

**STRATEGY IMPLEMENTATION OF HIV/AIDS WORKPLACE
POLICIES: A CASE STUDY OF CHALLENGES AND RESPONSES OF
THE INTERNATIONAL FEDERATION OF RED CROSS AND RED
CRESCENT SOCIETIES IN NAIROBI**

27/10/06
UNIVERSITY OF NAIROBI
SCHOOL OF BUSINESS
MBA OFFICE
P. O. Box 30197
NAIROBI

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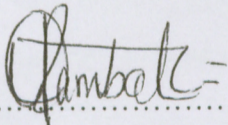
Ombati Pamela Agnes

27/10/2006
A Management Research Project Report Submitted In Partial
Fulfilment of the Requirements for the Award of A Degree in
Masters of Business Administration (MBA), School of Business,
University of Nairobi

September, 2006

DECLARATION

This Management Research Project is my original work and has not been presented for a degree in any other university.

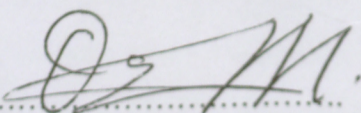
Signed: 

Date: 27/10/06

OMBATI PAMELA AGNES
D/61/P/8356/03

UNIVERSITY OF NAIROBI
SCHOOL OF BUSINESS
MBA OFFICE
P. O. Box 30197
NAIROBI

This Management Research Project has been submitted for examination with my approval as the University Supervisor.

Signed: 

Date: 27/10/2006

DR MARTIN OGUTU
Department of Business Administration
School of Business
UNIVERSITY OF NAIROBI

ACKNOWLEDGEMENTS

DEDICATION

My appreciation to all the people that supported and encouraged me in developing and completing this project, special thanks to my husband and friend Bruce Mokaya for his

This project is dedicated to my husband and friend Bruce Mokaya and my two lovely children Michelle and Lewis.

acknowledging and for giving me the time and space to complete the programme. I wish to express my gratitude to my supervisor Dr Martin Ogutu for his guidance, support, readiness and rich contribution that have led to the completion of this project.

Special thanks to my MBA colleagues for their support, assistance and encouragement during the entire MBA program. My heartfelt appreciation goes to my study group members: Zeddy Kwarisi, Connor Andabwa, Mwanalena Auma, Bessy Muiyem, Salton Tumwa, Nene Kragry, Anthony Munga, Charles Muthama and Michael Ayimba.

My sincere appreciation to my colleagues Patrick Courmay for the time and trouble you took to help me with the relevant materials, to edit my document and constantly keep me motivated. To Eusebio Kabura for being the voice of reason and for your constructive criticism, to all IFRC members of staff that took time to complete the questionnaire, to you all that offered me any kind of relevant information. Your effort will go a long way towards contributing to the body of knowledge in general.

Special thanks and recognition to my dedicated and selfless house help Pielite Muhenje Masyupa, without whom I would not have achieved my dream. Thanks for taking care of my children when I had to be in college during weekends, public holidays and evenings. Thanks to you all for your understanding, cooperation and support which you gave me during the entire period of my study. May the almighty God bless each one of you in a very special way and reward you fully because you deserve it.

Last but not least, my sincerest thanks to God Almighty without whom none of this would have been possible.

ACKNOWLEDGEMENTS

My appreciation to all the people that supported and encouraged me in developing and completing this project, special thanks to my husband and friend Bruce Mokaya for his invaluable support, for believing in my dream and investing both time and money to enable me realize it, to my two lovely children Michelle and Lewis for being patient, understanding and for giving me the time and space to complete the programme. I wish to express my gratitude to my supervisor Dr Martin Ogutu for his guidance, support, reliability and rich contribution that have led to the completion of this project.

Special thanks to my MBA colleagues for their support, assistance and comradeship during the entire MBA program. My heartfelt appreciation goes to my study group members: Zeddy Kennei, Connie Andabwa, Mwanatena Auma, Bessy Mairura, Saitoti Torome, Noah Kosgey, Anthony Mungai, Charles Muthama and Michael Ayimba.

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TABLE OF CONTENTS

Declaration.....	i
Dedication.....	ii
Acknowledgement.....	iii
Abbreviations.....	iv
Abstract.....	viii
1.0 CHAPTER ONE: INTRODUCTION	
1.1 Background.....	1
1.1.1 Challenges of Strategy Implementation.....	2
1.1.2 Evolution of HIV/AIDS Interventions in the Workplace.....	3
1.1.3 Overview of International Federation of the Red Cross and Red Crescent Societies.....	4
1.1.4 Federation Policy in the Workplace.....	4
1.2 Statement of the Problem.....	6
1.3 Objectives of the Study.....	7
2.0 CHAPTER TWO: LITERATURE REVIEW	
2.1 Impact of HIV/AIDS pandemic on organizations.....	8
2.2 Strategy Implementation.....	9
2.3 Challenges of Strategy implementation.....	13
3.0 CHAPTER THREE: RESEARCH METHODOLOGY	
3.1 Research design.....	18
3.2 Data collection method.....	18
3.3 Data Analysis.....	18
4.0 CHAPTER FOUR: DATA ANALYSIS AND FINDINGS	
4.1 Introduction.....	19
4.2 Challenges facing strategy implementation of HIV/AIDS workplace policies at IFRC.....	19

4.2.1	Organization culture in HIV/AIDS workplace policies implementation.....	19
4.2.2	Engagement of local communities in HIV/AIDS workplace policies implementation.....	21
4.2.3	Communication in HIV/AIDS workplace policy implementation.....	22
4.2.4	Organization policy in HIV/AIDS implementation.....	23
4.2.5	Stigma and marginalization in HIV/AIDS implementation.....	23
4.2.6	Structure and strategy in HIV/AIDS workplace policy implementation.....	24
4.2.7	Leadership and implementation of HIV/AIDS workplace policy Implementation.....	25
4.2.8	Resources in HIV/AIDS workplace policy implementation.....	26
4.2.9	Skills in HIV/AIDS workplace policy implementation.....	26

5.0 CHAPTER FIVE: DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1	Introduction	28
5.2	Summary and Discussions.....	28
5.3	Conclusions.....	33
5.4	Recommendations for Policy and Practice.....	34
5.5	Limitations of the study.....	34
5.6	Suggestions for Further Research.....	34
References		35
Appendix 1:	letter of Introduction.....	38
Appendix II:	Interview Guide.....	39

ABBREVIATION

HIV	-Human Immuno Deficiency Virus
AIDS	-Acquired Immune Deficiency Syndrome
IFRC	-International Federation of the Red Cross and Red Crescent Societies
RDN	-Regional Delegation, Nairobi
DM	-Disaster Management
OD	-Organizational Development
HR	-Human Resource Management
PLWHA	-People Living With HIV/AIDS
ARV	- Anti-Retroviral
VCT	-Voluntary Counselling and Testing
GBC	-Global Business Coalition
NASCOP	-National Aids STD Control Programme
NGOs	- Non-Governmental Organizations
GTZ	-Deutsche Gessellschaft Fur technische Zusammenarbeit

CEO	-Chief Executive Officer
UNDP	-United Nations Development Programme
UNAIDS	- Joint United Nations Programme on HIV/AIDS
WHO	-World Health Organization
ILO	-International Labour Organization
LSE	-London School of Economics

CHAPTER 1 INTRODUCTION

1.1 Background

ABSTRACT

Crafting and formulating a strategy represents just but the easy part, implementing it does pose tremendous challenges. Implementation of strategy implies at times changing the way things are done and may evoke sensitivities as new changes brought about by strategy implementation disrupt the statusquo.

This research was thus aimed at investigating the challenges encountered whilst implementing strategies of HIV/AIDS workplace policies in the International Federation of the Red Cross and Red Crescent Societies, Regional Delegation, Nairobi. Data collection instrument was an interview guide, which was administered to departmental heads responsible for strategy implementation. From a population sample of 8 managers, 6 were interviewed. Data collected was first checked for consistency, coded and then analyzed using content analysis to arrive at the various conclusions,

The study concluded that : The challenges faced in the organization includes, the organizations culture, inadequate support on HIV/AIDS workplace policies from management, Stigma, lack of detailed ownership, lack of peer educators, lack of insurance and financial resources, it also highlighted the various interventions the organization has adopted in dealing with challenges facing HIV/AIDS workplace policy implementation.

CHAPTER ONE: INTRODUCTION

1.1 Background

This chapter covers the background to the study, statement of the problem, objectives of the study and the importance of the study; it explores the strategy implementation challenges and interventions of HIV/AIDS workplace policies within IFRC, Regional Delegation Nairobi.

Strategy refers to the plan of action that a business adopts in using its resources and distinctive competencies to gain a competitive advantage over its rivals. Mintzberg et al (1991) note that strategy is the pattern or plan that integrate an organization's major goals, policies and action sequences into a cohesive whole. Strategy formulation and its subsequent implementation are very important components and are necessitated by the fact that without exception organizations are affected or affect the environment in which they operate, making it almost a must for all organizations to craft and implement appropriate strategies. According to Ansoff and McDonnell, (1990) organizations depend on the environment for inputs in form of resources both material and human and as a market for the finished products.

Heinz and Harold (1993) argue that in today's world most organizations operate in very competitive environment, and thus are constantly engaged in strategic planning, which in an environment of uncertainty no one can be sure of what the internal as well as external environment will be even next week, let alone a future period. Strategically positioning oneself is a must in a dynamic environment. After strategies have been formulated and long-term objectives set the task of operationalizing, institutionalizing and controlling the strategy then begin. These tasks signal a critical new phase in the strategic management process, translating strategic thought into strategic action, shifting from formulation to implementation, observes Pearce and Robinson (2004).

HIV/AIDS by nature of its consequences creates uncertainties, it claims the lives of employees and customers, organizations can no longer plan for the future with certainty, Barnett (2005) argues that HIV/AIDS is not a health problem alone. It has profound implications on culture, the economy, and society at large. Through the pandemic customers are lost, workers are sick or dying in large proportions, a lot of man hour wasted in sick offs, a very precarious situation indeed. Organizations therefore must anticipate this dynamism and counteract it by formulating and successfully executing HIV/AIDS workplace policies.

1.1.1 Challenges of Strategy Implementation

Challenges that were explored in this study ranged from; politics inside and outside the organization, cultural orientation, complexity of operations, policies, organizational structure, and resources, their scarcity or lack of allocation, involvement or lack of involvement of local communities, type of leadership, involvement of people living with HIV/AIDS (PLWHA) and their role in strategy implementation.

More than twenty years after the discovery of HIV/AIDS, the pandemic continues to spread without respite. Almost 40 million people are living with HIV and AIDS, half of them women. The impact of HIV/AIDS is unique because it kills adults in the most productive period of their lives, depriving families, communities and nations of their most productive people. Adding to an already heavy disease burden to poor countries, the epidemic is deepening poverty, reversing human development, worsening gender inequalities, eroding the capacity of governments to provide essential services, reducing labour productivity, and hampering pro-poor growth. Argues an article by UNAIDS, (2000), *Corporate Strategy on HIV/AIDS*.

However attempts have been made where by organizations have come up with interventions, of which some create an impact some never see the light of day, The International Federation of the Red Cross and Red Crescent included. Organizations have formulated strategies aimed at minimizing the impact of the pandemic, But without

efficient and effective strategy implementation well meant interventions have in the past gone into waste and the trend will continue into the future if concerted effort is not made to deal with the challenges encountered at the execution phase of the HIV/AIDS workplace policies.

1.1.2 Evolution of responses of HIV/AIDS workplace policies

The first HIV/AIDS case in Kenya was reported in 1984. The latest HIV/AIDS NASCOP (2006) report indicate that at the end of 2003, about 7% of adults within 15-47 years age bracket or 1.2 million are HIV positive. It is in this respect that former President Daniel Arap Moi declared HIV/AIDS a National disaster, (Government Sessional Paper No 4, 1999). Other estimates show that at the time, seven hundred people were perishing daily, reported the *Sunday Nation*, July (2001).

It is to be recalled that the responses by the government and public in general in the eighties and nineties, was characterized initially by mass awareness campaigns largely led by the Ministry of Health. These efforts were marked with denial and in some instances, a linkage of HIV/AIDS to certain cultural beliefs and some religious bodies opposing the distribution of condoms as a preventive measure. Formal employers also dealt with the reported cases of HIV/AIDS by way of termination of contracts and staff stigmatized.

It is imperative that organizations in Kenya, irrespective of nature, size or industry must adapt their activities and internal configurations to reflect the new realities in the environment including how best to deal with the aids scourge. Failure to respond accordingly will put the future success of any organization in jeopardy argues Aosa, (1998). Murambi (2002) observes that HIV/AIDS is posing a major threat to companies in Kenya. Companies are losing earnings, losing skilled manpower, productivity is affected, market share is lost and customers are lost due to opportunistic diseases related to HIV/AIDS, to curb this pandemic and its resulting losses, organizations have adopted diverse responses to deal with this threat. These interventions will be explored later in the study.

In the recent past a number of organizations have started to put in place strategies that include a commitment to provide their infected employees with Anti-retroviral (ARVs), information on HIV/AIDS and services, ways of preventing transmission, condom distribution and free Voluntary Counselling and Testing Services (VCTs)

1.1.3 Overview of the International Federation of the Red Cross and the Red Crescent Societies (IFRC)

The International Federation of Red Cross and Red Crescent Societies is a non-governmental international organization without political, religious, or racial affiliations. It represents the National Red Cross and Red Crescent Societies globally, whose vision is to alleviate human suffering.

Founded in 1919, the International Federation directs and coordinates international assistance of the movement to victims of natural and technological disasters, to refugees and in health emergencies. It acts as the official representative of its member societies in the international field; it promotes cooperation between national societies, and works to strengthen their capacity to carry out effective disaster preparedness, health and social programmes in more than 192 countries with a workforce of 3000 regular employees, delegates and national staff and over 2 million volunteers world wide. Inline with its vision, mission and values, the Federation, devoted resources to develop a HIV/AIDS workplace programme which was operational from 2002 to 2004. Highlights of this policy decision will be explored later in the challenges section.

1.1.4 Federation Policy in the Workplace

The Federation's existing HIV/AIDS workplace policies are based on certain laid down guidelines which apply to all IFRC employees whether working in the headquarters (Geneva) or in the field. According to internal circular issued in 1997, by the then Secretary General, IFRC unequivocally endorsed non-discriminatory employment policies, stating that people suffering from disability or serious illness will not be subjected to discrimination in the workplace, people with HIV/AIDS infections will be entitled to the same basic rights and opportunities, including confidentiality and respect.

1.2 Statement of the problem

The Federation bases its human resources management on the scientific evidence that people with HIV/AIDS infections do not pose any risk of transmission of the virus to co-workers through ordinary contact in the workplace. The Federation recognizes the need to keep all staff informed and updated about HIV/AIDS infections.

It's commitment to providing the relevant health education for its staff is based on a rationale of 'disseminator' of HIV/AIDS information to member national societies, as well as encourage and apply policies that are consistent with the principles of humanity and impartiality. The Guidelines on HIV/AIDS workplace policies of the International Federation provide for the need to maintain confidentiality as well as non discrimination of those with HIV/AIDS. It is not allowed within the Federation to require job applicants to go for HIV screening, and infected staff should enjoy all benefits just like all the other members of staff.

Other studies include those conducted by The Global Business Coalition on HIV/AIDS, Boag, et al in "Business and Aids in China", as well as those by B.O. The Global Fund to fight Aids, Tuberculosis and Malaria-policy paper, "Challenging partnerships", the GTZ and private sector "Concurrence in fight against HIV/AIDS at the work place in Africa", to name but a few. From these previous studies conducted, it's clear that the commercial sector has taken the lead in developing HIV/AIDS strategies. Raising costs and reduced efficiency due to the impact of Aids have demanded solutions, unlike within the NGO sector, their business allow investment for long term interventions. However despite the nature of NGO business which is 'situational', NGOs can no longer take a back seat in dealing with the issue, their internal actions must be consistent with their external messages.

1.2 Statement of the problem

Crafting and formulating a strategy represents just but the easy part, implementing it does pose tremendous challenges. Implementation of strategies ultimately translates to changing the way things are done and may evoke sensitivities as any change in an organization disrupts the statusquo. Fred (1979) argues that successful strategy formulation does not guarantee successful implementation. He argues that its always more difficult to do something (implementation) than to say you will do something (formulation), as much more effort, resources and commitment are required at the implementation phase.

The focus of this study was to explore the challenges encountered whilst implementing strategies on HIV/AIDS workplace policies as well as the various interventions that have been adopted. While the focus of this study is to seal the above mentioned gap, its worth noting that related studies have been carried out on strategic responses and interventions to the HIV/AIDS pandemic. Such studies include Waita (2005) Responses of large private manufacturing companies to the HIV/AIDS pandemic in Nairobi, Wasike (2005) factors influencing the responses to the threat posed by HIV/AIDS, Waweru (2005) The perceived entrepreneurial opportunities in HIV/AIDS mitigation in Nairobi, Cynthia (2005) Monitoring and Evaluation of social marketing campaign against the spread of HIV/AIDS by NGOs in Kenya, (2004).

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In diagnosing the various studies and responses to the HIV/AIDS pandemic, it is evident that gaps exist both in terms of looking critically as to why the response to such strategies have failed but also in terms of specifically addressing implementation challenges. This study was therefore of benefit not only in highlighting the challenges faced, but also contributing to the existing body of knowledge on the HIV/AIDS pandemic, providing insights into the latest thinking on HIV/AIDS workplace policies, and exploring examples of some of the approaches adopted by different organizations. Creating more understanding of the pandemic both to those infected and those affected, give more insights as to why attempts to implement some strategies on HIV/AIDS work place policies have failed.

Factors such as politics both inside and outside the organization, cultural orientation of the organization, organizational structure, type of leadership, complexity of operations, lack of ownership and buy in into the strategy, lack of resources and inappropriate executives charged with the responsibility of driving the implementation process forward do contribute to the strategy implementation challenges of HIV/AIDS workplace policies. This gap therefore called for a concerted effort to undertake research on this area of strategy implementation challenges of HIV/AIDS workplace policies. It is against this back drop, that the case study on the IFRC had been chosen to highlight how the organization is handling Strategy implementation challenges facing the HIV/AIDS work place policies.

1.3 Objectives of the study

The objectives of this study were:

1. Determine the Challenges facing strategy implementation of HIV/AIDS workplace policies with particular focus on the International Federation of Red Cross and Red Crescent Societies, Regional Delegation, Nairobi. (IFRC)
2. How the organization is responding to the challenges of strategy implementation of HIV/AIDS workplace policies

CHAPTER TWO: LITERATURE REVIEW

2.1 Impact of HIV/AIDS Pandemic on Organizations

This chapter reviewed literature on the impact of HIV/AIDS to businesses, Non-governmental organizations, governments and communities in general, the interventions that the organization has come up with to curb the spread of HIV/AIDS. Strategies adopted to deal with the pandemic, and in so doing the literature established the implementation challenges of HIV/AIDS workplace policies within the International Federation of Red Cross and Red Crescent Societies with specific reference to the Regional Delegation Nairobi.

Strategy implementation is an agreement reached by top management about how the company should position itself and to take advantage of future opportunities to outdo competitors, argues Howe (1986). The International Federation of Red Cross Red Crescent Societies like many other organizations is competing in the market in its respective line of operations. The organization has to contend with the dynamic and ever changing environment like the other players in the industry, with this realization IFRC needs to craft a strategy that accords it the much desired competitive advantage, a strategy that will enable it leverage its resources to strategically position itself as well as avoid threats that will expose it to competitive disadvantages whilst discharging its mandate in the Eastern African Region.

The task of forming a strategy starts with hard analysis of the organization's internal and external situation. A company's strategic action plan is dynamic, undergoing continuous review, refinement, enhancement and occasional major revisions. Thompson and Strickland, (1993) contend that business strategies are based on the conviction that a firm is able to anticipate future business conditions that will improve the performance and profitability of a firm, strategy has to do with effective management of change, the ability to develop the capacity for the organization to receive and effect change successfully, HIV /AIDS has changed the way organizations run, its impact is far reaching.

According to Waweru, (2005) HIV/AIDS is not like other crises which can be endured, such as famine. HIV/AIDS threatens the entire way of life since it affects “all and sundry”, rich or poor, urban as well as in villages. To counteract this pandemic, organizations must craft strategies that will combat the effects of the disease, without which the customer/client base is under threat, the human resource supply and by extension the supply of raw materials as the people to produce them are either sick, too weak to work or dying from HIV/AIDS. Organizations are now compelled to re-evaluate their strategies, adapt their internal policies in order to cope with the challenges posed by the pandemic and to ensure successful execution of the same.

Waweru (2004) further argues that the implementation of HIV/AIDS workplace policies is complex because a lot of resources, time and energy are required. HIV/ AIDS opportunistic infections require a variety of drugs, demand frequent visits to hospital and laboratory monitoring. Whiteside and Barnett (2000), observe that effective and efficient execution of HIV/AIDS workplace programmes enables organizations to address the challenge of managing employees who are infected or affected by HIV/AIDS and provide a window of opportunity to promote prevention of HIV/AIDS infections among employees. With ARVs now easily available the progress of the disease can be managed to some extent and people living with HIV/AIDS can continue to be healthy and work (UK consortium on AIDS and International Development (2003).

2.2 Strategy implementation

Howe (1986) argues that strategy implementation entails the translation of strategy into administrative and operating decisions that are constantly undergoing monitoring and evaluation. Steward (1986) on his part defines strategy implementation as an activity that embraces all those actions that are necessary to put a strategy into practice- it involves identification of key tasks to be performed, allocation of tasks to individuals, providing for coordination of separated tasks, design and installation of appropriate management systems and drawing up specific programmes of action.

Strategy management is vital to survival in a turbulent business environment, organizations exist in a complex commercial, economic, political, technological, cultural and social environment, more complex to some organizations than others. The success of every organization is therefore determined by its responsiveness to the environment. To obtain and retain a competitive advantage, organizations have found it necessary to examine their environment both internal and external and respond accordingly by formulating appropriate strategies as well as ensuring their successful implementation, notes Waita, (2004). For successful strategy implementation three interrelated themes play a crucial part these include, Identification of measurable, mutually determined annual objective, development of specific functional strategies, communication of concise policies to guide decisions, coupled with this the organization's structure, its leadership and corporate culture play a significant role in the success of strategy implementation, argues Johnson & Scholes, (2004).

2.2.1 Structure and Strategy Implementation

Howe (1986) notes that other than selecting the right people to carry out the strategy implementation, it requires organizations to adopt the right organizational structure, to neglect the importance structure plays is to jeopardize the likelihood of achieving the firm's goals and objectives. Hill and Jones (2001) points out that implementing a strategy requires the allocation of roles and responsibilities for different aspects of the strategy to different managers and subunits within the company, organizational structure maps out roles and responsibilities a long with reporting relationships, Success of strategy implementation is very closely linked to the type of structure in existence, the leaner the structure the easier the strategy execution and vice versa.

Heinz and Harold(1993) defines organizational structure as being the grouping of activities and people into departments, Bateman and Zeithaml (1990) also argue that structure is the division of tasks for efficiency and clarity of purpose and coordination between interdependent parts of the organization to ensure organizational effectiveness. Structure balances the need for specialization with the need for integration, its through structure strategists attempt to balance internal inefficiency and overall effectiveness

within a broader environment. They further argues that effective organization does not always mean someone is in charge of ensuring a job gets done, but rather that authority is shared and that workers rely on their own initiative guided by a stable structure in place.

Richard (1997) expounds the view that every organization needs to build and maintain the optimal organizational structure to generate and develop its strategies, every organization is unique in size, products and services, people, leadership and culture, thus for effective strategy implementation there is need to avoid creating parallel structures but rather adapt and work with the existing ones for coordination and integration of operating units.

2.2.2 Leadership and Strategy Implementation

Hill and Jones (2001) view strategic leadership as the ability of one to articulate a strategic vision for the company or a part of the company and to motivate others to buy into that vision. Johnson & Scholes (2002) state that a strategy leader is an individual upon whom strategy development and change are seen to be dependent on, they are individuals personally identified with, and are central to the strategy of their organizations. Johnson and Scholes (2002) further argue that strategy implementation success is directly linked to the unique characteristic, orientation and actions of the CEO, the leadership in an organization will to a large extent determine the success or failure of strategy implementation. The role of the CEO is crucial, he/she is the catalyst in strategy management, his/her role is both symbolic and substantive, especially if the strategy represents major changes only the CEO can deliver that kind of commitment from all those involved in implementation.

2.2.3 Culture and Strategy Implementation

According to Schein (1984) culture is the pattern of basic assumptions that a given group has invented, discovered, or developed in learning to cope with its problems of external adaptation and internal integration. Pearce and Robinson (2004) define organizational culture as the set of important assumptions that members of an organization share in common, every organization has its own culture. These assumptions, values and beliefs Dictate the pattern of activities in the organization, culture gives employees a sense of belonging, how to behave, what they should do and where to place priorities in getting the job done. Thompson et al (1992) state that culture is the central norms that may characterize an organization, norms are expectations about what are appropriate attitudes and behaviors, they are socially created standards that help integrate and evaluate events.

Leadership, culture, policies and procedures. If these key components for strategy are Bateman and Zeithaml (1990) note that changing a company's culture is difficult but the usefulness of understanding culture lies in attempting to manage it, Culture can be a powerful instrument for success in the sense that it eases communications, facilitates organizational decision making and control and may generate higher levels of cooperation and commitment in the organization. Culture can also be a source of weakness when important shared values and beliefs interfere with the needs of the business, its strategy and the people working on the company's behalf, such as influencing people to think and act inappropriately thus leading to inefficiency, further argues Bateman and Zeithaml (1990).

An organization's culture can be a major strength when it is consistent with strategy and thus can be a powerful tool in the implementation of strategy, culture as a bottleneck to strategy implementation manifests itself in some cultural aspects that hinder behaviour change, for instance in some communities in Kenya, the practice of wife inheritance, polygamy, female circumcision to a large extent contribute to the spread of the HIV/AIDS pandemic and any interventions there of are rendered ineffective.

2.2.4 Policies and Strategy Implementation

According to Heinz and Harold (1993), policies are general statements or understandings that guide managers' thinking in decision making. They ensure that decisions fall within certain boundaries, the essence of which policy is discretion while strategy is about direction in which human and material resources will be applied in order to achieve the set goals. Arthur Strickland (1989) argues that strategy implementation calls for some changes in how internal activities are conducted and administered. Policies aid in this process by providing tools to guide and control relationships in the workplace, they constitute the written law of the rules of engagement and demonstrate the organizations commitment and seriousness towards certain issues that affect staff in the workplace, For successful strategy implementation, an organization has to find a fit between its structure, leadership, culture, policies and procedures. If these key components for strategy are working at cross purposes then the success of strategy implementation will be in jeopardy.

2.3 Challenges of Strategy Implementation

2.3.1 Social Cultural Aspects

In a study carried out by UNDP *"Corporate Strategy on HIV/AIDS and the challenges posed by the individual in HIV/AIDS work place policy implementation"* it notes that the spread of the epidemic begins with the individual's behaviour and attitudes. Therefore effective actions must address and consider behaviors and values that feed the spread of the pandemic.

2.3.2 Engagement of Local Communities

Many HIV/AIDS intervention strategies are designed to address the continuum between the workplace and the community, acknowledging that the spread of this disease is frequently influenced by behaviour and socio-economic pressures within the communities where workers live. Piot (2005) notes that the greatest costs of HIV/AIDS are those borne by families, communities and whole nations. What can be deduced from this assertion is the importance of involving local communities in strategy implementation to ensure its success, in particular those touching on HIV/AIDS.

2.3.3 Leadership

Thompson Strickland (1998) observe that the ideal leadership outcome is for senior management to proactively develop new competencies and capabilities to complement the company's existing resource base and promote more proficient strategy execution, "Weak leadership can wreck the soundest strategy, forceful execution of even a poor plan can often bring victory" (Sun Zi , *Global Aids Fund*). Management plays a crucial role in strategy implementation as they are the embodiment of the mission and vision of the organization. If not committed, it is unlikely that such policies will receive the support that they require from the rest of the organization -UK Consortium on Aids (2003). Successful workplace policy strategies need commitment from the top management to motivate action and buy-in from all levels of staff.

The importance of leadership in strategy implementation highlights the fact that a leader should be at the fore-front in strategy execution, this point can not be over emphasized, argues Arthur and Strickland (1989), for he/she is the spark plug of the organization, the coach of others, motivator, consensus builder among many other attributes alluded to the leader.

2.3.4 Organizational Politics/ Commitment

Thompson & Strickland (1998), argue that company politics present strategy leaders with the challenge of building consensus for the strategy and its subsequent implementation, Effective formulation and implementation can not be done without being perceptive of organizational politics and internal political maneuvering. Politics plays a big role in strategy implementation, hence it is of paramount importance for those charged with the task of executing strategy to understand politics and know how to deal with it appropriately. Thompson et al (1992) note that to understand political dimensions and ability to maneuver are important elements in strategy implementation. To have people buy into the strategy and secure their commitment is crucial. They argue that commitment is an individual's psychological bond to the organization, including sense of involvement, loyalty and belief in the values of the organization. Once such commitment is achieved then it's easy for buy-in, hence supportive participation in the implementation process.

2.3.7 Lack of involvement of People Living with HIV/AIDS (PLWHA)

2.3.5 Resources

The resource of an organization includes its human resource skills, the investment and capital in every part of the organization. Implementation of any strategy requires a substantial amount of organizational resources of which many other projects within the organization are competing for. Therefore resource constraints can be a real challenge to strategy implementation, argues Edelman (1997). According to the UK Consortium (2003), ensuring adequate resource support is essential for implementation. Research conducted by the Consortium revealed that some NGOs found that their education and prevention programmes had not been implemented due to time pressure on staff. Thompson et al (1992), notes that the human resource element plays a big role in the design and administration of strategic plans. Their use as a 'strategic weapon' to gain competitive advantage is essential together with adequate allocation of material resources to facilitate successful implementation.

According to Richard (1997), by whatever method strategies are selected, there will come

2.3.6 Communication

Heinz and Harold (1993), argue that communication is the means by which people are linked together in an organization to achieve a common purpose, communication is important to effect change, to influence action, and is essential for internal functioning as it integrates the managerial functions. Commentary in Tumaini magazine (2005) states that strategy implementation of HIV/AIDS workplace policy is hindered in most cases due to inadequate or even lack of timely information about HIV/AIDS incidences to facilitate planning, budgeting, monitoring and evaluation. Communication is important in setting out and agreeing on clear guidelines with the implementers. This is to ensure all involved understand what is expected of them, allow any confusion or ambiguity to be resolved, ensure that the organization is properly co-coordinated. While policies could be in place to support people living with HIV/AIDS, if not communicated, the benefits may not be taken up due to lack of awareness, as safe and supportive environment has not been perceived to be created, notes Edelman (1997).

their families along with reduced stigma and lack of access to healthcare. Harmful individual attitudes, lack of understanding and tolerance that denied and fuel its spread. Stigmatisation and

2.3.7 Lack of involvement of People Living with HIV/AIDS (PLWHA)

People living with HIV/AIDS have huge contributions to make to HIV/AIDS workplace programmes. They should be involved in the development and implementation of strategies to ensure they are rooted in reality. People living with HIV/AIDS can add enormous value to education and awareness raising programmes, they could be one of the most effective ways of 'bringing home to staff the reality of HIV/AIDS, thus making buy-in into the strategy much easier and hence successful implementation.

On the contrary, more often than not, the so called HIV/AIDS experts ignore this group of people and design programmes that excludes the PLWHA. That is why despite the millions poured into the "HIV/AIDS industry", very little has changed for the infected and the affected over the long period of time that HIV/AIDS has been around.

2.3.8 Skills in implementation

According to Richard (1997), by whatever method strategies are selected, there will come a time when they will need to be put into action. Importantly, the process of implementation relies on human resources to carry out these tasks. HIV/AIDS is a sensitive topic and one that needs specialized type of training, understanding and expertise, to ensure proper implementation. To charge managers with the responsibility of driving the implementation process forward without proper training and understanding of the full extent of the issue they are implementing, can lead to improper and haphazard implementation which will obviously not yield the desired results hence failure of strategy implementation.

2.3.9 Stigma and Marginalization

Piot (2005) observes that we would probably not be experiencing the pandemic of today, had political leaders of the world faced up to the gravity of the threat, spoken out and allocated necessary resources. Stigma and marginalization are often harsh realities in the daily lives of people living with HIV/AIDS and their families- along with reduced income and lack of access to healthcare. Harmful individual attitudes, lack of understanding and intolerance feed denial and fuel its spread, Stigmatization and

discrimination can be in the form of denial of employment to those infected, pre-employment HIV screening, transfer or sacking persons infected to mention but a few, Such attitudes hinder effective implementation of HIV/AIDS workplace policies.

According to UNAIDS Report (2000), stigma functions as barrier to people with HIV/AIDS. Stigma prevents people from disclosing their status and getting access to available support and healthcare services. The tendency to associate HIV and Aids with "bad" behaviour and death discourages people from finding out their status or even refusing to disclose their status to family and friends. A study by the United Nations Programme on HIV/AIDS (UNAIDS) reveals that Kenya is one of the nine African countries hardest hit by the HIV/AIDS pandemic, leading to huge losses of human capital with serious consequences on the country's social and economic well-being. Some companies due to the huge financial implications in caring for those infected, subject job applicants to pre-employment tests to determine whether they are medically fit or not and simply refuse to hire anyone who is HIV positive, while some opt to get the problem off their hands by retrenching anyone infected with the virus, reported *The East African Standard*, (7th May 2002)

WHO/ILO, (1988) recommend that to enhance and promote HIV/AIDS workplace policies, the following measures need to be introduced for formal adoption and practice: avoidance of compulsory pre-employment HIV/AIDS screening for employment, insurance or any other purposes, all medical information and records of employees to be kept confidential, persons with HIV infections including Aids to have the same rights, responsibilities and benefits opportunities as others with serious illnesses or disabilities, HIV infections should not be a cause of termination of employment and employees with HIV-related illnesses should be able to work as long as medically fit or appropriate work identified to suit the conditions of the staff without exerting undue pressure. However despite the creation of these guidelines the general observation is that very few organizations, particularly in Africa have formally adopted these WHO/ILO recommendations. Edelman, (Global Business Coalition on HIV/AIDS), notes that HIV/AIDS is one of the biggest preventable tragedies of all time

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Research Design

The research was conducted by way of a case study; to establish the implementation challenges of HIV/AIDS workplace policies. Data was collected from one study unit, The International Federation of the Red Cross and Red Crescent Societies, Nairobi Regional Delegation. A total of 8 section heads were targeted, personal interviews were conducted, respondents were probed and clarifications were made. This design allowed for an in-depth exploration of issues, data collected was therefore of content nature.

3.2 Data Collection Method

This study relied on primary data collected through personal interviews using an interview guide (see Appendix 2). The respondents included the Head of Regional Delegation Nairobi; Members of the Senior Management team, (SMT), line managers of sections and selected key informants from the delegation, total number of respondents were therefore 8 senior managers.

3.3 Data Analysis

The data collected was analyzed by use of content analysis, this is due to the fact that the study constituted a face to face interview with respondents, information was sought directly hence the data was of a qualitative nature, this analysis method was found to be appropriate because all the respondents were drawn from a single study unit.

CHAPTER FOUR: DATA ANALYSIS AND FINDINGS

4.1 Introduction

The study was conducted using an in-depth interview guide within IFRC. The respondents were drawn from the Nairobi Regional delegation. The population sample targeted 8 managers of which 6 were interviewed. The objectives of the study were: To determine the challenges facing strategy implementation of HIV/AIDS workplace policies with particular focus on the International Federation of Red Cross and Red Crescent Societies, Regional Delegation, Nairobi, And to establish how the organization is responding to these challenges of strategy implementation of HIV/AIDS workplace policies. Data collected was analyzed using content analysis based on meanings and implications emanating from respondents information and documented data from the International Federation of Red Cross and Red Crescent Societies, Regional Delegation, Nairobi, and the findings are provided below.

4.2 Challenges facing Strategy Implementation of HIV/AIDS workplace policies at IFRC

The study found out that IFRC has a strategic plan which integrates its organization's major goals, policies and action sequences into a cohesive whole. Among the strategic plans mentioned include: Strategic plans for 2004-2007, Strategy 2010, (Algiers plan of action (ARCHI 2010) and the Ouagadougou declaration) All respondents agreed that HIV/AIDS featured in the strategic plan of IFRC. This was found to feature at global, regional and national levels, to others HIV/AIDS featured more under the components of Health and Care unit.

4.2.1 Organization Culture in HIV/AIDS Implementation

Organization's culture is viewed as a major strength when it's consistent with strategy and can be used as a powerful tool in implementation. The study indicates that organization culture is viewed to be important at IFRC. Reasons given were: that people's principles are the backbone of strategic implementation they underpin the way people respond to the needs of vulnerable population. People were found to relate easily

to the strategy feelings of ownership and recognition, the study revealed that culture plays an important role and that it was found to give direction and assistance in planning.

As much as culture is viewed as a powerful instrument for success in the sense that it eases communication, facilitates organization decision making, the study found out that IFRC was facing problems relating to culture which includes lack of support from the management. The implementation is viewed as the responsibility of the HIV/AIDS programs and not the organization as a whole, despite efforts made by IFRC. The findings revealed that HIV/AIDS stigma remains a barrier, this is because discussions relating to sexuality among different age groups and genders is viewed with suspicions due to lack of mutual trust and common bond. It emerged that there was lack of ownership. Respondents were not clear as to which department the programs for HIV/AIDS workplace policies belonged, whether it's the Human resource department or Health and Care. The human resource department was also faced with the difficulty of accessing resources from other programmes to implement HIV/AIDS workplace policies.

IFRC is also faced with the challenge of lack of peer educators. There were complaints of high turnover of peer educators trained to spearhead the HIV/AIDS in the workplace programme. The few remaining had difficulty allocating sufficient time in implementation of HIV/AIDS workplace programmes given their workload. Lack of a humanitarian approach to the HIV/AIDS workplace policy was also mentioned. This was in regard to resting, counselling, placement after diagnosis, treatment, care and support for the employee as well as the extended family. Difficulty in sustaining insurance schemes was also found to be a challenge, coverage for HIV and Aids related treatment, as well as lack of financial resources leading to poor uptake.

To overcome this challenge, the study found out that IFRC was trying to involve all stakeholders by implementing managers straight from the start of strategy formulation. The organisation is also advocating for global approach to fight HIV/AIDS not only internally but also externally to reduce vulnerability, stigma and discrimination. The findings indicate that HIV/AIDS workplace programs were also being designed to

involve consultation, education and information sharing. Training of peer educators was also being strengthened. Currently education sessions are being held at RDN. IFRC is also striving to have health insurance schemes that cater for treatment and management of HIV/AIDS related illness.

4.2.2 Engagement of local communities in HIV/AIDS Implementation

Engagement of local community is an important aspect in the implementation of HIV/AIDS at IFRC. This is because staffs are members of the local community and actions by either have impact on the other. At IFRC, policies may target some employees who are themselves members of the community hence understanding of the local community is important to enable understanding the employees and the environment. Engaging the local community leaders leads to stigma reduction, care and support. Communities need to be informed and sensitized about the rights/opportunities of people living with HIV/AIDS (PLWHA) so as to reduce stigma and marginalization.

The findings revealed that IFRC faced lack of awareness, enough information and involvement of communities on HIV/AIDS work place policies. Although there were some difficulties faced in engaging the local communities, the study found out that IFRC was supporting the national societies through capacity building and training to enable for the implementation of the programmes targeting staff volunteers and their families, in terms of interventions.

To overcome this challenge, some respondents felt that engaging the local community should not be a problem but rather IFRC should ensure that they partner with key community stakeholders, networks and association. They also felt that the organisation should come up with a developmental approach. They should work with the community for long term commitment although this was viewed as a challenge. Stakeholders called for coordinated approach although there was need for improvement and the relationship need to be strengthened.

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4.2.3 Communication in HIV/AIDS Implementation

Communication was found to be important in setting out and agreeing on clear guidelines with implementers. At IFRC, it was found to play a big role in implementation of *HIV/AIDS workplace policies in that it created a dialogue among staff and the employer.* Communication was found to be the *key facilitator of information.* Dissemination of policy and revising directives. Respondents felt that how the policy was being communicated was very important. They argued that without information being passed nobody will know what was available, but given the information people will look for services and help.

Challenges of communication faced at IFRC included difficulty in engaging staff in education sessions, obtaining sufficient information, education and communication materials. The flow of communication was found not to be clear for instance there was confusion as to who should disseminate the policy. Is it HR, Programmes, or Health and Care unit? People lacked direction on where to get information. The top down management approach was also not clear. Communication was also found to be faced with cultural beliefs hence difficulty in adjusting to communication techniques to suit different types of employees in terms of creed, cultural ethnic background, international staff, gender, and age.

To overcome this challenge, IFRC has taken a number of steps. These includes the public notice board being used to share HIV/AIDS information and making it available to all staff. More planning sessions have been introduced. IFRC has appointed a focal person within international and national level who assists the organization in individual workplace guidelines for staff and volunteers. Peer to peer discussions has been strengthened and the use of peer educators who try to source materials from partner organizations and share it out. IFRC is also coordinating with other public and private organization such as Nestle Foods in capacity building although some felt that not much is being done in terms of enhancing communication.

4.2.4 Organization Policy in HIV/AIDS Implementation

From the study, it was found that there exists a policy at IFRC that relate to HIV/AIDS. This includes directives/guidelines, a specific workplace policy, IFRC/HIV/AIDS in workplace directive 2003. However, respondents complained that although it existed, it was not clearly understood by everyone, the directives are not adequately emphasized and they are not given the seriousness they deserve.

To overcome this challenge, stakeholders were of the opinion that funding activities relating to the workplace policy were not available and they lacked clarity for instance whether it was from the HR or Health and Care programs. Financial constraints were cited, and difficulty in accessing health care insurance package that could adequately address HIV/AIDS related illness. The study found out that IFRC was also faced with the difficult task when it came to allocation of tasks or giving work reprieve, this was so when stigma persisted and staff were not willing to be open about their HIV positive status. The policy was seen as a technical department issues and a directive hence subject to domestication by regulations.

4.2.5 Stigma and Marginalization in HIV/AIDS Implementation

Findings from the study indicate that IFRC has done a lot to avoid people living with HIV/AIDS being victimized. Such factors include: Practicing and advocating for the greater involvement of people living with HIV/AIDS (PLWHA). This is done through, Campaigns for reduction of stigma and discrimination, Sensitization of staff and volunteers, giving time allowance to the staff to care for the affected and infected, Anti Slogan campaign such as "come close" – a slogan coined by the secretary general of IFRC to eliminate stigma, affirmative action. IFRC also provide health insurance at extra cost for those infected.

IFRC also recruits staff living with the condition and gives equal opportunity of employment for both positive and negative people. Pre-testing for those infected is not done creating a level of confidentiality. In the event that the status of an employee gets to be known, it doesn't affect the other employees or their terms of service. IFRC also

provides training sessions for selected staff. Peer educators awareness is very high. IFRC also partners with other networks for People living with HIV/AIDS (PLWHA), to share best practices that can improve conditions for those living with HIV/AIDS.

4.2.6 Structure and Strategy in HIV/AIDS Implementation

The research indicated that IFRC stakeholders agreed that structure was very important in the implementation of HIV/AIDS workplace policies. Structure defined who had the mandate of implementation, whether it was HR department or Health and Care it determines the pace with which decisions can be made. However, challenges faced at IFRC in structure and strategy mentioned among them is that stakeholders argued that structure may delay the process because one had to rely on hierarchy to be able to make certain decisions on implementation. There is also fear among the staff to discuss HIV/AIDS related issues with the management. Lack of clarity in terms of where the programme belongs was another challenge. Respondents didn't know whether it was a HR or Health and Care issue, this brought out the problem of ownership.

There was also the problem of housing of the HIV/AIDS workplace programme. To overcome the challenges of structure and strategy Currently, IFRC is shifting the programme to HR to facilitate wider ownership, some effort is also being made to sensitize and lobby support from senior management by way of concept paper just completed to ensure institutionalization is on course. The study found out that IFRC is advocating for doctor to patient confidentiality on HIV/AIDS related issues. It's giving equal rights to People Living with HIV/AIDS (PLWHA) and those who are not infected. IFRC is organizing more planning meetings and consultations where managers are made to be transparent and accountable for their specific programmes.

4.2.7 Leadership and implementation of HIV/AIDS workplace policies

The study found out that leadership plays an important role in implementation of HIV/AIDS workplace policies. It is a resource for implementation. It gives vision and guidance; it brings out the important focus on workplace policy. Leadership gives time for peer educators to execute duties, Leader's behaviour of non discrimination towards their colleagues sends the right message of acceptance and rests the mood and this brings out the important focus of workplace policy. Leadership provides clarity, it eliminates intrigue people know who articulates the vision/policy orientations of the organizations viz HIV/AIDS workplace policies.

The study established that there are a few leadership problems encountered at IFRC. Among them includes, competence of leadership in regard to handling HIV/AIDS related issues. By the nature of the business of IFRC and its corporate parenting responsibility, the leadership in most cases is foreign while the majority of those who may be infected by the pandemic are local staff, who may not in most cases identify with the leadership, this disconnect leads to different emphasis such as leadership hands off style – where there is no commitment and there is lack of information sharing, lack of senior management engagement in the workplace programmes, hence leading to limited visibility/credibility, lack of buy-in, ownership and mixed picture across departments.

What IFRC is doing to overcome the challenges of leadership is that, the Health and Care and HR department are currently lobbying with Senior Management Team for their greater involvement and support for the programme. IFRC is currently improving the capacity of the HR department and the general staff on its HIV/AIDS workplace policy, joint planning sessions with HR and Health and Care department are being organized, to ensure implementation responsibility is developed from top management to committees set up and peer education for buy-in, IFRC senior management are already involved in workplace programmes as peer educators. They are also involved in training and capacity building. Findings indicate that IFRC is involved with other mainstream programmes such as, organization development (OD) and Disaster Management (DM) among others to up-scale HIV/AIDS interventions.

4.2.8 Resources in HIV/AIDS Implementation

A few stakeholders at IFRC were of the opinion that resource allocation impeding implementation of HIV/AIDS workplace policies was within IFRC –RDN. Stakeholders felt that allocation of resources at IFRC depended on external factors and that IFRC lacks resources of its own –its donor dependent, hence due to the conditionalities of funding there was lack of long term funding leading to inability to effectively implement HIV/AIDS workplace policy.

To overcome the challenges of resource allocation the study found that , A concept paper has been developed by the Health and Care program which proposes for all the departments in the organization to contribute resources for the actualization of the workplace programme, IFRC is integrating the issues of the workplace policies to other activities programmes that are well funded financially, IFRC is partnering with the private sector, Partner National Societies (PNS) among others to support implementations and partnering with other institutions for resource sharing. IFRC is establishing and appointing focal persons for resource mobilization to ensure appropriate housing of the programmes and funds to support policy implementations, IFRC is getting more information for less resource based activities for example use of billboards within the compound, Availability of peer education sessions, HR and program planning meeting and budgeting.

4.2.9 Skills in HIV/AIDS Implementation

Research findings indicate that, appropriate skills for implementing HIV/AIDS workplace policies were inadequate within the organization. IFRC stakeholders were of the opinion that the policy needs to be demystified. It was noted that not many people were trained on HIV/AIDS. Recently, the organization has seen a high staff turnover particularly those who were trained in the early stages of HIV/AIDS workplace issues. They felt that the programme doesn't incorporate continuous training to learn new skills with changing times. Some of the skills that they felt people should be updated in includes counselling, hospital visits and condom use education.

Challenges of skills at IFRC ranged from Resource mobilization, psychological support, stigma/dealing with discrimination, Monitoring and Evaluation, Counselling, Information sharing by way of education, Use of communication materials, Pro-activity, Developed leadership in terms of real time responses to workplace issues, Management orientation of the policy, Ownership and Institutionalization of the same and Peer education.

What IFRC is doing to overcome the challenges of skills is by partnering with organization of People Living with HIV/AIDS (PLWHA), its training top management On workplace policy and peer education and designing of training programmes within the organization, the findings indicate that the organization is networking for information sharing.

The Health and Care programme at IFRC provides technical support for the HIV/AIDS workplace policy and provides advice on what capacity building should entail, and whether this can be obtained to ensure that relevant staff including peer educators can obtain sufficient skills for implementation of these programmes. IFRC is committed in containing and scaling up of HIV/AIDS in prevention, reduction of stigma discrimination and provision of care and support to the most vulnerable and advocate those areas to be highlighted in the workplace policy.

5.2 Summary and Discussions

The research findings indicate that the stakeholders at IFRC were aware of the existence of strategic plans in the organization, but the study also found out that the respondents were unable to distinguish which was the current. However they were all in agreement that HIV/AIDS feature in the overall strategy of IFRC. The study found out that the challenges faced relating to culture include inadequate support from the management, this is due to the composition of the workforce which is very diverse, some unable to relate with the rights of those affected, lack of ownership of the HIV/AIDS workplace programmes, lack of peer educators, lack of resources and financial resources. In terms of involvement of local communities it was found that it's important to first target employees because they themselves are members of the local community. For the lack of

CHAPTER FIVE: CONCLUSION

5.1 Introduction

This chapter addresses the research question and objectives outlined in Chapter one. The section also covers the summary, discussions, conclusions, recommendations for policy and practice, the study limitations and suggestions for further research. The study had two objectives, namely to determine the challenges facing strategy implementation of HIV/AIDS workplace policy with particular focus on the International Federation of Red Cross and Red Crescent Societies, Regional Delegation, Nairobi and the interventions the organization has adopted in dealing with the challenges of HIV/AIDS workplace policies implementation. The findings indicate that a number of factors impede strategy implementation of HIV/AIDS workplace policies within IFRC, Nairobi Regional Delegation, they include organizational culture, structure, engagement of people living with HIV/AIDS, problems relating to communication, the role of the existing policy, Stigma and marginalization of people living with HIV/AIDS, leadership, human and material resources and lack of appropriate skills for effective implementation, the chapter also highlights the various interventions the organization has adopted in dealing with challenges facing the implementation of HIV/AIDS workplace policies at IFRC, Nairobi.

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awareness of the HIV/AIDS workplace programmes, IFRC is partnering with other stakeholders, networks and association for capacity building.

Communication was found to play a big role in the implementation of HIV/AIDS at IFRC. It was found to be the key facilitator of information. How communication is facilitated is very important, the flow of communication whether from the top down, or from the HR department should be clear. There should be ease of obtaining sufficient information, education and communication materials. IFRC is overcoming the problem by appointing a focal person within international and national level to assist the society in individual guidelines. It's also using peer to peer discussions and peer educators thus making communication easier.

The study established that organization policy is important in giving directives and guidelines to the organization, however these guidelines should be clearly understood and emphasized and they should be given the seriousness they deserve. Policies on HIV/AIDS workplace activities funding and directives on how to get funds for the programmes from within the organization should be clearly spelt out, In this case, IFRC should be clear whether the funds should be from the HR or the health care programmes.

Stigma and Marginalization in the workplace are often harsh realities in the lives of people living with HIV/AIDS and their families, had the world leaders and particularly the Government of Kenya faced up the gravity of the disease in the early stages, people would not be experiencing the pandemic of today. IFRC has been advocating for the greater involvement of people living with HIV/AIDS. It has been campaigning for reduction of stigma and discrimination. Advocacy of an organization is not enough, there should be a public awareness calling for affirmative action. Health insurance companies should be made to provide insurance for those infected and equal opportunities should be given to both negative and positive people when it comes to employment.

The structure in place at IFRC was found to delay process because one had to rely on hierarchy to be able to make certain decisions. There was also fear among the staff when it came to HIV/AIDS discussion with the management. Structure should be clear on where the programme belongs and the confusion of ownership should be eliminated.

To ease the problem of communication, IFRC has taken a number of steps. The public Leadership play a very important role in the implementation of HIV/AIDS workplace policies, it is the leadership that articulates the vision of the organizations provides guidance, gives time for peer educators to execute their duties. Leadership brings out hope and behavioural change in an organization. Where leadership is mainly foreign while those infected and affected are locals, real support and commitment may not be perceived to exist.

The study revealed that the issue of resource allocation was a real impediment to strategy implementation, to overcome the challenge of resources scarcity, there is need for long term funding of HIV/AIDS. Found to be of importance in strategy implementation is the availability of appropriate skills in the implementation of HIV/AIDS workplace policy, Although not many people are trained on HIV/AIDS, it was felt that the policy should be demystified and staff should be trained on resource mobilization, psychological support, how to avoid stigma and discrimination and development of communication materials on HIV/AIDS workplace policies.

To overcome the challenge of organisation culture, the study found out that IFRC was trying to involve all stakeholders by including managers straight from the start of strategy formulation. The organisation is also advocating for global approach to fight HIV/AIDS not only internally but also externally to reduce vulnerability, stigma and discrimination.

The findings indicate that HIV/AIDS workplace programs were also being designed to involve consultation, education and information sharing. Training of peer educators was also being strengthened. Currently education sessions are being held at RDN. IFRC is also striving to have health insurance schemes that cater for treatment and management of HIV/AIDS related illness. IFRC is also partnering with key stakeholders, networks and

association in engaging local communities. They have come up with a development approach where they are working with the local community for long term development. Although it's a well coordinated approach it needs to be improved and strengthened.

To ease the problem of communication, IFRC has taken a number of steps. The public notice board is being used to share information and make HIV/AIDS information available to all staff. They have more planning sessions than before. IFRC has appointed a focal person within international and national level who assists in individual workplace guidelines for staff and volunteers. The organization has also embarked on the use of peer to peer discussions. Peer educators also source materials from partner organizations to share it out. The organization is coordinating with other public and private organization such as Nestle Foods in capacity building.

IFRC is dealing with challenges relating to structure and strategy by shifting the programme of HIV/AIDS workplace policies to the HR department to facilitate wider ownership. Some effort is also being made to sensitize and lobby support from senior management by way of concept paper just completed to ensure institutionalization is on course. The study found out that IFRC is also advocating for doctor to patient confidentiality on HIV/AIDS related issues. It's giving equal rights to people living with HIV/AIDS (PLWHA) and those not infected. More planning meetings and consultations are being organised. Currently, there is more emphasis for transparency and accountability for specific programmes particularly from the managers.

Leadership as an impediment to HIV/AIDS workplace policy implementation, The Health and Care department in conjunction with the HR department are currently lobbying the Senior Management Team for their greater involvement and support for the programme. IFRC is currently improving the capacity of the HR department and the general staff on its HIV/AIDS work policy. There are joint planning sessions with HR and Health and Care departments, Implementation responsibility is developed from top management to committees set up and peer education is playing a crucial role in getting

the leadership to take more active roles in the programmes, IFRC senior management are already involved in workplace programmes as peer educators.

To overcome challenge of resource allocation for HIV/AIDS workplace policy implementation the study established that, A concept paper has been developed by the HIV/AIDS programme which proposes for all the departments in the organization to contribute resources for the actualization of the workplace programme, IFRC is integrating the issues of the workplace policies to activities of programmes that are well funded.

IFRC is partnering with the private sector, Partner National Societies (PNS) among others to support implementations, partnering with other institutions for resource sharing such as organizations for people living with HIV/AIDS (PLWHA), IFRC is establishing and appointing focal persons for resource mobilization to ensure appropriate housing programmes and funds to support policy implementations, it is getting more information for less resource based activities such as use of billboards within the compound, availability of peer education sessions, HR and Health Care programmes are now working closely in planning and budgeting for HIV/AIDS related activities.

Lack of skills for HIV/AIDS workplace policy implementation, is being addressed by way of partnering with organization of people living with HIV/AIDS (PLWHA) for information sharing, its training top management on workplace policies and peer education within the organization. It's also designing training programmes that are not capital intensive the findings indicate that the organization is networking for information sharing. The Health and Care programme at IFRC provides technical support for the HIV/AIDS workplace policy and provides advice on what capacity building should entail, ensure that relevant staff including peer educators can obtain sufficient skills for implementation of this programmes. IFRC is committed in containing and scaling up of HIV/AIDS in prevention, reduction of stigma and discrimination and provision of care and support to the most vulnerable and advocates those areas to be highlighted in the workplace policy

5.3 Conclusions

From the foregoing discussions the following conclusions may be drawn, that organization culture at IFRC should be consistent with the strategy and should be used in the implementation of HIV/AIDS. It is recommended that the management should be more involved in the implementation thus ensuring availability of finance for the programs, the issue of ownership should be open to everyone and IFRC should advocate for discussions relating to sexuality to avoid the stigma and discrimination

The study concluded that engaging the local community in HIV/AIDS programs is important. There should be awareness either by posters, billboards and use notice board to sensitive the employees. IFRC should work with the communities for long term commitment. They should start projects and fund them so that they bridge the gap between IFRC and the local communities.

Dissemination of policy and revising directives was of key importance in communication. IFRC should spearhead information to the society. There should be dialogue between the management and the staff. Stakeholders should be made to understand the guidelines, there should be proper communication about what is contained in the guidelines and the staff should be made aware that they need to adhere and understand them. Staff and volunteers should be sensitized about stigma and marginalization. From the study, IFRC is doing a lot in trying to campaign for reduction of stigma but can do even better.

Structure defines who has the mandate for implementation. It is recommended that IFRC should be clear on its structure. A good structure doesn't delay the process. It should be clear on where the programmes belong whether it's HR or Health and Care department. Leadership is a resource for implementations. It is recommended that a leader should not be discriminative. A leader needs to send the right messages of acceptance and rest the mood of the staff. There should be clarity in leadership. Stakeholders need to know whether it's HR or Health & Care that should take a lead in HIV/AIDS policy. A leader should be committed and should share information.

Although it is recommended that resource allocation of HIV/AIDS workplace policies should be within the IFRC-RDN, the organization lacks resources because its donor funded, to obtain long term funding for the programs, it needs to integrate the issues of the workplace policies to other activities programmes that are well funded. There should be availability of peer education sessions. Skills implementation was found to be scarce at IFRC. It is recommended that the organization should incorporate continuous training in its programmes. This will cater for the 'brain drain' of their staff. The organization should train as many people as it can. IFRC should also introduce and update their staff in areas including counselling, material development, leadership and peer education

5.4 Recommendation for Policy and Practice

As one looks at the implementation challenges of HIV/AIDS workplace policies within IFRC, Regional delegation Nairobi, further research should be conducted to establish what the Government, the NGO consortium, Industry and the IFRC managers are doing to provide support and to create an enabling environment for policy implementation on HIV/AIDS workplace programs.

5.5 Limitations of the Study

Limitations faced by the researcher were mainly those of:

Time constraints, Non availability of respondents, the study assumed that managers were aware of the workplace policies and could be able to comment on the content, which was not the case.

5.6 Suggestions for further Research

The study addressed the implementation challenges of HIV/AIDS workplace policies within IFRC with particular reference to the Regional Delegation, Nairobi. This is only a small section of a bigger "outfit," there is need to undertake studies on implementation challenges within the wider Red Cross Movement of which IFRC is only apart of, and indeed in other NGOs operating in Kenya for a comparative study. There is also need for further dissemination of the workplace policy targeting the entire staff not only the top managers hence a study aimed at getting the views of all members of staff and the way forward for HIV/AIDS workplace policy may be worth researching on.

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APPENDIX 1: LETTER OF INTRODUCTION

Dear colleagues,

I am a student pursuing Masters Studies in Business Administration (MBA), Strategic Management in the School of Business, University of Nairobi. The title of my study is "Strategic implementation challenges of HIV/AIDS Work Place Policies": A case study of the International Federation of Red Cross and Red Crescent Societies, Nairobi Regional Delegation.

The questionnaire attached asks questions about implementation challenges of HIV/AIDS work place policies in the International Federation of Red Cross and Red Crescent Societies, based on your experience and knowledge, please indicate the most appropriate response.

Your participation is very crucial to this study as it will enhance our knowledge and understanding of the strategic implementation of HIV/AIDS workplace policies at IFRC in particular and in Kenya in general., I take this opportunity to assure you that all information with respect to this research will be treat with utmost confidentiality, and information gathered will only be used for academic purposes. I would also like to assure you that your name will not be used in any way in this report without your prior permission. If you would like, I can send you the report findings.

Your assistance in providing the required information will be highly appreciated.

Yours truly

Pamela Agnes Ombati

APPENDIX 2: INTERVIEW GUIDE

- 1) Does IFRC have strategic plans?
- 2) Does HIV/AIDS feature in the strategic plans of IFRC
- 3) Do you find organizational culture important in strategy implementation
- 4) Which problems relating to culture do you encounter in trying to implement HIV/AIDS workplace policies?
- 5) What is IFRC doing to counteract the impact of those of those cultural aspects that pose a challenge to implementation of HIV/AIDS workplace policies?
- 6) Do you find engagement of local community an important aspect in implementation of HIV/AIDS workplace policies/
- 7) Do you have any difficulties in engaging local communities? If yes what is IFRC doing to ensure local communities are sufficiently engaged in the implementation of HIV/AIDS workplace policies?

- 8) Do you find communication playing a big role in implementation of HIV/AIDS workplace policies?
- 9) What communication problems relating to implementation of HIV/AIDS workplace policies do you encounter in the execution process?
- 10) What is IFRC doing to overcome challenges related to communication whilst implementing HIV/AIDS workplace policies?
- 11) Are there policies in place at IFRC relating to HIV/AIDS workplace policies?
- 12) What challenges does the current policy pose in implementation of HIV/AIDS workplace policies?
- 13) What is IFRC doing to overcome challenges related to stigma and marginalization of people living with HIV/AIDS?

14) Do you find structure an important aspect in implementation of HIV/AIDS workplace policies?

15) What problems does structure pose which impede implementation of HIV/AIDS workplace policies within IFRC?

16) What is IFRC doing to overcome problems related to structure in implementation of HIV/AIDS workplace policies?

17) In your opinion does leadership play an important role in implementation of HIV/AIDS workplace policies?

18) What problems relating to leadership do you encounter in the execution of HIV/AIDS workplace policies?

19) What is IFRC doing to overcome challenges relating to leadership in the implementation of HIV/AIDS workplace policies?

20) Do you find resource allocation impeding the implementation of HIV/AIDS workplace policies within IFRC – RDN

21) What is IFRC doing to overcome challenges of resource allocation in relation to the implementation of HIV/AIDS workplace policies

22) Do you find lack of appropriate skills posing a challenge to implementation of HIV/AIDS workplace policies?

23) If yes, Which areas in your opinion require improvement and further training

24) What steps is IFRC taking to ensure the acquisition of relevant and appropriate skills for effective implementation of HIV/AIDS workplace policies?