AN INVESTIGATION OF THE CORPORATE SOCIAL RESPONSIBILITY OF THE PAINT MANUFACTURING SECTOR TOWARDS HIV/AIDS PANDEMIC. A CASE OF CROWN BERGER KENYA LIMITED.

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JUNE 2010
Amuke, Joseph Ikoboi
An investigation of the corporate social
DECLARATION

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

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Chairman, Department of Business Administration
DEDICATION

This research project and the Masters degree that follows is dedicated to all HIV/AIDS affected workers in the manufacturing sector.
ACKNOWLEDGEMENTS

First and foremost I thank the Almighty God for blessing me and seeing me through this study.

I am grateful to Mr Chrispen Maende of Kenyatta University who was my supervisor for his guidance and wise advice, he offered me during my entire consultation period and in the writing of this research project. Already burdened with his own work; he took on this additional demand with a lot of interest and willingness and helped me fine-tune the project.

I am also to thank Dr. Joash Migosi, for his co-operation and continuous assistance in analyzing the research project’s data, despite his busy schedule.

Grateful acknowledgement is also made to my family members for their tolerance, perseverance and support as I conducted research and compiled the report.

Last but not least, I also wish to thank the Crown Berger management and employees who participated in the research project for their co-operation.
ABSTRACT

HIV and AIDS is the most devastating epidemic in the 21st century and most countries especially in Sub-Saharan Africa are finding it hard to cope with the epidemic. In Kenya, HIV and AIDS has become a key business and development concern. The pandemic continues to have adverse effects not only to humanities but also to the paint manufacturing sector in the country. HIV and AIDS impact to the community are by their very nature detrimental to markets through which the paint manufacturing sector survives. This in turn means declining purchasing power, declining labour productivity, declining profits; which adds up to increased cost of doing business.

The purpose of this study was to investigate the Corporate Social Responsibility (CSR) of the paint manufacturing sector towards the HIV and AIDS pandemic. CSR towards HIV and AIDS has becoming an integral part of the programs and activities, among paint manufacturing firms in many countries in the control and management of HIV and AIDS. It has not only become a key component of both HIV prevention and care programs but also the gateway to prevention and care. It led to development of effective and accessible medical supportive interventions for employees living with HIV and AIDS.

The study adopted a descriptive survey designs, where a structured and semi structured questionnaire will be used to collect data. Purposive sampling technique will be used. Stratified random sampling will be used in selecting the 141 sample, comprising Crown Berger company employees.

All data from the study will be analyzed using the Statistical Package for Social Sciences (SPSS) and the Microsoft Excel package after being coded. Descriptive statistics will be used to analyze the data for all variables in the questionnaire.
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DENFINITIONS OF OPERATIONAL TERMS

Affected Person: A person who is feeling the impact of HIV/AIDS through sickness or loss of relatives, friends or colleagues.

Infected: A person who is living with the HIV that causes AIDS.

AIDS: The Acquired Immune Deficiency Syndrome, a cluster of medical Conditions often referred to as opportunistic infections and cancers.

Care: Promotion of a person’s well-being through medical, physical, psychosocial, spiritual and other means.

Corporate Social Responsibility: The continuing commitment by business to behave ethically and contribute to economic development while improving the quality of life of the workforce, their families and the local community and society at large.

Counseling: A session where a person with difficulties is assisted to think through the problem and find a possible solution.

Discrimination: Includes discrimination on the basis of a worker’s perceived HIV status, including discrimination on the grounds of social orientation.

Employer: A person or organization or company employing workers under a written or verbal contract of employment which establishes the rights and duties of both parties in accordance with the natural law and practice.

HIV: The Human Immunodeficiency Virus, a virus that weakens the body’s immune system, ultimately causing AIDS.

Manufacturing: Use of machines, tools and labour to make things for use or sale. The Term may refer to a range of human activity, from handicraft to high tech, but is most commonly applied to industrial production, in which raw materials are transformed into finished goods on a large scale. Such finished goods may be used for manufacturing.
other, more complex products, such as household appliances or automobiles, or sold to wholesalers, who in turn sell them to retailers, who then sell them to end users – the consumers.

Pandemic: An epidemic occurring simultaneously over a wide area and affecting many people.

Policy: A statement setting out a department’s or organization’s position on a particular issue.

Prevention: A program designed to combat HIV infection and transmission.

Prevalence of HIV: The number of people with HIV at a particular point in time often expressed as a percentage of the total population.

Program: A plan of action which includes planning, resource allocation, implementation, monitoring and evaluation.

Sexually Transmitted Infection (STI): Which includes among others, syphilis, chancroid, Chlamydia and gonorrhea. It also includes conditions commonly known as Sexually Transmitted Diseases (STDs).

Support: Services and assistance that are provided to help a person cope with difficult situations and challenges.

Stigma: This is the fear of an incurable disease, fear of death after long suffering, association of HIV/AIDS with sexuality, and a misunderstanding of its causes.

Treatment: A medical term describing the steps taken to manage an illness.

Voluntary Counseling and Testing (VCT): A program that enables people to willingly know their status to help them plan their lives and make informed decisions.
**Vulnerability:** Refers to socio-economic disempowerment and cultural context, work situation that makes workers more susceptible to the risk of infection with HIV/AIDS.

**Workplace:** Occupational setting, station and places where workers spend time for gainful employment.

**Workplace Program:** An intervention to address a specific issue within the workplace.
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<td>AGOA</td>
<td>African Growth and Opportunity Act</td>
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<tr>
<td>AIDS</td>
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<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>ARV</td>
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<td>COMESA</td>
<td>Common Market for Eastern and Southern Africa</td>
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<td>COTU</td>
<td>Central Organisation of Trade Unions</td>
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<td>CSR</td>
<td>Corporate Social Responsibility</td>
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<td>EAC</td>
<td>East African Community</td>
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<td>FKE</td>
<td>Federation of Kenya Employers</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GM</td>
<td>General Motors</td>
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<td>GOK</td>
<td>Government of Kenya</td>
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<td>HAART</td>
<td>Highly Active Antiretroviral Therapy</td>
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<td>HIV</td>
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<td>ILO</td>
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<td>IPAR</td>
<td>Institute of Policy and Research</td>
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<td>NACC</td>
<td>National AIDS Control Council</td>
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<td>NGO</td>
<td>Non-governmental Organisation</td>
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<td>NMG</td>
<td>Nation Media Group</td>
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<td>PLWHA</td>
<td>People Living With HIV/AIDS</td>
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<td>ROK</td>
<td>Republic of Kenya</td>
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<td>SSPS</td>
<td>Statistical Package for Social Sciences</td>
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<td>UN</td>
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<td>UNESCO</td>
<td>United Nations Educational Scientific and Cultural Organisation</td>
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<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<td>YRG</td>
<td>Youth Resource Group</td>
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CHAPTER ONE

1.0 Introduction

This chapter contains the background to the study, the background of Crown Berger Company, statement of the problem, justification of the study, study objectives, research questions, significance of the study and scope of the study.

1.1 Background to the Study

1.1.1 HIV/AIDS Pandemic

According to the Kenya AIDS Indicator Survey (Otieno, 2008), 1.4 Million Kenyans aged between 15 and 64 years were living with HIV. The report said the AIDS prevalence rate in Kenya in 2008 stood at 1.8%, down from 6.7% in 2003. The report also revealed that Nyanza and Nairobi provinces were worst hit with prevalence rates of 15.3% and 9.0%. The two were closely followed by Coast (7.9%), Rift Valley (7.0%), Western (5.1%) and Eastern (4.7%). Central and North Eastern Provinces had the least prevalence rates of 3.8% and 1.0% respectively.

Kenyans were concerned about HIV/AIDS. More than nine in ten (94%) said that HIV/AIDS and other epidemics were a “very big” problem in Kenya. Over four-fifths (89%) of Kenyans felt that HIV/AIDS and other infectious diseases were the greatest threat to the world. Studies had found that general awareness of HIV/AIDS in Kenya was high. For example, among young people ages 15-24, four in five (80%) young men and 74% of young women knew that a healthy looking person could be infected with HIV. However, accurate knowledge of HIV/AIDS disease was still relatively low and significant misconceptions remain. Access to Antiretroviral Therapy (ART) was limited in Kenya. With over 200,000 people in need of ART, Kenya was among the 20 countries identified by the World Health Organization (WHO) as having the highest unmet need for ART. As of June 2005, an estimated 33,000–46,000 people were receiving ART - 12-17% of those in need (Kaiser, 2005).

Muthaura (2005) said the Kenya government as a response to the HIV/AIDS challenges, declared the pandemic a national disaster in 1999. Through Sessional Paper No.4 of 1997 on AIDS in Kenya, the government put in place a national policy defined on institutional framework
and intensified intervention measures for the prevention, management, control and mitigation of HIV/AIDS impact.

1.1.2 Corporate Social Responsibility

Nourick (2001) said CSR was a business’s contribution to sustainable development. Today, corporate behaviour must not only ensure returns to shareholders, wages to employees and products and services to customers, it must also respond to societal and environmental concerns.

Holme and Watts (2000) defined CSR as “the commitment of business to contribute to sustainable economic development, working with employees, their families, the local community and society at large to improve their quality of life”. Internal workplace issues related to the fair treatment of staff, diversity and environmental policies such as recycling and better use of chemicals, packaging and sourcing. It was a strategic issue because it involved fundamental issues about the purpose of business and what was required to remain in operation.

Fonteneous (2006) said studies had shown that the benefits of engaging in CSR included: improved financial performance; reduced risk exposure; identification of new products and new markets; enhanced image; increased sales and customer loyalty; improved recruitment and retention performance; creation of new business networks; increased staff motivation and enhanced skill set; improved trust; enhanced corporate reputation; improved government relations; reduced regulatory intervention; reduced costs through environmental best practice, leading to more sustainable profitability. To be considered effective CSR was to be an integrated part of day-to-day business, engaging all stakeholders and including strategies to support individual managers to make socially responsible decisions, conform to ethical behaviour and obey the law.

Chevron (2001) observed that HIV/AIDS had enormous social, economic and political impacts that directly affected many employees and their families, the communities in which they operated, and ultimately, paint manufacturing firms. In response, and as part of manufacturing firms’ overall commitment to CSR, Chevron was working to help combat HIV/AIDS in their workforce and in the communities in which they operated around the world. Chevron’s comprehensive HIV/AIDS programmes in South Africa, Nigeria and Angola, included
education, voluntary testing, counseling, and treatment for employees and their families, as well as a variety of education and awareness programmes for the broader community.

It was with this background that this study aimed at investigating the CSR of the paint manufacturing sector towards the HIV/AIDS pandemic and what the paint manufacturing sector was doing for its employees affected by the HIV/AIDS scourge.

1.1.3 The Manufacturing Sector

According to PricewaterhouseCoppers (2006), Kenya had a large manufacturing sector serving both the local market and exports to the East African region. The sector, which was dominated by subsidiaries of multi-national corporations, contributed approximately 13% of the Gross Domestic Product (GDP) in 2004. Improved power supply, increased supply of agricultural products for agro processing, favourable tax reforms and tax incentives, more vigorous export promotion and liberal trade incentives to take advantage of the expanded market outlets through AGOA, COMESA and East African Community (EAC) arrangements, had all resulted in a modest expansion in the sector of 1.4 % per cent in 2004 as compared to 1.2% in 2003. The rising levels of poverty coupled with the general slowdown of the economy had continued to inhibit growth in the demand of locally manufactured goods, as effective demand continued to shift more in favour of relatively cheaper imported manufactured items. In addition, the high cost of inputs as a result of poor infrastructure had led to high prices of locally manufactured products thereby limiting their competitiveness in the regional markets and hampering the sector's capacity utilisation. However, the recent introduction of the EAC Customs Union provided Kenya’s manufacturing sector, the most developed within the region, a greater opportunity for growth by taking advantage of the enlarged market size, economies of scale, and increased intraregional trade.

According to Limotek (2007), Kenya’s economic performance had been hampered by numerous interacting factors: heavy dependence on a few agricultural exports that were vulnerable to world price fluctuations, population growth that had outstripped economic growth, prolonged drought that had necessitated power rationing, deteriorating infrastructure, and extreme disparities of wealth that have limited the opportunities of most to develop their skills and knowledge. Poor governance and corruption also had a negative impact on growth, making it expensive to do
business in Kenya. Another large drag on Kenya’s economy was the burden of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS).

1.1.4 Crown Berger (K) Limited
Crown-Berger (K) Ltd, Kenya’s number one, ISO 9001-2000 certified paint manufacturing company, was established in 1958, with an annual turnover of 2 billion and the capacity of producing up to 1 million litres per month. The company caters for the Kenyan market, and many Easy African countries along with the COMESA market. Having a wide distribution network, with depots in Nairobi, Mombasa, Kisumu and Kampala, Uganda, the company was into the manufacturing and distribution of premium quality decorative paints, industrial paints, marine paints, powder coatings, automotive paints, resins, adhesives and wood finishes. The company had tie ups with international names like Prime (France), Ferro (South Africa), Berger International (Dubai and Singapore), Asian Paints India Limited.

The credit for the success of the company in consistently retaining its number one position having a 65% market share in the Kenyan decorative market over the past 50 years, goes to the totally dedicated and committed 1500 crown dealers and customers. The Company has six branches, with a workforce of 470 employees, whereby they are distributed as follows: top management -7; middle management – 70; subordinate staff 163 and has 230 casuals. (Chelugut, 2009).

The Crown Berger Company’s corporate CSR engagements included support for organized sports, charity activities and urban beautification. This included: staff blood donation to the Kenya National Blood Transfusion Service; donation of 10 imported white canes to the Kenya Society of the Blind; participation and donation towards the Annual Langata Soccer League and Training Camp project, which brought together over 2000 children to participate in cleanups, tree planting events and HIV AIDS awareness programs; donated 2000 trees for planting on the Southern bypass, which ran through Langata and Kibera; painting and restoring City Park Stadium for the Kenya Hockey Union to international standards; exterior painting of the Kenya National Archives Building; annual painting and maintenance of the New Machakos Country Bus Terminals; exterior painting of Kenya Broadcasting Corporation offices in Nairobi and Mombasa; exterior painting of the Aga Khan Sports Centre; exterior painting of Nairobi...
1.2 Statement of the Problem

The HIV/AIDS epidemic today was unparalleled in the challenges it posed to the world, and it was clearly an issue that no one could address alone. Paint manufacturing firms are essential partners in the response to HIV/AIDS. The paint manufacturing sector was in a unique position to respond to the HIV/AIDS pandemic, because of its reach with employees and the wider business community. Businesses have carried out broad programmes to reach out to customers and local communities through cause-related marketing and social investment initiatives. (Owour, 2000)

In Kenya, the first AIDS case was reported in 1984 and since then there has been upward increase in infected cases. Eighty percent of cases occur in the age group between 15-49 years, where most manufacturing firms workers are, while 10 per cent are the children under age 5 years (GOK 1997). If this trend was not reversed, it was estimated that the number of infected people in the population would have increased from 2.2m in 2000 to 2.9m by year 2010 (NACC, 2002).

The workplace offered many opportunities to change attitudes, provide support to people with HIV/AIDS and raise awareness among employees. Several studies found high levels of empathy, tolerance, acceptance and positive attitude towards persons with AIDS (Villarruel et. al 1998). However, other findings showed neutral, unfavourable or unsympathetic attitudes towards those persons with AIDS (Carducci et al. 1995). The situation in the workforce was alarming as the workers consist of the productive persons aged 15-49 years. Discriminatory practices were found to be frequent, such as denying HIV infected job applicants jobs and terminating HIV/AIDS infected employees. Some employers isolate, stigmatize or retrench their employees on realizing that they are infected with HIV/AIDS. This deprivation of treatment, care and support, increase vulnerability and worsen the impact of HIV/AIDS infection (UNAIDS, 2002). Inspite of awareness campaigns of HIV/AIDS preventive measures by the government and other NGOs, HIV had continued to have a heavy toll on the health of people (UNAIDS/WHO, 2002).
It was now known that HIV/AIDS awareness creation and advocacy programmes had borne fruit; awareness of the AIDS disease had increased dramatically with some of the most virulent areas registering an 80 per cent knowledge of AIDS rating (GOK, 1997). However, these achievements have been overshadowed by one fact, the attainment of substantial changes in practices related to HIV infections remains an elusive goal. The changing patterns of HIV/AIDS infections had created a need to develop new tools and approaches in socio-behavioural research for the purpose of charting the path of the pandemic in human communities.

In view of the problem of HIV/AIDS afflicting paint manufacturing firm’s workers, this study examined the CSR approaches of Crown Berger towards the HIV/AIDS pandemic and workers afflicted by the HIV/AIDS scourge. The CSR of paint manufacturing firms towards the HIV/AIDS pandemic had not been adequately studied. This study therefore soughts to fill this gap.

1.3 Justification of the Study
HIV/AIDS pandemic was one of the greatest challenges facing humanity in the 21st century. As the cure continued to elude researchers and infection resulted to deaths, prevention had been the focus of efforts all over the world. On the basis of available limited literature, the problem under study had received limited attention, hence the need for the study. The information will be made available to other researchers and also be used to develop a CSR programme to address some of the identified predisposing factors amongst paint manufacturing firms’ workers, in order to prevent further spread of HIV/AIDS. It was an opportune learning experience.

The study was hoped would assist Crown Berger Company in assuming corporate social responsibility towards the HIV/AIDS pandemic. It would provide information to be used in planning intervention strategies aimed at ensuring Crown Berger Company was socially responsible towards HIV/AIDS.

The economic impact of HIV/AIDS on paint manufacturing companies was manifested by reduced labour productivity through AIDS-related deaths, absenteeism and loss of skilled
workforce (UNAIDS/WHO, 2002). Thus a study on the CSR of Crown Berger Company towards the HIV/AIDS pandemic was necessary so as to recommend the necessary policy measures for adoption in this regard for the manufacturing sector.

According to The Kenya HIV/AIDS Private Sector Business Council (2005), it was an anomaly to generalize that the continuum of care as advocated by the ILO was operational in all paint manufacturing firms. Studies have shown that whereas there are highly successful CSR programmes towards HIV/AIDS in some companies, such programmes are virtually non-existence in others, yet the demand for such programmes was ever increasing. This study sought to generate information that would enable policy makers in formulating policies aimed at establishing sound CSR programmes with the aim of complimenting the services offered by health institutions.

The purpose of the study was to investigate the CSR programmes that Crown Berger Company had implemented to combat the spread of the HIV/AIDS pandemic, to promote health and safety of workers through adoption of prevention care and support programmes for the workplace and beyond. The study also examined the adequacy and effectiveness of the CSR programmes. The expectation was that the CSR programmes of Crown Berger Company would assist in the reduction of the spread of the HIV/AIDS pandemic.

1.4 Objectives of the Study
1.4.1 General Objective
To investigate the Corporate Social Responsibility of Crown Berger Limited, Nairobi towards the HIV/AIDS pandemic.

1.4.2. Specific Objectives
i) To identify the socio-cultural factors which contribute towards the spread of HIV/AIDS among the paint manufacturing company’s workers.
ii) To determine the level of knowledge, about HIV/AIDS amongst the Crown Berger Company employees.

1.5 Research Questions
The study aimed at answering the following questions:
i) What are the socio-cultural factors which contribute to the spread of HIV/AIDS among the Crown Berger company's workers?

ii) What is the level of knowledge about HIV/AIDS amongst the Crown Berger company employees?

iii) What is Crown Berger Company's Corporate Social responsibility towards the HIV/AIDS pandemic?

1.6 Significance of the Study
The findings of the Study would be useful to the Manufacturing Companies human resource managers, who are responsible of handling employees' welfare issues. They would use the findings and recommendations of this study to improve their handling of workers welfare issues, which would in turn motivate them, thus bettering the workers' work performance in order to realize the Company's goals and objectives.

Potential investors in the manufacturing sector would use the findings of the study to their advantage. They would formulate policies to deal with issues relating to employees affected by HIV/AIDS. They would also get to know Kenya's expectations of an employer in the job market, and the challenges posed by HIV/AIDS in Kenya's manufacturing sector.

The Government of Kenya, the Kenya Federation of employers (FKE), the Central Organization of Trade Unions (COTU), and the Ministry of Labour, would benefit from the findings of this study, which they could use in designing and formulating labour policies concerning workers social welfare. The study endeavoured to provide information that would enable both the Private
sector, the Government and other stakeholders to harmonise their operations hence avoid duplication of efforts.

For researchers, the study would form a basis for further research in the area of corporate social responsibility of paint manufacturing firms, as well as, employers’ corporate social responsibility.

For Scholars, the findings of the study would contribute to the already existing body of knowledge on HIV/AIDS education with a dimension towards manufacturing firms workers. The findings would be useful for the design and improvement of future HIV/AIDS workplace CSR programmes. The study would also increase their understanding of the corporate social responsibility concept amongst paint manufacturing companies and the need to implement it.

1.7 The Scope of the Study
The Study was designed to investigate the CSR of Crown Berger Company towards the HIV/AIDS pandemic. According to Chelugut (2009), the company had a total of 470 employees, who were distributed into: top management (7), middle management (70), subordinate staff (163), and casuals (230). The study involved respondents from all the staff categories, that is, top management, middle management, subordinate staff and the casual workers. Although the scope of the study was narrow, the findings would be generalized to other paint manufacturing companies, since some of the identified HIV/AIDS intervention measures would be similar and could apply to all other paint manufacturing companies in Kenya.

1.8 Limitations of the Study
Lack of cooperation was an anticipated limitation, since HIV/AIDS was a sensitive issue and many people fear the stigmatization and discrimination associated with it. Very few people were therefore willing to volunteer information on HIV/AIDS issues. The researcher tried to develop a comprehensive questionnaire that gathered as much data as possible. He also relied on secondary data.
The researcher also anticipated resources would be limited as substantial amounts of money would be required to cater for travel expenses, telephone calls, stationery and preparation of final reports. The researcher sought financial assistance from various sources including his employer, friends, donors and well-wishers, to enable him undertake the Study.

Another limitation was that some respondents were not fully conversant with English. The researcher had to translate the contents of the questionnaire to a language they could understand.

It was not easy to get enough respondents to fill and return the questionnaire, and that led to some questionnaires not being returned. This is was a serious limitation in getting accurate information for this study. The researcher also tried to work closely with the company, individuals and other stakeholders involved with HIV/AIDS programmes, besides making personal investigations into the subject.
CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction to Literature Review
This Chapter contains Literature review and covered Past Studies in the area, the Conceptual framework and Critical review of major issues.

2.2 Past Studies Done in the Area
2.2.1 Knowledge about HIV/AIDS
According to WHO (2004), people with enough knowledge of HIV/AIDS, stood a better chance of avoiding contracting HIV than those without. This was supported by a study done in Glasgow which found that vulnerability of HIV/AIDS was associated with individual’s knowledge of the disease.

Although many Kenyans were aware of HIV/AIDS and its dangers, still many people seemed not to have adequate information about the disease and its prevention. Studies had shown that many people believed that HIV was transmitted by mosquitoes, sharing clothes, beddings and utensils, kissing, touching the dead and even witchcraft (ROK2002b; Birungi 2000). This inadequate knowledge had often led to irrational fear of HIV positive people and discrimination against them in employment, education and housing.

In essence, there could be no prevention of HIV transmission without the maintenance of behavior that would protect the self and others. The only way of ensuring this, was through education, regardless of the circumstances, of the age of the individual, of the nature of the intervention. Without education, all other support systems were useless (UN, 2000a).

Employers appeared to have had varying degrees of awareness of the threat HIV/AIDS posed to the functioning of their companies. Many researchers had found moderate to high levels of knowledge about AIDS across cultures (Al-Owaish et al., 1999; Saehdev, 1998; Villarruel et al. 1998).
A Survey of United Nation Employees (UNAIDS/WHO, 2002) regarding their knowledge and attitudes about HIV/AIDS revealed some interesting findings: fewer than half of the staff reported having received the UN produced booklet on HIV/AIDS and of those who did report receiving the booklet, almost a third said they had not read it; staff reported at least some familiarity with various UN Policies on HIV/AIDS ranges from 27-35%; just over half reported knowing where to go for testing; low overall participation was reported for all UN learning activities on HIV/AIDS, use of female condoms and living and working with people who were HIV positive was quite low. On issues related to stigma and discrimination: 12% of those who responded to the survey said they were afraid they could be HIV-positive but did not want to know their HIV status; 41% of respondents did not know their HIV status because they feared that seeking information would lead to negative judgement; 32% said they feared the UN would not keep their HIV test results confidential; 96 employees said they were living with HIV/AIDS, but were afraid to reveal this at work. Despite these signs associated with HIV/AIDS, a resounding 95% of UN employees said that people living with HIV/AIDS should be allowed to continue to work in the UN. In an environment of silence, the fears associated with HIV/AIDS could sometimes seem more compelling than the tolerance of the UN workforce.

It was therefore of paramount importance that manufacturing industry workers should be empowered, in order to enable them to acquire relevant and correct information on HIV/AIDS and sexuality. Literature of HIV/AIDS was extensive; however, very little analysis had been made with reference to CSR in the paint manufacturing sector. Therefore, this study intended to fill the following gap: To investigate how effective and adequate CSR programmes in Crown Berger Company towards the HIV/AIDS pandemic could lead to reduction in the spread of HIV/AIDS.

2.2.2 Socio-Cultural Factors Contributing to the Spread of HIV/AIDS

Kenya Red Cross Society (2003) stated that stigma and discrimination over AIDS may result from the way people had been socialized to believe that one could get infected with HIV easily from an infected person through coughing, sharing of foodstuffs, or from a mere shaking of hands. People discriminated against after they contract HIV would often find themselves without work as a number of employers were known to shy away from giving them jobs.
Odile (2005) said frequent travel, tourism and more migration, made people vulnerable to HIV/AIDS. Millions of poor people were migrating in search of a better life. Searching for work lead to the risk of HIV/AIDS in young single migrants for a variety of reasons. In addition, of the world’s estimated 12.3 million are trafficked – over 40 per cent for sex work. A higher prevalence of HIV/AIDS was associated with less economic growth, more income inequality and more poverty. As young women were at least three times as likely to become HIV positive as men, we calculated the potential risk of HIV for young women in poverty. Global estimates of their risk of HIV/AIDS due to poverty showed that of 52 million working-age women 15 to 24 years in Sub-Saharan Africa, for example, 12-13 million (or 1 in 4) were at risk because, they were female, young, poor, living on less than the equivalent of US $2 per day, and living in Urban areas with little or no Urban infrastructure, and 7-8 million of them (or 1 in 7 of all young women) were at great risk because they were living under US $1 per day.

According to Simon (2000) HIV/AIDS infection of the workforce, in most cases, could be assumed to be similar to the rate of the local population. In defining the extent of the problem, a company needed to look at its operations in light of the risks to which its workforce was exposed. There were a number of risk factors to be considered regarding HIV transmission. Some sectors could be more risky than others because their operations relied on a workforce separated from their families for long periods of time. Such conditions had systematically contributed to a growing sex industry and high risk behavior as was often the case in such sectors as mining, infrastructure construction, long-distance transportation and trucking and agribusiness.

According to Kanabus (2002), in a survey conducted in 2002, among some 1000 physicians, nurses and midwives in four Nigerian states returned disturbing findings. One in 10 doctors and nurses admitted having refused to care for an HIV/AIDS patient or had denied HIV/AIDS patients admission to a hospital. Almost 40% thought a person’s appearance betrayed him or her HIV positive status, and 20% felt that people living with HIV/AIDS had behaved immorally and deserved their fate. One factor fuelling stigma among doctors and nurses was the fear of exposure to HIV as a result of lack of protective equipment. Also at play, it appeared was the
frustration at not having medicines for treating HIV/AIDS patients, who therefore were seen as doomed to die.

Lack of confidentiality according to Fredriksson (2004) had been repeated mentioned as a particular problem in health care settings. Many people living with HIV/AIDS could not get to choose how, when, and to whom to disclose their HIV status. When surveyed recently, 29% of persons living with HIV/AIDS in India, 38% in Indonesia, and over 40% in Thailand, said their HIV-positive status had been revealed to someone else without their consent.

According to YRG Care (2005), Tamil Nadu, the state with the second largest number of recorded HIV infections in India was also a state that was highly industrialized. Low literacy levels and consequent poor health awareness among the bulk of the workforce rendered them vulnerable to sexually transmitted diseases. Mass media channels carrying HIV information had been found to have limited influence on their risk behavior.

Amoa (2004) in his findings on a study on HIV/AIDS situation in the Private sector-industry sector in Ghana, indicated that all industries in the economy had employees who were at some form of risk of HIV/AIDS infection. The research identified seven major risk factors that facilitated the spread of the HIV/AIDS in industries. There were:- Illiteracy; Male dominated industry; Access to free or subsidized alcohol and tendency to abuse it; Frequent travels outside one's permanent place of abode for work; location in border towns/areas; Industries dominated by seasonalities; and access to reasonable levels of income in the midst of poverty.

According to a study by the Carnegie Mellon Foundation (2004), Industrial workers in rural areas whose salaries were significantly higher than the general population and could support a sex industry as well as rural settings which – unlike most urbanized areas – often lacked government health, education and prevention programs, could increase the level of risk.

National AIDS Control Council(NACC, 2002) advanced a number of factors to explain the rampant spread of HIV/AIDS which included: low education level; poverty, gender disparity in sexual relations; psychological, cultural and legal structural inconsistencies; certain high risk
vulnerable groups of workers, for example, commercial sex workers, prisoners, truck drivers, mobile casual workers/labourers; inadequate health services; cultural beliefs like wife inheritance, having sex without a condom, having multiple sex partners and that abstinence was not possible for a man. In some communities, women were not expected to bring up and discuss sexual matters and condom use as they fear their partners suspecting them of infidelity, if they did so. In many cultures, multiple partners for men was believed to be essential to men’s nature and for sexual release. Such beliefs challenged messages such as partner faithfulness or reduction in the number of partners.

According to Bw’onderi (2005), it had been established that the number of times one was isolated from home was directly related to HIV prevalence in a given population. As such the mobility of casual labourers, their interactions both in their residential quarters and fields nurture grounds for exposure and vulnerability, while their occasional visits to their villages created channeling mechanisms for risk and subsequent spread of the disease.

Kanwar (2006) identified four main factors that made young workers particularly vulnerable to HIV/AIDS which included: the lack of opportunities for decent work, discrimination, lack of influence and representation, and poor social protection. They were therefore at a disadvantage when it came to identifying and confronting bullying or sexual harassment in the workplace.

In Kenya, Nyanza Province was leading in the prevalence of the HIV/AIDS scourge. In spite of the high level of awareness, behavior change was desperately lagging behind, which could be traced to the retrogressive cultural practices among other factors (IPAR, 2004).

It was therefore very important to enlighten the manufacturing industry workers on the socio-cultural factors that enhanced the spread of HIV/AIDS, as they interacted with the factors in their everyday activities. Thus the need to carry out this study to investigate the CSR of paint manufacturing companies towards the HIV/AIDS pandemic.
2.2.3 Corporate Social Responsibility towards HIV/AIDS

According to Eskom (2000) corporate social responsibility was a long-term investment into the future of a company, and made good business sense. By developing communities, the company created future consumers and employees. More companies all over the world reported on their performance in terms of the triple bottom line with regard to their financial performance, their impact on and the restoration of the environment in which they operated, and their contribution to the socio-economic development of communities in which they did business. A number of factors had changed business response to HIV/AIDS, which included: increasing global prevalence of HIV/AIDS; emergence of serious economic consequences; HIV/AIDS as a chronic illness; continuing need for HIV/AIDS education and training; widespread workplace responses; coalitions and partnerships involving businesses; reporting or transparency. Many manufacturing companies and employers’ organizations were well advanced in their fight against HIV/AIDS. Leaders in the business community had devised effective and efficient measures to combat the disease rendering the workers healthier, their societies better protected and their companies more efficient. The activities needed not be expensive.

The Federation of Kenya Employers (2000) had undertaken specific activities to convince company CEOs of the need to take action and demonstrate leadership within their firms. With CEOs, there was generally a two-part message: the epidemic could hurt business, but addressing HIV/AIDS was cost effective. Once it was clear that company’s leaders were committed to fighting HIV/AIDS, workers peers were the best placed to do awareness-raising.

Kiboro (2005) said that he was optimistic that the partnership between the Nation Media Group (NMG), General Motors (GM) East Africa, and Total Kenya, which launched “The Alive and Kicking Kenya” Road-show campaign to teach young people the dangers of HIV/AIDS would be successful. These organizations had set out to distribute footballs and posters. Partnering within the three leading companies would make the fight against HIV even more interesting and vigorous. NMG was to boost the campaign through free publicity of its corporate social responsibility.
Cabus (2005) said Total Kenya’s Policy was to support HIV victims, not to discriminate against them. During the launch, the NMG and Total each donated Kshs. 300,000 and GM Kshs. 150,000 to the The Alive and Kicking Kenya Road-show campaign.

Kailembo in Nation Correspondent (2003) said that international pharmaceutical companies should relax rules on patent right to enable countries in Africa manufacture drugs commonly known as anti-retrovirals. Locally manufactured drugs were likely to be cheaper than imported ones.

Atwoli in Nation Correspondent (2003) said the high cost of anti-retroviral drugs was killing Africa’s young and productive labour force. The Central Union of Trade Union (COTU), he said, would press for collective bargaining agreements that would protect AIDS infected workers from dismissal or discrimination.

Ngunjiri (2006) said that Unilever’s workplace HIV/AIDS program emphasized zero-tolerance for stigma and discrimination. The Company offered comprehensive access to prevention, testing, treatment and care. Unilever Tea Kenya has added HIV/AIDS support to the full medical services provided to its 100,000 employees and their dependants residing in the company tea estates.

Okeyo (1998) stated that it was in the best interest of manufacturing industries to promote or to improve the communities where they did business. The creation of a better social environment benefitted both the society and business. Society benefitted from employment opportunities, while business benefitted from a better community which was a source of its workforce and the consumer of its products and services. For corporate social responsibility initiatives to be successful, a number of factors had to come together, including strong partnerships, communication, core values and policy engagement. Most business and civil leaders believed that the most important contribution corporations could make to society was through the way they ran their own businesses.
According to The World Economic Forum (2004) co-operation was the basis of their CSR approach. They worked together with a variety of stakeholders, including investors, other companies, licences, suppliers, academic, civic society members and government agencies, as each of them contributed a vital perspective to the process. Successful collaboration was expected to leverage resources, skills, competences, technology and networks, thereby maximizing social impact. Smart design and funding was not to ensure a successful corporate social responsibility project. It must be efficiently implemented and monitored. Due to the variety of direct and indirect bottom-line benefits manufacturing industries experienced by working to address HIV/AIDS in the workplace, they needed to undertake serious corporate social responsibility towards HIV/AIDS at the workplace.

2.3 Critical Review of the Major Issue

Despite the positive scorecard on CSR activities and achievements worldwide and business executives’ passion for social issues, the matter did not go without criticism.

Firstly, there was a debate about the voluntary nature of CSR. The skeptical said CSR was by default not designed to replace regulations, but to complement them. Enforcement difficulties could become an obstacle. But the counter argument maintained CSR was important where regulations are not in place or insufficiently enforced. As legal instruments evolved, there needed to be a better integration of voluntary approaches and laws or government regulations (Hopkins, 2005).

Secondly, while nobody questioned the likelihood of a Company suffering in the long run if it profited while inflicting harm on the community, the upside of pro-social investment was hard to quantify. Companies that did have such schemes in place had yet to find a good measure of their return on investment. Local firms where multinationals sourced, were still expected to deliver price-competitive manufacturing, while at the same time sharing the costs of pro-social measures. Nowadays suppliers had to meet very stringent standards in terms of workplace conditions before they were able to abide for outsourced manufacturing (Ibid).

Lastly, came concerns about expanding and sustaining CSR programs. How could firms make sure schemes were not one-off projects, and would be sustained after a Company stopped
providing financial and other support? Part of the solution could be empowerment, understanding the needs of local partners and beneficiaries, and focusing on building their capacity and capability, rather than creating dependence. While there was still a long way to go before all the innovative inroads turned into sustainable development, trends in pro-social projects in China were extremely positive. (Hopkins, 2005).

Brink (2005) said “our growing experience shows that effective action on HIV/AIDS is synonymous with good business management and leads to more profitable and sustainable operations”. “Importantly, manufacturing companies, should encourage all workers to know their HIV status, making it as routine as monitoring blood pressure or cholesterol. Providing access to treatment is a critical part of this”.

UN (2004) outlined that manufacturing companies form the basis for production and supply of goods and services in an economy. The most critical factor in producing goods and services was labour, while generally took the largest portion of the cost of production. The effect of HIV/AIDS had on business was transmitted through its effect on labour.

According to the World Economic Forum (2004), being socially responsible could be expensive for a manufacturing company. Issues like corporations’ reliance on migrant labour, subcontracting and exerting downward pressure on production prices and wages could improve the bottom-line, while encouraging poverty, and hence the conditions that encouraged the spread of AIDS.

Yakovleva (2005) said, one intriguing question was whether companies that were socially responsible were more successful financially. Several research studies had attempted to address this question, with largely mixed results of the problems in studying this issue was the difficulty of accurately measuring the social responsibility of one firm as compared with that of another. While these measurement difficulties preceded a definitive answer, the cumulative research, using the best measurement techniques currently available, indicated no clear relationship existed between a corporation’s degree of social responsibility and its financial success at least in the short run.
One interesting recent study linked the rating of manufacturing companies CSR obtained in Fortune’s Annual survey of the most admired companies with measures of both pre-survey and post-survey financial performance. The results suggested a firm’s financial performance could predict CSR, rather than the reverse. One possibility was that organizations which were doing well financially felt more able to engage in CSR to bring about more stable relations with major stakeholders and to help reduce the risk of lawsuits and government fines that could pose major threats to organizations well-being. Thus there could be some reduced risk associated with CSR. (Perrini, 2006).

Other researchers had found that announcements of corporate illegal actions tended to have adverse effects on a firm’s stock price on the date the stories are released, although the long-term impact was unclear (Kotler, 2005).

Ironically, generous charitable contributions could be one factor contributing to perceptions of companies as socially responsible, even if they behaved illegally. One recent study tracked legal records indicating company trade crimes and also obtaining data on corporate philanthropy, corporate contribution for charitable and social responsibility purposes. Companies that obeyed the law and were generous with corporate contributions, “the saints”, tended to be rated highly on social responsibility in annual Fortune magazines study of corporate reputations. However, manufacturing companies that committed crimes but also were high contributors were seen as more socially responsible than companies that committed no crimes but were low contributors. Unfortunately, this study suggested that public perceptions of a company’s CSR could be linked more closely to the visibility of its philanthropic activities than to the degree to which its managers actually obeyed the law (Fredrick, 2006).

Reich (2008) argued that CSR made good economic sense and clearly affected employees’ recruitment and retention. Says Reich, “The debate that sounds as if it is about maximizing shareholders returns versus being socially responsible usually comes down to whether a top manager is paying attention only to very short-term performance or is taking a longer-term view”. CSR only became important when the issue has an impact on the purchasing behavior of
the consumer and thus the potential profitability of the company. Management decisions to spend company money on CSR could only be justified with this connection and maximizing returns to shareholders should always be paramount.

2.4 Conceptual Framework

This model below was used for the purpose of this study to show the relationship that could exist between Corporate Social Responsibility and HIV/AIDS. The independent variable being CSR, while the dependent variable was the HIV/AIDS pandemic. The figure below shows the conceptualization of the relationship between the dependent and the independent variables.

From the diagram below, HIV/AIDS had a devastating impact on the paint manufacturing sector as outlined in A, while Corporate Social Responsibility by the company would incorporate many initiatives and intervention measures, outlined in B. If the interventions and initiatives were properly implemented, then the manufacturing company stood to gain a number of aspects which included: unhampered growth in markets; increased productivity, decreased health care costs; continued workforce diversity, lower employee turnover rate and improved employee morale. As the paint manufacturing firms endeavoured to implement initiatives to combat HIV/AIDS, it would be important that the manufacturing firms address the intervening variables which the companies may not have control over. Such variables include HIV/AIDS knowledge, sociocultural factors contributing to the spread of HIV/AIDS, the Corporate social responsibility initiatives towards HIV/AIDS in C.
HIV/AIDS

IMPACT ON THE MANUFACTURING SECTOR
- Reduces profits.
- Loss of skills/experience.
- Increase medical care costs & health.
- Increased staff turnover.
- Declining productivity.

DEPENDENT VARIABLE

INDEPENDENT VARIABLE

CORPORATE SOCIAL RESPONSIBILITY
- AIDS awareness campaign.
- Condom distribution
- Free VCT.
- HIV/AIDS policy.
- Care and support in the workplace.
- Provision of ARV’s.
- Implementing fair employment practices.

INTERVENING VARIABLES
- Increased productivity
- Decreased healthcare costs
- Improved employee morale
- Lower employee turnover rate
- Unhampered growth in markets

Source: Researcher (2009)
2.5 Gaps to be Filled by the Study

The Study aimed to fill a number of gaps that had been identified in the previous studies on CSR on HIV/AIDS which included:


Paint manufacturing companies were not particularly active in combating HIV/AIDS, even when they expected the epidemic to cause serious problems for their business, and that was why the study wanted to identify the reasons why the paint manufacturing firms were not active in combating HIV/AIDS.

There needed to be accurate, objective and unbiased information on HIV/AIDS to be generated and disseminated, covering areas such as workforce prevalence, the impact of the epidemic on manufacturing firms at different prevalence levels, and the cost effectiveness of business-sponsored prevention activity (Nguriri, 2006).

There was need for the potential of paint manufacturing firms associations and new coalitions to tackle HIV/AIDS to continue to be utilized, as firms had a greater incentive to participate in and sponsor prevention activities if they could focus on the problems facing an industry sector or geographical area. That is what the Study tried to establish the partnerships paint manufacturing firms engaged in, to tackle the HIV/AIDS pandemic.

HIV/AIDS education programs that some businesses invested in during the 1990s, produced no clear benefits (Saehdev, 1998). The study therefore tried to find out the benefits accruing from the existing education programmes. There was a need to develop a checklist to track the performance of existing education programmes.
2.6 SUMMARY
The first part of the Literature review looked at the past studies done in the area of study. The second part looked at the conceptual framework. The third part reviewed critically the major issues of the study. The conceptual framework outlined the impact HIV/AIDS had on manufacturing firms that did not undertake CSR programs, and the benefits of undertaking CSR by the firms. The Study aimed at investigating the CSR of paint manufacturing sector towards the HIV/AIDS pandemic.
CHAPTER THREE

3.0. RESEARCH METHODOLOGY

3.1 Introduction

This Chapter focused on the research design, target population, the sample, sampling strategy, data collection tools, data analysis techniques and expected outcomes.

3.2 Research Design

This study adapted a descriptive survey design utilizing qualitative approach. Survey is an attempt to collect data from members of a population to determine the current status with respect to one or more variables (Mugenda and Mugenda 2003). Descriptive research determines and reports things such as attitudes, values and characteristics the way they are. Furthermore, according to Good (1992) a descriptive survey design is useful in that it not only secures evidence concerning existing situations or current conditions, but also identifies standards or norms with which to compare present conditions in order to plan the next step. In this study, the dependent variable was the HIV/AIDS pandemic and the independent variable was corporate social responsibility.

A descriptive research design would give an accurate and specific kind of information on the corporate social responsibility of the paint manufacturing firms in Kenya towards HIV/AIDS pandemic. Lokesh (1984) says that descriptive research studies are designed to obtain pertinent and precise information concerning status of phenomena and whenever possible to draw valid general conclusions from the facts discovered. The study was designed to investigate the CSR of the paint manufacturing sector towards the HIV/AIDS pandemic.

3.3 Target Population

The target population was selected from employees of Crown Berger Kenya Limited. There were 470 Company employees distributed as follows: top management -7; middle management – 70; subordinate staff 163 and has 230 casuals.
3.4 Sample
A sample is any group from which information is obtained or part of a section of population (Frankel & Wallen, 1993). Out of the 470 company employees, a sample of 30% that is 141, was taken. It was notable that the choice of sample units form a population sample frame was of pivotal importance. The target population is the larger group to which one hopes to apply findings (Frankel and Wellen, 1993).

Table 3.4.1 Shows the Sample Distribution

<table>
<thead>
<tr>
<th>S/No.</th>
<th>CATEGORY</th>
<th>TOTAL STAFF NUMBER</th>
<th>30%</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Top management</td>
<td>7</td>
<td>2.1</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>Middle management</td>
<td>70</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>3.</td>
<td>Subordinate staff</td>
<td>163</td>
<td>48.9</td>
<td>49</td>
</tr>
<tr>
<td>4.</td>
<td>Casual staff</td>
<td>230</td>
<td>69</td>
<td>69</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>470</td>
<td></td>
<td>141</td>
</tr>
</tbody>
</table>

3.5 Sampling Design
An ideal sample size should be large enough to serve an adequate representation of the population about which the researcher wishes to generalize and small enough to be selected economically, in terms of subject availability, expense in both time and money and complexity of data analysis (Best and Khan, 1993). Therefore all departments in the Crown Berger Company were sampled.

According to Gay (1976), for descriptive research, a sample of 10% of the population is considered minimum. Cohen and Marion (1994) recommended a minimum sample size of 30% when statistical analysis is to be used. This is in conformity with what Saunders (2003) argued that in dividing the sample population in to a number of strata means that the sample was likely to be more representative.

The study adapted a stratified random sampling technique to select the sample. According to Kerlinger (1973), a sample drawn at random was unbiased in the sense that no member of the
population had any more chance of being selected that the other members are. Simple random sampling was then used.

3.6 Data Collection Tool
A structured and a semi-structured questionnaire was used in collecting data for the Study.

3.7 Data Analysis Techniques
Standard procedures with descriptive statistics and content analysis as the main approaches were used in data analysis. This was in conformity with what Millen and Huberman (1994) as referred by Saunders (2003) asserts. He said that the procedures of analyzing data could involve data reduction, data display, drawing and verifying conclusions. The completed questionnaire was edited for completeness and consistency. The data was then coded and checked for coding errors and omissions. It was then run through the Statistical Package for Social Sciences (SPSS) and the Microsoft excel package. Descriptive statistics was used to analyze the data by way of percentages for all variables in the questionnaire.

3.8 Expected Outcome
It was expected that Crown Berger Kenya Limited had a functional HIV/AIDS policy for its employees which could still be improved on to care for the employees’ needs and interests. It was expected that the company, had an operational Corporate Social Responsibility (CSR) programme, which could still be expanded to cover emerging social issues affecting the Company’s employees, customers and its neighbouring community. It was also expected that the workers were hired, promoted and treated fairly regardless of their sex, race, colour, tribe or their health status. It was expected that the Company had an on-going CSR programme(s) that made donations to help develop and support HIV/AIDS education and other local community programmes. It was also expected that the Company had developed social amenities and facilities to meet employees and the local community’s needs for socializing. It was also expected that the Company obeyed the spirit and to the letter, the Kenyan laws relating to employment.
4.0 DATA ANALYSIS AND PRESENTATION

4.1 Introduction

This chapter presents the findings of the survey conducted at Crown Berger Kenya Limited, one of the leading Paint Manufacturing Companies in Nairobi, using a self administered questionnaire by the respondents regarding the Corporate Social Responsibility in the Paint Manufacturing Sector towards the HIV/AIDS pandemic. The study targeted 141 employees from the various departments of Crown Berger Company. Only 122 employees returned the questionnaires. This represents 87.1% of the anticipated data. The data was collected personally by the researcher and analyzed using the SPSS, a computer statistical package for social sciences and Microsoft Excel package.

The Objectives of the study were to: to determine the level of knowledge about HIV/AIDS amongst the Crown Berger Company employees; identify the social-cultural factors which contribute towards the spread of HIV/AIDS amongst the paint manufacturing company workers; and to establish Crown Berger Company’s Corporate Social Responsibility towards the HIV/AIDS pandemic.

FINDINGS

4.2 Demographic Analysis

The demographic variables assessed in terms of age, sex, marital status, education level, basic monthly salary, and working experience in the Company.
Figure 4.2.1 shows the age distribution among the respondents.

Figure 4.2.1 shows that the company employees are aged between 26-30 years accounted for 39% of the total respondents' population and they were the majority. Those that fall in the age bracket of 31-35 years accounted for 19%, while those that were between 21-25 years accounted for 18%. 9% of the company employees were aged between 41-45 years. Those aged between 36-40 years accounted for 8%. Those over 46 years accounted for 7% of the total population. This implies that majority of the company employees' fall in the age bracket of 26-30 years.
Figure 4.2.2: Illustrates the sex of the Company employees

Figure 4.2.2 showed that the company had employed men who accounted for 80.3% of the workforce, while the women accounted for 19.7% of the workforce. This implied that majority of the company employees were men.

Figure 4.2.3 Shows the marital status of the respondents

Figure 4.2.3 shows that married company employees formed 52% of the total population, the single company employees formed 32%, the separated formed 7.0%, the divorced formed 3%,
widowers formed 2 %, widows were 1% This implies that most of the company employees are married and very few are widows, widowers and divorced.

Figure 4.2.4 Shows the education level of the respondents.

Figure 4.2.4 shows the education level of the respondents. 30.3% of the company employees are diploma holders, 19.7% of the company employees are degree holders, 18.9% are form four graduates, 16.4% are certificate holders, 11.5% are form six graduates and 3.3% are standard eight certificate holders. This implies that majority of the company employees are diploma holders.
Table 4.2.5 indicates that 43% of the company employees earn a salary between Kshs 5,001-10,000, 17% of the company employees earn above Kshs 30,001, 13% of the employees earn between Kshs 10,001-15,000, 11% earn between Kshs 15,001-20,000, 6% earn between Kshs 25,001-30,000, 4% earn between Kshs 20,001-25,000, 2% earn less than Kshs 5,000 and 1.6% of the respondents did not give any response. This implies that most of the company employees earn between Kshs 5001-10,000.
Table 4.2.6 Illustrates the number of years the respondents have worked in the Company

<table>
<thead>
<tr>
<th>Duration</th>
<th>Percentage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>17.2%</td>
<td>21</td>
</tr>
<tr>
<td>2-5 years</td>
<td>41.0%</td>
<td>50</td>
</tr>
<tr>
<td>5-10 years</td>
<td>31.1%</td>
<td>38</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>9.0%</td>
<td>11</td>
</tr>
<tr>
<td>NR</td>
<td>1.6%</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 4.2.6 indicates that 41.8% of the company employees have worked in company for between 2-5 years, 31.1% have for between 5-10 years, 18.0% have worked in the company for less than one year, 9.0% have worked in the company for more than 10 years while. This implies that most of the company employees have worked for between 2-5 years in the Company.
4.3 Knowledge about HIV/AIDS
The respondents were requested to respond to knowledge statements regarding HIV/AIDS in the Company in trying to establish their knowledge about HIV/AIDS.

Figure 4.3.1 Shows the various responses of the respondents to knowledge statements regarding HIV/AIDS in the Company.

Figure 4.3.1 indicates that most of the respondents are knowledgeable enough and 16% of the total respondent population believe that HIV/AIDS is real. 13% know that HIV causes AIDS, while 11% of the respondents know their HIV status. 10% of the respondents are aware of how HIV is contracted. 9% of them discuss HIV issues with their spouse and friends. This implies that most of the respondents believe that HIV/AIDS is real, a sign that the respondents are knowledgeable enough about HIV/AIDS.
Figure 4.3.2 Shows the extent to which the respondents have learnt about AIDS from the various sources of information.

Figure 4.3.2 shows that 29% of the total respondents learnt to a large extent about AIDS from the media, 11% from the VCT centers and 11% from friends. 9% from seminars/workshops, 9% from parents and 8% to a large extent from their spouses. 68.9% of the respondents learnt to no extent about AIDS from the company medical staff, and 40.2% to no extent from the company’s awareness campaign. This implies that the respondents have learnt to a large extent about AIDS from the media than any other source, while to no extent from the company’s medical staff and company’s awareness campaigns.
Figure 4.3.3 shows any other sources where the respondents get AIDS information other than the sources listed by the researcher in the questionnaire. 41% of the total respondents responded that the Red Cross Society was a major source of AIDS information. 33% said they got AIDS information from the Internet, while 9% said they got AIDS information from their own discovery and research. 17% of the respondents said they got AIDS information from social forums. This implies that most of the respondents got most of their AIDS information from the Red Cross Society.
Figure 4.3.4 shows the responses of respondents on statements made by people about HIV/AIDS.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who are carriers of the AIDS virus always look ill.</td>
<td>6%</td>
</tr>
<tr>
<td>A healthy person with HIV can infect others</td>
<td>15%</td>
</tr>
<tr>
<td>AIDS is a curse.</td>
<td>12%</td>
</tr>
<tr>
<td>Sex is for marriage only</td>
<td>10%</td>
</tr>
<tr>
<td>AIDS is a disease which people inherit from their parents</td>
<td>7%</td>
</tr>
<tr>
<td>Safer sex involves using a condom during sexual intercourse</td>
<td>4%</td>
</tr>
<tr>
<td>HIV positive workers were sexually careless</td>
<td>2%</td>
</tr>
<tr>
<td>Safer sex involves having just one partner</td>
<td>25%</td>
</tr>
<tr>
<td>Only homosexuals contract AIDS</td>
<td>15%</td>
</tr>
<tr>
<td>AIDS is a punishment from God</td>
<td>7%</td>
</tr>
<tr>
<td>AIDS is a disease for prostitutes</td>
<td>0%</td>
</tr>
<tr>
<td>People with AIDS can be cured</td>
<td>0%</td>
</tr>
<tr>
<td>Workers should be discouraged to go for a HIV test</td>
<td>4%</td>
</tr>
<tr>
<td>I have learnt a lot from the Company's In-house HIV/AIDS seminar/education Programme</td>
<td>0%</td>
</tr>
</tbody>
</table>

Figure 4.3.4 shows that 25% of the respondents believe that a healthy person with HIV can infect others, 15% believe that safer sex involves having just one partner, while another 12% believe it's true that safer sex involves using a condom during sexual intercourse. 10% of the respondents indicated that it was true that sex was for marriage only. 4% indicated that workers should be discouraged to go for a HIV test. This implies a high level of knowledge about HIV/AIDS among the respondents.
4.4 Socio-Cultural Factors Contributing to the Spread of HIV/AIDS

Responses were requested from the respondents on statements about HIV/AIDS in relation to the Company’s setting and environment.

Figure 4.4.1 Shows the responses of the respondents towards statements about HIV/AIDS as per the Company’s settings and environment

![Pie Chart](image)

**True or False statements about HIV/AIDS**

- 26% Trust the company's clinic workers in information on my HIV/AIDS status
- 13% HIV positive workers are stigmatized and discriminated against in the company
- 4% HIV positive workers should be allowed to continue working in the company
- 10% Poverty is a factor in the spread of HIV/AIDS
- 24% Illiteracy is a factor in the spread of HIV/AIDS
- 17% HIV/AIDS is threatening the lives of other workers in the workplace
- 4% There are cases of sexual harassment, abuse and exploitation in the company's environment
- 2% Workers are rarely transferred and separated from their families

Figure 4.4.1 shows that 26% of the respondents believe that poverty is a factor in the spread of HIV/AIDS, while 24% believe that HIV positive workers should be allowed to continue working in the Company. 17% of them believe that Illiteracy is a factor in the spread of HIV/AIDS while 13% said Workers are rarely transferred and separated from their families.2% believes that HIV positive workers are stigmatized and discriminated against in the Company. This implies that poverty is the main factor that causes the spread of HIV/AIDS in the company’s setting and environment
Figure 4.4.2 Shows the factors influence the spread of the HIV/AIDS among Company employees.

Figure 4.4.2 shows that 26% of the total population of the respondents believes that sexually transmitted diseases promote the spread of the HIV/AIDS among the company employees. Alcohol is believed to promote the spread of the HIV/AIDS among the company employees by 17%, 14% both believed that polygamy and migration/company safaris promoted the spread of HIV/AIDS among the employees. 11% believe that the employee’s poor health status influenced the spread of HIV/AIDS among the company employees. This implies that sexually transmitted diseases are rampant among the company’s employee which greatly influences the spread of HIV/AIDS among the Company employees.
Figure 4.4.3 Other factors that expose the Company workers to HIV/AIDS

Figure 4.4.3 shows any other factors that exposed the company workers to HIV/AIDS other than what the researcher had provided in the questionnaire. Low salaries accounted for 19%, both using unsterilized blades or materials and careless sex accounted for 13%. While the holding of end of year staff parties accounted for 11%. Sharing of protective clothes accounted for 10%, while ignorance accounted for 8%. Poor working conditions accounted for 6%. This implies that the respondents are exposed to HIV/AIDS due to low salaries earned.
4.5 Corporate Social Responsibility towards HIV/AIDS

The respondents were requested to indicate whether they agreed or disagreed with statements regarding Corporate Social Responsibility in the Company.

Figure 4.5.1 Shows the respondents’ responses towards statements regarding Corporate Social Responsibility in the Company.

Figure 4.5.1 shows that 12% of the respondents felt that the HIV/AIDS policy is publicly posted on the company’s noticeboards and website. 11% thought that the workers were insured against any life threatening accidents in the workplace. 9% of them both felt that the Company was doing much in the fight against HIV/AIDS and Sick workers are adequately attended to in the Company Clinic. Another 9% also felt that the Company had a functioning Medical Clinic. Another 7% agreed that managers usually referred to the HIV/AIDS policy in their addresses. 3%
believed the company provided an enabling environment for sharing of HIV/AIDS information. 2% of the respondents agreed that the company’s HIV/AIDS policy addresses HIV/AIDS within the workplace adequately. 2% also agreed that the collective bargaining agreements protected AIDS infected workers from dismissal or discrimination. 0% agreed that HIV/AIDS counselors exist in the company. 0% also agreed that HIV/AIDS staff committees exist in the company. 0% agreed that the top-level management staff were involved in the company’s HIV/AIDS awareness programmes. 0% agreed that Company’s HIV/AIDS support groups provide care, education, prevention and access to treatment at the workplace. 0% agreed that HIV testing was compulsory before recruitment, appointment, promotion and training of employees. 0% of the respondents were undecided whether the company involved the local community in its HIV/AIDS campaign. This implies that the company needs to do a lot more towards HIV/AIDS other than just publishing the HIV/AIDS policy.
The respondents were requested to indicate the services offered by the company to the staff. The researcher had listed some of the services that were mostly to be offered to company staff by any corporate social responsible company.

Figure 4.5.2 Shows the services offered by the Company

Figure 4.5.2 shows that 28% of the respondents agreed that the company offered condom distribution services, while 15% agreed that the company offered HIV/AIDS prevention awareness education. 11% agreed that the company implemented fair employment practices. 9% agreed that the company offered treatment to them and their families. 7% agreed that the Company offered VCT services. 6% both agreed that the company offered effective treatment of STDs and the promotion of the adoption of appropriate HIV/AIDS workplace policies. This
implies that the company provides condoms to the employees and offered some HIV prevention awareness education.

The respondents were requested to give their opinion on what else the Company management could do, in order to control and manage the spread of HIV/AIDS among its staff.

Figure 4.5.3 Shows what more the respondents thought the Company management should do, in order to control and manage the spread of HIV/AIDS among its staff.

![Diagram showing what the Company should do to control and manage the spread of HIV/AIDS among its Staff]

- Enact and be committed in implementing the HIV/AIDS Policy
- Encourage workers to declare their HIV Status
- Involve the casual workers in the Company’s HIV/AIDS programmes
- Fire the infected workers
- Display poster on HIV/AIDS on the Company walls
- Provide each worker with his/her own protective clothings
- Be given all the needed support in kind and material
- Do not discriminate against them
- Insure them in good medical schemes
- Visit their families and encourage them

Figure 4.5.3 shows what more the respondents thought the company should do to control and manage the spread of HIV/AIDS among its staff. 21% of the respondents felt that HIV positive workers should not be discriminated against. 17% of them thought that the infected workers should be given all support in kind and in material form. 10% felt that each worker should be provided with their own protective clothing. 9% felt that the positive workers be encouraged to
declare their HIV status. Another 9% felt that the workers should be insured in good medical schemes. 8% felt that it would be good to visit the infected workers families and encourage them. This implies that the respondents felt that the HIV positive workers should not be discriminated against.
5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction
This Chapter presents the conclusions and recommendations from the Study that had set out to investigate the Corporate Social Responsibility of paint manufacturing sector towards HIV/AIDS pandemic, at Crown Berger Company, Nairobi. The study had three research questions:

- What is the level of knowledge about HIV/AIDS amongst the Crown Berger company employees?
- What are the socio-cultural factors which contribute to the spread of HIV/AIDS among the Crown Berger company’s workers?
- What is Crown Berger Company’s Corporate Social Responsibility towards the HIV/AIDS pandemic?

To answer the above questions, the study targeted workers of the different departments at Crown Berger Company. The workers were chosen as they were expected to be knowledgeable enough about HIV/AIDS and all the company is doing towards the HIV/AIDS pandemic. This chapter therefore presents a summary of the findings.

5.2 Summary of the Findings
Kenyan paint manufacturing sector companies have engaged themselves in various corporate social responsibility health initiatives, but this has not had a big impact on the HIV/AIDS pandemic. The research findings indicated that the paint manufacturing company did not hold regular HIV/AIDS awareness campaigns as indicated by the employees’ responses. Even if they were held, their effectiveness was questionable. The company magazines also did not provide the necessary awareness as concerns HIV/AIDS issues. The company medical staffs were also not doing much in the fight against the spread of HIV/AIDS pandemic, whereby they were supposed to be a great source of information about AIDS, which was not the case. This greatly contributed to the knowledge level about HIV/AIDS among the company employees. Although the employees resolved that HIV positive workers should be allowed to continue working in the company. The company also seemed not be holding seminars and workshops to sensitize its staff.
on the HIV/AIDS pandemic. The company VCT centre also seemed not to be doing much either or its services were either not user friendly or were not publicized enough. Apart from the AIDS information sources that the researchers had provided, 41% of the respondents cited the Red Cross Society as a major source of AIDS information, 33% got AIDS information from the Internet, while 9% said they got AIDS information from their own discovery and research. 17% of the respondents said they got AIDS information from social forums.

The study also reveals that poverty was a main factor in the spread of HIV/AIDS in the Company’s environment, since most of the company workers earned less than Kshs 10,000 per month. Illiteracy was also cited as a factor in the spread of HIV/AIDS in the company’s setting and environment. Some employees also felt that HIV/AIDS threatened the lives of other workers in the workplace. It was encouraging that the company workers were rarely transferred and separated from their families. There were some cases of sexual harassment, abuse and exploitation in the Company’s environment. HIV positive workers were not stigmatized and discriminated against in the company. Trust of the company clinic workers with information on the employee’s HIV/AIDS status was minimal.

Sexually transmitted diseases were noted to be the major factor promoting the spread of HIV/AIDS among the company employees. Alcohol was also noted as being a factor in the spread of HIV/AIDS among the company employees. Job related safaris and polygamy among the company employees were observed to be other factors promoting the spread of HIV/AIDS. An employee’s own poor health status was seen as another factor promoting HIV/AIDS. Other than what the researcher had provided in the questionnaire, the respondents cited low salaries which accounted for 19%, both using unsterilized blades or materials and careless sex which accounted for 13%, while the holding of end of year staff parties which accounted for 11% as other factors which promoted the spread of HIV/AIDS among the Company employees. Sharing of protective clothes which accounted for 10%, ignorance which accounted for 8% and poor working conditions which accounted for 6% were other factors.

The company had done much in the fight against HIV/AIDS pandemic, for example, it had a HIV/AIDS Policy which was publicly posted on the company’s noticeboards and websites;
company’s workers were insured against any life threatening accidents in the workplace; sick workers were adequately attended to in the Company's Clinic; the company has a functional medical clinic; managers often referred to the HIV/AIDS Policy in their addresses; the Company reached to the employees' families in its HIV/AIDS programmes; behavior change messages were commonly used in the Company's environment; people living with HIV/AIDS were involved in the Company's awareness campaigns; the Company improved the existing medical facilities and the Company's HIV/AIDS support groups provided care, education, prevention and access to treatment at the workplace.

The company still needed to involve the local community in its HIV/AIDS campaigns, establish HIV/AIDS support groups and networks supported by the company, engage HIV/AIDS counselors, establish a HIV/AIDS staff committees, involve the Top-level management staff in the company’s HIV/AIDS awareness programmes, ensure the HIV/AIDS policy addresses HIV/AIDS within the workplace adequately. The workers’ union steward needed to ensure that the collective bargaining agreements protected AIDS infected employees from dismissal or discrimination.

The study also established that the company had enhanced condom distribution with the company’s environment. The company also offered HIV/AIDS prevention awareness education as well as implementing fair employment practices. The company employees together with their families were provided with treatment services.

The respondents thought apart from the services listed by the researcher, the company could do the following to control and manage the spread of HIV/AIDS among its staff: 21% of the respondents felt that HIV positive workers should not be discriminated against, 17% of them thought that the infected workers should be given all support in kind and in material form, 10% felt that each worker should be provided with their own protective clothing, 9% felt that the positive workers be encouraged to declare their HIV status. Another 9% felt that the workers should be insured in good medical schemes. 8% felt that it would be good to visit the infected workers families and encourage them.
5.3 Conclusions of the Findings
From the above findings, this study concluded that although Kenya’s paint manufacturing sector seemed to be doing much towards the HIV/AIDS pandemic, the impact of their initiatives was yet to be felt since the sector employees needed to be made more knowledgeable through effective and regular capacity building, to enable them adopt a behavior change approach that would enable them fight the spread of the HIV/AIDS pandemic. The employees could be capacity built through use of the community health workers, company magazines, HIV/AIDS seminars and workshops, strengthen the company’s and neighboring VCT centres, enhance company HIV/AIDS awareness campaigns and engage competent company medical staff. Other sources of AIDS information cite by the respondents include the Red Cross Society, the Internet, Social forums and personal discovery and research,

The paint manufacturing sector companies also needed to identify the socio-cultural factors that contribute to the spread of HIV/AIDS with the company’s setting and environment and address the adequately. Company employees need to be made to trust the company’s clinic personnel with their health status information, stigmatization and discrimination of HIV positive workers needs to be addressed, Sexual harassment, abuse and exploitation in the company’s environment needs to be managed. Sexually transmitted diseases, and alcoholism can be managed by capacity building the employees on their adverse effects and connection to HIV/AIDS. Low salaries, use of unsterilized blades or materials, careless sex, holding of end of year staff parties, sharing of protective clothes, ignorance and poor working conditions were cited by the respondents as other factors which exposed the paint manufacturing sector employees to HIV/AIDS.

To control and manage the spread of HIV/AIDS among the sector employees, the respondents cited that HIV positive workers should not be discriminated against, the infected workers should be given all support in kind and in material form, each worker should be provided with their own protective clothing, the HIV positive workers be encouraged to declare their HIV status, the workers should be insured in good medical schemes and it would be good to visit the infected workers and their families and encourage them.

The paint manufacturing sector corporate social responsibility departments need to do much more towards the HIV/AIDS pandemic in order for the companies to benefit from the advantages of managing the spread of the HIV/AIDS pandemic, which would include unhindered growth in markets, increased productivity, decreased healthcare costs, decreased employee exit benefits,
reduced employer liability, continued workforce diversity, lower employee turnover rate and improved employee morale (Fonteneous, 2006).

5.4 Recommendations
In view of the above findings and conclusion, the researcher makes the following recommendations:

1. The paint manufacturing sector companies need to initiate well designed and coordinated HIV/AIDS education awareness programmes, in order to enhance the HIV/AIDS knowledge of their employees, which would in turn promote behavior change efforts among the informed employees towards HIV/AIDS.

2. The paint manufacturing sector companies need to develop and operationalize the HIV/AIDS Polices, in order to manage the stigmatization and discrimination of HIV positive employees at the workplace.

3. Socio-cultural factors contributing to the spread of HIV/AIDS within the paint manufacturing companies setting and environment must be identified and addressed accordingly to reduce the risk of exposing the company employees to the HIV/AIDS pandemic.

4. The paint companies should to involve the employee’s families and the local communities in their HIV/AIDS awareness campaigns for there to be any significant impact in the fight against the HIV/AIDS pandemic.

5. The companies should strive to provide enabling environments for the sharing of HIV/AIDS information as well as for self HIV status disclosure.

6. HIV/AIDS support groups and networks and staff committees supported by the companies need to be established to cater for the HIV infected and affected workers’ welfare.

7. The paint companies should involve persons living with HIV/AIDS their HIV/AIDS awareness campaigns, to expose the workers to reality.
8. The top-level management staff should be involved in the awareness programmes and they should regularly refer to the HIV/AIDS Policy in their addresses.

9. The companies should partner with other health stakeholders in the fight against the HIV/AIDS pandemic.

5.5 Areas for Further Research

The researcher suggests the following as potential areas for further research:

1. A comprehensive survey of all paint manufacturing companies corporate social responsibility towards the HIV/AIDS pandemic.

2. The impact of corporate social responsibility towards the HIV/AIDS pandemic on the performance of manufacturing companies.

3. A comprehensive survey of the knowledge, attitudes and practices of all employees in paint manufacturing sector that undertake corporate social responsibility initiatives towards the HIV/AIDS pandemic.

4. An investigation of the effectiveness of HIV/AIDS awareness campaigns towards the fight against the HIV/AIDS pandemic conducted by the paint manufacturing sector.
REFERENCES


47. Otieno, J., (2008), Kenyans relaxed after initial figures showed infection rates had dropped, *Daily Nation*, pg.4, 30th July 2008, col.2.


APPENDICES

APPENDIX 1- Letter of Introduction

KENYATTA UNIVERSITY
SCHOOL OF BUSINESS
DEPARTMENT OF BUSINESS ADMINISTRATION

P.O. BOX 43844-00100,
NAIROBI.
TEL: 31090-10:
EXT. 57215

E-mail: kubusad@yahoo.com

TO WHOM IT MAY CONCERN:

Dear Sir/Madam

RE: JOSEPH IKOBOI AMUKE D63/CE/12268/04

This is to confirm that the above named is a postgraduate student in the Department of Business Administration, School of Business, Kenyatta University.

He is carrying out a postgraduate research on "The Corporate Social Responsibility of manufacturing Firms towards the HIV/AIDS pandemic", as partial fulfillment of his Masters of Business Administration (HRM) Degree.

Any assistance accorded him will be highly appreciated.

Thank you.

KENYATTA UNIVERSITY
DEPARTMENT OF
BUSINESS ADMINISTRATION

27 APRIL 2009

MR. D. K. NGABA
CHAIRMAN, DEPT. BUSINESS ADMINISTRATION

DKV/mm

57
APPENDIX 2 - Letter of Respondent

Joseph I. Amuke,
Kenyatta University,
Business Adm. Department,
PO BOX 43844,
NAIROBI.

ikoboi@yahoo.com
0722 2762958
12th April 2010

Dear Respondent,

I am writing to kindly invite you to give your views and experiences as a paint manufacturing company employee in Kenya. This questionnaire is designed to investigate the Corporate Social Responsibility of the Paint manufacturing Sector towards the HIV/AIDS pandemic, as a partial fulfillment of my master of Business Administration Degree. The findings of this study might be used by the Kenya Government in designing and formulating labour policies concerning the manufacturing sector workers’ social welfare.

You as a respondent has been selected to form part of the study. Therefore please assist me by completing the questionnaire to the best of your knowledge. The information obtained from this survey will be used for academic purpose only. As a respondent of this study, you are free to access the findings of this study. All ethical issues in regard to this study will be observed. The questionnaire will be anonymous and treated with outmost confidentiality.

Thank you very much for your time and cooperation. I greatly appreciate your Company’s help in furthering this research endeavour.

Joseph Ikoboi Amuke
Postgraduate Student,
Kenyatta University
APPENDIX 3 - Research Clearance Permit

THIS IS TO CERTIFY THAT:

Prof./Dr./Mr./Mrs./Miss. JOSEPH IKOBOI AMUKE

of (Address) KENYATTA UNIVERSITY
PO BOX 43844 NAIROBI

has been permitted to conduct research in

VIWANDANI Location,
NAIROBI NORTH District,
NAIROBI Province,

on the topic CORPORATE SOCIAL
RESPONSIBILITY IN THE MANUFACTURING
SECTOR TOWARDS HIV/AIDS PANDEMIC

A CASE OF CROWN BERGER KENYA
LIMITED

for a period ending 30TH DECEMBER 2009

Research Permit No. NCST/5/002/R/1047
Date of issue 11.11.2009
Fee received SHS 1000

Applicant's Signature

Secretary
National Council for Science and Technology
APPENDIX 4 - Questionnaire

QUESTIONNAIRE

. All the responses will be treated as confidential. Where appropriate, kindly ticks in the space provided the correct answer or supply the required information. For “Others” please do specify.

1.0 SECTION A – BACKGROUND INFORMATION

1.1) Please indicate your Age (kindly tick appropriately) a) 21 years – 25 years [ ]
     b) 26 years – 30 years [ ]
     c) 31 years – 35 years [ ]
     d) 36 years – 40 years [ ]
     e) 41 years – 45 years [ ]
     f) Over 46 years [ ]

1.2) Sex (Kindly tick appropriately) a) Male ( )
     b) Female ( )

1.3) Indicate your Marital Status a) Married ( )
     b) Single ( )
     c) Widow ( )
     d) Widower ( )
     e) Divorced ( )
     f) Separated ( )

1.4) Indicate your highest Level of Education a) Graduate ( )
     b) Diploma ( )
     c) Certificate ( )
     d) A-Level ( )
     e) O-Level ( )
     f) Primary school education ( )

1.5) Indicate your Monthly Salary (Kshs).
     a) Below 5,000 ( )
     b) 5,001 – 10,000 ( )
     c) 10,001 – 15,000 ( )
     d) 15,001 – 20,000 ( )
     e) 20,001 – 25,000 ( )
     f) 25,001 – 30,000 ( )
     g) Above 30,001 ( )

1.6) How long have you worked in the Company? a) Less than one year ( )
     b) 2-5 years ( )
     c) 6-10 years ( )
     d) More than 10 years ( )
2.0 SECTION B – KNOWLEDGE ABOUT HIV/AIDS

2.1) Please indicate how strongly you agree or disagree with these statements regarding HIV/AIDS in your Company. (SA- Strongly Agree; A- Agree; U- Undecided/No opinion; D- Disagree; SD- Strongly Disagree)

<table>
<thead>
<tr>
<th>S/No.</th>
<th>Statement</th>
<th>SA</th>
<th>A</th>
<th>U</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>HIV causes AIDS.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>HIV’s origin is known.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>I am knowledgeable enough about HIV/AIDS to stop me from contracting it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td>I am willing to undertake a HIV test to know my HIV status.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e)</td>
<td>I know my HIV status.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f)</td>
<td>I am aware of how HIV is contracted.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g)</td>
<td>ARVs can be used to manage HIV/AIDS.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h)</td>
<td>Abstinence is the surest way to prevent contracting HIV.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i)</td>
<td>I know a colleague who is HIV positive.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j)</td>
<td>I believe HIV/AIDS is real.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k)</td>
<td>I can counsel an HIV/AIDS infected or affected person.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l)</td>
<td>I discuss HIV issues with my spouse and friends.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.2) Please indicate to what extent you have learnt about AIDS from each of the following sources. (1-Large Extent; 2-Some Extent; 3-Little Extent; 4- No Extent;)

<table>
<thead>
<tr>
<th>S/No.</th>
<th>Source</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Media</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>Community Health Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td>Company Magazine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e)</td>
<td>Seminars/Workshops</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f)</td>
<td>Relatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g)</td>
<td>Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h)</td>
<td>Friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i)</td>
<td>VCT Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j)</td>
<td>Company awareness campaign</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k)</td>
<td>Company medical staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l)</td>
<td>Others (Specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.3) The following are some statements people have made about HIV/AIDS. Please indicate the statement you think is true or false.

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>Not Sure</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) People who are carriers of the AIDS virus always look ill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Safer sex involves having just one partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) A healthy person with HIV can infect others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Only homosexuals contract AIDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) AIDS is a curse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) AIDS is a punishment from God</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Sex is for marriage only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) AIDS is a disease for prostitutes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) AIDS is a disease which people inherit from their parents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) People with AIDS can be cured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k) Safer sex involves using a condom during sexual intercourse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l) Workers should be discouraged to go for a HIV test</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>m) HIV positive workers were sexually careless</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n) I have learnt a lot from the Company’s In-house HIV/AIDS seminar/education Programme.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.0 SECTION C- SOCIO-CULTURAL FACTORS CONTRIBUTING TO SPREAD OF HIV/AIDS

3.1) The following are statements about HIV/AIDS. Please indicate the statement you think is true or false as per your Company’s setting and environment.

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>Not Sure</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) I trust the Company Clinic workers with information on your HIV/AIDS status.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) HIV positive workers are stigmatized and discriminated against in the Company.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) HIV positive workers should be allowed to continue working in the Company.</td>
<td></td>
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</tr>
<tr>
<td>d) Poverty is a factor in the spread of HIV/AIDS.</td>
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</tr>
<tr>
<td>e) Illiteracy is a factor in the spread of HIV/AIDS.</td>
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</tr>
<tr>
<td>f) HIV/AIDS is threatening the lives of other workers in the workplace.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>g) There are cases of sexual harassment, abuse and exploitation in the Company’s environment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Workers are rarely transferred and separated from their families.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.2) Which of the following factors influence the spread of the HIV/AIDS among Company employees?

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>Not Sure</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Polygamy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Early marriages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Witchcraft</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Sexually Transmitted Diseases</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>e) Migration/Company Safaris</td>
<td></td>
<td></td>
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<tr>
<td>f) Condom use</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>g) Employee’s poor health status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Alcohol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) High and low work seasons</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

4.0 SECTION D – CORPORATE SOCIAL RESPONSIBILITY TOWARDS HIV/AIDS

4.1) Please indicate how strongly you agree or disagree with these statements regarding Corporate Social Responsibility in your Company. (SA-Strongly Agree; A-Agree; U-Undecided/No opinion; D- Disagree; SD- Strongly Disagree )

<table>
<thead>
<tr>
<th>S/No</th>
<th>The Company is doing much in the fight against HIV/AIDS.</th>
<th>SA</th>
<th>A</th>
<th>U</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>i)</td>
<td>The Company has a HIV/AIDS Policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii)</td>
<td>The Company reaches to the employees’ families in its HIV/AIDS programmes.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>iii)</td>
<td>The Company encourages the workers to declare their HIV/AIDS status.</td>
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<tr>
<td>iv)</td>
<td>The Company involves the local community in its HIV/AIDS campaigns.</td>
<td></td>
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<tr>
<td>vi)</td>
<td>Behaviour Change messages are commonly used in the Company’s environment.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>viii)</td>
<td>HIV/AIDS support groups and networks supported by the company exist.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ix)</td>
<td>People living with HIV/AIDS are involved in the Company’s awareness campaigns.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x)</td>
<td>HIV/AIDS Counselors exist in the company.</td>
<td></td>
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<tr>
<td>xi)</td>
<td>HIV/AIDS staff committees exist.</td>
<td></td>
<td></td>
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<tr>
<td>xii)</td>
<td>The company improves the existing medical facilities.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>xiii)</td>
<td>Managers usually refer to the HIV/AIDS Policy in their addresses.</td>
<td></td>
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</tr>
<tr>
<td>xiv)</td>
<td>Top-level management staff are involved in the company’s HIV/AIDS awareness programmes.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>xv)</td>
<td>The HIV/AIDS policy addresses HIV/AIDS within the workplace adequately.</td>
<td></td>
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</tr>
<tr>
<td>xvi)</td>
<td>Sick workers are adequately attended to in the Company Clinic.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xvii)</td>
<td>The Company has a functioning Medical Clinic.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xviii)</td>
<td>Company partners with other organizations in the fight against the HIV/AIDS pandemic.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>xviii)</td>
<td>Company partners with other organizations in the fight against the HIV/AIDS pandemic.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>xix)</td>
<td>The collective bargaining agreements protect AIDS infected workers from dismissal or discrimination.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xx)</td>
<td>Company’s HIV/AIDS support groups provide care, education, prevention and access to treatment at the workplace.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xxi)</td>
<td>The HIV/AIDS policy is publicly posted on the company’s noticeboards and website.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xxii)</td>
<td>Workers are insured against any life threatening accidents in the workplace.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xxiii)</td>
<td>HIV testing is compulsory before recruitment, appointment, promotion and training of employees.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

4.2) Which of the following services are offered by the Company?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Not Sure</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) HIV/AIDS prevention awareness education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Implementing fair employment practices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) VCT Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Home Based Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Nutritional and feeding programmes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Antiretroviral Care (ARVs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Treatment of employees and their families</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Condom distribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Effective treatment of STDs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) Family Health awareness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k) Mobile STD health Clinics and Peer education services for communities surrounding the company.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l) Promotion of the adoption of appropriate HIV/AIDS workplace policies. Promotion of the adoption of appropriate HIV/AIDS workplace policies.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.3) What factors expose the Company workers to HIV/AIDS?

4.3) In your opinion, what more should the Company management do, in order to control and manage the spread of HIV/AIDS among its staff?

THANK YOU, VERY MUCH.
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG-DEC</th>
<th>JAN-MAY</th>
<th>JUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem identification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drafting the proposal</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Submission of the draft</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Departmental defense of the proposal</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Data collection</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data analysis and second draft</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final draft and submission</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 6 Budget

#### A) Cost of Proposal Development

<table>
<thead>
<tr>
<th>S/NO.</th>
<th>ACTIVITY</th>
<th>COST (KSHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Typing and Printing</td>
<td>5,000</td>
</tr>
<tr>
<td>2</td>
<td>Binding of 2 copies</td>
<td>400</td>
</tr>
<tr>
<td>3</td>
<td>Traveling and accommodation expenses</td>
<td>10,000</td>
</tr>
<tr>
<td>4</td>
<td>Photocopying Questionnaires</td>
<td>5,000</td>
</tr>
<tr>
<td>5</td>
<td>Stationery</td>
<td>1,500</td>
</tr>
<tr>
<td>6</td>
<td>Telephone Charges</td>
<td>2,000</td>
</tr>
<tr>
<td></td>
<td><strong>SUB-TOTAL</strong></td>
<td><strong>23,900</strong></td>
</tr>
</tbody>
</table>

#### B) Cost of Data Collection and Analysis

<table>
<thead>
<tr>
<th>S/NO.</th>
<th>ACTIVITY</th>
<th>COST (KSHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Traveling and accommodation expenses</td>
<td>20,000</td>
</tr>
<tr>
<td>2</td>
<td>4 Research Assistants</td>
<td>32,000</td>
</tr>
<tr>
<td>3</td>
<td>Data Processing</td>
<td>5,000</td>
</tr>
<tr>
<td></td>
<td><strong>SUB-TOTAL</strong></td>
<td><strong>57,000</strong></td>
</tr>
</tbody>
</table>

#### C) Production of the Final Document

<table>
<thead>
<tr>
<th>S/NO.</th>
<th>ACTIVITY</th>
<th>COST(KSHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Printing</td>
<td>5,000</td>
</tr>
<tr>
<td>2</td>
<td>Binding</td>
<td>5,000</td>
</tr>
<tr>
<td></td>
<td><strong>SUB-TOTAL</strong></td>
<td><strong>10,000</strong></td>
</tr>
<tr>
<td></td>
<td>25% Contingencies</td>
<td>22,725</td>
</tr>
<tr>
<td></td>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>133,625</strong></td>
</tr>
</tbody>
</table>