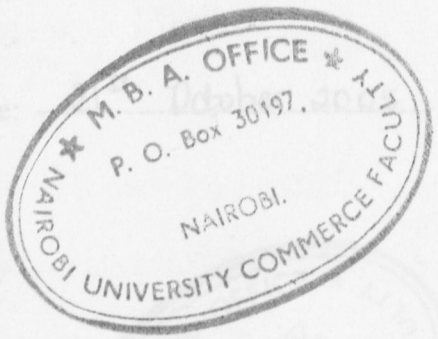
A SURVEY OF PERCIEVED ENTREPRENEURIAL OPPORTUNITIES IN HIV /AIDS MITIGATION IN NAIROBI.



BY

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A MANAGEMENT RESEARCH PROJECT SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF BUSINESS ADMINISTRATION, UNIVERSITY OF NAIROBI.

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DECLARATION

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

Signed: ---------- Date: 21st October 2005

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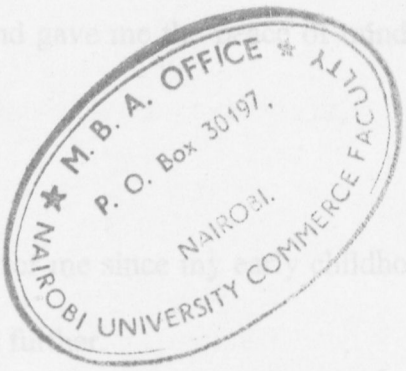

This project has been submitted for examination with my approval as the University Supervisor.

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DEDICATION

I wish to dedicate this masters' project to the following persons:

My loving husband, Murimi, whose love, care, understanding, inspiration and support despite being miles away, enabled me to achieve my dreams;

To our lovely daughter, Wangari, who was born at a time when I wanted to pursue my masters, and who nevertheless was very cooperative and gave me the peace of mind to study;

To my dear parents who laid the education foundation for me since my early childhood, and went out of their way to always motivate me to read further.

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ABBREVIATIONS

ARVs – Antiretrovirals

CBO – Community Based Organization

FBO – Faith Based Organizations

HIV/AIDS – Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome

IEC – Information Education and Communication

ILO – International Labor Organization

KANCO – Kenya AIDS NGOs Consortium

NACC – National AIDS Control Council

NASCOP – National AIDS and STDs Control Programme

NGOs – Non-Governmental Organizations

PLWHA – People Living with HIV/AIDS

VCT – Voluntary Counselling and Testing

ABSTRACT

HIV/AIDS pandemic is a global crisis that is not only threatening the health of humans but it is also affecting the social economic development. A lot of goods and services are required in order to reduce the impacts of HIV/AIDS. This has created market disequilibria, resulting in profit opportunities for entrepreneurial activities in HIV/AIDS mitigation. Some of the products required include, medical care, counselling services, ARVS, testing kits, education and awareness creation, as well as management logistics.

The objectives of this study were to establish how the entrepreneurs perceived the opportunities in HIV / AIDS mitigation and to find out what challenges they faced in exploiting these opportunities. The subjects of the study comprised selected private organizations involved with the mitigation of HIV/AIDS. These were healthcare providers (hospitals), pharmaceutical companies manufacturing ARVs and IEC organizations. They were selected on the basis of being the main stakeholders in the key interventional areas according to the Calderon (1997) Multidimensional Model.

Out of a sample population of 60, 51 of them were accessed. Actual data was collected from 31 organisations by personal interview, email and drop and pick later (a variation of the mail method) thereby giving a response rate of 60.78%. Data was completed, coded analysed using descriptive statistics and presented in form of tables and figures.

The study found that 87.1% of the respondents started entrepreneurial activities in HIV/AIDS mitigation in the 1990s. It was also during this time that funding, multisectoral coordination, and public awareness increased dramatically. Majority of the respondents (83.9%) perceived that they did not start HIV/AIDS mitigation in pursuit of profits. This was in spite of all but one having introduced new products and 64.5% of the respondents having had more than a moderate increase in their overall revenue. The cost impact from HIV/AIDS to the subjects was found to be minimal. All the organizations faced challenges but at a different magnitude from each other.

In conclusion the study found that despite the devastating effects of HIV/AIDS there were many entrepreneurial opportunities in its mitigation. Some like viral load monitoring and management logistics had not been adequately attended. The respondents felt that they were involved in reduction of HIV/AIDS impacts mainly for society welfare and not for profit gains despite being private entities. This could be associated with HIV/AIDS stigma.

Further research of all the individual areas of HIV/AIDS mitigation for the profit making organizations could be carried out to find out whether opportunities in the mitigation do contribute to the growth of small-scale micro enterprises. Research could be done to establish whether finding of a curative or vaccination for HIV would imply the extinction of the opportunities in HIV/AIDS. There are very many NGOs in the mitigation of HIV/ AIDS and research could be done to evaluate their competitive advantages in pursuit of donor funds.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE: INTRODUCTION

1.1 Background

Organizations exist in a complex and often turbulent external environment. Uncontrollable forces such as political/legal, economic, social cultural and technological forces characterize this environment and they can either pose as an opportunity or a threat to the organization. According to Ansoff and Macdonell (1990) organizations need to strategically respond to the changes brought about by the turbulent environment by matching their organizational capabilities to the environment.

A major step in any entrepreneurial venture creation process is the recognition of the opportunity by the entrepreneur (Hills, 1995; Timmons, Muzyka, Stevenson, & Bygrave, 1987). Kirzner (1973; 1979) defines an opportunity as special knowledge an entrepreneur might acquire about goods or services sold in new markets or combined and sold at a profit.

An entrepreneurial opportunity is a possibility of putting resources to good use to achieve given ends. It is a possibility of correcting errors in the system and creating new ways of achieving given ends or creating new means as well as new ends (Holcombe, Randall G, 2003).

Taxonomy of the origins of entrepreneurial opportunities includes; factors that create a market disequilibria such as disasters, epidemics and pandemics; factors that enhance production possibilities; and most notably, opportunities created from previous acts of

entrepreneurship. Kirzner's (1973) argued that when the market is not in equilibrium, profit opportunities exist, and entrepreneurs discover and act on these profit opportunities to equilibrate the market.

According to Wesley and Robert (2002) environmental jolts such as disasters, epidemics and pandemics, mobilize actors to reformulate institutions, resulting in increased entrepreneurial opportunities. When the institutional environment is stable, we find that incumbent organizational forms and embedded logics present formidable obstacles to entrepreneurial activity.

In the case of the US electric power industry, environments of abundance and regulation characterized it. This resulted in homogeneity of organizational structures and strategies, and few entrepreneurial opportunities.

Environments marked by scarcity and crises are perceived by many to be threatening to the well being of people in different ways such as in health, security, and access to basic necessities. However these environments witness heavy scrutiny of existing institutional arrangements resulting in opportunities for entrepreneurial action (Wesley and Robert, 2002).

For example the December 2004 tsunami disaster in Asia had many devastating effects that left the world mourning including loss of lives, damage of property and destruction of infrastructure. These created a market disequilibria and therefore need for entrepreneurial action in the supply basic necessities such as food, water, shelter and

medical supplies, rebuilding the damaged or destroyed areas, counselling the victims, supplying tents, and many others.

An entrepreneurial opportunity consists of a set of ideas, beliefs, and actions that enable the creation of future goods and services in the absence of current markets for them (Venkataraman et al, 1994). For example, the entrepreneurial opportunity that led to the creation of Netscape involved; the idea of a user-friendly Web browser (Mosaic); the belief that the internet could be commercialized; and, the set of decision-actions that brought together Marc Andreesen (the creator of Mosaic) and Jim Clark (the ex-founder of Silicon Graphics) to set up base in the small town of Mountain View in California state, USA (Encarta Encyclopedia).

In Kenya we have entrepreneurial opportunities emanating from insecurity. One notable entrepreneur is Esther Passaris the owner of 'Adopt a Light' who had the idea of lighting up the city to reduce insecurity. She believed that the poles used for holding the bulbs could be commercialized and she therefore took action and approached the city council for authority to light up the city from the airport and make value through selling advertisement billboards to corporate clients.

HIV/AIDS in Kenya

In the recent past the social cultural environment has taken a new twist. The Kenya's population that is needed for the supply of the human resource is facing health threat from HIV /AIDS (Human Immune deficiency Virus/ Acquired Immune Deficiency

Syndrome). In Kenya HIV/AIDS has emerged as the greatest health and socio-economic/development challenge today.

There are many challenges that have come with HIV/AIDS. HIV is easily transmitted through body fluids therefore a great number of people are at risk of getting infected (Kiarie and Muraah, 2001). HIV/AIDS affects the body's immune system there by exposing the infected person to opportunistic infections, which have to be treated.

Overtime the infected person is sickly, weak, and therefore not able to attend to his/her duties since they lack energy. The infected person therefore needs a lot of care and support. It stigmatizes the infected as well as the affected persons'. HIV/AIDS has no cure therefore its mitigation requires diverse resource application such as financial resources, manpower skills, goods, and services.

There have been the need for anti-retroviral, need for testing kits, need for nutritional supplements, need for counselling services to reduce the stigma associated with HIV/AIDS, need for preventive measures, need for IEC and need of increasing capacity for example hospital beds. Funeral services have been on demand since many infected people are succumbing to HIV/AIDS.

The government has recognized that HIV/AIDS is negating the health care gains since independence (NASCOP, 1998). The main role of the government has been solicitation of funds from donors, provision of guidelines, and coordination through NASCOP and NACC. It also ensures supply of goods and services necessary for the mitigation in the public sector.

1.2 Statement of the Problem

HIV /AIDS is a pandemic globally (Muraah, 2003). According to the Concise English Dictionary the use of the word "pandemic" connotes a widespread incident to a whole people for example a disease that is easily transmitted. To many including individuals, societies, organizations, nations etc, HIV/AIDS pandemic is a devastating problem.

It is accompanied by immense negative effects and can be likened to a natural disaster, the like of the December 2004 Tsunami along the coasts of Asia. In Kenya the former president Moi declared HIV/AIDS a national disaster in November 1999. This was on the observation that more than a million Kenyans had died of AIDS and an estimated seven hundred were perishing daily (Daily Nation Sunday, July 1, 2001).

However within these devastating effects, there exists entrepreneurial opportunities in the intervention areas of HIV/AIDS. The main areas of HIV/AIDS mitigation have been prevention of transmission of HIV, behaviour change advocacy, Voluntary Testing and Counselling (VCT), blood safety, treatment, care and support which require proper logistics. Others include epidemiological surveillance, Co-ordination of research, management and coordination of the multi-sectoral AIDS control programme (NASCOP, 1998).

These mitigation areas have created opportunities for entrepreneurial actions including counselling services, supply of ARVS, testing kits, comprehensive care centres, laboratory equipment and reagents, home based care centres, information technology services, promotion of condoms, education and awareness creation, medical insurance

cover, medical care and nutritional supplements.

Today organizations are hiring consultants for development of workplace HIV/AIDS program as recommended by the ILO (Waita, 2004). In her research of the funeral industry Waithaka, (2001) found the funeral industry had experienced an influx for the past ten years from two registered firms to over ten firms, which was mainly attributed to increasing death rates due to HIV/AIDS.

Studies done earlier by other researchers have focused on the threat of HIV/AIDS in organizations and responses undertaken. (Murambi, 2002; Maina, 2004; Waita, 2004). However, Muraah (2003) did a study in the pharmaceutical industry on both the threats and opportunities brought on by HIV/AIDS and the responses undertaken by the industry.

This study will be a survey of HIV/AIDS as a social cultural environmental force that has disequilibrated the market thereby creating entrepreneurial opportunities through its mitigation. It will seek to establish the perception and challenges of those involved in the HIV/AIDS mitigation areas.

1.3 Objectives of the Study

- To establish how the entrepreneurs perceive the opportunities in HIV / AIDS mitigation.
- To establish the challenges faced by the entrepreneurs in exploiting these opportunities.

1.4 Value of the Study

- The study will shed light to the importance of the entrepreneurs in times of crises where they are involved in creation and delivery of goods and services crucial for saving life.
- The study will add to the body of knowledge and therefore be a source of reference and a foundation for further research.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

An organization exists in an open system with its global environment from which opportunities worth exploiting and threats to counter are exposed. This section will review literature on the global environment, how entrepreneurs recognize opportunities, what is considered to be an entrepreneurial opportunity, and how entrepreneurs find opportunities from what others consider to be threats. It will explore HIV/AIDS as a global environment and its mitigation in Kenya. In so doing the literature will establish the entrepreneurial opportunities in HIV/AIDS mitigation in Kenya and hence lay a foundation for the study.

2.2 Global External Environment

The external environment consists of interrelated factors that play a principal role in determining the opportunities, threats and constraints that a firm may face (Waita, 2004). The global external environment is very turbulent characterized by uncontrollable forces such as economical forces, ecological forces, social cultural forces, political forces, legal forces, and technological forces. In the global business environment these external factors may either pose an opportunity to the firm or a threat to the firm (Donald Wendell, 1996).

Organizations differ in their form and complexity and therefore face different environments. They are able to integrate the different environmental influences in such

a way as to create value by coming up with a business idea. (Johnson; Scholes, 2002 (Johnson; Scholes, 2002). Each organization needs to diagnose its unique pattern of future challenges, threats, and opportunities. It must design and implement its unique response to these challenges (Ansoff; Macdonnell, 1990).

2.3 Opportunity Recognition

A major step in any entrepreneurial venture creation process is the recognition of the opportunity by the entrepreneur (Hills, 1995; Timmons, Muzyka, Stevenson, & Bygrave, 1987). It is the first critical step of the entrepreneurship process. The particular ideas that someone comes up with depend on someone's idiosyncratic information or beliefs (Shane, 2000; Eckhardt and Shane, 2003). Hence, people discover opportunities that others do not see because they have different information either/or they interpret the same information differently (Shane, 2003).

Kirzner (1973; 1979) defines an opportunity as special knowledge an entrepreneur might acquire about goods or services sold in new markets or combined and sold at a profit. Furthermore, he notes that ideas become an opportunity when their commercial value is recognized. Hulbert et al (1997) state that a business opportunity is the chance to meet an unsatisfied need that is potentially profitable. DeBono (1978) defines opportunity as a "course of action that is possible and worth pursuing." He also points out that recognizing opportunities involves non-linear or lateral creative thinking, that is, "thinking outside the box."

Long and McMullan (1984) state that opportunity is "an elaborated vision of a new venture which involves a searching preview of the mechanics of translating the concept into reality with an industrial setting." Ardichvili et al. (2003) define it as the chance to meet a market need (or interest or want) through a creative combination of resources to deliver superior value.

Christensen, Madsen, and Peterson (1989), define opportunity recognition as perceiving a possibility for new profit potential through the founding and formation of a new venture, or the significant improvement of an existing venture. From this broad definition, opportunity recognition can be conceived of as an activity that can occur both prior to firm founding and after firm founding throughout the life of the firm.

Bhave (1994) identified two types of opportunity recognition. First the externally stimulated opportunity recognition where the decision to start a venture preceded opportunity recognition .In this case these entrepreneurs engaged in an ongoing search for opportunities which they filtered, massaged and elaborated in an opportunistic fashion. The second one was internally stimulated opportunity recognition. Here the entrepreneurs discovered problems to solve or needs to fulfill and only later decided to create a venture and become an entrepreneur.

Opportunity recognition is a multifaceted process influenced by many external factors such as the business environment, social forces and individual attributes. The multifaceted process of opportunity recognition begins with preparation which is the

background, experience, knowledge and ones interest and curiosity about a given domain.

This is followed by an incubation period within which the entrepreneur thinks about a problem or considers an idea. It is typically an intuitive, nonlinear, non- intentional style of considering possibilities or options. Once the entrepreneur goes through incubation he experiences an insight in which a business opportunity is illuminated. The recognized opportunity is finally elaborated by putting it into a form that is ready for final presentation (Hills et al, 1997).

Timmons (1994a) describes opportunities in terms of fit among entrepreneur, available resources and the business concept itself. Kirzner (1973) argued that entrepreneurs find and exploit opportunities by taking advantage of economic disequilibria by knowing or recognizing things that others do not. Entrepreneurs are often characterized by their ability to recognize opportunities and the most basic entrepreneurial actions involve the pursuit of opportunities (Hills et al, 1997).

Timmons' (1994b) proposed a model of successful venture creation based on the three crucial driving forces of entrepreneurship: the founders (entrepreneurs), the resources needed to found and the recognition of the opportunity. Surrounding the process are such things as risk, chaos, information asymmetries, resource scarcity, uncertainty, paradoxes, and confusion, all of which complicate the process. Only when all three components converge and fit can entrepreneurship occur successfully.

The challenge for the entrepreneur is to manipulate and influence the surrounding factors in real time to improve the chances for success of a venture. As Timmons (1994b) notes, time does not stand still and the process of recognizing and seizing an opportunity often relies on the right timing.

Thus, according to Timmons (1990, 1994a, 1994b), the business idea is central to opportunity. However, only when the business environment and the skills and backgrounds of individual entrepreneurs fit together appropriately with the features of an opportunity can it reach its full potential.

2.4 Entrepreneurial Opportunity

An entrepreneurial opportunity is a possibility of putting resources to good use to achieve given ends. It is a possibility of correcting errors in the system and creating new ways of achieving given ends or creating new means as well as new ends (Holcombe, Randall G, 2003). An entrepreneurial opportunity consists of new idea/s or invention/s that may or may not lead to the achievement of one or more economic ends that become possible through those ideas or inventions.

It is beliefs about things favourable to the achievement of those ends and, actions that implement those ends through specific (imagined) new economic artifacts (the artifacts may be goods such as products and services, and/or entities such as firms and markets, and/or institutions such as standards and norms (Sarasvathy et al., 2002). An entrepreneurial opportunity, therefore, consists of a set of ideas, beliefs and actions that

enable the creation of future goods and services in the absence of current markets for them (Venkataraman et al, 1994)

According to Wesley and Robert (2002) environmental jolts mobilize actors to reformulate institutions, resulting in increased entrepreneurial opportunities. When the institutional environment is stable, we find that incumbent organizational forms and embedded logics present formidable obstacles to entrepreneurial activity. Environmental jolts, however, catalyze search processes and motivate the evaluation of current institutional logics.

Specifically, in the case of the electric power industry, environments of abundance and regulation resulted in homogeneity of organizational structures and strategies, and few entrepreneurial opportunities. Environments marked by scarcity and crisis, however, witness heavy scrutiny of existing institutional arrangements that eroded their taken-for-granted ness and symbolic value, resulting in opportunities for entrepreneurial action

All business starts with a customer and not with know-how or a "bright" idea. For inventor-entrepreneurs, your best approach into business is to find someone who'll pay you to develop something they need and let you keep the rights to sell to others. The essential resources for exploiting opportunities are the fundamental business skills. Given these skills, all else flows. Without all of them any attempted venture is doomed to fail. And recognize that these skills come in the form of people.

This skills include; Engineering - the skill to invent and develop new products (or services); Manufacturing - the skill to deliver them, consistently and reliably, with

quality, service, and price; Selling - the skill to sell them; Business - the skill to make a profit doing the other three. The skills necessary to start a business are Engineering and Selling. The skills of Manufacturing and Business determine, more, how long you'll *stay* in business. The level of quality needed in these skills is determined by the level at which you wish to compete. If you wish to compete in a local or small niche market, e.g., crafts, you need to be very good in one, and at least passable in the others, (Wesley and Robert, 2002)

There's no lack of opportunities today. In fact, arguably, there are more opportunities today than there have ever been in history. Entrepreneurial opportunities arise from social and technological change. And the changes we're going through now both socially and technologically, in both magnitude and rate are greater than the world has ever seen, (Sarasvathy et al., 2002).

There are three views of entrepreneurial opportunity (Sarasvathy et al., 2002); Opportunity Recognition - If both sources of supply and demand exist rather obviously, the opportunity for bringing them together has to be "recognized" and then the match-up between supply and demand has to be implemented either through as existing firm or a new firm. Examples include arbitrage and franchises;

Opportunity Discovery - If only one side exists i.e., demand exists, but supply does not, and vice versa, then, the non-existent side has to be "discovered" before the match-up can be implemented. Examples include: Cures for diseases (Demand exists; supply has

to be discovered); and applications for new technologies such as the PC (Supply exists, demand has to be discovered);

Opportunity Creation - If neither supply nor demand exist in an obvious manner, one or both have to be "created", and several economic inventions in marketing, financing etc. have to be made, for the opportunity to come into existence. Examples include Wedgewood Pottery, Edison's General Electric, U-Haul, AES Corporation, Netscape, Beanie Babies, and the MIR space resort.

Kirzner's (1973) theory of entrepreneurship emphasizes the equilibrating role of entrepreneurship. When the market is not in equilibrium, profit opportunities exist, and entrepreneurs discover and act on these profit opportunities to equilibrate the market. Taxonomy of the origins of entrepreneurial opportunities includes factors that create market disequilibria, factors that enhance production possibilities, and most notably, opportunities created from previous acts of entrepreneurship.

For example with the December 2004 tsunami disaster in Asia there has arisen many entrepreneurial opportunities. Abundant supply of a mixture of relief aid (food, water, shelter, medical supplies etc.), clearance projects (UK sailors clearing debris from hospitals and schools, re-opening roads and repairing bridges), rebuilding and upgrading of utilities, housing and businesses as well as dealing with the psychological scars. The quality control is not an option. It is cases of do what you can with what you have. Forget the quality. Entrepreneurs in this case take advantage and sell what they can source to make quick money before the window of opportunity closes.

Many entrepreneurs have exploited the opportunities exposed by the technological environment. In so doing they have shaped and created new industries. For example the suppliers of internet equipment in their effort to establish a globally connected internet infrastructure have created an exploding market opportunities related to the internet build up where companies rushed to set up websites, open e- business and put internet application in place. In the process several other industries were created including those offering Internet service provision, website design and maintenance, web hosting, specialized Internet application software, Internet parts, website content provision e retailing of Internet games etc.

2.5 Entrepreneurial Opportunities from Environmental Jolts

The global environment is characterized by several environmental jolts including natural disasters, epidemics, or even pandemics. Disasters are a loss and a threat to many in the society especially in terms of loss of lives and in halting social economic developments. Many are those who reap from such a situations because it is during this times of disaster that basic necessities such as clean water and non-perishable food become more relatively scarce, usually because supply sources are destroyed or disabled. As a result, prices rise. The higher prices provide a profit opportunity that induces additional suppliers to rush into supply the needed goods, (Rogers, 2005).

For example the recent tsunami disaster in the Asian coasts took away thousands of lives, left many homeless and brought business to a halt in the affected areas. However for others it was a time to reap like the construction industry that is required to rebuild

the affected areas, the pharmaceuticals that have to supply medicines, the counseling consultants who have to attend to the psychological impact of the victims, the tent makers who have to supply the temporary make shifts etc.

Following a natural disaster millions of reconstruction dollars pour into often-poor economies. This implies that resources can be maximized to promote long-term livelihoods and reinvigorate the local economy. This means paying for labour and resources locally, instead of buying-in ready-made replacement infrastructure, housing and services from outside contractors. In this case small, locally based enterprises will be at the heart of rebuilding infrastructure and services as well as absorbing and retaining incoming financial assistance, (Rogers, 2005).

Goods and services flow to where the money is. Foreign monetary aid makes it possible for the magic of markets to solve the most basic problems associated with disaster-induced shortages of clean water, food, and housing. When demand for goods and services is high consumers have to pay increasingly higher prices to get it. Foreign aid – whether private or government sponsored — makes it possible to pay the higher prices. Markets rely on the willingness and ability of people to pay for goods and services.

Many times during natural disasters, the rising prices of goods and services are seen as an opportunistic or dishonest response on the part of seller yet the government alone cannot overcome the impact. If the government were to interfere with the entrepreneurs' activities and freeze prices it would reduce supply responses. Frozen prices would

create and aggravate shortages, as suppliers choose to sell their products elsewhere. In addition governments, too, face the reality of scarcity. If they provide goods and services publicly, they cannot use their limited resources elsewhere. On the other hand, if the market provides goods and services, the resources of government and aid agencies are freed to address other needs.

2.6 Global HIV/AIDS Mitigation

HIV/AIDS is not like other crises, which can be, endured for example famine. It threatens the entire way of life since it affects all, whether strong, skilled, rich, poor etc. It is indeed a network disease especially associated with urban nodes and major transport arteries (SAFAIDS, 1999). The task of rolling back the burdens that the AIDS epidemic has already brought is enormous and a national and international challenge.

The Joint United Nations Programme on HIV/AIDS, UNAIDS, is the main advocate for global action on the epidemic. It leads, strengthens, and supports an expanded response aimed at preventing transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

UNAIDS supports a more effective global response to AIDS through; Leadership and advocacy for effective action on the epidemic; Strategic information to guide efforts against AIDS worldwide; Tracking, monitoring and evaluation of the epidemic and of responses to it; Civil society engagement and partnership development; Mobilization of resources to support an effective response.

The agricultural sector is the most affected sector by HIV/AIDS owing to the fact that it's labor intensive, and is crucial for the GDP through employment and export earnings. The process of impoverishment due to HIV/AIDS starts with direct loss of labour due to illness or shift of labour away from agricultural production for care purposes.

The eventual loss of household members means increased dependants and reduced crop or food production thereby threatening food security. Household food insecurity, inappropriate food, and care related practices and diminished access to health services due to lack of time and money has lead to an increased malnutrition in children under five, pregnant and lactating women and the elderly people.

In Kenya the agricultural sector employs more than two thirds of the labor force and accounts for one third of the G.D.P. and 70 percent of export earnings. Estimates for a study in NASCOP (2003) indicate that HIV/AIDS will cause the highest total production loss in agriculture. Under the high estimates, for example, the value of lost production in agriculture in 1995 (Ksh 296 million) is one-third higher than losses in the service sector (Ksh. 222 million) and 4.5 times higher than industry's losses (Ksh 66 million). By 2010 the agriculture sector loss (Ksh 2.2 billion) is 15 percent higher than the combined industry and service sector losses (Ksh 1.9 billion).

In order to mitigate HIV /AIDS, smallholder agriculture should be the main focus since African subsistence agriculture is labour intensive (SAFAIDS, 1999). Zwane and Netshirembe (SAFAIDS, 1999) in their research of small holder agriculture in South Africa found that technology can help ease the burden of farmers affected by

HIV/AIDS by employing technologies that are not labour intensive but which would allow for similar or more production and require lower direct energy inputs.

Their findings indicate that, hoes, ploughs, and planters need to be redesigned. The plant crops need to be selected or genetically modified to compete with weeds in the absence of weed control. Animal weeding and variety selection should be encouraged, for example early maturity varieties, easily threshed, or pounded variety, high value food that is drought resistant etc. Agricultural credit facilities should also be encouraged to finance the infected farmers. Animal traction system should use more docile animals like donkeys other than Oxen, which are difficult to handle, (SAFAIDS, 1999).

There are more than 200 African indigenous grain foods little known to science SAFAIDS (1999). Ways have to be found of applying scientific improvement to this more important potentially useful species. In Bukoba District of Uganda the HIV/AIDS households have shifted away from banana and cash crops towards sweet potatoes and cassava because of their greater hardiness and tolerance of some degree of neglect. Thus root and tuber research in HIV/AIDS affected regions of central and eastern Africa is a starting point to strengthen food security (SAFAIDS, 1999)

2.7 HIV/AIDS Mitigation in Kenya

HIV/AIDS affects all areas of development and it has to be integrated in all development programmes. The state has a critical role to play in strengthening their human resource base and establishing a framework of law and policy that will ensure equitable and sustainable outcomes (SAFAIDS, 1999). The government of Kenya has

done a lot as regards the establishment of frameworks and sourcing for resources required to mitigate the devastating impacts of HIV/AIDS

The impact of HIV/AIDS has been beyond the Ministry of Health capacity to mitigate (NASCOP, 1999). It is important that all sectors of society be involved in the solution to this problem (NASCOP, 1998). HIV/AIDS is a multisectoral issue requiring a multisectoral response and a diverse range of stakeholders (NASCOP, 1999). Some of the stakeholders actively involved in the mitigation of HIV/AIDS include public corporations such as NACC, NASCOP, and Ministries, NGOs, PLWHA Organizations, CBOs, private organizations, and individuals.

2.7.1 History

The first case of HIV/AIDS was diagnosed in 1984 but the initial government response came by in 1985 with an establishment of the National AIDS Committee to advise the government on all matters related to the prevention and control of AIDS. An AIDS Program Secretariat (APS) was established in the office of Director of Medical Services to coordinate program activities.

In 1987 the Kenya National AIDS Control Program was established and a five year strategic plan (Medium Term Plan 1987-1991) was launched, which emphasized the creation of awareness about AIDS, blood safety, clinical management of AIDS opportunistic infections, and capacity building for management of AIDS control program at national level.

The plan identified four prevention priority areas: sexual transmission, blood transmission, mother to child transmission, and disease surveillance. The Government received considerable support from bilateral and multilateral donors in financing of AIDS control activities during the first half (1987-1989) of the first Medium Term Plan.

In the 1990s funding, coordination, and public awareness increased dramatically. In 1992, the second Medium Plan (MTP II 1992-1996), which represented an attempt to design a comprehensive intervention programme for Kenya, was prepared. The plan adopted a multi-sectoral approach to mobilize a widespread effort against AIDS.

The plan called for action in six primary areas; Prevention of sexual transmission of HIV, Prevention of HIV transmission through blood and products, Mitigation of the socio-economic impacts of HIV/AIDS, Epidemiological surveillance, Co-ordination of research and management and coordination of the multi-sectoral AIDS control programme.

Prevention of sexual transmission of HIV was to be achieved through HIV/AIDS education in and out of school, family life education, Community-based AIDS education, including promotion and provision of community counseling services and public sex education to provide information to adults who are already sexually active about how to protect themselves against AIDS.

It also included initiation of AIDS/STDs programs in the workplace, Promotion of condom use as well as Control of sexually transmitted diseases through diagnosis and

treatment of STDs in order to reduce the prevalence of STDs in the population and, as a result, reduce the transmission of HIV.

Prevention of HIV transmission through blood and products involved training those handling the blood, quality assurance of supplies and all equipment as well as maintenance, and re-organization of blood donor services. Mitigation of the socio-economic impacts of HIV/AIDS involved care of AIDS orphans, Empowerment of women, counseling, patient care (institutional care and home-based care) and other socio-economic impacts.

Epidemiological surveillance required that there be a continuous research on the behavior of the virus and the opportunistic infections. Research pertaining to HIV/AIDS whether for the cure, spread or behavior had to be well coordinated to ensure relevant results. The multisectoral Aids control programme had to also be well coordinated to achieve its objective.

HIV/AIDS was recognized as a development issue and this led to the inclusion in the seventh National Development Plan of a whole chapter on HIV/AIDS as well as in the Fifth District Development Plans. Sexually Transmitted Diseases (STD) control was recognized as a priority intervention area since they facilitated the spread of HIV/AIDS and this led to the integration of STD control into AIDS control. This saw the establishment of the National AIDS/STD Control Program (NASCOP) in 1992.

Effective resource mobilization and utilization needed an appropriate policy framework be put in place to guide program implementation particularly under a multisectoral approach. The parliament responded to this need in 1997 by passing the Sessional Paper No. 4 on AIDS, which stressed the importance of advocacy and policy development. The Paper set HIV/AIDS policy framework within which AIDS control activities were to be undertaken for the next 15 years (1997-2012).

Specifically, the Paper seeks to: provides direction on how to handle controversial issues within the prevailing social context; enable government to play its leadership role in AIDS prevention and control activities within a multisectoral approach; and guide in the development of an appropriate institutional framework for the management of HIV/AIDS program activities.

Former President Daniel Arap Moi declared AIDS a national disaster in November 1999 setting the stage for increased mobilization of resources (especially donor support) to fight AIDS. The declaration led to the establishment of the National AIDS Control Council (NACC) in 1999 to coordinate the mobilization of resources and multisectoral response to the epidemic.

The annual requirement for HIV prevention (excluding the cost of care) alone was estimated at Kenya shillings 800 million. Cost-benefit analysis indicated that for every Kenya shilling spent on prevention there was thirty shillings net savings in benefits. The government made appeals to donor agencies for assistance towards HIV/AIDS prevention activities. Major donors included: The World Bank; The UK's Dept. of

International Development; USAID; the UN through WHO, UNICEF, UNDP, and UNAIDS; the Belgian Gov.; the EU; Germany's KfW; Denmark's DANIDA; the Gov. of Netherlands; Japan's JICA; and Canada's CIDA.

Most donors disburse their funds through non-governmental organizations (NGOs) and community based organizations (CBOs), which sponsor a broad spectrum of prevention, treatment, care, and support activities.

The government mitigation programs have not been without hitch. Despite many religious organizations having joined the fight against AIDS they have refused to endorse condoms whose promotion is one of the strategies put in place by NASCOP. They are also divided on the issue of family life education curriculum for primary schools. The ARVs have been very expensive and unaffordable by many and it was not until May 2002, that the new Industrial Properties Act (IPA) passed by Parliament allowed the country to import or manufacture cheaper ART generics.

In spite of guidelines provided by NASCOP and contained in MTP1 and MTP2, in 1987 and 1992, many Kenyans in responsible positions both in the NGOs sectors, government ministries and agencies had begun to raise several questions related to HIV/AIDS policy issues. They were looking for opportunities to work through those issues and advocate for policies to enhance control of the further spread of the epidemic and to mitigate the impact on households, communities, the business sector and the national economy.

This was an opportunity for the establishment of the Kenya AIDS NGOs Consortium (KANCO) in 1990. It is a coalition of NGO, CBO, FBO, Private and Public sector as well as Academic institutions who are currently over eight hundred. The goal of KANCO is to encourage networking between its members and the government, to ensure a conclusive policy and advocacy environment, capacity building, and access to relevant HIV/AIDS information and materials to compliment the government response, (Gakuru, 2004; NASCOP, 1998, 1999, 2000, 2001, 2002, 2003).

2.7.2 Implementation of Mitigation Programs

Testing

It has been demonstrated that the knowledge of serostatus encourages clients to reduce their risky behavior and it is also a cost effective method of prevention. Pharmaceutical companies such as Abbot Laboratories have made HIV test kits available. The VCT centers as well as the private laboratories utilize these kits. VCT centers are a government initiative and its promotion is an essential component of an effective response to AIDS (NASCOP, 2001).

Many of the middle and the high social class people prefer to go to private laboratories for the HIV testing. These private laboratories are carrying out not only the HIV test but they are also doing viral load testing so as to monitor the disease progression.

Treatment

HIV/AIDS opportunistic infections require a variety of drugs, frequent visit to hospital and laboratory monitoring. Researches done so far in Kenya coordinated by NASCOP,

have estimated that the total annual HIV/AIDS treatment for inpatient and outpatient care in the public, private and mission health centers, as well as the costs of home-based care for persons with HIV and AIDS of all age groups will grow eightfold from Ksh 1.4 billion in 1990 to Ksh 11.2 billion in 2010 under the high estimate, and from Ksh 480 million in 1990 to Ksh 3.7 billion in 2010 under the low estimate. However more than 90 percent of health care costs are incurred for inpatient care, with the remaining costs covering outpatient and home-based care, (NASCOP, 2001).

According to the researches coordinated by NASCOP (2001) the use of private sector health services accounts for 68 percent of HIV/AIDS health care costs across the projection period. Estimated total costs of HIV/AIDS care in private sector for- profit and mission health facilities are more than twice as high as total public sector costs, even though only 30 percent of HIV/AIDS patients would use private sector facilities. The higher unit costs in the private for-profit sector outweigh the lower proportion of patients treated.

For example from the findings of the researches, the average cost per inpatient day in private for-profit hospitals in Kenya (Ksh 1,653) is about seven times higher than costs in public sector hospitals (Ksh 235). Average inpatient day costs in mission facilities (Ksh 281) are only about 20 percent higher than public sector costs. Some of the reasons for higher private sector unit costs in Kenya are more and better supplies and equipment, better drug availability, higher salaries for health workers, lower occupancy rates, and newer facilities than in the public sector.

The researches found out that the burden of inpatient hospital stays could be overwhelming. Some hospitals in Kenya estimate that patients with AIDS occupy more than 50 percent of their available hospital beds. By 2010, under the high assumptions, the demand for HIV/AIDS hospital days would represent 185 percent of MOH inpatient capacity. In other words, there could be nearly twice as many patients with AIDS over the next 15 years as there are hospital beds.

Even if only 25 percent of patients receive the inpatient care they require, patients with AIDS would still occupy over 60 percent of all available hospital beds in 15 years. HIV/AIDS patient visits to MOH facilities on an outpatient basis would grow from an estimated 3 percent of all MOH outpatient visits in 1990 to 10 percent in 2005 and 15 percent by 2010.

Care and support

HIV/AIDS infected need care and support ranging from psychological support, social support and economic support. They need to understand what HIV-positive means, indicating a need for enhanced pre-test and post-test HIV counselling. Feelings of rejection and withdrawal indicated a need for social support whether formed by family or friends.

Many families infected and affected by HIV/AIDS are low-income earners. Economic support is also a critical need for the children's basic needs - school fees, uniforms, books, food and clothing children whose parents are ill or deceased. The already low incomes of families are further compromised by the presence of members of the

extended family (e.g., grandparents) who depended on the primary caretakers of the family for economic support.

Home-based care is one more measure being implemented to mitigate the impacts of HIV/AIDS. It is the care of the infected and the affected by HIV/AIDS that is extended from the health facility to the patient's home through family participation and community involvement within available resources and in collaboration with health workers. The aim is to enhance the quality of life of people living with HIV/AIDS and their families. It is composed of clinical care, nursing care counselling and psycho spiritual and social support.

The church can play an important role in providing a social support network for members living with HIV and AIDS. It is a community in itself with particular expectations from its members, involving a sense of accountability and caring, leadership, and structure. It is an institution that is capable of educating large numbers of people. In addition, the church responds to the community outside its walls in a numerous ways, often seeking to bring reconciliation between God and man and to meet human need, recognizing the inseparable physical and spiritual nature of man.

A number of Christian institutions and international agencies working in Kenya have responded positively to the HIV/AIDS challenge. The Christian Health Association of Kenya (CHAK) has numerous training workshops on AIDS awareness, home care, and counseling throughout Kenya, especially, through church hospitals. Norwegian Church Aid (NCA) has developed the "Partnership in Community" approach for community

education and training using the community itself to design AIDS programmes. In addition, NCA has provided financial and educational support for churches in eastern Kenya.

World Vision Kenya has started an extensive AIDS programme in the sprawling Korogocho slum in Nairobi. This programme has grown to reach other slums in the city. World Vision also has effectively encouraged the use traditional media such as song, music, drama, and poetry to communicate HIV/AIDS messages. The Kenya Catholic Secretariat (KCS), which coordinates health services for the Catholic Church in Kenya, has tried to tackle some of the problems that have come with the HIV/AIDS epidemic.

Prevention

Behaviour change and advocacy has been found to be one prevention measure to curb the spread of HIV/AIDS. Churches are critical partners to the behaviour change and advocacy owing to the fact that they are a grassroots integral part of the community life. Churches promote beliefs that guide behavior with an implicit system of accountability. The church promotes abstinence as the single surest way of ensuring that people do not contract the HIV virus. For those that are married they have to be faithful to their partners. The church does not however advocate the use of condoms, as it would encourage immorality.

The government has however identified the use of condoms as one of the strategies to prevent transmission of the virus since they offer the safest option to individuals whose

sexual activities expose them to high risk of HIV infection NASCOP, 2001).15% of all condoms are distributed through the social marketing program by PSI with their brand 'Trust' and others who target young adults living in urban and peri urban areas (NASCOP, 2001).

In late 2001 the government committed the use of US $10million from World Bank loan funds to procure 300 million condoms for the period 2001 – 2004. Virtually all-clinical and epidemiological studies have found substantial reductions in the risk of STD and HIV among condom users. (Odiko, 2003)

Prevention is also being achieved through screening of blood to ensure safe blood supply, prevention of mother to child and through control of other sexually transmitted diseases (NASCOP, 2001)

Information, communication, and Education (IEC)

IEC is a form of prevention that concentrates on de-mystifying HIV/AIDS. It is evident that the infected and their families need clearer and more accurate information about HIV and AIDS. Public education programmes, as well as health care centers, social agencies, NGOs and churches need to address such issues as modes of transmission, prevention strategies, condom use, symptoms of AIDS, incubation period, and nutrition information

Dissemination of AIDS information such as campaign could be achieved through peer education, appropriate media programmes and existing community networks such as cooperative, church groups, and women's associations. Programmes could be instituted

by governmental and non-governmental organizations offering income-generating activities for HIV-infected women.

Research

Epidemiological research is being carried out to ensure disease surveillance so as to model appropriate strategies. For example in order to maintain the economic viability of the infected and affected families, it is proposed in a study coordinated by NASCOP that an enumeration survey of all orphans be carried out to quantify the number of orphans in Kenya, as well as to determine the amount of resources needed to assist them and the most appropriate mechanisms for obtaining these resources.

It was found that future modelling and research activities needed to focus on the coping mechanisms that are likely to be pursued by families, businesses, the health care system, and the national economy. For example, more detailed research was required about the cost of treating patients with AIDS in order to provide clearer policy direction about future needs for care and treatment. This should include an assessment of how health care response occur in a system that is already at capacity, and the type of assistance that can be provided to families when inpatient hospital care not available.

Similarly an assessment should be performed to determine how economic factors are likely to affect the continued spread of the epidemic. While it is understood that behavioral responses do occur in the presence of economic factors, it is not clear how an individual's risk-taking behavior relative to their sexual practices may be affected by economic incentives or disincentives.

Source: (NASCOP 1998, 1999, 2000, 2001, 2002, 2003).

2.8 Entrepreneurial Opportunities in HIV/AIDS Mitigation

HIV/AIDS has increased the number of people at risk of illness and death and this been a handsome opportunity for the insurance industry (Muraah, 2003). In South Africa for example, the insurance industry pioneered the covers for the HIV infected at a higher premium. This created a pool of actuarial scientists to design models and tools to reassess their risk profile, allowing a redesign of products on offer.

In Kenya the insurance industry claims have gone up by 20% due to HIV AIDS. Just August 2003 AAR medical insurance health provider introduced a medical cover for the PLWHAs. In UK insurance claims have gone up by 150% for single males (Muraah, 2003).

A lot of HIV/AIDS management logistics is needed in terms of creating models and an infrastructure for HIV/AIDS management. This is one more area of exploitation by the entrepreneurs. The ILO has recommended HIV/AIDS related policies at the work place (Waita, 2004). This has been an opportunity for entrepreneurs since organizations are hiring consultants for development of workplace HIV/AIDS program.

The need by the government to get HIV/AIDS data and individuals to know their status has spurred growth in the diagnostic industry. Evolution of technology especially in diagnosis, quantification, drug discovery, prevention, treatment and vaccine development has been swift in relation to many other diseases. The disease presented to

reap benefits from any marketed HIV/AIDS diagnostic tools and drugs. Fast evolution of technology created an intense competition among researches and pharmaceutical companies

Prevention through awareness and education has also been a source of income for many others. The media is one of the beneficiaries through running adverts geared towards awareness. A lot of posters are required for display in all public places as well as private places. Those in the Graphic and design industry should be reaping benefits. More still in prevention of transmission those doing social marketing with the condoms are collecting a handsome revenue.

There are also those herbalists who are providing medicinal traditional herbs in the name of curing AIDS at a fee. As people gain a better understanding of the epidemic and drugs become more accessible, HIV/AIDS is becoming less stigmatized and demand for VCT is growing (The Manager, 2002). These creates a booming business for those in the pharmaceutical industry who are in the business of manufacturing or anti-retroviral drugs, HIV test kits as well as the reagents.

Moreover when the HIV/AIDS patients succumb to the disease their loved ones seek a space in the obituary section of the local press at a fee and radio time for the death announcements. The ever-increasing deaths due to HIV AIDS have spurred growth of mortuaries services both in urban and rural areas as well as hearse services in the urban areas (Waithaka, 2001).

Indeed concerted efforts to mitigate HIV/AIDS have led to new policies, drugs, services

delivery models, committees; intersect oral collaboration, partnerships, and widespread awareness of HIV/AIDS (The Manager, 2002).

2.9 Other Studies in HIV/AIDS

There are several studies that have been done in the field of HIV/AIDS. Muraah, (2003) did a study in the pharmaceutical industry where he did a research on the responses to HIV /AIDS both as a threat and an opportunity It was found that 64.3% of the 137 companies that were studied perceived HIV/AIDS as both an opportunity and as a threat.

Waita, (2004) studied the response of large private manufacturing companies in Nairobi. The study revealed that of the 100 sampled firms 86% of them had responded to HIV/AIDS crisis through promotion of prevention education and improving work place policies to HIV/AIDS such as healthcare and counselling.

Murambi, (2002), did a study on the Human resource policy responses to HIV/AIDS pandemic in the insurance industry. The study revealed that 72.7% of the respondents had no specific policies on HIV/AIDS. Indeed 66.7% of the respondents had no HIV/AIDS awareness activities at all.

Kaduki, (2004), did a study on the extent to which HIV/AIDS is considered during strategic formulation in the publicly quoted companies. The study revealed that only 25% of the 49 studied companies took HIV/AIDS into account while formulating

strategies owing to decreased productivity, rising insurance claims, loss of Key staff and desire to contribute to society welfare.

Maina, (2004) studied the business challenges experienced by the private hospitals in the advent of HIV/AIDS in Nairobi. The study revealed that 66.7% of the 34 private organisations that were studied considered HIV/AIDS as a business opportunity of moderate to very high extent. However 84.4% of the population considered HIV/AIDS to be a business risk of moderate to very high extent owing to the fact that only 21.2% of the HIV/AIDS patients paid their hospital bills in full.

2.10 Multidimensional Approach for the Prevention and Control of HIV/ AIDS

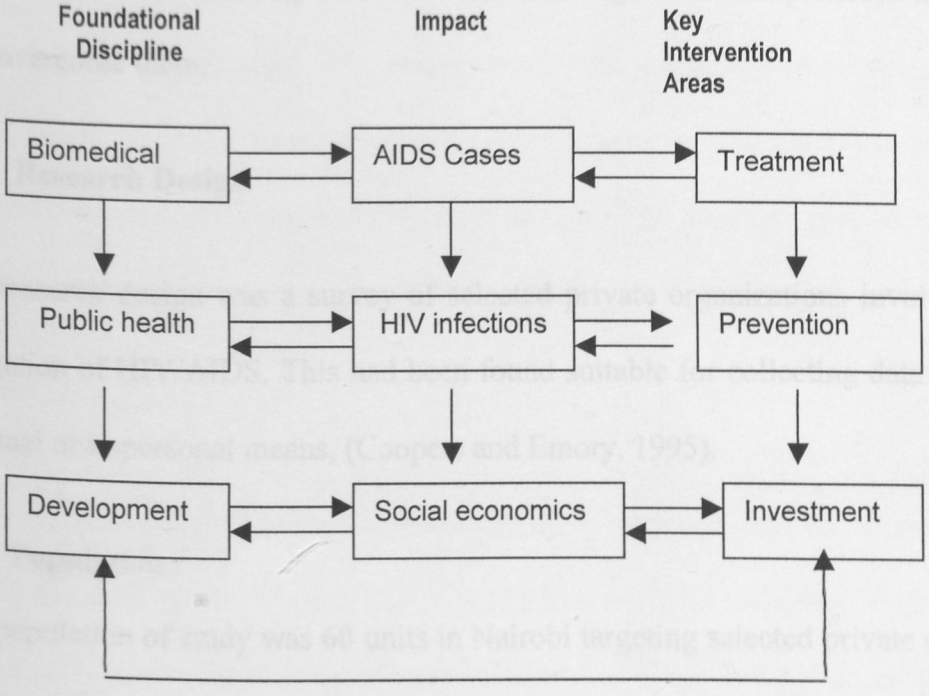
In the global efforts to mitigate HIV/AIDS Calderon in 1997 initiated an approach of a multidimensional model for the prevention and control of HIV/ AIDS (See model in Figure 1 below).

The model looks at three areas; foundation discipline, impact, and key intervention areas. Each of these areas has three dimensions each of which is intertwined with the others. The foundation discipline of the model included biomedicine, public health, and development dimensions. The impacts are AIDS cases, HIV infections and social economic impacts respectively. The key intervention areas are treatment, prevention, and investment.

This approach admits that HIV/AIDS was not solely a medical or public health problem but a complex social economic development issue. It is the key intervention areas that

areas that are of concern to this study. The study looks at the entrepreneurial opportunities in treatment and prevention that would eventually result to development through investments.

Figure 1: Multidimensional Approach for the Prevention and Control of HIV/ AIDS



Adapted from HIV/AIDS Multidimensional Model Calderon (1997)

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter sets out the various steps to be conducted for purposes of establishing the perception of entrepreneurs towards the entrepreneurial opportunities in HIV/AIDS mitigation. It will also help find out what challenges the entrepreneurs face and how they overcome them.

3.2 Research Design

The research design was a survey of selected private organizations involved with the mitigation of HIV/AIDS. This had been found suitable for collecting data by means of personal or impersonal means, (Coopers and Emory, 1995).

3.3 Population

The population of study was **60** units in Nairobi targeting selected private organizations in the mitigation of HIV/AIDS. The population had the following categories.

- **10** *Pharmaceutical companies* –manufacturers/importers of antiretroviral drugs who appeared in the Drug and Chemist Directory August 2004
- **33** *Private hospitals* – whose names appeared in the Kenya Medical Directory 2004/2005
- **17** *Information, Education and Communication private organisations* - whose names were listed in the KANCO 2003 Directory

The population had been selected on the basis of being the key stakeholders in at least two key intervention areas of treatment and prevention as is in the Calderon (1997) multidimensional model of HIV/AIDS prevention and control

3.4 Data Collection

The study used primary data. A semi- structured questionnaire with open and closed ended probes was utilized. The respondents were owners of the organizations, top management, or other suitable persons in management. Data was collected through personal interview and drop and pick later method. The drop and pick later method is a variation of the mail survey method (Waita, 2004).

3.5 Data Analysis

The completed questionnaires were edited for completeness and responses were coded to facilitate basic statistical analysis. Descriptive statistics was used to summarize the data in percentages, frequencies, figures, and tables. Cross-tabulation analysis was used to measure the relationship between variables.

CHAPTER FOUR: FINDINGS AND DISCUSSIONS

4.1 Introduction

This chapter presents and discusses the findings of the study. It has reported on the profile of the organizations, the perception of entrepreneurial opportunities in HIV/AIDS mitigation and finally the challenges faced by the respondents in pursuit of the opportunities. The sample studied comprised of hospitals, pharmaceutical companies and IEC organizations. They were all in Nairobi and were involved in either treatment or /and prevention of HIV/AIDS, being among the key intervention areas of HIV/AIDS (Calderon, 1997).

The questionnaire had three sections, A, B, and C. Sections Band C required the respondent to give the extent to which they rated various aspects on a scale of 1-5. Ratings were; *1: Not at all; 2: Little extent; 3: Moderate Extent; 4: Great Extent; and 5: Very Great Extent.* The data was collected, completed, coded and analyzed using descriptive statistics. None of the questionnaires was spoilt. Analysis was guided by the objectives stated in chapter one and therefore only what was considered relevant to the objectives was presented.

The sample population was 60 private organizations out of which 4 of the organizations had closed down and five were inaccessible. Out of the 51 questionnaires that were distributed 31 of them were successfully filled giving a response rate of 60.78%. The analysis in form of frequencies, percentages and cross tabulations is presented in the preceding tables, graphs, and narrations below.

4.2 Profile of the Organizations

The organizations profile was in terms of the type of business, ownership, years in operation and the size of their permanent employees is presented in the tables below.

Table 1: Type of Business

Business	Frequency	Percent	Cumulative Percent
Healthcare	16	51.6	51.6
Pharmaceuticals	7	22.6	74.2
IEC	8	25.8	100.0
Total	31	100.0	

Source: Research data

As shown from the Table 1 above, the sample population under study had three categories of organizations namely private healthcare providers who formed the bulk of the sample population with a frequency rate of 51.6%, pharmaceuticals manufacturing HIV/AIDS related products at 22.6% and private information education and communication consultants at 25.6 %.

Table 2: Ownership

Ownership	Frequency	Percent	Cumulative Percent
Local	25	80.6	80.6
Foreign	4	12.9	93.5
Other	2	6.5	100.0
Total	31	100.0	

Source: Research data

From the above Table 2, majority (80.6%) of the organizations were locally owned. Only 12.9% were foreign owned.

The age of the organizations was established and the findings are presented in the Table 3 below.

Table 3: Years in Operation

Era	Frequency	Percent	Cumulative Percent
Before 1984	11	35.5	35.5
1985-1994	12	38.7	74.2
1995-2004	8	25.8	100.0
Total	31	100.0	

Source: Research data

Only 35.5% of the organizations existed before 1984 as shown from the above Table 3. Most (64.5%) of the organizations under study were founded after 1984. This implies that majority of the organizations were established after HIV/AIDS was discovered in Kenya (Table 3).

The relationship of the number of permanent employees and the type of business was established and is presented in Table 4 below

Table 4: Permanent Employees

Business Type	Permanent employees					Total
	Less than 20 (%)	21-40 (%)	41-60 (%)	61-80 (%)	Over 100 (%)	
Healthcare	12.5	-	12.5	12.5	62.5	100
Pharmaceuticals	28.6	14.3	14.3	-	42.9	100
IEC	50	25	12.5	-	12.5	100
Total	8	3	4	2	14	31
	25.8	9.7	12.9	6.5	45.2	100.00

Source: Research data

As shown in the Table 4 above, majority (62.5 %) of the healthcare organizations studied had above 100 permanent employees. The pharmaceutical companies had 28.6% of them with less than 20 employees while 42.9% had more than a hundred employees. Half of the IEC organizations had less than 20 permanent employees. Overall 45.2% of them had over100 employees and 25.8% of them had less than 20 employees.

The healthcare organizations had a large number of permanent employees since their value chain is long and therefore more labor was required. The nature of the IEC being consultancy implies a shorter value chain and so less manpower. The organizations under study therefore ranged from small to large organizations

4.3 HIV/AIDS Mitigation

4.3.1 Introduction

The first case of HIV/AIDS was diagnosed in 1984 (NASCOP, 1998). From the previous findings 64.5 % of the organisations were established after 1984. The Ministry of health (NASCOP, 1999) observed that HIV/AIDS was a multisectoral issue that required a multisectoral response and a diverse range of stakeholders including private organizations, NGOs, FBOs and CBOs.

The length of time the organisations were involved in HIV/AIDS mitigation and the extent to which the organisations exploited the mitigation areas was established. It was

important to know just why the founders of these organisations decided to venture into HIV/AIDS mitigation by seeking to know what motivated them.

It was found necessary to establish what strategies the respondents employed in order to pursue the opportunities in HIV/AIDS mitigation. Given that HIV/AIDS is a cost to the business fraternity (Waita, 2004) it was deemed necessary to establish the cost impact to the organisations under study. Since the respondents were private organisations and therefore profit making it was important to establish whom their customers were and the revenue contribution of the products they had introduced in order to reduce the impacts of HIV/AIDS.

The extent of exploitation of entrepreneurial opportunities in HIV/AIDS mitigation was evaluated by having the respondents give their opinion on how the different areas had been addressed.

4.3.2 Areas and Duration of HIV/AIDS Mitigation

The extent to which the organizations exploited the mitigation areas and the length of time the organizations were involved in HIV/AIDS mitigation was established. The rating was on a scale of 1-5 where, 1 represented the minimum and 5 the maximum. The findings for the 31 subjects are presented in Tables 5 and 6 below.

Table 5 below shows the mean rates of HIV/AIDS mitigation areas that are exploited by the respondents. The respondents exploited IEC to a great extent at a mean score of 4. Medical care, HIV testing and HIV prevention were on average moderately exploited at

means score of 3.29, 3.39 and 3.61 respectively. Supply of ARVs, home based care and support and research were exploited to a little extent at means score of 2.87, 2.0, and 2.29 respectively by the studied population. HIV/AIDS management logistics was the least exploited at a mean score of 1.26.

Table 5: HIV/AIDS Mitigation Areas

Mitigation Areas	Mean	Std. Deviation
Supply of ARVS	2.87	1.80
Medical care	3.29	1.74
IEC	4.00	1.13
HIV Testing	3.39	1.63
Home based care and support	2.00	1.34
Research	2.29	1.53
HIV Prevention	3.61	1.52
HIV/AIDS mgt logistics	1.26	0.89

Source: Research data

These findings imply that even though HIV/AIDS is threatening to the well being of peoples' health it has created opportunities for entrepreneurial action through the intervention areas. This is because it is an environment marked by crises as more than a million Kenyans have died and many more are carrying the virus. It has therefore witnessed heavy scrutiny of existing institutional arrangements resulting in increased opportunities for entrepreneurial action (Wesley and Robert, 2002).

The base year zero (0) in this case is year 2005. As Table 6 below shows, 12.9% of the organizations were in HIV/AIDS mitigation for over fifteen years. A high percentage of

87.1% of the studied organizations were less than eleven years old in HIV/AIDS mitigation with 54.8 % of the organizations being less than five years.

Table 6: Years in mitigation

No. Of Years	Frequency	Percent
0-2	6	19.4
3-5	11	35.5
6-8	7	22.6
9-11	3	9.7
Over 15years	4	12.9
Total	31	100.0

Source: Research data

This implies that even though HIV/AIDS was there since 21years ago (1984), entrepreneurial opportunities were mainly exploited in the last five years. This is related to former presidents Moi declaration of HIV/AIDS as a national disaster in November1999 (Daily Nation Sunday, July 1, 2001). This further confirmed Kirzner (1973) argument that factors such as disasters are among the origins of entrepreneurial opportunities since they create market disequilibria.

4.3.3 Motivation to Initiate Mitigation in HIV/AIDS

It was important to know just why the founders of these organizations decided to venture into HIV/AIDS mitigation by seeking to know what motivated them.

As shown in Table 7 below, only 16.1% of the respondents identified profit opportunities as their motivation. Good corporate image was picked by 29% of the population while 19.4% identified emotional satisfaction their motivation to start business in HIV/AIDS mitigation. Most of the respondents (90.3%) identified society welfare as their motivation to exploit opportunities in HIV/AIDS mitigation.

Table 7: Motivation to Initiate Mitigation

Motivation	Frequency	Percentage
Good corporate image	9	29
Profit Opportunities	5	16.1
Emotional satisfaction	6	19.4
Society welfare	28	90.3

Source: Research data

This implies that even though the selected organizations were profit making only a few of them (16.1%) could declare they started the business for it. According to Kiarie and Muraah, (2001) HIV/AIDS stigmatizes the infected and the affected and this could be the reason why majority of the respondents could not disclose whether they were profit making. Instead most of them felt that their motivation to engage in HIV/AIDS motivation was to contribute to society welfare. The fact that a few acknowledged their motivation to be profit making verifies that indeed there are entrepreneurial opportunities in HIV/AIDS mitigation.

A further analysis was deemed necessary to find out how the different types of businesses compared in their response to profit opportunities as their motivation to initiate HIV/AIDS mitigation. The following were the findings.

Only 6.2% of the healthcare providers identified profit opportunities as the motivation for being in HIV/AIDS mitigation (see Table 8 below). Out of the studied Pharmaceuticals only 28.6% identified profit as the motivation. IEC organizations that identified profit opportunities as the motivation were 25%.

Table 8: Organizations motivated by profit opportunities

Type of Business	Frequency	Percent
Healthcare	1	6.20
Pharmaceuticals	2	28.60
IEC	2	25.00
Total	5	16.10

Source: Research data

The healthcare organizations had the lowest presentation which could be attributed to the nature of the organizations as they are life saving and would therefore not want to be seen as being profit making.

4.3.4 Strategies Adopted in Pursuit of HIV/AIDS Mitigation

Strategies employed by the respondents in order to pursue the opportunities in HIV/AIDS mitigation were established and the findings are presented in Table 9 below.

Table 9: Strategies Adopted in Pursuit of HIV/AIDS Mitigation

Strategy	Frequency	Percent
Introduced products	30	96.8
Built capacity	24	77.4
Formed partnerships	12	38.7
Social responsibility	7	22.6

Source: Research data

As shown from the table above 96.8% of the respondents had introduced new products while 77.4% had built capacity either in form of training existing staff, hiring new staff moving to a new premises or improved their systems. Only 38.7% of the studied population had formed partnerships with NGOs, Government or other private

organizations. At least 22.6% of the organizations studied had initiated some social responsibility activities in HIV/ASIDS mitigation.

This implies that the organization had responded to the changes in the social environment (Ansoff; Macdonell, 1990) and therefore had crafted strategies to match this environment. According to Wesley and Robert (2002) environmental jolts mobilize actors to reformulate institutions, resulting in increased entrepreneurial opportunities.

The fact that all but one organization had introduced new products implies that there were entrepreneurial opportunities in HIV/AIDS mitigation. Holcombe and Randall G (2003) argue that an entrepreneurial opportunity exist if there is a possibility of correcting errors in the system by creating new ways, new means or new ends in order to achieve given end.

4.3.5 Cost Impact of HIV/AIDS to the Organizations Studied

HIV/AIDS affects the body's immune system there by exposing the infected person to opportunistic infections. It stigmatizes the infected as well as the affected persons (Kiarie and Muraah, 2001). The business fraternity depends on the human resources for the implementation of their strategies therefore HIV/AIDS is a cost to the business fraternity (Waita, 2004). The cost impact of HIV/AIDS was therefore evaluated and the findings are presented in table 10 and graph one below.

Table 10: Cost impact of HIV/AIDS

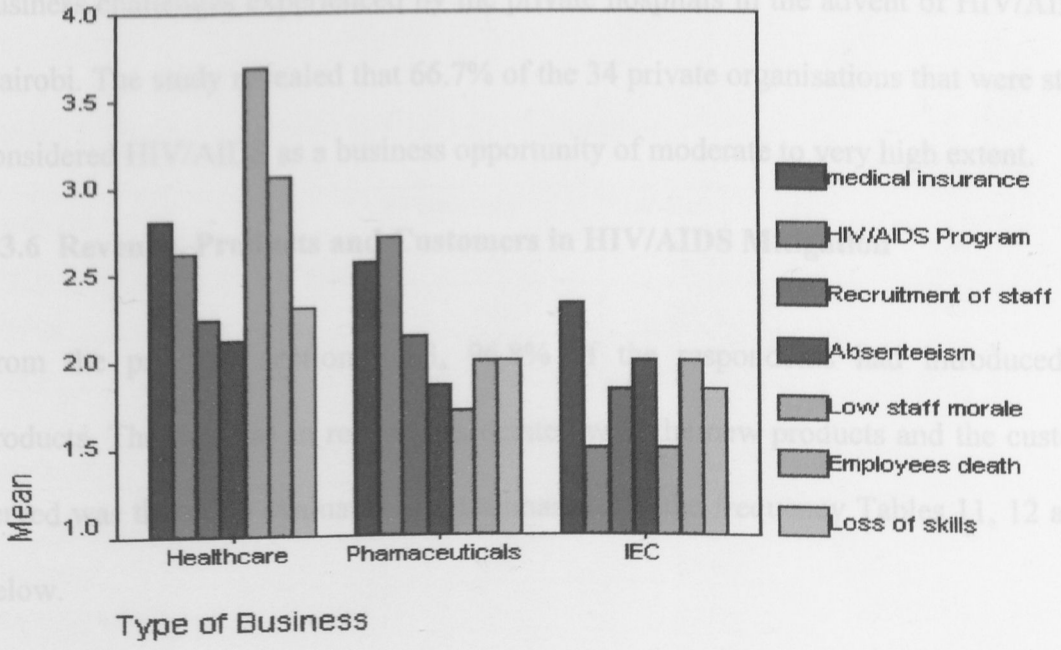
Cost Category		Not at all	Little extent	Moderate Extent	Great Extent	V. Great Extent	Total
Medical Insurance	Frequency	13	3	5	5	5	31
	Percent	41.94	9.68	16.13	16.13	16.13	100.00
HIV/AIDS Program	Frequency	14	3	6	6	2	31
	Percent	45.16	9.68	19.35	19.35	6.45	100.00
Recruitment of Staff	Frequency	15	5	7	2	2	31
	Percent	48.39	16.13	22.58	6.45	6.45	100.00
Absenteeism	Frequency	12	10	6	2	1	31
	Percent	38.71	32.26	19.35	6.45	3.23	100.00
Low Staff Morale	Frequency	16	9	4	1	1	31
	Percent	51.61	29.03	12.90	3.23	3.23	100.00
Employees death	Frequency	13	12	4	1	1	31
	Percent	41.94	38.71	12.90	3.23	3.23	100.00
Loss of skills	Frequency	13	10	3	3	2	31
	Percent	41.94	32.26	9.68	9.68	6.45	100.00

Source: Research data

From the above Table 10, more than 50% of the respondents felt that the cost impact of HIV/AIDS was less than moderate on all the cost variables. However 40% of the respondents felt that costs related with medical insurance and HIV/AIDS program were more than moderate.

It was found necessary to evaluate the costs in relation to the types of the organization studied and the findings are presented in the figure below.

Figure 2: Cost Impact of HIV/AIDS



Source: Research data

As observed from the figure 2 above the health care providers experienced the highest cost in low staff morale at a mean of 3.7 and the lowest cost absenteeism at a mean of 2.2. The pharmaceuticals experienced the highest cost in HIV/AIDS program at a mean of 2.7 and the lowest cost in low staff morale at a mean of 1.7. The IEC organization experienced their highest cost in medical insurance at a mean rate of 2.3 and the lowest in HIV/AIDS program and low staff morale both at a mean of 1.5.

The healthcare providers experienced the highest cost overall while IEC had the lowest cost overall. This could be associated with the fact that the healthcare organizations as seen earlier in section 4.2 had more employees than the IEC. On average the organizations experienced less than moderate cost impact from HIV/AIDS. This implied that the cost impact from HIV/AIDS was minimal to the respondents and

therefore presented no obstacle for those who pursued the opportunities in HIV/AIDS mitigation. . This further confirms the findings by Maina, (2004) who studied the business challenges experienced by the private hospitals in the advent of HIV/AIDS in Nairobi. The study revealed that 66.7% of the 34 private organisations that were studied considered HIV/AIDS as a business opportunity of moderate to very high extent.

4.3.6 Revenue, Products and Customers in HIV/AIDS Mitigation

From the previous section 4.3.3, 96.8% of the respondents had introduced new products. The increase in revenue associated with the new products and the customers served was therefore evaluated and summarized in the frequency Tables 11, 12 and 13 below.

Table 11: Increase in revenue

Rating	Frequency	Percent	Cumulative Percent
Not at all	5	16.1	16.1
Little extent	6	19.4	35.5
Moderate extent	16	51.6	87.1
Great extent	3	9.7	96.8
Very great extent	1	3.2	100.0
Total	**31**	**100.0**	

Source: Research data

As shown in the Table 11 above, most (51.6%) of the respondents perceived their revenue increase to be of moderate extent. Only 16.1% of the respondents felt there was no increase of revenue at all. The respondents identified increase of revenue at a great extent and very great extent at 9.7% and 3.2% of extent respectively.Even though majority of the respondents felt that they did not venture into HIV/AIDS mitigation for profit purposes, majority of them had more than a moderate increase in revenue,

implying that indeed the respondents had found a potentially profitable need to satisfy. Hulbert et al (1997) argue that a business opportunity exists if there is a chance to meet an unsatisfied need that is potentially profitable.

Table 12: Products Offered in HIV/AIDS Mitigation

Products	Frequency	Percent
Test kits and prevention gadgets	3	9.7
Testing	18	58.1
ARVS	21	67.7
IEC	27	87.1
Research	7	22.6
HIV Training	6	19.4
Treatment	16	51.6
HIV/AIDS Management Logistics	7	22.6

Source: Research data

As Table 12 above indicates, only 9.7% of the respondents offered testing kits and prevention gadgets. Testing was carried out by 58.1 % of the studied population while ARVs were supplied by 67.7% of the population. The supply of ARVS was both from manufacturers to hospitals and from hospitals to the PLWHAs. Majority (87.1%) of the respondents were involved in IEC. Research and HIV management logistics was exploited by only 22.6% of the respondents. HIV training was done by 19.4% of the respondents while treatment of opportunistic infections was done by 51.6% of the respondents.

As seen earlier almost all the respondents had introduced new products. From the above a range of products specifically for reduction of HIV/AIDS impact was on offer. This

further confirms the earlier findings where 96.8% of the respondents had introduced new products.

One of the three views of entrepreneurial opportunity according to Sarasvathy et al. (2002) is opportunity discovery. They argue that if demand exists but no supply and vice versa then the non-existent side has to be "discovered" before the match-up can be implemented.

In the advent of HIV/AIDS there was a great demand for its management and therefore supply of all the tools that were required to reduce its impact had to be supplied. This gave rise to entrepreneurial opportunities and as seen in the findings there were plenty on offer by the respondents.

Table 13: Customers in HIV/AIDS mitigation

Customers	Frequency	Percent
Government	13	41.9
NGOs, CBOS, FBOS and or private organizations	17	54.8
PLWHAs	17	54.8
General Public	24	77.4

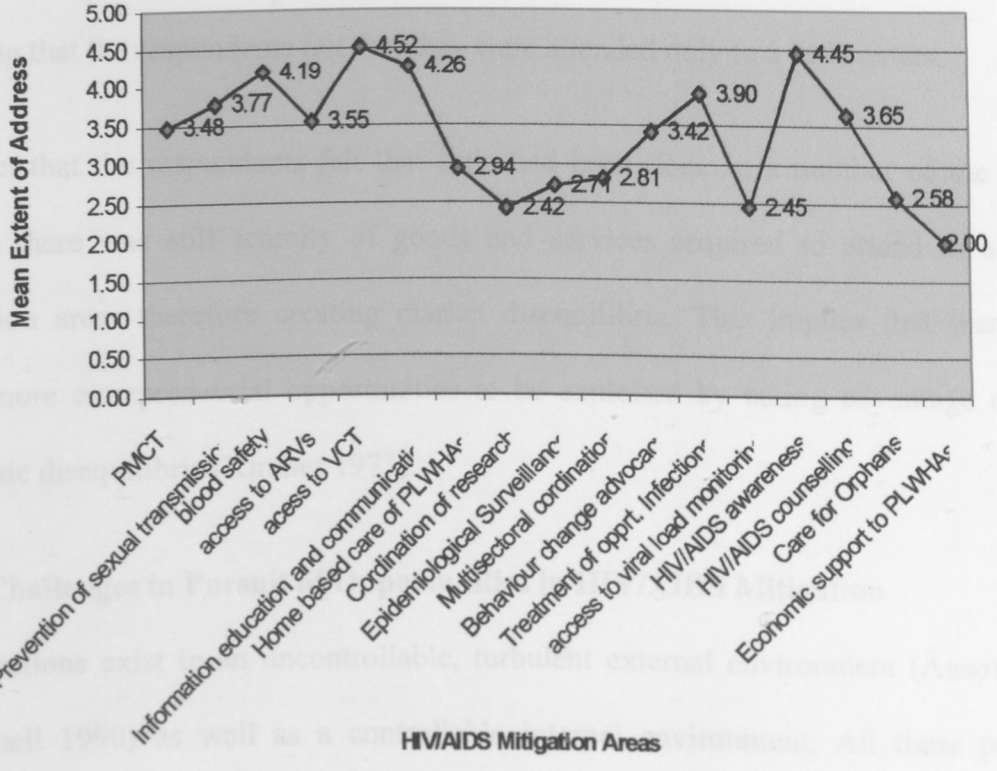
Source: Research data

As shown in the table above most (77.4%) of the respondents targeted the general public. The government was served by 41.9% of the respondents while both PLWHAs and NGOs, CBOs, FBOs and private organizations were served by 54.8% of the respondents.

4.3.7 The Extent of Exploitation of Opportunities in HIV/AIDS Mitigation

HIV/AIDS is a multisectoral issue requiring a multisectoral response and a diverse range of stakeholders (NASCOP, 1999). The respondents were required to give their opinion regarding how the different areas of HIV/AIDS mitigation had been addressed. The findings are presented in the Figure 3 below.

Figure 3: Extent of HIV/AIDS Mitigation Address



Source: Research data

As shown in Figure 3 above, safety, access to VCT, IEC, and HIV/AIDS awareness were the most addressed areas of HIV/AIDS mitigation at a mean rate of more than four implying the respondents felt that these areas had been addressed to a great extent.

PMCT, prevention of sexual transmission, access to ARVs, behaviour change advocacy and HIV/AIDS counselling scored a mean of more than three but less than four implying that the respondents felt that these areas had been addressed to a moderate extent.

The respondents felt that home based care and support of PLWHAs, coordination of research, epidemiological surveillance, multisectoral coordination of mitigation, access to viral load monitoring, caring for orphans and economical support of PLWHAs were the least attended areas in HIV/AIDS mitigation with a mean score of less than three implying that the respondents felt that they were attended only to a little extent.

The fact that the respondents felt that little had been done in a number of the areas implies there was still scarcity of goods and services required to attend to all the mitigation areas therefore creating market disequilibria. This implies that there are many more entrepreneurial opportunities to be exploited by taking advantage of the economic disequilibria (Kirzner 1973).

4.4 Challenges in Pursuit of Opportunities in HIV/AIDS Mitigation

Organizations exist in an uncontrollable, turbulent external environment (Ansoff and Macdonell 1990) as well as a controllable internal environment. All these present challenges to the organizations, which they have to respond to by matching these environments to their organizational capabilities. The frequency of how the responses towards different challenges are summarized in the frequency table 14 below.

Table 14: Challenges in HIV/AIDS Mitigation

Challenges	Statistics	Not at all	Little Ext.	Mod.Ext.	Great Ext.	V. Great Ext.	Total
Skilled manpower	Frequency	10	10	8	2	1	31
	Percent	32.26	32.26	25.81	6.45	3.23	100.00
Government	Frequency	11	2	5	8	5	31
	Percent	35.48	6.45	16.13	25.81	16.13	100.00
Society Negative attitude	Frequency	4.00	8.00	8.00	7.00	4.00	31.00
	Percent	12.90	25.81	25.81	22.58	12.90	100.00
Unreliable suppliers	Frequency	9	10	10	1	1	31
	Percent	29.03	32.26	32.26	3.23	3.23	100
Competition	Frequency	7	6	9	7	2	31
	Percent	22.58	19.35	29.03	22.58	6.45	100.00
Customers bargaining	Frequency	5	5	8	9	4	31
	Percent	16.13	16.13	25.81	29.03	12.90	100.00
Poor infrastructure	Frequency	6	3	4	9	9	31
	Percent	19.35	9.68	12.90	29.03	29.03	100.00
Limited Finances	Frequency	5	4	6	9	7	31
	Percent	16.13	12.90	19.35	29.03	22.58	100.00

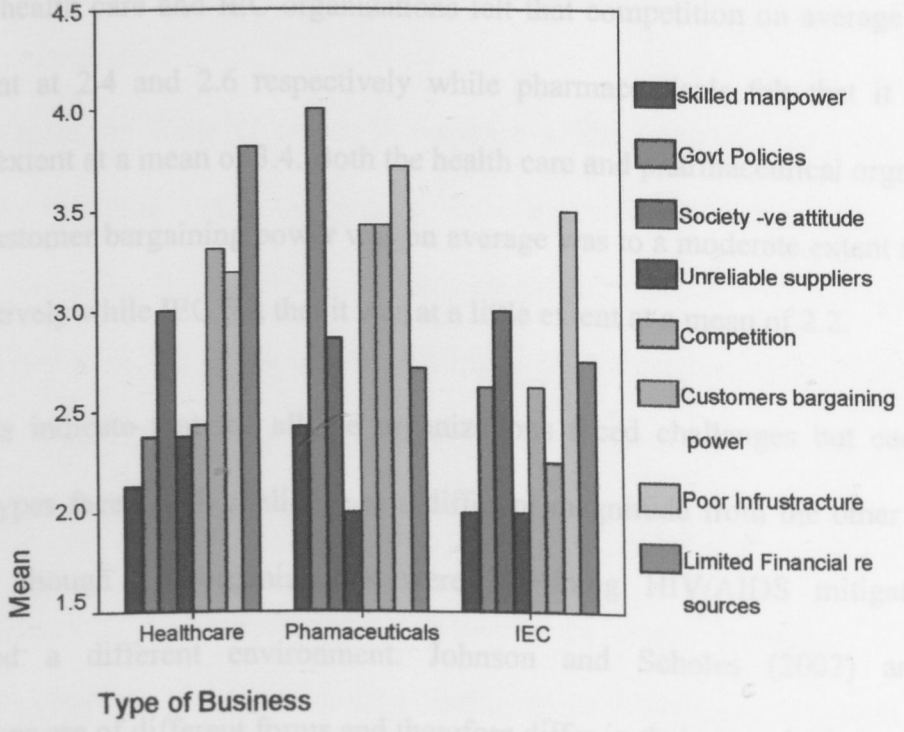
Source: Research data

As observed in the Table 14 above, skilled manpower and unreliable suppliers were the least experienced challenges with more than 60% of the respondents citing little to no challenge at all. Challenges from the government and competition were experienced by more than 55% of the respondents at moderate to very great extent. Society negative

attitude, poor infrastructure, and limited finances were the greatest challenges experienced by more than 60% of the respondents at moderate to very great extent.

Evaluation of the challenges within the different types of organizations was carried out and the findings are summarized in the mean figure 3 below.

Figure 4: Challenges Experienced in HIV/AIDS mitigation



Source: Research data

Figure 4 above shows that the healthcare organizations identified limited finances as their greatest challenge at a mean of 3.8, and lack of skilled manpower to be their least challenge at a mean of 2.2. The pharmaceuticals felt their greatest threat was the government at a mean of four and their least challenge was unreliable suppliers at a mean of two. Society negative attitude was IEC greatest challenge at a mean of 3.5.

Both lack of skilled manpower and unreliable suppliers were their least challenge at a mean of two.

All the respondents felt that lack of skilled manpower and unreliable suppliers to be their least threat at a little extent with a mean range of 2-2.5. All the respondents felt that poor infrastructure was a great challenge at a moderate extent with a mean range of 3.2 –3.7.

Both the health care and IEC organizations felt that competition on average was to a little extent at 2.4 and 2.6 respectively while pharmaceuticals felt that it was at a moderate extent at a mean of 3.4. Both the health care and pharmaceutical organizations felt that customer bargaining power was on average was to a moderate extent at 3.3 and 3.4 respectively while IEC felt that it was at a little extent at a mean of 2.2.

The results indicate that the all the organizations faced challenges but each of the different types faced each challenge at a different magnitude from the other implying that even though the organizations were all doing HIV/AIDS mitigation they experienced a different environment. Johnson and Scholes (2002) argue that organizations are of different forms and therefore differ in their complexity and the kind of environment they face.

The study sought to find out how the respondents responded to the challenges and this was summarized in the mean table below.

Table 15: Options Utilized in Overcoming the Challenges

Overcoming challenges	Mean	Std. Deviation
Training staff	3.7419	1.3157
Comply with Government	3.2581	1.5048
Participating in social activities	3.1935	1.3765
Partner with suppliers	2.871	1.4547
Improving product Quality	3.7097	1.3951
Offer incentives to customers	3.0323	1.3288
Utilizing technology	3.5161	1.1796
Source funds from donors	2.6129	1.5205

Source: Research data

As shown from the Table 15 above, in response to the challenges experienced by the respondents, training staff, complying with government, participating in social activities, partnering with suppliers, improving product quality, offering incentives to customers and utilizing technology had a mean of 3 therefore were undertaken to a moderate extent. The respondents did sourcing for funds from donors at a mean of 2 therefore it was done at a little extent.

The organizations had implemented responses to their challenges. Ansoff and Macdonnell (1990) argue that each organization needs to diagnose its unique pattern of future challenges, threats, and opportunities and it must design and implement its unique response to these challenges.

CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary

The sample population under study had three categories of organizations namely private hospitals, pharmaceuticals companies, and IEC consultants. Majority (80.6%) of the organizations were locally owned. Most (64.5%) of the organizations under study were established after HIV/AIDS was discovered in Kenya in 1984 (NASCOP, 1998). The organizations under study ranged from small to large organizations.

HIV/AIDS is threatening to the well being of peoples' health as more than a million Kenyans have died and many more are carrying the virus thereby creating a crisis. Wesley and Robert, 2002 argue that environments marked by crises witness heavy scrutiny of existing institutional arrangements resulting in increased opportunities for entrepreneurial action.

The respondents were already exploiting different mitigation areas but findings indicate that there was still scarcity of goods and services required to attend to all the mitigation areas. Most of the areas of HIV/AIDS mitigation such as home based care, coordination of research, epidemiological surveillance, multisectoral coordination, viral load monitoring, caring for orphans and economical support of PLWHAs were only attended to a little extent. This implied that there are many more entrepreneurial in HIV/AIDS mitigation

The study confirmed that even though HIV/AIDS was there since 21years ago (1984-

2005), entrepreneurial opportunities were mainly exploited in the last five years. This is related to former presidents Moi declaration of HIV/AIDS as a national disaster in November1999 (Daily Nation Sunday, July 1, 2001). This further confirmed Kirzner (1973) argument that factors such as disasters are among the origins of entrepreneurial opportunities since they create market disequilibria.

Even though the selected organizations were profit making most of the respondents favoured society welfare as their motivation to engage in HIV/AIDS motivation. According to Kiarie and Muraah, (2001) HIV/AIDS stigmatizes the infected and the affected and this could be the reason why majority of the respondents could not disclose whether they were profit making. The fact that a few acknowledged their motivation to be profit making verifies that indeed there are entrepreneurial opportunities in HIV/AIDS mitigation.

HIV/AIDS had created market disequilibria as there was demand for products and services to reduce the impact of HIV/AIDS and supply was limited. Organization had responded to the changes in this social cultural environment (Ansoff; Macdonell, 1990) and had crafted strategies to match with it. All but one of the respondents had introduced a range of new products whose target customers were varied. More than half of the respondents had a moderate increase in revenue from the new products. The cost impact from HIV/AIDS was found to be minimal to the respondents. All this implied that indeed there were entrepreneurial opportunities in HIV/AIDS mitigation.

All the organizations faced challenges but faced each challenge at a different magnitude

from the other implying that even though the organizations were all doing HIV/AIDS mitigation they experienced a different environment. Johnson and Scholes (2002) argue that organizations are of different forms and therefore differ in their complexity and the kind of environment they face. The organizations had implemented responses to their challenges. Ansoff and Macdonnell (1990) argue that each organization needs to diagnose its unique pattern of future challenges, threats, and opportunities and it must design and implement its unique response to these challenges.

5.2 Conclusions

Despite the devastating effects of HIV/AIDS there were many entrepreneurial opportunities in its mitigation some of which had only been exploited to a little extent. However there was HIV/AIDS stigma as most of the respondents felt that they were involved in reduction of HIV/AIDS impacts mainly for society welfare and not for profit gains. A long range of new products was offered for HIV/AIDS mitigation and a variety of stakeholders were involved. Challenges in HIV/AIDS mitigation were minimal and were experienced at a varying magnitude from one organization to another.

5.3 Recommendations for Further Research

Comprehensive research of all the individual areas of HIV/AIDS mitigation for the profit making organizations could be carried out to find out whether opportunities in the mitigation do contribute to the growth of small-scale micro enterprises. Research could be done to establish whether finding of a curative or vaccination for HIV would imply

the extinction of the entrepreneurial opportunities in HIV/AIDS. There are very many NGOs in the mitigation of HIV/ AIDS and research could be done to evaluate their competitive advantages in pursuit of donor funds.

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APPENDICES

UNIVERSITY OF NAIROBI

FACULTY OF COMMERCE

MBA PROGRAM – LOWER KABETE CAMPUS

Telephone 732160 Ext 208
Telegrams "Varsity", Nairobi
Telex 22095 Varsity

P.O Box 30197
Nairobi, Kenya

DATE..... .....

TO WHOM IT MAY CONCERN

The bearer of this letter ....Margaret Tuto Wawera.....

Registration No: ...D61/7319/03.....

is a Master of Business Administration (MBA) student of the University of Nairobi.

He/she is required to submit as part of his/her coursework assessment a research project report on some management problem. We would like the students to do their projects on real problems affecting firms in Kenya. We would, therefore, appreciate if you assist him/her by allowing him/her to collect data in your organization for the research.

The results of the report will be used solely for academic purposes and a copy of the same will be availed to the interviewed organizations on request.

Thank you.

P. O. Box 30197. OFFICE

JACKSON MAAKU

CO-ORDINATOR, MBA PROGRAM

UNIVERSITY OF NAIROBI COMMERCE FACULTY

APPENDIX II: QUESTIONNAIRE

Dear Participant,

This questionnaire is for academic purposes only. It is divided into three sections A, B and C. Kindly answer the questions in each section. Your answers will remain anonymous and strictly confidential and in no instance will your name be mentioned in the report.

SECTION A

1. Name of Organization _____ (optional)

2. Please indicate the ownership of your company.
   Local ☐ Foreign ☐ Other specify _____

3. In which year did you start operations in Kenya? _____

4. What business are you in?
   _____
   _____

5. Do you have other branches? Yes ☐ No ☐
   If yes, where are they located?
   _____
   _____

6. How many permanent employees do you have currently? (Select from below)
   - ☐ i. Less than 20
   - ☐ ii. 21-40
   - ☐ iii. 41 –60
   - ☐ iv. 61 –80
   - ☐ v. 81- 100
   - ☐ vi. More than 100

SECTION B

1. In which year did you begin attending to HIV/AIDS mitigation? _____

   a. Please tick the area(s) you are involved in and select from below the extent to which you have exploited each of the areas ticked.

      1. Not at all
      2. Little extent
      3. Moderate Extent
      4. Great Extent
      5. Very Great Extent

Area		Rating				
		1	2	3	4	5
☐ i.	Supply of Anti-retroviral	( )	( )	( )	( )	( )
☐ ii.	Medical care	( )	( )	( )	( )	( )
☐ iii.	IEC (Information, Education, Communication)	( )	( )	( )	( )	( )
☐ iv.	HIV testing	( )	( )	( )	( )	( )
☐ v.	Home based care and support	( )	( )	( )	( )	( )
☐ vi.	Research	( )	( )	( )	( )	( )
☐ vii.	HIV Prevention	( )	( )	( )	( )	( )
☐ viii.	Others (please specify and rate)					
ix.	_____	( )	( )	( )	( )	( )
x.	_____	( )	( )	( )	( )	( )

   b. What motivated you into getting involved in the area of mitigation of HIV/AIDS? Please tick from below

      ☐ i. To create a good corporate image
      ☐ ii. Profit opportunities

☐ iii. Emotional satisfaction

☐ iv. Desire to contribute to society welfare

☐ v. Others (specify) _____

_____

2. From 1(a) above, what major strategies did you undertake in the pursuit of HIV/AIDS mitigation.

_____

_____

_____

_____

3. To what extent have the following impacts of HIV/AIDS affected your organization. Please tick the rating from below.

Impact	Very Great Extent	Great Extent	Moderate Extent	Little extent	Not at all
Medical insurance					
HIV/AIDS program					
Recruitment of staff					
Absenteeism					
Low staff morale					
Employees death					
Loss of skills					
Others (specify)					

4. I believe you are offering product (s) /services that are very important in the mitigation of HIV/AIDS in your company whether it is in *prevention, testing, care, support, treatment, or in information, education and communication.*

a. Please fill in the table below giving details about the new products/services you have introduced for purposes of reducing the impact of HIV/AIDS and select from below the extent to which each of the products/service has increased the overall revenue collected in your business.

Name of New Products / Services	Name of Customer (s)	Increase in Revenue

Revenue Increment

1. Very high increase
2. High increase
3. Moderate increase
4. Little increase
5. No increase at all

SECTION C

1. Here are some challenges that you may face in the day to day running of your business as you participate in this multi-sectoral noble calling of saving lives.

   a. Please indicate to what extent each of them is experienced in your business by selecting from below

      1. Not at all
      2. Little extent
      3. Moderate Extent
      4. Great Extent
      5. Very Great Extent

		1	2	3	4	5
i.	Lack of skilled manpower	( )	( )	( )	( )	( )
ii.	Government policies and regulations	( )	( )	( )	( )	( )
iii.	Society's negative attitude	( )	( )	( )	( )	( )
iv.	Unreliable suppliers	( )	( )	( )	( )	( )
v.	Competition from new entrants	( )	( )	( )	( )	( )
vi.	Customers bargaining power	( )	( )	( )	( )	( )
vii.	Poor infrastructure system	( )	( )	( )	( )	( )
viii.	Limited financial Resources	( )	( )	( )	( )	( )
ix.	Others (please specify)					
x.	_____	( )	( )	( )	( )	( )
	_____	( )	( )	( )	( )	( )

   b. The following are some of the ways of overcoming the above business challenges. Kindly select the ratings from 1 (a) describing the extent to which you have utilized them.

	1	2	3	4	5

i. Training of staff	( )	( )	( )	( )	( )
ii. Complied with Government	( )	( )	( )	( )	( )
iii. Participating in societal activities	( )	( )	( )	( )	( )
iv. Partnering with suppliers	( )	( )	( )	( )	( )
v. Improving product quality	( )	( )	( )	( )	( )
vi. Entering into contract with customers	( )	( )	( )	( )	( )
vii. Offering incentives to customers	( )	( )	( )	( )	( )
viii. Using technology for communication	( )	( )	( )	( )	( )
ix. Sourcing for funds from donors	( )	( )	( )	( )	( )
x. Others (please specify)					
_____	( )	( )	( )	( )	( )
_____	( )	( )	( )	( )	( )

2. The following are areas of mitigation of HIV/AIDS. Please tick the rating giving the extent to which you feel they have been addressed.

Area of Mitigation	Very Great Extent	Great extent	Moderate extent	Little extent	Not at all
Prevention of mother to Child transmission					
Prevention of sexual transmission					
Blood safety					
Access to anti- retroviral					
Access to Voluntary Testing and counseling					
Information, Education, and Communication					

Home based Care and support of people living with HIV/AIDS					
Coordination of Research					
Epidemiological surveillance					
Multi-sectoral coordination of mitigation					
Behavior change advocacy					
Treatment of opportunistic infections					
Access to viral load monitoring					
HIV/AIDS Awareness					
HIV/AIDS counseling					
Caring for the HIV/AIDS orphans					
Economic support to People living with HIV/AIDS					

3. In any business operation one may experience instance of happiness and regrettable moments.

   a) What do you consider to be the most enjoyable experiences in running your business?

   b) What do you consider to be the most regrettable experiences in running your business?

Thank you so much for your kind participation.

APPENDIX III: LIST OF ORGANIZATIONS

Hospitals

1. The Aga Khan Hospital.
2. Avenue Hospital.
3. Central Park Hospital.
4. Coptic Hospital.
5. Gertrude's Garden Children's Hospital.
6. Jamaa Home And Maternity Hospital.
7. Kenyatta National Hospital- Private Wing.
8. M.P. Shah Hospital.
9. Masaba Hospital.
10. The Mater Hospital.
11. Mother And Child Hospital.
12. Nairobi Equator Hospital.
13. The Nairobi Hospital.
14. Nairobi West Hospital.
15. Nairobi Women's Hospital
16. St. James Hospital.
17. St. Mary's Mission Hospital.
18. South B Hospital.
19. Victory Medical And Maternity Hospital.
20. Westlands Cottage Hospital.
21. Central View Hospital.
22. Edianna Hospital.
23. Guru Nanak Ramgarhia Sikh Hospital.
24. Kayole Hospital Limited.
25. Lily Women Hospital.
26. Lions Sight First Eye Hospital.
27. Mariakani Cottage Hospital.
28. Melchizedek Hospital.
29. Metropolitan Hospital, Nairobi.
30. The Olive Tree Hospital.
31. Prime Care Hospital.
32. Umoja Hospital Limited.
33. Karen Hospital

Pharmaceuticals

34. Glaxosmithkline
35. Hoffman la Roche
36. Abbot
37. Cipla
38. Bristol Myers Squib
39. Boeringer Ingelheim
40. Cosmos
41. Ranbaxy
42. Merck Sharp company
43. Pfizer

IEC Organizations

44. Crystal Hill Consulting
45. South consulting
46. ACE communications
47. Oasis counseling
48. Amani counseling center
49. Kenya association of professional counselors
50. Mosaic counseling services
51. Family life counseling association
52. Kenya institute of professional counseling
53. Information research and communications centre
54. AIDS awareness programme
55. AIDS awareness Agency
56. Kenya Broadcasting Corporation
57. KIKAN Consultancy and Training services
58. Mwangaza counseling services
59. Sunami marketing services
60. Mzima Springs