDS; 13% indicated increased motivation of staff willingness to take tests and positive morale at work and 13% were unable to tell the policy achievements.

#### **4.17. Knowledge of Employee HIV/AIDS Status**

All the respondents indicated that they know their employees' HIV/AIDS status. 75% of the respondents know the HIV/AIDS status of their employees from compulsory pre-employment testing and 25% from routine checks. All respondents indicated that their organizations encourage their employees to undergo regular tests.

#### **4.18. Training on How to Deal with HIV/AIDS Patients/Employees**

50% of the respondents indicated that the managers and the supervisors have undergone training on HIV/AIDS. For those who have undergone training, 25% have undergone emergency training on handling victims, and 25% have undergone training on handling depression and stress related to HIV/AIDS, while 50% have undergone training on psychosocial treatment of victims. Out of those who have not undertaken any training, 75% indicated that there was no budget allocated for the training; 25% indicated that the policy was new and still being developed.

#### **4.19. Medical Cover for Employees**

All those who responded indicated that they have medical cover for their employees. 75% of these indicated that the medical cover includes HIV/AIDS positive employees. 25% of them indicated that the cover does not cater for HIV/AIDS positive employees. The benefits of the medical cover according to 25% of the respondents include: inpatient cover upto Ksh. 200, 000 annually; and

according to 41.7%, it includes outpatient hospitalization of upto Ksh. 100,000 per year. 33.3% indicated that it includes 80% payment for HIV drugs for HIV positive employees.

The benefits of the medical cover to the employees according to the respondent employers include inpatient care (100%). All of the respondents indicated that their medical cover benefit employees in outpatient care; 50% indicated that the cover caters for accidents; 25% indicated paid sick leave; 25% indicated funeral expenses as a benefit of the cover; all indicated routine checkups, among others. All respondents indicated that the cover takes care of the employee and family. These findings are in Table 5.

**Table 7 : Benefits of the Medical Cover**

<b>Benefits of the Medical Cover</b>	<b>Response %</b>
Inpatient Care	100.0%
Outpatient Care	100.0%
Accident Cover	50.0%
Paid Sick Leave	25.0%
Funeral Expenses	25.0%
Routine Check-ups	100.0%

#### **4.20. Employee Education Programs on HIV/AIDS**

75% of the respondents indicated that their organizations have education programs on HIV/AIDS. 25% indicated that they do not have an education program on HIV/AIDS. These education programs were varied and are presented in Table 6.

66.7% of respondents give talks on HIV/AIDS; 14.7% give video shows on HIV/AIDS; and 18.6% of the respondents provide safety guidelines on handling HIV/AIDS patients. The programs offered are summarized in Table 6.

**Table 8 : Education programs on HIV/AIDS for Employees.**

<b>Education Programs</b>	<b>Response %</b>
Talks on HIV/AIDS	66.7%
Video shows & Illustrations	14.7%
Safety Guidelines on Handling Patients	18.6%
<b>Total</b>	<b>100%</b>

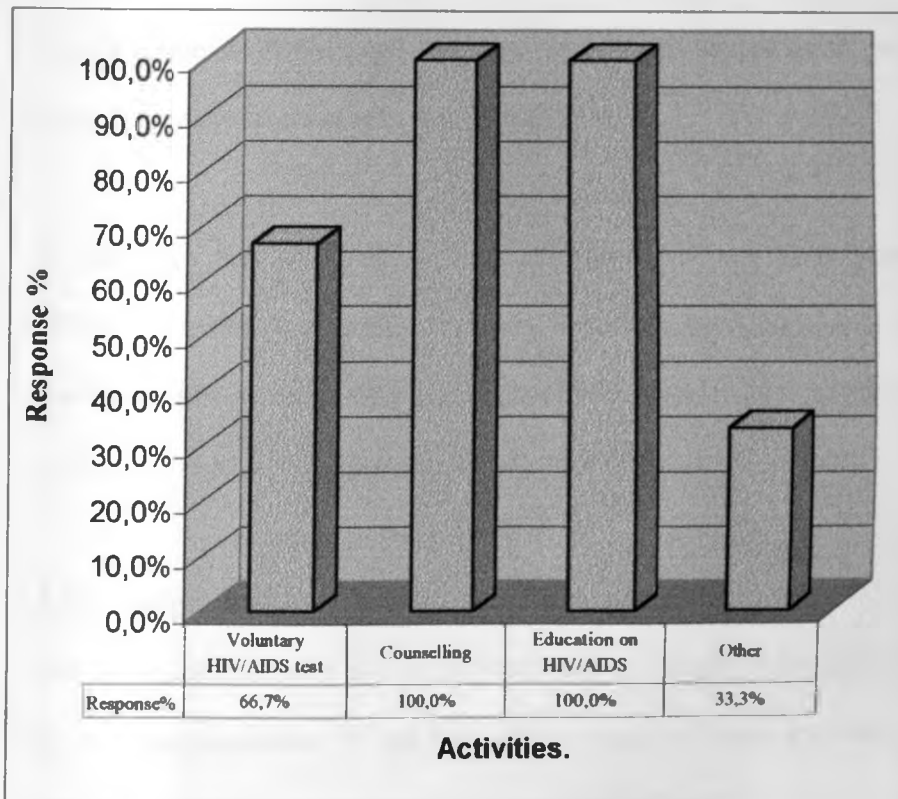
33.3% of the respondents did not specify how often they had these education programmes; 33.3% of the respondents indicated that the programs are undertaken twice a year; and 33.3% indicated that the programs are undertaken annually. Only 25% of the respondents freely discuss the impact of HIV/AIDS with the employees. The other 75% of the respondents do not or did not respond to the question. 50% of the respondents claimed that there was a lot of stigma attached to HIV/AIDS and 25% cited lack of sufficient time; 25% of the respondents indicated that they only discuss freely during workshops or talks.

33.3% of the respondents indicated that the managers from their organizations execute the education programs; 100% or all the respondents indicated that guest speakers from the organization execute the programs; 66.7% of the respondents

indicated that medical experts execute the programs and 33.3% of the respondents indicated that others do the execution of the programs.

**4.21. Activities Undertaken in Response to HIV/AIDS in the workplace**

66.7% of the respondents indicated that they encourage voluntary HIV/AIDS testing; while 25% indicated that they undertake counseling in response to HIV/AIDS in the workplace. All the respondents indicated that they undertake education on HIV/AIDS while 33.3% engage in other activities in response to HIV/AIDS in the workplace. These are shown in the Figure 3 below.



**Figure 3 : Activities Undertaken in response to HIV/AIDS in the Workplace**

Activities provided when an employee dies included the following:

**Table 9 : What the company provides in case of death of an employee (n=11)**

<b>Provision by Company</b>	<b>Response%</b>
Pay for Funeral Expenses	75.0%
Provide transport for Employees to attend funeral	25.0%
<b>Total</b>	<b>100%</b>

The table above, 75% of the respondents indicated that they provide for funeral expenses; 25% provide transport for the employees to attend funerals and all the respondents indicated that they request voluntary support from other employees. All the respondents indicated that these benefits are offered to all employees including those suspected to have died of HIV/AIDS.

If assistance was available to help the respondent employers respond to HIV/AIDS, all of them would request for financial support; 25% would request for support to develop a workplace program; 50% would request for training; and 25% would request for counseling for the employees.

#### **4.22. Budget for the Implementation of HIV/AIDS Policy**

All the respondents with policies indicated that their organizations have budgets for the implementation of the HIV/AIDS policy. All these respondents also indicated that their organizations fully support the budgets.

#### **4.23. Challenges in the Implementation of Organizational policy on HIV/AIDS**

Out of the respondents with policies on HIV/AIDS, 25% indicated that the challenge of implementation of the HIV/AIDS policy is obtaining management commitment; All the respondents indicated that the financial constraints posed a major challenge; 25% of the respondents indicated that the challenge entailed dealing with attitudes of employees; 50% of the respondents indicated that obtaining support from other organizations e.g. counseling and Medicare was a big challenge. Another challenge in implementation of the policy is, according to 75% of the respondents, sustaining involvement of management and employees in the program; 75% also indicated that ensuring confidentiality and non-discrimination is a big challenge; and 50% indicated other challenges, which were not specified. Table 10 below shows the summary of these challenges.

**Table 10 : Challenges in the Implementation of the HIV/AIDS policy**

<b>Challenges in the Implementation of HIV/AIDS policy</b>	<b>Response%</b>
Obtaining management commitment	25.0%
Financial Constraints	100.0%
Dealing with attitudes of employees	25.0%
Obtaining support from other organizations	50.0%
Sustaining involvement of management and employees	75.0%
Ensuring confidentiality and non-discrimination	75.0%

#### **4.24. Overcoming the Challenges of Implementation of HIV/AIDS policy**

To overcome the challenges of implementation, 25% of the respondents indicated that there was need to educate all employees on HIV/AIDS more than once a year;



25% of the respondents indicated that they would try to get support from government and other organizations; 16.7% indicated that they would involve entire industry in the fight against HIV/AIDS; 16.7% of the respondents indicated that they would encourage more participation by employees and organizations in the campaigns; and 16.7% indicated that there is need for a more comprehensive education program on HIV/AIDS.

**Table 11 : Overcoming the challenges.**

<b>Overcoming the Challenge in the Implementation of HIV/AIDS Policy</b>	<b>Response%</b>
Involve entire industry in the fight against HIV/AIDS	25.0%
More participation by employees and organizations in the campaigns	100.0%
Need for more comprehensive education programme	25.0%
Educate all employees more than once a year	50.0%
Getting support from government and other organizations	75.0%

#### **4.25. Comparison between Responses of Local and Foreign Companies**

While all respondents from foreign owned companies consider HIV/AIDS to be a threat to their organizations, only 55.6% of the local companies do. 11.1% of the respondents from local firms indicated that they have a policy on HIV/AIDS while all the foreign companies' respondents indicated that they have a policy on HIV/AIDS. According to all (100%) the respondents from local firms, their organizations do not have a written down policy while all (100%) of the foreign companies' respondents indicated that their policy was written. All the respondents from both local and foreign firms indicated that their policy on HIV/AIDS has not been evaluated. This clearly indicates that local firms have not

taken any proactive measures against HIV/AIDS in the workplace. All the respondents, both local and foreign, indicated that their organizations have medical cover for their employees; while all local respondents whose companies' have a medical cover for their employees cover all employees including those who are HIV/AIDS positive. 66.7% of the foreign companies' respondents indicated that their medical cover includes also those who are HIV/AIDS positive. As observed from these findings, employers seem to be content with a general medical cover for all employees, indicating that HIV/AIDS has so far been treated like any other disease and has not been given any priority in the organization, despite the awareness of its specific threat to organizational effectiveness.

This chapter dwelt mainly on the presentation of the findings of the study. The implications of these findings and conclusions drawn are discussed in chapter five. The study took this approach given the nature of responses, that is, two sets of responses from employers and employees.

## CHAPTER FIVE

### **DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

This chapter provides conclusions from the findings reported in chapter four in relation to the objectives of the study. The chapter is divided into four parts. Part one gives a recap of the study outlining its objectives. Part two attempts to draw relationships between responses of employees and those of managers, those of local firms and foreign ones. It attempts to provide explanations for the various responses and draws conclusions based on the findings. Part three of the chapter attempts to proffer suggestions for improvement. The last part is an outline of the limitations of the study.

Despite the existence of elaborate policy guidelines and frameworks from the International Labour Organisation (ILO), the Kenya Government and the Federation of Kenya Employers (FKE), employers in insurance firms still lack sound policies to tackle the problem of HIV/AIDS in the workplace.

This study sought to evaluate the objectives and content of policies that organizations in the insurance industry in Kenya have put in place to deal with the problems presented by HIV/AIDS in the workplace. This was with a view to establishing the magnitude of the presence or absence of sound policies to address

the HIV/AIDS pandemic. Similarly, it sought to find out the challenges that the Insurance industry has faced in the implementation of the said policies.

The study begun from the assumption that there exist adequate policy guidelines and framework to enable Human Resource Managers put in place sound policies to counter the HIV/AIDS pandemic. It sought to examine the policies organizations have put in place, specifically their content, and objectives for which they were set. It also sought to identify challenges that organizations have had in implementing these policies.

The findings of the study, however, showed that there were still major strides required in the insurance industry to overcome the negative impacts of the HIV/AIDS pandemic. Although some firms have specific policies on HIV/AIDS, these policies are not comprehensive and have not been fully implemented. HIV/AIDS is still considered a sensitive issue that cannot be openly discusses, and this reflects the stigma that still persists at the workplace. This was reflected during our introduction of the study and issuance of the questionnaires to the respondents.

## **5.2 CONCLUSIONS**

The focus of this study was on the responses of Human Resource Managers to the HIV/AIDS pandemic. The study endeavoured to achieve this through analysis of the policies that firms in the insurance industry have put in place to respond to the

pandemic. 72.7% of respondents from local firms indicated that they had no specific policies on HIV/AIDS. Instead, they claimed to have medical covers that cater for all employees, including those infected with HIV/AIDS. However, 72.7% of respondents from these organizations did not know of any policies that catered for victims of HIV/AIDS at their place of work. Half of the respondents indicated that they would not tell their employers of their HIV status. While the Human Resource managers indicated that they had communicated these responses to their employees, more than half came to learn of the policy on their own. From these findings, we can conclude that the most local firms do not have any specific policy on HIV/AIDS and the medical cover in place does not adequately cater for HIV/AIDS. This is based on the finding that employees are reluctant to tell their employers of their status and are opposed to regular HIV tests. If employees were satisfied that they have a medical cover and that their employer would take care of them if they tested positive, this fear would not be there.

We can also conclude that the medical cover for employees have has not been properly communicated to the employees. 33.3% knew of it at employment, and another 33.3% read it in their employment contracts, while the remaining 33.3% only got to hear about it in the course of their employment, although they do not indicate how. This shows that there is a failure in communication of the policy or practice from the management to the employees.

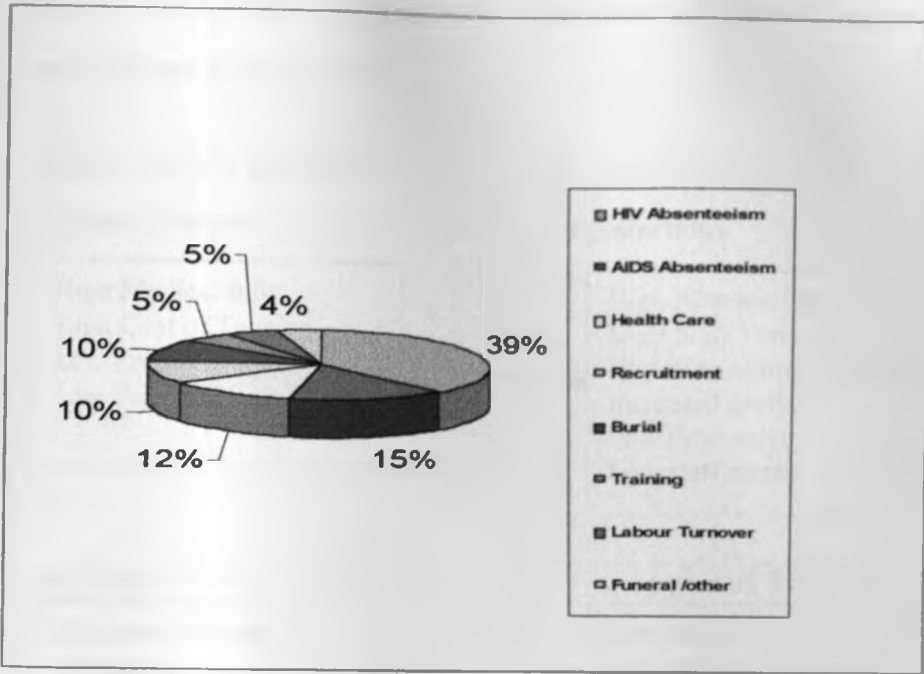
75% of respondents indicated that information on HIV/AIDS was not available at their place of work. All respondents indicated that they have not undergone any training on HIV/AIDS. 66.7% indicated that their employer does not organize any HIV/AIDS awareness activities. From these findings, we can conclude that the response of most organizations has been limited to medical insurance at best. There is a general lack of information on HIV/AIDS at the workplace, and organizations have shown little commitment to undertaking elaborate programs on HIV/AIDS. This is despite the acknowledgement by 81.8% employees that they should be involved in sensitization activities. We can also conclude that this attitude is based on the finding that most local firms do not consider HIV/AIDS a serious threat to their organization.

In seeking to understand the objectives for which the policies were set up, for those organizations with policies, our findings indicated that most policies were either formulated at Head office or by top managers. Objectives for formulation were not outlined. This is an indication that the entire process of policy formulation excluded key actors in implementation. If this was not the case, the respondents would clearly indicate reasons why the policies were set up. The lack of sufficient knowledge of the policies by employees also indicates that there was little or no consultation at all at formulation stage. For a policy to be successfully implemented, all actors need to be actively involved from the level of formulation. This would eliminate barriers at implementation. One key aspect that employees from organizations with policies found difficult to cope with was the compulsory

testing. This means that the policy has been imposed on them as targets of implementation, and this in itself is a barrier to successful implementation

66.7% of Human Resource managers indicated that their organizations do not have policies on HIV/AIDS, but that they had a medical cover that catered for their employees. Reasons given for this ranged from lack of funding and lack of management commitment. What we can conclude from this finding is that managers in these firms do not consider HIV/AIDS a threat to their organizations. This is despite the existence of alarming statistics on the devastating impacts of HIV/AIDS. While considering immediate financial implications, organizations should also look at short-term and long-term impacts HIV/AIDS is likely to have on their organizations and on the overall labour market if no appropriate measures are taken.

A study undertaken by Roberts and Rau (1994), on the private sector Aids Policy, examined in detail costs incurred by four Kenyan firms due to HIV/AIDS. Results showed that the four companies spent on average 4% of their annual profits on their employees suffering from AIDS. The most significant factor in labour costs was absenteeism due to HIV or AIDS, which accounted for 52% of total AIDS-related costs, as show in the figure below.



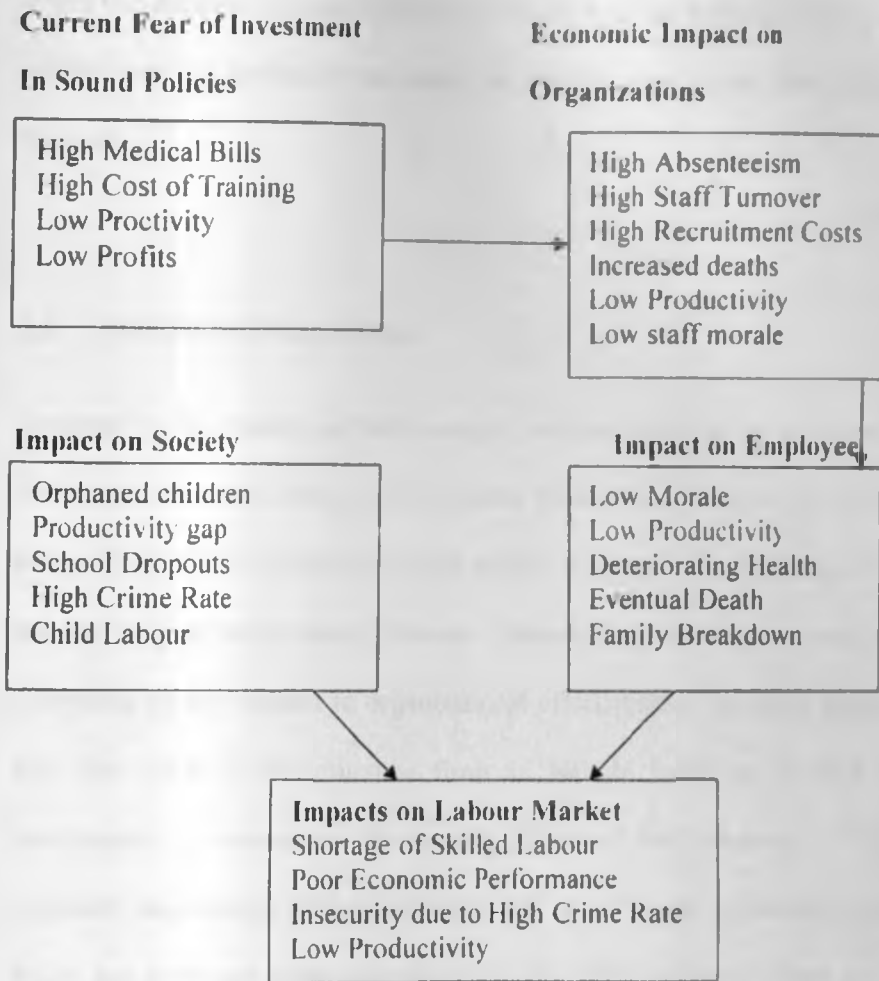
**Figure 4 : AIDS-related Cost Incurred by Four Firms in Kenya**

From this chart, it can be noted that non-medical costs are higher than medical costs. Organizations should thus not only concentrate on cutting medical costs such as medical insurance. Although in the short term, these costs might appear too great to bear, in the long run, they would be greatly minimized if appropriate measures are put in place.

Our findings showed that many local organizations did not consider HIV/AIDS a threat to their organization. This is because they had not encountered any cases of HIV/AIDS yet. Although HIV/AIDS may not affect the organizations today, if no sound policies are put in place to counter its negative effects, the future for these organizations is bound to be grim, given the subsequent imbalance in the labour



market. Figure 4 below gives a possible future scenario if adequate measures are not taken by organizations today.



**Figure 5: Long term Impact of HIV/AIDS on Organizations**

Generally, our findings showed a significant difference between the responses of foreign firms and those of local firms. While all foreign firms find HIV/AIDS a threat to their organization, most of their counterparts in local firms did not. This points to both lack of knowledge and awareness in local firms and lack of

commitment to putting in place proactive measures to handle crises. From our findings, we can conclude that the size of organization or its operations did not affect the response towards HIV/AIDS. Most firms in our study handle almost similar types of insurance businesses, but this does not in any way affect their response.

### **5.3 RECOMMENDATIONS**

Concern for the health and well-being of workers is becoming an increasingly important issue. According to the current UNAIDS Update on HIV/AIDS in Kenya (July, 2002), one in every eight adults is HIV positive. Similarly, 500 lives are lost daily to AIDS related illnesses. Despite this alarming statistics, and the awareness of their impact to organizational effectiveness, our study reveals that less than 30% of the insurance firms in Nairobi have put in place sound mechanisms to counter the devastating effects of the pandemic. While the historical involvement of most managers has been limited to medical insurance, this is not sufficient in the case of HIV/AIDS. This epidemic affects the entire community and requires intervention at different societal levels. Workplace programs need to take a multidimensional policy approach. The attitude of most organizations has been that they have not yet been affected by the epidemic and so it does not pose a threat to them. Paradoxically, this attitude coincides with significant improvements in organizational management. The key question that emerges then is that do these organizations really assume that the environment in

which they live is stable? Do they value their human resources as much as they do their fixed assets? If so why won't they adopt a proactive approach? It is our hope that the recommendations below would suffice in responding to this paradox

#### **(a) Mobilizing Resources for Successful Implementation of the Program**

Although corporations have long been involved in health issues in terms of occupational health and safety, providing insurance packages (for most) and employee assistance programs (in a few), a substantial portion of employees' compensation packages has been limited to healthcare coverage. Asked why this was the case and why there lacked comprehensive programs with a multidimensional approach, Human Resource Managers blamed this inadequacy on lack of appropriate funds. Although this might be the case, organizations cannot just sit back and ignore the situation. Organizations can attempt to mobilize resources through:

- ◆ **Cost-sharing with the employees:** Just like employees contribute to Social Security and other funds, they can be encouraged to contribute to a health scheme where they, together with their families (if so desired) are covered for all health conditions. According to the Health Belief Model, the perceived benefits of such a scheme, would encourage contributions from employees, knowing that they are the key beneficiaries.

- ◆ **Pool Resources with other Organizations:** Organizations in the same industry or even in different industry can pool resources to set up health facilities for their employees. Currently in South Africa (UNAIDS 2002), organizations are setting up workplace clinics to cater for their employees. Instead of relying on health insurance bodies that might not fully cover their employees, organizations can set up their own clinics or health centers (e.g., a health center for insurance workers or bankers), which will cater for all employees from the industry irrespective of status.
  
- ◆ **Seek support from other Organizations dealing with AIDS:** Several organizations have in the past come up with funding proposals for people working with AIDS. These organizations include USAID, UNAIDS and UNIFEM among others (USAID Report, 1998). Employers should seek to forge strong working relationships with these organizations, since they are the key players in the implementation of workplace programs to the majority of the productive labour force. This will access them some funding and reduce the financial burden on the organization.
  
- ◆ **Lobby the government to obtain cheap anti-retroviral drugs:** Medication for HIV/AIDS is generally expensive and the cost of maintaining one employee would seem unbearable for any organization. As such, organizations should come together and seek to obtain cheap medication

through seeking exemption from importation of anti-retroviral drugs or even enter into agreements with manufacturers to obtain cheaper drugs.

- ◆ **Develop Strategic Plans with Effective and Transparent Accounting systems:** Organizations sometimes tend to overlook the issue of health and limit it to medical insurance of a given amount. However, given the overwhelming impact of HIV/AIDS on employees, hence on the organization, employers should set strategic plans that will enable them prioritize and develop budgets with adequate monitoring and evaluation mechanisms. This would also be one way of ensuring management commitment to the fight against AIDS.

**(b) Broaden the Scope of formal and Informal Education at the workplace to improve and Enhance Health and Well-Being**

Any HIV Prevention program must first and foremost envisage behavioral change. As stated in our theoretical framework, behavior patterns are at the core of the success of any prevention efforts. The Aids Risk Reduction Model (ARRM) and the Health Belief Model provide a framework within which policies on health related behavior can be formulated. One's subjective perception of the risk of contracting a negative health condition can encourage change in behavior. Similarly, perceived benefits of strategies designed to reduce the risk motivates behavior change. In this light, Human resource policies designed to prevent HIV/AIDS risk through behavior change should:

- ◆ Incorporate elaborate education programs that will create awareness of the vulnerability of employees to infection
- ◆ Make the programs on-going to sustain involvement of employees
- ◆ Take into account factors increasing vulnerability and put in place mechanisms to reduce risk, e.g. through condom distribution
- ◆ Encourage employees to be active participants, rather than passive targets of programming
- ◆ Ensure follow-up to monitor behavior change

**(c) Extend Workplace Interventions to Include the Local Community**

Society within which organizations exist can constitute a barrier to successful implementation of an HIV program as long as it remains ignorant and vulnerable. During non-working hours, employees interact continuously and are greatly influenced by the local communities. With specific reference to HIV/AIDS, attempting to change an organization without considering its immediate environment would be effortless. Organizations can therefore involve the local communities in their policy through:

- ◆ awareness campaigns
- ◆ supply of information on HIV transmission, risk of infection and prevention
- ◆ Distribution of Condoms to local communities

- ◆ Posters

- ◆ Invite members from their local community during talks on HIV/AIDS

Involvement of local community in such activities will help overcome the barriers of stigma, discrimination and denial which otherwise affects the overall success of workplace programs.

**(d) Put in Place Appropriate Check Systems and Control Measures**

As stated in our introduction, the government of Kenya in its Sessional paper No. 4 directed that all employers put in place Aids Control Units in the workplace. The Federation of Kenya Employers equally developed an exhaustive policy framework to guide employers in their setting of workplace policies to fight against AIDS. The Employment Act (Cap 229) equally demands that employers take charge of the health and safety of their employees under all circumstances. While these guidelines intended to prevent discrimination and ill-treatment of infected employees, no follow-up mechanisms were put in place to ensure adherence. As such, employers in Kenya have been left to treat employees as they please. The government therefore needs to come together and institute legal measures against employers who do not adhere to these guidelines, and especially those who still subject infected employees to ill-treatment of any kind whatsoever.

**(e) Undertake timely reviews and updates of the policies**

Organizations today are operating in turbulent environments characterized by changes in technology, medical research, management styles and instabilities in

the political and economic realms. Thus, there is need for timely and detailed reviews of current policies and regular updates to keep abreast with the environmental changes. Human resource managers need undertake regular analysis of their environment, taking into account the changes that might affect the success of their policies. This can be done through:

- Attending workshops and seminars on HIV/AIDS
- Encouraging talks from experts in various fields related to HIV/AIDS
- Undertaking SWOT analysis of the organization (analysis of strengths, weaknesses, opportunities and threats)

#### **(f) Need for Further Research**

Although there is a lot of talk on HIV/AIDS and awareness campaigns on causes and measures for prevention, there is still need for further research. For instance, modes of transmission are well known, but the actual causes and origin of the pandemic are still a paradox. It therefore becomes difficult to handle a situation whose cause is not clear. In this light, organizations need to come together with labour organizations, such as the Federation of Kenya Employers, Research organizations and NGOs and undertake further research to establish reliable databanks on the HIV/AIDS pandemic. If this is not done, the actual problem (which is HIV/AIDS) will never be tackled.



Generally, organizations need to keep in mind that they are operating in an unstable environment with new variables appearing on the global scene all the time. There is therefore need for proactive approaches rather than the current reactive ones. Workplace policies should anticipate situations that might bear devastating impacts on the organizations effectiveness and thus, preemptive measures need to be put in place. A sound workplace policy needs to consider any other situations, other than HIV/AIDS that might arise with devastating impacts on human resources. Just like organizations heavily insure their fixed assets (given the risks in the current environment, e.g. robbery and fire), human resources ought to be equally valued and adequately insured.

#### **5.4. LIMITATIONS OF THE STUDY**

This main limitation of this study was that data collection was constrained by the attitudes of some organizations to the subject of investigation – HIV/AIDS. Most people still consider HIV/AIDS a sensitive issue and could thus not divulge any information.

## REFERENCES

- Armstrong M. *A Handbook of Personnel Management Practice*. 6<sup>th</sup> edition, Kogan Page Ltd, London, p141 (1995)
- Barnett T. and Blaikie P. *AIDS in Africa: Its Present and Future Impact*. Guilford Press, London, (1992)
- Catania, J.A, Kegeles S.M and Coates T. J., "Towards an Understanding of risk Behaviour: An AIDS Risk Reduction Model (ARRM)", *Health Education Quarterly*, No. 17 p53-72, (1990).
- FKE Code of Conduct on HIV/AIDS in the Workplace. sponsored by the UNDP/NACC, UNDP/KEN/99/001/99, p1
- Fisher (J.D.) & Fisher W.A., "Changing AIDS-Risk Behaviour", *Psychological Bulletin*, III, pp455-474, (1992)
- Flippo B.E., *Personnel Management*, 6<sup>th</sup> Edition, McGraw Hill (1984), p515
- Graham (H.T) & Bennett (R), *Human Resource Management*, 8<sup>th</sup> Edition, Pitman Publishing. (1995)
- Hamid G., "The Effects of HIV/Aids on the Labour Market and the Appropriate Response in Labour Policies and Administration", Arlac Seminar, Harare Zimbabwe, 26<sup>th</sup> – 30<sup>th</sup> March 2001
- Herbert H. and Gullet C.R., *Organization's Theory and Behaviour*, McGraw Hill International Editions, (1975) p195
- ILO Global Programme on HIV/AIDS (2001)
- Miner J.B. and Crane P.D., *Human Resource Management: The Strategic Perspective*, Harper-Collins Publishers, (1995)
- Obel A., *Curbing the HIV/AIDS Menace Effectively*, Circuit City Limited, (1995)
- Roberts M and Rau B, "Private Sector AIDS Policy African Workplace Profiles: Case Studies on Business Managing HIV/AIDS", *Family Health International*, Durham, North Carolina, (1994)
- Rosenstock, I., Strecher, V., and Becker M., "Social Learning Theory and Health Belief Model", *Health Education Quarterly*, 15: 175 – 183, (1988)
- Rothwell S., *Strategic Planning for Human Resources*, "The Best of Long Range Planning", No. 6, Pergamon Press, (1990)

Taylor F., *Principles*, cited in Hicks H. and Gullet R., *Organizations: Theory and Behaviour*, McGraw Hill International Editions, (1975), p80

Torrington (D) and Hall (L), *Personnel Management, HRM in Action*, 3<sup>rd</sup> edition, Prentice Hall, New York, (1995)

UNAIDS, "HIV/AIDS and the Workplace", Technical Update, July (1998)

UNAIDS & WHO, "AIDS Epidemic Update", December 2001, p8

USAID, "Kenya and HIV/AIDS: Key Talking Points", Report released in 1999

# APPENDIX I

P.O. Box 63209  
NAIROBI

## LETTER TO RESPONDENTS

Dear Sir/Madam.

This questionnaire has been designed to gather information on HIV/AIDS policies in the workplace. This information will be used to complete a research project, a requirement for a degree of Master of Business Administration, University of Nairobi.

You have been carefully selected to take part in this survey. Please assist me in this venture by completing the questionnaires as accurately as possible. The information gathered will be used for academic purposes and findings will be sent to Human Resource Managers to help them cope better with the HIV/AIDS pandemic or similar hazards. All information provided will be treated with utmost confidentiality.

Thank you for your cooperation.

Yours sincerely,

Anne MURAMBI  
MBA STUDENT

# APPENDIX II

## QUESTIONNAIRE TO BE COMPLETED BY HUMAN RESOURCE MANAGERS

*This survey seeks to undertake an examination of various policies that have been put in place by insurance firms in Nairobi to respond to the HIV/AIDS pandemic. The findings will be useful for both human resource managers and researchers. You are therefore kindly requested to respond to all questions as honestly as possible. We will be pleased to share with you the findings of this survey.*

### PART I - ABOUT THE ORGANIZATION

Name of Organization .....

Number of employees .....

Type of Insurance policies (eg, medical, motor vehicle) .....

.....

Local or Foreign .....

Contact person .....

Position .....

Telephone No. ....



**SECTION II**

3. Is your policy written?

- (a) Yes (b) No

4. How long has this policy been in place?

.....

5. Who was involved in the formulation of this policy? (tick the appropriate answer)

- (a) Top Management
- (b) All Managers
- (c) Human Resource Dept/Unit
- (d) All Managers and employees
- (e) External Consultants
- (f) Any other (please specify) .....

6. Has this policy been communicated to all employees?

- (a) Yes (b) No

7 (a). If the answer to (6) is Yes, how was this done?

.....  
.....  
.....  
.....  
.....

(b) If the answer to (6) is No, please give reasons

.....  
.....  
.....  
.....

8. Who is responsible for the implementation of this policy? (tick the appropriate alternatives)

- (a) Top management
- (b) HR Managers
- (c) HR Managers and Supervisors
- (d) All Managers
- (e) Others (please specify) .....

9. What were the main objectives of your policy (reasons why they was set up)

.....  
.....

.....  
.....  
.....

10. Has this policy ever been evaluated?

- (a) Yes                      (b) No

11 (a) If the answer to (10) is Yes, please state how frequently the evaluation was done

.....

11 (b) If the answer to (10) is no, please give reasons why.

.....  
.....  
.....

12. What would you consider to be its achievements?

.....  
.....  
.....  
.....  
.....

13. Do you know the HIV Status of all the employees in your organization?

- (a) Yes                      (b) No

If yes, how did you know? .....

.....

If No, why? .....

.....

14. Are the employees in your organization encouraged to undergo regular HIV tests?

- (a) Yes                      (b) No

If the answer to (14) is no, please give reasons why

.....

.....

.....

15. Have the managers/supervisors in your organization undergone any training on HIV/AIDS?

- (a) Yes                      (b) No



If the answer to (15) is yes, what kind of training have they undergone?

.....  
.....  
.....

If your answer to (15) is no, why haven't they undergone any training?

.....  
.....  
.....

16. Do you have a medical policy for your employees?

- (a) Yes                      (b) No

17. If your answer to (16) is yes, does it also cover HIV positive employees?

- (a) Yes                      (b) No

18. Please list the benefits that this medical policy offers

.....  
.....  
.....  
.....  
.....  
.....

19. Do you have any education program on HIV/AIDS for your employees?

- (a) Yes                      (b) No

20. If your answer to (19) is yes, what are the different types of education programs?  
(please tick all appropriate answers)

- (a) Talks on HIV/AIDS
- (b) Video Shows on HIV/AIDS
- (c) Safety guidelines on Handling patients
- (d) Modules on HIV/ AIDS
- (e) Accounts of experiences by victims
- (f) Any others (please specify) .....

21. How frequently are these programs undertaken?

.....

22. Do you freely discuss HIV/AIDS and its impacts with your employees?

- (a) Yes                      (b) No



- (e) Funeral expenses
- (f) Routine check-ups
- (g) Others (please specify) .....

28. Who does the above policy cover?

- (a) Employee only
- (b) Employee and family
- (c) Employee and spouse only
- (d) Others (please specify) .....

29. If assistance were available to help you respond to HIV/AIDS, what would you request? (please rank in order of importance)

- (a) Information on HIV/AIDS
- (b) Financial support
- (c) Support to develop a workplace program
- (d) Education materials
- (e) Training
- (f) Counseling for employees

**SECTION III**

30. Is there a budget for implementation of the HIV/AIDS policy?

- (a) Yes
- (b) No

31. If your answer to (29) is yes, does your organization fully support this budget?

- (a) Yes
- (b) No

If not, what percentage of the budgetary requirement is supported by the organization? .....

32. How do you obtain funds for the percentage that is not supported by the organization?

.....  
 .....  
 .....

33. If your answer to (29) is no, please give reasons why

.....  
 .....  
 .....  
 .....

34. Which ones of the following do you think are major challenges in the implementation of an HIV/AIDS policy? (please rank in order of degree of challenge)

- (a) Obtaining management commitment
- (b) Financial constrains
- (c) Dealing with attitudes of employees
- (d) Obtaining support from other organizations (eg. counseling, Medicare)
- (e) Sustaining involvement of management and employees
- (f) Ensuring confidentiality and non-discrimination
- (g) Others (please specify) .....

35. What do you think can be done to overcome these challenges?

.....  
.....  
.....  
.....

# APPENDIX III

## QUESTIONNAIRE TO BE FILLED BY EMPLOYEES

This survey seeks to undertake an examination of various policies that have been put in place by insurance firms to respond to the HIV/AIDS pandemic. The findings will be useful for both human resource managers and researchers. You are therefore kindly requested to respond to all questions as honestly as possible. We will be pleased to share with you the findings of this survey.

### PART I

Name of Organization .....

Position of Respondent .....

Department .....

Name of respondent (optional) .....

### SECTION I

1. How long have you worked with this organization?

.....

2. Does your organization have any policy on HIV/AIDS?

(a) Yes                      (b) No

### SECTION II

3. If the answer to (2) is yes, what are the benefits of this policy to employees?

.....  
.....  
.....  
.....  
.....

4. For how long has this policy been in place?

(a) 0-2 years    (b) 2-4 years    (c) more than 4 years    (d) Don't know

5. How did you know about this policy?

.....  
.....

6. Apart from this policy, is there a general medical cover for employees in your organization?

(a) Yes (b) No

7. If yes, what benefits does it offer?

.....  
.....  
.....  
.....

9. If you became HIV positive today, in what way do you think you would benefit from this policy?

.....  
.....  
.....  
.....

10. Who do these policies cover?

- (a) Employee only
- (b) Employee and spouse
- (c) Employee and Family
- (d) Others (please specify) .....

**Please circle the appropriate response**

11. Is material containing information on HIV/AIDS readily available at your place of work?

(a) Yes (b) No

12. Would you comfortably work with an HIV Positive employee in your department?

(a) Yes (b) No

13. Have you undergone any training on HIV/AIDS?

(a) Yes (b) No

14. Who organized this training?

.....

15. Would you declare your HIV status to your employer?

- (a) Yes (b) No

16. Does your employer organize any AIDS awareness activities?

- (a) Yes (b) No

If yes, please list the activities

.....  
.....  
.....  
.....

17. Do you participate in these activities?

- (a) Yes (b) No

Please explain your answer

.....  
.....

18. Have you undergone any HIV/AIDS tests?

- (a) Yes (b) No

19. Did you voluntarily go for these tests?

- (a) Yes (b) No

Please explain the circumstances

.....  
.....  
.....

20. Does your organization participate in any HIV/AIDS awareness campaigns?

- (a) Yes (b) No

If your answer to (20) is yes, which ones?

.....  
.....

For each of the following statements, circle the answer that best represents your opinion.

WHERE 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Neither agree nor disagree*  
4 = *Agree*, 5 = *Strongly Agree*

21. Your employer should know your HIV status.

1      2      3      4      5

22. Your colleagues should know your HIV status.

1      2      3      4      5

23. Employees with HIV/AIDS should be given special treatment (eg. Flexible working hours)

1      2      3      4      5

24. All employees should be involved in sensitization activities on HIV/AIDS.

1      2      3      4      5

25. All employees should undergo regular tests for HIV/AIDS.

1      2      3      4      5

26. HIV/AIDS should not be discussed in the workplace

1      2      3      4      5



**SECTION III**

27. Are there any aspects of the HIV/AIDS policy that you find difficult to cope with ?

- (a) Yes (b) No

If your answer to (27) is yes, please list these aspects

.....  
.....  
.....

28. What problems do you experience from the implementation of this policy ?

.....  
.....  
.....  
.....

29. Do you think this policy is satisfactory in meeting the needs of employees ?

- (a) Yes (b) No

30. If your answer to (29) is No, what do you think should be done to make it better ?

.....  
.....  
.....  
.....

## APPENDIX IV

### INSURANCE FIRMS IN NAIROBI

1. ALICO Kenya Ltd
2. Apollo Insurance Co. Ltd
3. Blue Shield Insurance Co. Ltd
4. British American Insurance Co (K) Ltd
5. Cannon Assurance (Kenya) Ltd
6. Concord Insurance Co. Ltd
7. Cooperative Insurance Co. of Kenya
8. Fidelity Shield Insurance Company
9. First Assurance Co. Ltd
10. Gateway Insurance Co. Ltd
11. Geminia Insurance Co. Ltd
12. Heritage All Insurance Co. Ltd
13. Insurance Company of East Africa (ICEA)
14. Intra Africa Assucance Co. Ltd
15. Invesco Assurance Co. Ltd
16. Jubilee Insurance Company Ltd
17. Kenindia Assurance Co. Ltd
18. Kenya Orient Insurance Ltd
19. Kenyan Alliance Insurance Ltd
20. Lion of Kenya Insurance Co. Ltd
21. Madison Insurance Co. Kenya
22. Occidental Insurance Company Ltd
23. Pan Africa Insurance Co. Ltd
24. Phoenix of East Africa
25. Pioneer Assurance
26. Stallion Insurance Co.
27. Standard Assurance (K) Ltd
28. Trident Insurance Co. Ltd
29. UAP Provincial Insurance Co. Ltd
30. United Insurance Co. Ltd