Corporate Social Responsibility

2010

The Case of Health and Social Wellness among NOPE/ UFADHILI Trust supported companies

African Pot of Hope (ApoH) Initiative

Ufadhili
Promoting Social Responsibility

African Pot of Hope

NOPE
Innovative Options for Behavior Change

Popular Version

Corporate Social Responsibility: The case of Health and Social Wellness among NOPE / Ufadhili Trust supported companies

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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
APoH	African Pot of Hope
ART	Antiretroviral Therapy
CEOs	Chief Executive Officers
CSR	Corporate Social Responsibility
DSHS	Department of State Health Services
EAPs	Employee Assistance Programs
HIV	Human Immunodeficiency Virus
HR	Human Resource
NOPE	National Organization of Peer Educators
PFP	Partnership for Prevention
SACCO	Savings and Credit Co-operatives Society
SBC	Strategic Behavioural Communication
SPSS	Statistical Package for Social Sciences
STIs	Sexually Transmitted Infections
TB	Tuberculosis

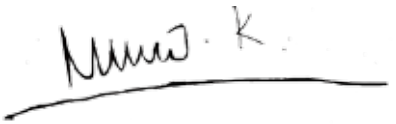
Foreword

What does prevention offer employers? Adults with multiple risk factors for disease (e.g., high blood pressure, smoking, and sedentary habits) are more likely to be high-cost employees in terms of healthcare use, absenteeism, disability, and overall productivity. Whatever the motivation, now is a particularly opportune time for employers to invest in health and social wellness promotion at the worksite and beyond. Corporate Social Responsibility (CSR) focuses on improving the quality of life of the workforce, their families and the local community. NOPE and Ufadhili Trust are in partnership to promote health and social wellness CSR practices among client companies through the African Pot of Hope (APoH) Peer Learning Model.

Worksites, where most adults typically spend half or more of their waking hours, have a powerful impact on individuals' health. The African Pot of Hope CSR Peer Learning Model initiative includes two major worksite objectives. The first is for most employers (75%), regardless of size, to offer a comprehensive employee health and social wellness promotion program. The second is to have most employees (75%) participating in employer-sponsored health and social wellness promotion activities.
Globally, many studies demonstrate that health and social wellness promotion programs can and do reduce medical expenditures, resulting in direct cost-savings. A 1998 analysis of eight US based companies' evaluated health and wellness promotion programs determined an average reduction in healthcare expenses of $3.35 for every dollar spent on health promotion.

According to data from the 1999 National Worksite Health Promotion Survey (NWHPS), in addition to simply keeping employees healthy, the top reasons employers give for instituting health promotion programs are to improve employee morale (mentioned by 77% of respondents), retain good workers (75%), attract good employees (67%), and improve productivity (64%). Worksite health and social wellness promotion promotes all of these goals.
The African Pot of Hope Health and Social Wellness Peer Learning Model study forms a basis to which companies are encouraged to invest on innovative CSR initiatives for employees, families and neighbouring communities. The model provides a great opportunity for businesses in all sectors to evaluate, improve and recognize the uptake and utilization of workplace health and wellness programs in all sectors every two years.

Philip Waweru Mbugua
Executive Director
NOPE



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NOPE and Ufadhili Trust acknowledges all workplace stakeholders and client companies who are the backbone of implementing Health and Social Wellness CSR programs. Special gratitude goes to all those who responded to our interview schedule. Indeed without you this study would not have been possible.

Special thanks are owed to Grace Mutemi and Margaret Mbugua of the NOPE Institute and Judy Njino from Ufadhili Trust for their coordination and supervision roles during field data collection activities. The authors would like to extend gratitude to Happiness Rebecca for her contribution in the data entry, cleaning and analysis process.

Finally, our gratitude is to all of you who participated in one way or another in the completion of the study but have not been mentioned by name.

"The part can never be well unless the whole is well".
~Plato

Abstract

Background

Corporate Social Responsibility (CSR) focuses on improving the quality of life of the workforce, their families and the local community. NOPE and Ufadhili Trust are in partnership to promote health and social wellness CSR practices among client companies. This study aims at establishing the uptake and utilization of workplace health and wellness programs in the partnership companies.

Methods

A cross-sectional design was used to solicit information from 48 systematically sampled companies. Respondents were the company Chief Executive Officers (CEOs) and Human Resource (HR) managers. Information was collected using a standard interview schedule. Open-ended responses were coded prior to double data entry using M.S EXCEL and SPSS version 11.5. Descriptive methods were used to analyse data with Tables and Charts being used to present results.

Results

Three quarters (75%) of study companies were involved in the production of goods and services using a medium level size workforce. HIV testing is the common medical check-up done in 67% of the companies. Regular health day/ week is held in only a third (33%) of the companies. Out-sourced medical scheme is the most (67%) preferred. Health and safety surveys are conducted by 62% of the companies. Retrenched and retired staffs receive psycho-social support from only a quarter (25%) of the companies. Psycho-social support on both HIV & AIDS and stress is provided by 78% of the study companies. Capacity enhancement is offered in 91% of the companies and almost a quarter (24%) of the companies have incentive bonus schemes to motivate employees undertake training.

Conclusions and recommendations: The health and wellness program is implemented in all companies but at varied levels. Accessed health education and information revolves around human sexuality and associated consequences. Companies should be motivated and encouraged to invest in health and wellness programs through carefully designed initiatives.

1.0. INTRODUCTION

Corporate Social Responsibility (CSR) refers to the continuing commitment by business/ organisation to behave ethically and contribute to sustainable development while improving the quality of life of the workforce and their families as well as of the local community and society at large. The African Pot of Hope (APOH) Peer Learning Model developed by National Organisation of Peer Educators (NOPE) and Ufadhili Trust monitors the impact of CSR programs of corporate organisations based in Africa in terms of the level of "Hope" that they bring to the African people. The model looks at how well participating companies/ organisations respond to the needs of staff through catering for employee's health, wellness and development in the face of poverty, HIV and AIDS, maternal health and environmental degradation among other social problems.

1.1 The African Pot of Hope (APoH) Wellness Model

Wellness is a process, never a static state! Most people think of wellness in terms of illness. We assume that the absence of illness indicates wellness. There are many degrees of high-level wellness, as acknowledged by the African Pot of Hope Workplace Wellness model. According to this model; high-level wellness involves giving good care to your physical self, using your mind constructively, expressing your emotions effectively, being creatively involved with those around you, and being concerned about your physical, psychological, and spiritual environments. The model emphasizes the great role of individual responsibility towards a state of wellbeing, personal growth and hence the achievement of self-fulfillment as a continuum. "Wellness is a journey, not a destination".

The African Pot of Hope Wellness Model is grounded on Abraham H. Maslow's Theory of Motivation . From this theory, modern leaders and executive managers identify ways of motivation that create effective employees and workforce management. The basis of Maslow's motivation theory is that human beings are motivated by unsatisfied needs. Certain lower factors must be satisfied before the higher ones. The theory further proposes that there are general types of needs (physiological, survival, safety, love, and esteem) which must be satisfied before a person can act unselfishly. Maslow called these needs "deficiency needs." As long as people are motivated to satisfy these cravings, they are moving towards growth and self-actualization. Satisfying needs is healthy, while preventing gratification makes us sick or act evilly. Maslow's model indicates that fundamental, lower-order needs like safety and physiological requirements have to be satisfied in order to pursue higher-level motivators along the lines of self-fulfillment.

The diagram below is a Social Wellness Corporate and Social Responsibility model frame work for internal and external mainstreaming strategies. A comprehensive health and social wellness policy is a sustainable paradigm shift of the 21st Century within the workplaces. The model notes that companies need transparent business practices based on ethical values and respect for community, employees and environment. It is designed to deliver sustainable value to society at large. It emphasizes economic, social and health wellness. The model acknowledges that companies draw employees from the society and therefore need to cater for employees and their family health and social wellness. A quality work environment as well as occupational health and safety are obvious considerations.

Figure 1: APoH Wellness Model Diagram

1.2 Problem Statement

There is a generalized view that business is not as transparent and accountable as it could be. It is often argued that business is passing on the social and environmental costs of its activities to others, including future generations – "why bother with all these socially responsible concerns if profitability provides jobs and prosperity anyway?" A study carried out by Ufadhili Trust (2008) acknowledges that everything a company does has some flow-on effect either inside or outside the company, from customers and employees to communities and the natural environment. A central question being asked in this study is: "What has been the practice of corporate companies in the area of CSR in relation to the workforce?" Little has been done to measure the status of the CSR activities in workplaces and their immediate families. This study therefore aims at evaluating, documenting and showcasing how companies cater for employee's health and wellness.

1.3. Objectives

The overall objective is to establish the uptake and utilization of workplace health and wellness program in the NOPE-Ufadhili Trust supported companies. The specific objectives include;

1. To describe the characteristics of NOPE-Ufadhili Trust supported companies
2. To illustrate the health and physical wellness programs in place among the supported companies
3. To establish the status of a safe work environment among the study companies
4. To determine the psycho-social support provided to employees of the study companies
5. To establish career and personal development programs provided by the study companies to their employees
6. To identify the health and wellness performance levels for each participating company

2.0. METHODS

2.1. Design and respondents

The study used a cross-sectional design to solicit quantitative data on health and wellness programs in place among the selected companies and organizations. The respondents included Chief Executive Officers (CEOs), Human Resource (HR) managers, and those entrusted with Human Resources / Administrative responsibilities.

2.2. Sampling, data collection and processing

Sampling

The research team purposively aimed to cover one half of the 110 companies supported by NOPE and Ufadhili Trust. Every other company on this list was systematically sampled, resulting to a sample size of 55 companies. Interviews were successfully administered to 48 companies.

Data collection

Information was collected using a standard interview schedule that covered information on health and social wellness programs in place. The interview schedule was jointly developed by NOPE and Ufadhili Trust and pre-tested prior to the data collection. The questions in the schedule were both open and closed ended. Six staff (3 each from NOPE and Ufadhili Trust) visited the sampled study companies and administered interviews with either the company CEOs, HR managers or those entrusted with HR/administrative responsibilities. The selected staff went through a brief but intensive training prior to implementation of the interviews. Data collection was carried out during the months of March and April 2010. Two supervisors (one each from NOPE and Ufadhili Trust) checked each filled out interview schedule for completeness and consistency.

Data management and analysis

The open-ended responses were coded prior to data entry using M.S EXCEL and SPSS version 11.5. Double data entry, cleaning and running of summaries were done to verify correctness of the dataset. Descriptive methods were used to analyse the data and cross-tabulations to establish relationships across selected variables. Tables and charts were used to present the findings.

Limitations and constraints

There were no major limitations encountered that affected the quality of the study findings. However, securing appointments with study respondents posed a challenge as majority had busy schedules. The appointments were rescheduled when the first could not take place.

3.0. RESULTS

3.1. Characteristics of the study companies

The study involved companies from five sectors. The goods and services sector accounted for 75% of the companies. This was followed by the manufacturing, transport and hospitality, agriculture and Non-Governmental Organizations. There was a relatively balanced distribution on the company's mode of ownership with the private accounting for 40% then civil society (33%) and public (27%) as shown in Table 1.

It was also evident that at the time of the study, 16% of the workplaces had a workforce of more than 500 employees while 42% had < 100 and 101 - 500 workers each. The least number of employees at the time of the study were 1 - 50 at (29%).

Table 1: Distribution of sectors by mode of ownership (n=48)

Sector	Company's mode of ownership			
	Public	Private	Civil Society	Total
Goods & Services	10 (20.8%)	13(27.1%)	13(27.1%)	36 (75%)
Manufacturing	2(4.2%)	2(4.2%)	0	4(8.3%)
Transport	1(2.1%)	3(6.3%)	0	4(8.3%)
Agriculture	0	3(6.3%)	0	2(4.2%)
NGOs	0	0	3(6.3%)	2(4.2%)
Total	10 (20.8%)	13(27.1%)	13(27.1%)	36 (75%)

3.2. Workplace wellness programs

Provision of health talks

The results indicated that overall, most companies 37 (77%) offer health talks to employees. According to mode of ownership, more public companies (92%) than private (74%) and civil society organizations (75%) offer health talks to their employees.

35% of the companies offer health talks monthly while 27% offer them annually. In addition, 22% offer the talks bi-annually, 14% quarterly while 3% offer after 2 years (Figure 2).

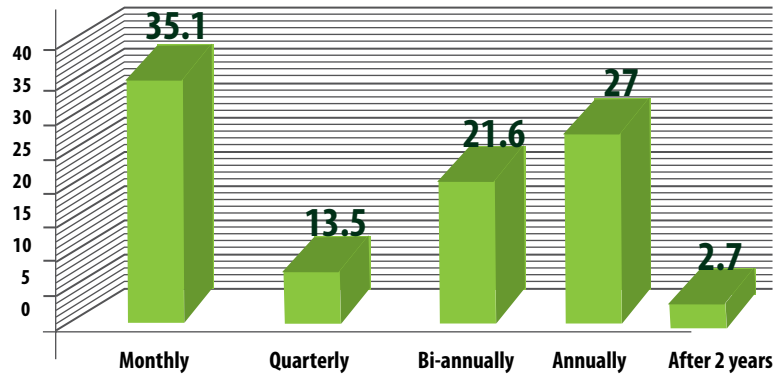


Figure 2: Frequency of health talks provided by companies (n=38)

Health promotion and education activities are known to improve levels of awareness and knowledge among employees which is desirable for better health and behaviour change. Thus, health talks such as these carried out by the study companies need to be encouraged.

Provision of medical services

Overall, 32(67%) of the companies arrange for regular medical checkups /camps for their employees. However, 85% of public companies compared to 68% of private companies and 50% of civil society organizations arrange for such medical check-ups. All companies offering the medical checkups / camps provide the services free of charge to their employees. The medical checkups offered include breast cancer, cervical cancer, blood sugar, blood pressure, oral checkups and HIV testing as indicated in Figure 3. By providing such services companies get to know the health status of employees resulting in appropriate interventions by both the employees and the companies.

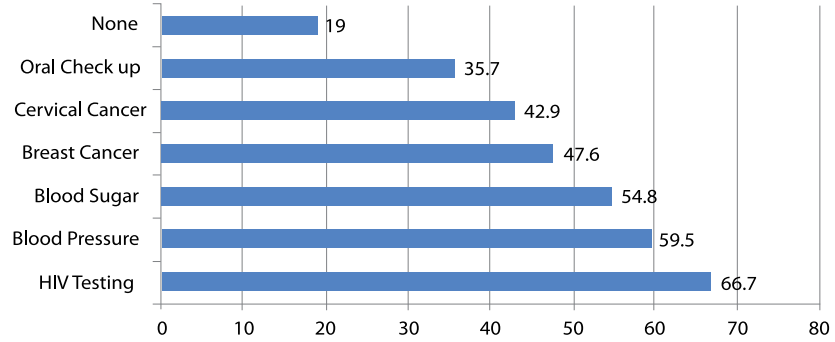


Figure 3: Regular Medical Checkups (n=48)

Medical insurance cover is provided to all employees by 43(91%) of the study companies. All private companies reported that they provide medical insurance to all staff compared to 92% and 80% of the public companies and civil society organizations respectively. Two thirds of the companies (66%) have a medical scheme that cover 3 dependants of their employees while 11% of the companies cover one dependant. In addition, 11% of the companies cover more than 3 dependants with 2% covering 2 dependants. However, 9% of the companies reported that their medical scheme does not cover any dependants. Further, 83% of the companies have their medical scheme covering HIV related complications with no major differences among private, public and civil society organizations. The results indicates that the kind of medical scheme that a majority of companies have is out-sourced (63%) followed by internal (company owned /managed) medical schemes (27%). The Figure 4 presents these findings.

Financing of employee health care is important for companies if they want to ensure that their workforce accesses timely and quality health services. This reduces absenteeism and subsequently enhances productivity at workplace.

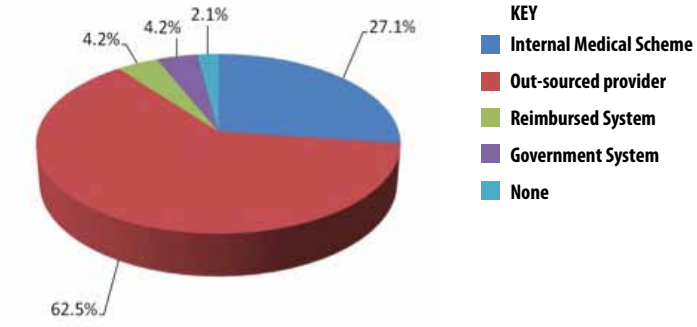


Figure 4: Kind of Medical scheme in use

A majority of companies 98% provide lunch breaks to their employees. All public and private companies indicated that they provided lunch breaks to their employees compared to 93% of the civil society. Among those mentioned not to access a lunch break included the receptionist. Provision of a lunch break is an opportunity for the employees to have physical rest and importantly a meal, preferably balanced. These are basic biological needs and their denial is a violation of one's human rights and national labour legislation. Every effort must be made to ensure everyone has access to that right.

Opportunities for exercising

In regard to physical exercises available to employees, 58% of companies said they had aerobics while 42% had games. Half of the respondents had a fairly positive opinion in regard to the employee's physical exercise behaviour with 13% having a poor attitude. Only 38% had a good opinion in regard to the employee's physical exercise behaviour (Figure 5). Companies that avail physical exercise facilities at the workplace or outsource such services demonstrate the depth of care for their employees. However, utilization of such services remains a challenge "…as many employees have not embraced the importance and value of physical exercise to one's health and wellness. As a company we have invested but a small number of workers come for the services", observed a human resource manager when asked to give his view on the issue.

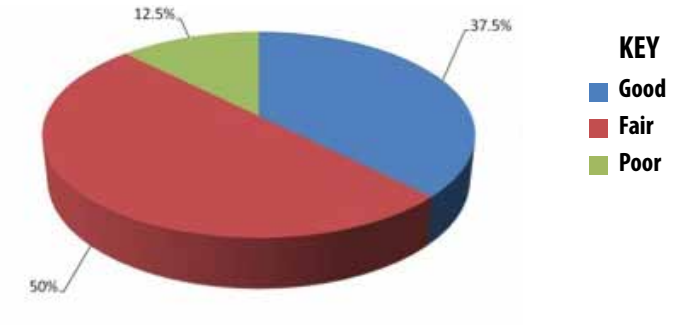


Figure 5: Opinion on employee's attitude towards physical exercise (n=48)

Policies in place

Overall, 92% of the companies have an HIV/AIDS workplace policy. All private companies reported to have a policy compared with 92% and 81% of the public companies and civil society organizations respectively. In regard to drug and substance abuse, 90% of the companies have a policy in place. All public companies have a drug and substance abuse policy compared to 90% of the private companies. In addition, 81% of civil society organizations had a drug and substance abuse policy. In regard to sexual harassment and gender based violence policy, overall, 43(90%) of the companies have a policy in place with all public companies having one. This is in comparison to 90% of the private companies and 81% of the civil society organizations who had this policy.

Although having a policy on these diverse issues is highly commendable, there is reason to be concerned about two key issues. Firstly, how well are these policies understood by employees? Secondly, are the policies comprehensively implemented by company management or are they just simply documents that are prepared and well filed without being duly implemented?

Available health learning materials and services

Generally, the provision of free electronic health newsletters to all staff was reported by 63% of the companies. Private companies topped the list with 74% of them reporting that they provide their employees with the free newsletters. This was followed by civil society organizations (56%) and then public companies (54%). In general, staff access education and information on several issues which include human sexuality, Sexually Transmitted Infections (STIs), maternal health and HIV and AIDS (Figure 6).

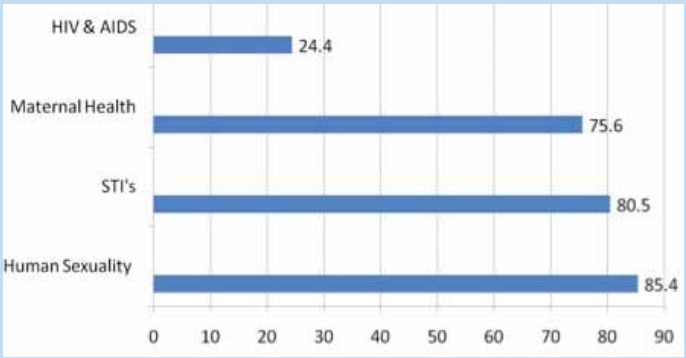


Figure 6: Access to health education & Information issues

Overall, only 16 (33%) of the companies hold regular health days / health weeks. Slightly above half (54%) of the public companies reported to do so compared to 26% of the private companies and 25% of the civil society organizations. However, employees have access to various goods and services provided by the companies including free condoms, HIV counselling and testing, STI treatment, pap smears, Cervical and Prostate Cancer screens, ARV services for those living with HIV and TB and malaria (Table 2). Access to both information and services is the most ideal approach for better health behaviour by employees. On the one hand, access to correct and accurate information creates demand for the service by creating the requisite knowledge. On the other hand, access to a service caters for the supply side thus complementing the information that has been provided, Balancing the two sides is important to avoid a gap.

Table 2: Access to selected goods and services

Goods and Services	Frequency	Percent
HIV Counselling and Testing	39	88.6
STI Treatment	36	81.8
TB and Malaria	32	72.7
ART Services for PLWHA	31	70.5
Condoms	30	68.2
Pap Smear	30	68.2
Cervical & Prostate screens	26	59.1

(n=44) Multiple response

3.3. Safe Work Environment

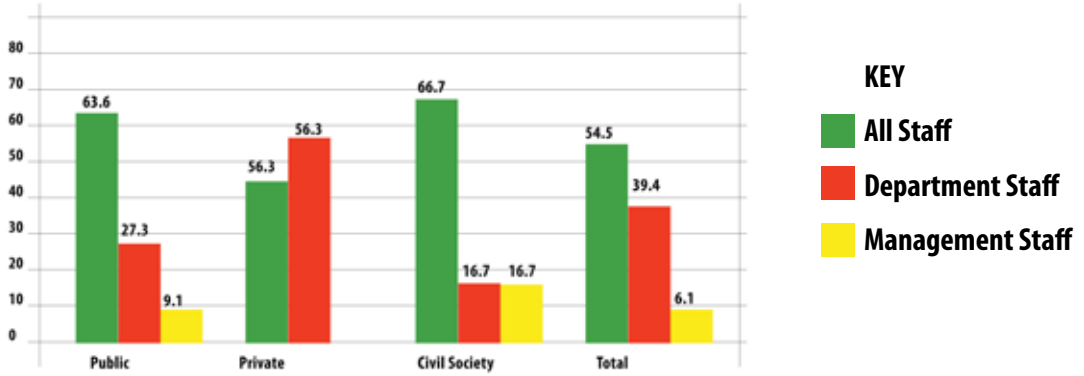
Companies have taken initiatives to ensure that the work environment is safe. These measures include: having a safety policy in place, having fire drills, carrying out of audits/inspections; capacity building among staff, late night drives among others as presented in Table 3.

Table 3: Measures used to ensure safety (n=44) Multiple response

Safety Measures	Frequency	Percent
Safety Policy in place	31	68.9
Fire drills	15	33.3
Audits/ Inspections	10	22.2
Capacity building of staff	5	11.1
Taking safe routes while driving at night (safe drive ways)	1	2.2

Overall, 38(79%) of the companies reported having a health and safety policy. In comparison, 90% of the private companies, 85% and 67% of the public companies and civil society organizations respectively had a health and safety policy. Generally 32(67%) of the companies reported having instituted a workplace health and safety committee. The public companies with a workplace health and safety committee accounted for 77% compared to 79% and 44% of the private companies and civil society organizations respectively. The committee is composed of either all staff, departmental representatives or the managerial staff, an indication of a broad based representation. The Figure 7 presents the distribution of the committee members by company's mode of ownership.

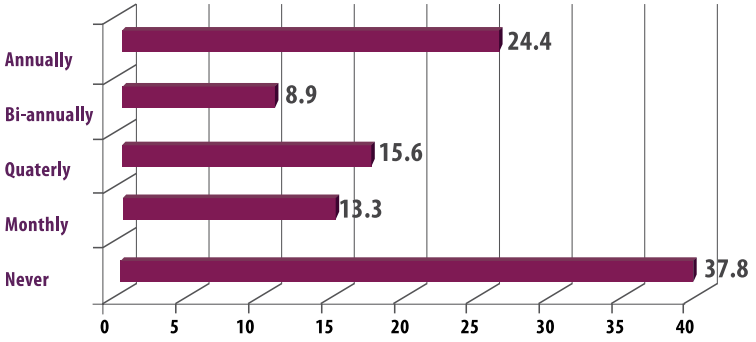
Figure 7: Distribution of the commitee members by company's mode of ownership



Generally, 38(79%) of the companies introduce new staff to their health and safety policy during the induction process. There is no major difference between the public and private companies in regard to this induction process (85% and 84% respectively). However, only 67% of the civil society organizations reported having taken new staff through the health and safety policy during induction.

For those whose companies conduct health and safety surveys, 62% of them disseminate the survey findings to all employees. There is no difference between the public and civil society organizations in terms of dissemination of the findings since they both accounted for 55%. This is in comparison with private companies which accounted for 71%. The Figure 8 shows the frequency of conducting the health and safety surveys.

Figure 8: Frequency of conducting health and safety surveys by mode of ownership (n=45)



The corrective measures that had been made regarding workplace safety in the last 6 months prior to the study included health and safety audit/inspection (65%), fire drills (18%) among other measures as presented in the Table 4.

Table 4: Distribution of corrective measures taken in the last 6 months

Corrective measures taken	Frequency	Percent
Health and Safety audit/inspection	22	64.9
Fire fighting measures/drills	6	17.6
Signing at the gate	2	5.9
Identification tags	2	5.9
Insurance	1	2.9
Message displayed explicitly	1	2.9
Back up of data	1	2.9
Signed for a rescue programme	1	2.9
Guards at the gate	1	2.9
Constituted health and safety commitee	1	2.9

Multiple response (n=34)

Generally, several mechanisms have been put in place by different companies in regard to sanitary and garbage disposal at the workplace. The most common was sanitary towel disposal arrangements followed by, dustbin provision, recycling of paper, garbage collection and burning of garbage in that order (Table 5).

Table 5: Sanitary and garbage disposal mechanisms in place

Sanitary & garbage disposal	Frequency	Percent
Sanitary towel disposal	45	93.8
Dust-bins	44	91.7
Garbage collection	43	89.6
Recycling of paper	32	66.7
Burning of garbage	15	31.3

n=48

3.4. Psycho-social support

Generally, 45(94%) of the companies provide team building activities for the staff as a form of psycho-social support to employees. There is no major difference in regard to public, private and civil society organizations in regard to provision of team building activities (all being in the range 92-94%). Figure 9 presents the frequency of the team building activities offered.

n=44

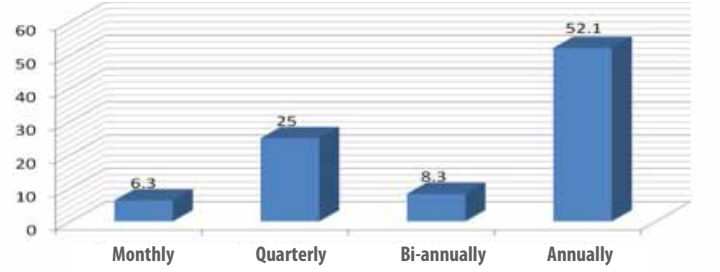


Figure 9: Frequency of conducting team building activities

Overall, 42(88%) of the companies offer investment opportunities and saving plans for their employees. This is in comparison to 80% and 86% of the private companies and civil societies respectively. All public companies offer the opportunities to their staff. The strategies used to provide the opportunity include mainly the SACCOs (91%), Welfare associations (4%) and as presented in the Figure 10

n=34

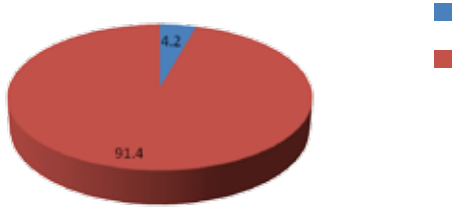


Figure 10: Strategies for investment opportunities & saving plans

In general, 40(84%) of the companies assist employees access to counselling services with no major difference by mode of ownership. The employees obtained support in different areas including: stress and depression, trauma and shock, legal support, alcohol and substance addiction, dependency/rehabilitation and HIV and AIDS (Figure 11).

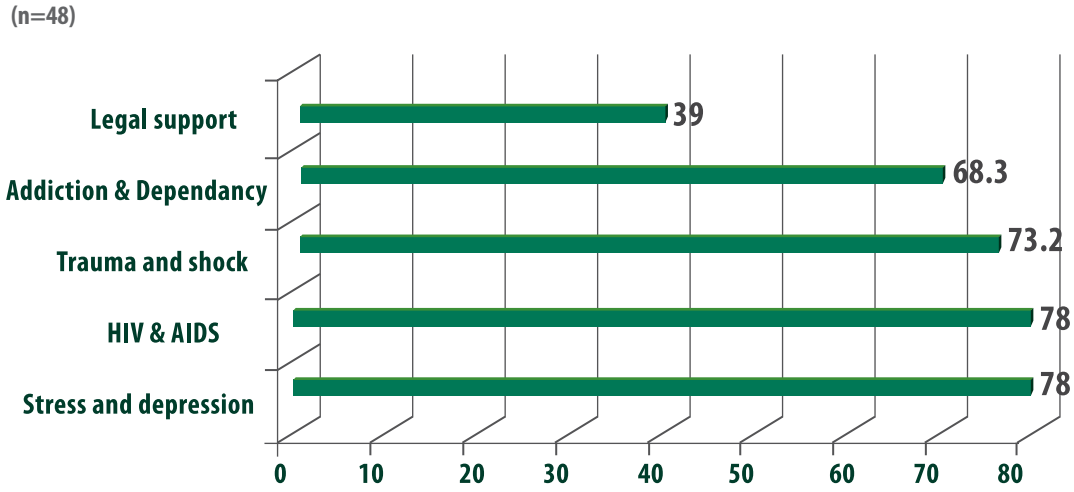


Figure 11: Areas employees got support on

The results further indicate that only a quarter of the retrenched and retired employees' access health services provided by the company. Among the private companies, 32% reported that their retrenched and retired employees access health services compared to 23% of the public companies and 19% of the civil society organizations. The measures that have been put in place for stress management include counselling (49%), holding staff meetings (29%), having flexi hours (20%) among others (Figure 12).

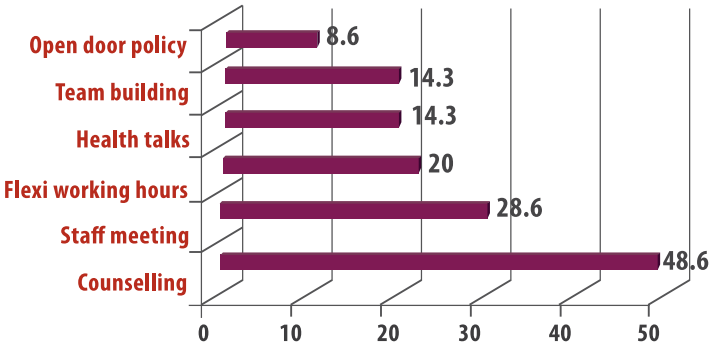


Figure 12: Measures in place for stress management

Overall, 35(73%) of the companies have flexi time for their employees with 87% , 72% and 58% of the civil society organizations, private companies and public companies confirming. In addition, 22(47%) of the companies pay their employees for extra hours worked with only a quarter (25%) of the civil society organizations doing so. This is in comparison to 61% of the private companies and 54% of the public companies who pay their workers for extra hours worked.

Several measures have been put in place for reporting on personal complaints and grievances affecting employees in the workplace. They include reporting through supervisors (75%), anonymous reporting (48%) and through the CEO (13%) as presented in Figure 13.

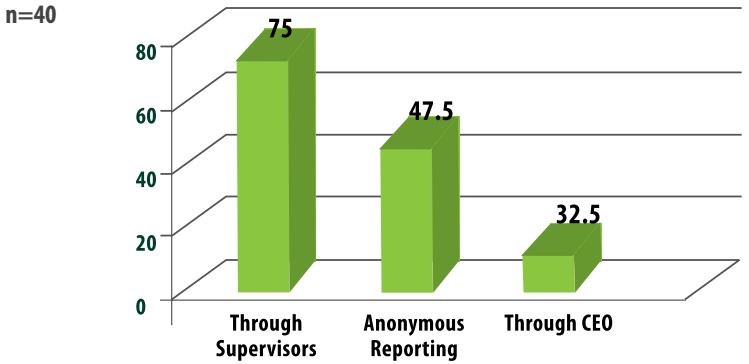


Figure 13: Measures for reporting personal complaints and grievances at the workplace

During the post election violence, various companies put up measures to assist employees to cope with the outcomes. These measures included counselling, updates through communication, evacuations and flexi working hours with a distribution shown in Figure 14.

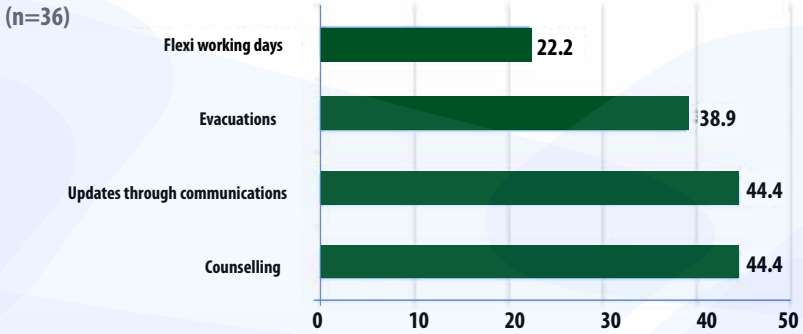


Figure 14: Measures taken to assist employees cope with post election violence outcomes

Overall, companies offer emotional and spiritual support to the staff during bereavement and important life occasions such as burials, births, accidents and critical illnesses. Among the support given by the company included financial support (74%), visitation (38%), and prayer meetings (12%), compassionate leave (6%) and counselling (6%).

3.5. Career and personal development

Overall, 91% of the companies reported offering career and personal development enhancement training opportunities to all staff. This was in terms of offering / supporting professional training programmes that focus on workplace performance improvement. Examples of such courses included those on leadership, monitoring and evaluations, resource mobilization, management and counselling, performance management systems and advocacy among others. All civil society companies offered such training to employees compared to 92% and 83% of the public and private companies respectively. Other capacity enhancement opportunities offered to staff include; bonus schemes, appraisals, promotions, team building, paid to study and exchange programs (Table 6). These trainings were offered as short courses which were sometimes internal or through e-learning. The staffs were either sponsored or given loans and study leaves by their companies to attend such training.

Table 6 : Capacity enhancement opportunities available

Enhancements Opportunies	Frequency	Percent
Career development and Training	44	91.6
Bonus scheme / Sponsorship	10	23.3
Appraisals	4	9.3
Promotions	3	7.0
Team Building	2	4.7
Study leave	2	4.7
Exchange programme	1	2.3

In addition, 78% of the study companies conduct random educational workshops for their staff with a distribution of 83%, 68% and 83% for the public, private and civil society organizations respectively. Fifty six percent of the companies studied provide incentives to their employees to pursue further studies. In relation to incentives, the civil society organizations recorded lower percentages (37%) compared to the public company's 84% and private company's 52%. The kind of incentives provided included salary increments, promotions, scholarships, awards, positive appraisals and increased responsibility. Figure 15 presents the broad areas in which educational workshops are provided by the companies.

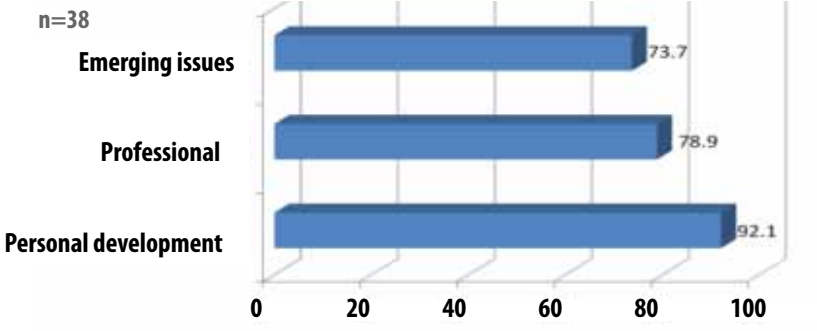


Figure 15: Educational workshops offered by companies

Overall, 59% of the companies reported that they carry out staff appraisals bi-annually while the rest did the activity annually. The staffs are appraised on several issues including; performance indicators, score cards and job descriptions (Figure 16).

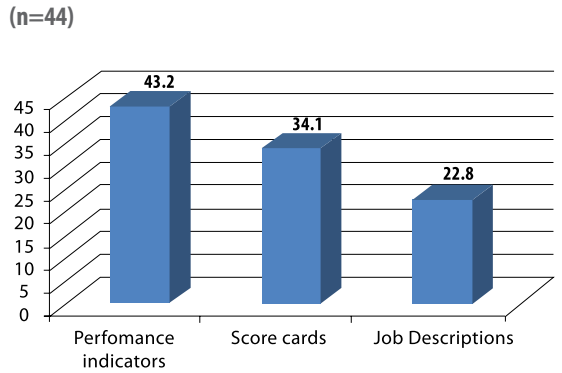


Figure 16: Areas in which employees are appraised

Recognition schemes for employees were reported among the study companies with a majority (95%) reporting to have the best employee award which is usually based on values such as integrity, responsiveness, professionalism, passion and innovation among others.

3.6. Level of health and wellness performance

Company-based analysis was carried out to determine the level of performance for each company. From the findings, it is clear that companies have put in place health and wellness programs for staff, family and to some extent community.

4.0. DISCUSSIONS

Health and physical wellness is an investment in human capital. Employees are more likely to be on the job and performing well when they are in optimal physical and psychological health. They are also more likely to be attracted to, remain with, and value a company that obviously values them. To a great extent, a company's productivity depends on the wellness of its employees. According to a Labour productivity report done in Kenya (Fox et al, 2004), employers were worried about health care costs resulting from HIV and AIDS, but significant majorities are also concerned about employees' on-the-job performance, their recruitment and retention, worksite morale, and the aging of the workforce. Health concerns are therefore an important part of employee motivation for employers to consider. A recent worksite health promotion report by Partnerships for Prevention (2001) has noted that health promotion activities are likely to yield greater returns from increased employee productivity compared to medical care cost-savings. Productivity related benefits are also more likely to be closely aligned with an organization's short and long-term priorities.

Although there is little data to discern the impact of community-wide health promotion activities on business success in Kenya, there is no dispute that the health of a community is essential for the economic vitality of the businesses found there. If a community's physical and human infrastructure deteriorates, businesses eventually leave. Employers occupy a prominent and influential position in the health environment, with unparalleled access to working Kenyans. They are in a unique position to contribute to the health of their employees and their communities. Consequently, they are in an essential position to help the nation achieve its health goals.

The study shows that safety in the workplace is something that everyone has to think about, from supervisors to workers. This is partly because everyone has a right to a safe and healthy workplace, thus, it is important that managers have a clear and workable plan to enhance workplace safety (Williams, 2007). Obviously employees have a role to play in ensuring that they adhere to safety requirements as prescribed by their employers. However, companies have the absolute responsibility for the day-to-day health, safety and welfare of employees and worksite visitors. A safe work environment ensures that heavy equipment, electrical hazards, even keyboards do not pose health threats to employees. According to Erie Insurance (2010) for a safer workplace environment to be achieved, it is prudent to conduct routine maintenance and housekeeping measures, check all equipment for unsafe wear and tear, educate workers on identifying hazards and risks, make sure employees wear necessary protective equipment, create and rehearse a worksite disaster plan, and make the workplace smoke-free. Workplaces should endeavour to achieve high levels of safe work environment even at an increased running cost. Further, Whiting (2009) recommends that companies should always check for cleanliness, overcrowding of staff and equipment, lighting and ventilation, seating, passages/ stairs free from obstacles, availability of drinking water and safety signs.

It is evident that psychosocial services must be established in companies to help manage emotional stress related to personal, professional and family issues. A recent report (DSHS, 2009) observes that when looking at Disaster Workforce Support Initiatives, healthcare institutions and state must incorporate psychosocial support services into occupational health and emergency preparedness planning.

The findings of this study allude to the fact that the contemporary world has changed significantly. This has resulted in the need for additional investment in career development of employees. Career development is one of the key components of human resource management in organizations and refers to the outcomes of actions on career plans as viewed from both individual and organizational perspectives (Gutteridge, 1986). In order to achieve the company's objectives, management has to invest in training of staff since their employees have to remain relevant. The organization's objectives include achieving the best match between people and jobs while the individual's range from status to job flexibility to monetary rewards, depending upon the situation (Harrison, 1989). The reasons for career development vary but include the changing nature of work, changing type of jobs, worker productivity, technological change, decreasing advancement opportunities and organizational philosophies. Most organizations adopt career development programmes in response to pragmatic human resource concerns.

5.0. CONCLUSIONS

Most of the companies in this study are involved in the production of goods and services using a medium level size workforce. This characteristic is a reflection on the nature of companies and type of business common in developing countries.

Health and Wellness programmes are in place for a majority of companies. It is also evident that health information / awareness activities are in place; however there are gaps especially among the private companies and civil society organizations. Health education and information predominantly revolves around human sexuality and the associated consequences.

Testing for HIV, blood pressure and blood sugar are the most common medical checkups. Additionally, HIV counselling and testing, STI / TB and malaria treatment and provision of ART are the key health services that are provided to employees by study companies. Furthermore, out-sourced medical services and internal medical schemes are preferred with a maximum of three dependants benefiting from such schemes.

Health and safety policies with functioning committees drawn from all staff are few. Health and safety surveys are not conducted regularly. Health and safety audits / inspections are the most common corrective measure taken by these companies with sanitary and garbage disposal being given highest priority.
Retrenched and retired staff receive the least psycho-social support. The focus is on current employees. HIV & AIDS, stress, trauma/shock and addiction/dependency problems are some key areas in which psychosocial support to employees is offered. Counselling, use of supervisors and sharing updates are the main measures/ strategies used to assist employees manage stress, address complaints and grievances and internal crisis such as post election violence.

Employee capacity enhancement is mainly done through career development and training. Companies have in place incentive / bonus schemes to motivate employees to undertake desired career and capacity enhancement. In addition, bi-annual appraisals are popular and help to gauge one's performance.

6.0. RECOMMENDATIONS

Companies need to invest in maintaining the health and wellness of their staff through carefully designed wellness initiatives if they are to achieve their overarching objectives. Companies should also be encouraged to frequently share with employees existing health and safety policies in detail. The use of health checkups and camps should be demystified and done regularly so as to ensure more staff access the services. Additionally, there is need to explore different and innovative ways of dealing with health and wellness of employees, for example using flexi working hours, working from home etc should be considered. The nutrition component of Corporate Social Responsibility needs strengthening by company management and individual staff.

Psychosocial support services must be established by companies and other parties interested in the sector to help employees manage emotional stress related to personal, professional, and family issues. It is further recommended that information materials for employees and their families and the development of workforce resilience programs to assist staff and families be explored. Formation of associations for retirees for ease of provision of support and or strengthen any existing ones should also be explored.
Companies, especially those in private and civil society categories are encouraged to put in place essential Corporate Social Responsibility policies. The CSR programmes need to go beyond focusing on the current company employees only. In addition, it should endeavour to reach the surrounding communities too. For better decision-making, companies must regularly carry out health and safety surveys. Finally, further research in health, safety and wellness issues at the workplace need to be stepped up to build a wealthy stock of evidence based knowledge in resource limited economies such as those of the African continent.

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1. Brief

Formed in 2000 by peer educators and trainers in the USAID-funded FHI/IMPACT project, the National Organization of Peer Educators (NOPE) was registered as a national NGO in 2001 and received international mandate in July 2007. NOPE has remarkable experience and a growing reputation as a leading organization in workplace and youth HIV/AIDS and reproductive health programming in Kenya and the East African region.

NOPE provides a range of professional services and technical assistance to companies, NGOs and other organizations to establish and manage comprehensive and integrated HIV/AIDS/TB/Malaria/RH/FP programs, using peer-centered approaches. In addition to implementing donor-funded programs, NOPE also provides consultancy services to private sector, public sector and civil society organizations. These services are guided by a five year strategic plan, which is supplemented by business and marketing plans. The organization also facilitates private-public partnerships by linking workplaces with community interventions.

2. NOPE's Focus Areas

- Strategic Behavioural Communication (SBC)
- Comprehensive Workplace Wellness Programs
- Youth Programs
- Documentation, Research, Monitoring and Evaluation
- Networking Forums and Conferences

1. Brief

In 1998, the Ford Foundation East Africa Office commissioned work to explore the idea of self-reliance and community-led and resourced development. This work was occasioned by the need to reduce dependence on foreign resources. Named the Africa Philanthropy Initiative (API), the work involved research, focused group discussions and debate on the sustainability of development efforts by stakeholders throughout Africa. These efforts resulted in important ideas, initiatives and institutions. Among these institutions was Ufadhili Trust.

Founded in 2001, Ufadhili works to promote social responsibility of governments, corporations organizations and Individuals in East Africa by offering guidance, capacity building, and training. Ufadhili recognizes that individuals, institutions, organizations, companies and governments have intrinsic responsibilities to society. Ufadhili seeks to encourage these societal stakeholders to engage in the socio-economic development process and ensure a just and equitable society. This is in recognition of the fact that no single sector of society will be able to adequately address the monumental development challenges facing the East African region.

2. Ufadhili's Focus Areas

- Responsible governments
- Responsible businesses
- Responsible organizations
- Responsible citizenship

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