



Swedish
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Programme

ACHIEVING BEHAVIOUR CHANGE

SWHAP Annual Conference 2009

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A popular way of reaching out to families is to organise *family fun and health days* which target both employees and their families. During the day, targeted sessions segmented appropriately across age and gender run by specialized facilitators.

Foreword

Over a two day period in October 2009, we had the great pleasure of participating in the SWHAP Annual Conference in Johannesburg South Africa. It presented an opportunity to get inspired and celebrate the outstanding achievements by Swedish Companies implementing HIV and AIDS programmes. The 120 participants from 50 workplaces and 9 countries presented and discussed success factors that had led to the possibility of sustaining effective programmes even during an economic challenging time. Among other things, the programmes have led to reducing the stigma attached to HIV and AIDS, to twenty thousand people having received training and to a notably high uptake of voluntary counselling and testing.

Furthermore, the programmes have inspired others to follow-suit and, as a consequence, the group of workplaces involved in SWHAP has considerably been enlarged. Another example of inspiration derives from the suppliers, customers and neighbouring companies that are now being mentored by SWHAP supported workplaces in setting up their own programmes. Similarly, the actions taken at the workplace level have also inspired interventions in the wider community by companies and workers alike.

However, despite the achievements, much remain to be done. For example, we have seen from evaluations of the workplace programmes that increased knowledge and understanding of HIV and AIDS do not necessarily lead to a corresponding change in behaviour. That is precisely the reason for the theme of the SWHAP Annual Conference 2009 “Achieving Behaviour Change”. Hence, we did not only meet to celebrate the achievements - we also met to identify and plan appropriate interventions for the future. It resulted in a wide variety of examples and discussions, some of which are shared to the reader in this conference report.



Lars G Malmer
SWHAP Chairperson



Anders Ferbe
SWHAP Vice Chairperson

How to Target Interventions for Behaviour Change

Programmes that target specific behaviours in sub-populations with well-designed interventions that also respond to the local epidemic profile provide a better promise for effecting behaviour change. The following aspects are important to keep in mind:

- ✂ Gaps that in the past have limited strong prevention efforts need to be comprehensively addressed in programmes. These include a) prevention efforts not adequately reaching those who need them, b) fragmented interventions which fail to prevent transmission, c) structural and human rights factors which increase risk and vulnerability and d) limited prevention resources and scope.
- ✂ Interventions have to aim at promoting behaviour change that reduces the risk of HIV transmission and infection. They also need to promote norms in support of these behaviours and work to reduce barriers of the same.
- ✂ Information, education and communication campaigns should be augmented with targeted behaviour change interventions that address the protective and risk determinants of specific behaviours.
- ✂ Selection and implementation of interventions should be based on evidence, behavioural principles and theoretical models. Moreover, they should be designed with a logical framework to ensure desired outcomes and the measurement thereof.
- ✂ The Behavioural Determinant Intervention Model guides the design process for targeted interventions by clearly linking interventions to behavioural determinant and to the desired outcome.
- ✂ Behavioural interventions must target multiple risk and protective factors that influence behaviour at the individual, partner, family, social, and environmental levels.
- ✂ Behavioural prevention programmes also need to identify and target the overlapping sexual networks such as between primary partnerships, e.g. marriage, and between commercial/transactional sex and their overlapping networks in order to reduce the risks associated.
- ✂ To accelerate prevention, a combined prevention strategy that includes behavioural, biomedical and structural approaches needs to be implemented.

🚫 HIV counselling and testing remains a key prevention, treatment and care strategy that should be intensified. Furthermore, couple counselling should be intensified through campaigns that improve risk perception.

Ms. Mercy Muthui, M.A, OGW, is a Social Scientist with extensive experience in providing technical assistance and programmatic management of behavioural prevention programmes in Kenya. She has been actively engaged in developing programmes targeting youths, workplaces, general populations as well as more vulnerable populations e.g. refugees, disciplined forces and populations with increased risk of HIV infection such as male and female sex workers. Ms. Muthui's prevention efforts have earned her a Kenyan Presidential medal and the title of honour Order of Grand Warrior of Kenya (OGW).



The ongoing discussion about HIV and AIDS has created an atmosphere at the workplaces that is more open to addressing issues around HIV and less receptive for stigma. Often, *peer educators* are taking the lead in this change. For example, at Atlas Copco Tanzania the peer educators facilitate regular participatory discussions among their fellow workers with the help of a “toolbox” for HIV and AIDS information dissemination. The workers receive an assignment to reach out to the community and report back on their achievements at the subsequent toolbox meeting. This approach contributes in building skills among peer educators and their colleagues alike. Expert facilitation is also invited for any unresolved issues.

Many companies reach out to spouses and communities directly. For example, several companies in Zambia have initiated spouses clubs through which they receive livelihood skills and income generating activities to help them supplement their income. Additionally, the spouses are trained as *community peer educators* on HIV and AIDS and several employees have been trained as psychosocial counsellors to support both staff and community.

A different type of community outreach is conducted at the annual industrial and agricultural show, during which free VCT services are provided at the company's stand.



Strategies to Address Behaviour

Through group discussions, the conference participants addressed four important key themes, identified as being of importance to address HIV and AIDS reduction in the workplace and the surrounding communities. These included circumcision; substance and alcohol abuse; gender, social, cultural and religious issues; and multiple concurrent partnerships and extra marital sexual relationships.

In general, a key conclusion was that HIV and AIDS programmes must look for opportunities to strengthen all protective influences that underlie cultural practices and build upon these to boost behaviour change that will lead to the reduction in HIV infections. While it may not be possible to eliminate all risky practices, the aim should be to reduce risks through targeted interventions. However, there are sensitivities in dealing with these sorts of behaviours, and hence they ought to be addressed strategically and in conjunction with all stakeholders. This is particularly true when it comes to including both men and women in discussing gender equality.

Below are some of the specific examples and discussion outcomes that were highlighted during the conference.

Circumcision

Behaviour influences

🚫 Male circumcision as a cultural practice was aimed at fostering maturity and

responsible behaviour amongst young male adults. It has been proven that male circumcision also reduces the spread of HIV.

🚫 There are a lot of myths, misperceptions and opinions surrounding male circumcision. For example, some wrongly believe that it serves as a ‘passport’ to safe sex. A common opinion also is that it promotes sexual pleasure.

🚫 Traditional and unhygienic practices such as knife sharing are high risk avenues for HIV transmission.

Recommendations

🚫 All interventions should reinforce messages about the role of male circumcision in fostering responsible sexual behaviour among young men and their partners.

🚫 Men must be sensitized on gender stereotypes relating to circumcision that increase their vulnerability to HIV transmission and infection.

🚫 Companies may provide supportive policies to enhance uptake of voluntary medical male circumcision as part of its health benefits. Policies could include offering sick leave to those who go for circumcision, support circumcision medical costs and provide it at clinics and widely educate workers on its benefits. This

has also been done at some of the SWHAP supported workplaces. For example, a number of workplaces have organised awareness sessions on circumcision and HIV prevention in conjunction to government initiatives. Moreover, several companies have been giving two weeks sick leave to employees undergoing circumcision. Some companies are able to track the number of male employees who were circumcised as an indicator on how successful their interventions have been.

Substance and Alcohol Abuse

Behaviour influences

⚠ Special attention should be given to the relationship between alcohol and drug-induced high risk sexual behaviour.

⚠ Loneliness, work-related stress, peer drinking, workplace relations and separation from family are all important influences that increase the risk and vulnerability of employees. Sex workers easily find customers among workers abusing alcohol and other substances.

⚠ Moreover, drugs and alcohol have a negative interaction with HIV treatment drugs, both pharmacologically and in the way they negatively impact on adherence.

Recommendations

⚠ It is important to strengthen the workplace wellness programmes to address the underlying determinants that drive workers to abuse alcohol and other substances. A proposed method is to enhance peer support, particularly through engagement with social leaders and actively aiming to support workers to deal with addiction

⚠ Another possible method is to improve recreational facilities that could alleviate stress levels e.g. to provide gym and fitness facilities, industrial theatre and holiday season entertainment. The utilization of testing services, especially over holiday seasons, as well as integrated on-site activities for people working in isolated sites will help them release their energy. An additional benefit is that it will enhance team-building.

Gender, Social, Cultural and Religious Issues

Behaviour influences

⚠ Polygamous unions, when characterized by extra-marital relations provide various transmission routes through an expanded sexual network and, hence, increase the risk of transmission and infection.

A good way of reducing costs is to pool together resources with *neighbouring companies*. For example, a VCT or training can easily be co-organised by two neighbouring companies, thus splitting the costs. Likewise, Tetra Pak Kenya pooled together with other companies through a neighbourhood association called 'Neighbours against AIDS' which target slums. Thanks to a cost sharing strategy among the companies, each only contributed about 10% of the programme costs.

⚠ Gender inequality render wives unable to refuse sex from husbands, irrespective of the potential risk they may be exposed to.

⚠ Many people consult traditional healers. Thus, there is a need to work with the traditional healers to avoid misconceptions on ARVs etc.

Recommendations

⚠ Dialogue with traditional healers is crucial in order to ensure consistent messages on healthy behaviour to employees and the community.

⚠ Gender equality / protection need to be addressed in the HIV and AIDS workplace programmes in order for them to provide protection and be effective.

Multiple Concurrent Partners

Behaviour influences

⚠ Mobile workers such as truck drivers and construction workers suffer long separation from spouses due to their jobs. Consequently, they have an inclination to have multiple concurrent partners (MCP), including sex workers along their multiple stops and mobile work stations.

⚠ There is a prevalent low risk perception surrounding MCPs among the elite. They do not consider their MCPs' relations as high risk although they are.

⚠ Similarly, girls perceive married men to be less exposed and risk perception wanes out in long-term MCP relationships. Complacency and an 'accepting' culture linked to polygamous cultural and some religious systems are complicating issues.

⚠ The desire for many children is a motivation for polygamy. This culture is also perpetuated by gender inequality, which undermines the role and place of women.

Recommendations

⚠ Workplace policies may consider supporting accompanied positions to limit unaccompanied relocations.

⚠ Training and information on heightened risk of sexual networking should be targeted.

⚠ It is of utmost importance to promote expanded knowledge of MCP risks to families and communities, including incorporating gender empowerment programmes with special attention to vulnerable groups and young men. Senior management need to walk the talk and display visible commitment and support to the principles of ethical conduct.

⚠ Behaviour magnification of local champions who have displayed sound leadership can be encouraging for others.

⚠ Organise activities geared also towards families such as family days.

A number of companies have achieved a *VCT-uptake* exceeding 90%. Although satisfactory, continuous efforts are needed in both repeating the high uptake as well as increasing it. It has proven a challenge to keep up a high VCT uptake for many consecutive years.



Different Sectors Address Behaviour Change

By dividing the participants into groups depending on which sector they work in, the participants discussed what could affect the programme interventions in different types of settings. Each group was given a case study pertaining to their particular sector and they had to identify the vulnerability factors and behaviour risks associated specifically with their sector's work environment. They then discussed interventions that could be considered to reduce these vulnerability factors and hence facilitate behaviour change.

The groups were also asked to propose a communication strategy to address the identified behaviour risks and come up with ways to determine whether interventions are successful or not. The participants were encouraged to share case studies from their own companies related to behaviour change. Amid lively discussion, many important comments were made and these are presented below.

Transport Sector

⚠️ A major vulnerability of long distance drivers is that they are away from their spouses for long periods, and so are more tempted to sexually engage with commercial sex workers.

⚠️ Driving alone for hours, boredom and loneliness is a problem for many drivers. Some also tend to drink for entertainment. When intoxicated, they are less likely to use

condoms, which put them at risk not only for contracting HIV, but also other sexually transmitted diseases, which increase their risk of contracting HIV.

⚠️ It is hard for long distance drivers who are infected with HIV to maintain wholesome lifestyles and stay as healthy as possible. Spending so much time on the road make it difficult for them to have nutritional diets, attend support groups, and get enough sleep or exercise.

⚠️ Suggested interventions to reduce these vulnerability factors include incorporating HIV awareness into driver training and extending HIV prevention programmes to sex workers.

⚠️ One suggestion for a communication strategy to address behaviour risks is putting a buddy box with condoms, brochures and a CD with HIV and AIDS messages in the trucks. However, it was pointed out that they also needed to be shown how to use the condoms correctly.

⚠️ The group also felt that female condoms should be as easily accessible, and affordable, as male condoms.

⚠️ One participant pointed out that truck companies in Zimbabwe allow drivers to travel with their wives to deter them from turning to sex workers.

⚠️ Voluntary counselling and testing (VCT); knowledge, attitude and practice (KAP) surveys; and checking that drivers understand what has been discussed during HIV/AIDS educational events are ways to determine the success of interventions.

Homogeneous Factory and Office Environment

⚠️ Should a company's Health Care Education not cover basic HIV/AIDS the workers will obviously be at a great risk of infection due to ignorance or having the wrong information. An effective communication strategy to address this could include providing employees with DVDs, brochures and plays about the disease. Sports events and family days for employees, at which HIV and AIDS information is available, can also form part of the strategy. Community leaders also needed to seriously address this issue.

⚠️ Making condoms available to workers and placing more on-site clinics with VCT services at factories and offices would help to change behaviour, decrease new infections and identify current infections that require treatment and care.

⚠️ It was proposed that through baseline surveys, one could monitor the number of new infections. These surveys could help determine the success of interventions.

⚠️ Regular VCT and KAP surveys and monitoring of the number of condoms taken by staff as well as investigating the reasons for employee absenteeism are methods of checking whether interventions are successful and if any behavioural changes have occurred.

Mobile Workers

⚠️ Mobile employees regularly go on business trips and may engage in sexual activity outside their marriage or long term relationships on these trips.

⚠️ A communications strategy to address the risk of extramarital sex could include providing employees with HIV/AIDS

pamphlets and putting stickers with messages about HIV/AIDS on workers' notepads, tool boxes, and pay-slips.

⚠️ KAP surveys and getting regular feedback from peer educators are ways to monitor the effectiveness of programmes.



Migrant Labour

⚠️ Migrant labourers spend much time working away from their spouses, prompting some to take second wives or casual sex partners in communities surrounding their workplaces.

⚠️ Also, some migrant labourers earn very little and their wives resort to transactional sex to supplement the family income. These extramarital relationships increase their chances of contracting HIV.

⚠️ Making condoms easily available to migrant labourers and educating them and their spouses on the dangers of multiple sexual partnerships could bring down infection rates. HIV/AIDS posters, pamphlets, industrial theatre, T-shirts and demonstrations on how to put on a condom are other needed interventions.

⚠️ One specific suggestion was giving migrant labourers and their spouses' fruit and vegetable seeds and packaging the seeds with HIV/AIDS messaging.

⚠️ The effectiveness of programmes could be evaluated by regularly conducting VCT and customised KAP surveys with questions specifically suited to the migrant labourers' working environment.

Conference Conclusions

HIV PREVENTION IS NOT ABOUT JUST SPREADING KNOWLEDGE
BUT ALSO ABOUT **CHANGING BEHAVIOUR**

WE HAVE TO MAKE BEHAVIOUR CHANGE **COMMUNICATION**
INTERESTING

KEEP IN CLOSE TOUCH WITH **COLLEAGUES** TO SHARE IDEAS
AND USE THE STRATEGIC POSITIONS WE HOLD WITHIN
THE COMPANIES TO FOSTER KNOWLEDGE AND INTERVENTIONS
ON HIV PREVENTION

INTERVENTIONS SHOULD INCLUDE BOTH MEN AND WOMEN
AND DEAL WITH **GENDER** RELATIONS

CONTINUOUSLY **MONITOR AND EVALUATE** IF INTERVENTIONS
REALLY CONTRIBUTE TO BEHAVIOUR CHANGE

PROGRAMMES MUST LOOK OUT FOR OPPORTUNITIES
OF STRENGTHENING THE POSITIVE INFLUENCES
THAT UNDERLIE SOME **CULTURAL PRACTICES**

WE NOW HAVE THE KNOWLEDGE AND POTENTIAL
TO SUCCEED IN THE **IMPLEMENTATION**

**WE CAN
ALWAYS DO
MORE – WE HAVE
TO DO MORE!**

Voices on Behaviour Change



HIV has bombarded every weakness in our society, whether it is our weakness in service delivery, leadership or social systems. A major weakness has been the absence of leaders in confronting the epidemic.

Mr. Brad Mears

CEO of the South African Business Coalition on HIV/AIDS

'A major weakness has been the absence of leaders in confronting the epidemic'

'Workplace behaviour change programmes need to be part of a comprehensive package'

Workplace behaviour change programmes need to be part of a comprehensive package where legal reform, workplace policies and an individual's cultural and social environment are taken into account. Throughout Sub-Saharan

Africa, large numbers of people work in small and medium businesses, and in the informal sector. Not

enough is being done to provide HIV and AIDS behaviour change programmes to these sectors.

Mr. Simphiwe Mabhele

ILO HIV/AIDS Focal Person for Botswana, Lesotho, Namibia, South Africa and Swaziland



Polygamy is alright if everyone agrees to be in a polygamous relationship. We should thus be careful about how we convey the message regarding this issue.

There are high levels of transactional sex, mainly because of poverty, not because people enjoy MCP. Furthermore, culturally, the majority of women are not allowed to demand condom use. If we don't address culture, we can't change sexual risks behaviour.

Ms. Sara Page

Deputy Director of the Southern Africa HIV/AIDS Information Dissemination Service

'If we don't address culture, we can't change sexual behaviour'

‘It is imperative to identify who are the most at-risk-groups in specific contexts in order to develop well targeted interventions’

It is imperative to identify who are the most at-risk-groups in specific contexts in order to develop well targeted interventions. In many countries these are defined as sex workers, injection drug users and men who have sex with men. However, our study in South Africa also shows that there is an elevated prevalence among African females and males aged 20-34. Moreover, HIV is more prevalent among high risk drinkers, drug users and people with disabilities. Likewise, previous prevention interventions ignored older people, yet data shows one of every ten men over 50 years is HIV infected.

Mr. Sean Jooste

Senior Researcher at the Human Sciences Research Council



Prevention efforts must be accelerated so that we contain the epidemic. Behaviour change as the focus for prevention needs to be carefully targeted and must include addressing multiple concurrent partnerships and violence against women. Workplace interventions are part of communities, hence it is vital to critically review our interventions, broaden our linkages and not limit ourselves within our silos.

Dr. Nono Simelela

Head of South African National AIDS Council

‘We will not treat ourselves out of the epidemic’

‘Employers and shop stewards should always seek to engage in a mutual discussion’

Employers and shop stewards should always seek to engage in a mutual discussion and attain consensus on needs for supporting a fruitful workplace programme. This may include understanding the need to provide time for workplace sessions and appreciating the shared responsibility for employees’ health between employers and employees.

A reasonable balance needs to be achieved between the training peer educators at the workplace receive, their passionate and dedicated engagement to help their colleagues and their productivity in their core roles as employees. Efforts should be made to monitor peer educator efforts and include it as a reportable output of their work.

Ms. Christine Olivier

Second Deputy President of the National Union of Metal Workers of South Africa



Best Practice Workplace Interventions

Despite the large number of workplace HIV and AIDS programmes in Africa, the interventions are rarely evaluated to determine their effectiveness. In an evaluation done for the ILO, the criteria used for identifying best practice workplace HIV and AIDS programmes included:

1. Acceptability: The programme is favourably regarded by the employees, the employers and other stakeholders.

2. Accessibility: The programme includes a commitment to involve all HIV and AIDS stakeholders at the workplace.

3. Ethical Soundness: The project is ethical and meets universal standards of compassion, tolerance, respect, confidentiality, empowerment and participation. It is sensitive to workers' rights, conforms to ethical standards and does not break principles of social and professional conduct.

4. Perceived Impact: The programme reflects best available evidence in implementation of workplace HIV and AIDS interventions. It incorporates systematic monitoring and evaluation of its impact.

5. Relevance: The programme is relevant and tackles the problems faced by workers.

Moreover, the workplace intervention needs to be focused on the HIV and AIDS response in the context of the society in which it is implemented.

6. Appropriateness: The programme is appropriate to the situation, workplace and culture and does not go against social or political norms accepted and practiced locally or by the intended beneficiaries.

7. Innovativeness: The programme demonstrates creativity; breaks new ground and has been documented and shown to be effective in more than one setting or situation.

8. Efficiency: The programme is affordable and adds value, and has demonstrated capacity to produce desired results with a minimum expenditure of energy, time or resources.

9. Sustainability: The programme is sustainable in terms of structures, capacity and funding in order to continue working over the long term without outside support.

10. Replicability: The essential elements such as technology, resources and organisation of the programme can be easily applied elsewhere in response to a similar problem and produce similar results.

One conclusion of the evaluation done for the ILO was that it is important to build research, monitoring and evaluation into the initial design of a HIV intervention. If research is not built into the design of the project, it becomes difficult for researchers to obtain the evidence that shows whether the intervention was successful or not. It was suggested that between 10-20% of project costs should be allocated to research, monitoring and evaluation. Finally, the implementers of HIV interventions should themselves learn the basic principles of research, monitoring and evaluation.

Professor Geoffrey Setswe is a Research Director in the Social Aspects of AIDS and Health (SAHA) Unit at the Human Sciences Research Council. He serves as Regional Director for Social Aspects of HIV/AIDS Research Alliance (SAHARA) in Southern Africa and is also adjunct Professor of public health at the University of Limpopo. He was the founding Director of the AIDS Research Institute at Wits University where he coordinated HIV/AIDS research during 2003-2005.



A larger outreach could also be achieved through mentoring or inviting *suppliers, customers and neighbouring companies* to HIV and AIDS activities. Some of these types of interventions do not bear a large cost and can easily be integrated into normal operations. For example, Scania has in several countries started to provide HIV and AIDS training to the truck drivers that come in to learn how to operate the trucks.

Best Practice: The SWHAP Achievement Award

Launched in 2008, the SWHAP Achievement Award is given to a company affiliated to SWHAP to reward successful and innovative workplace initiatives. The award aims to further company and trade union commitment at the workplace level to prevent the spread of HIV and AIDS and alleviate the effects of the epidemic on the workplace and its community.

The nominees for this year's award were Atlas Copco South Africa and Zambia; Ericsson Kenya; Sandvik Zimbabwe; and Volvo South Africa. These workplaces were nominated from in total 50 workplaces involved in the SWHAP Programme. The programmes were judged using criteria jointly developed by SWHAP and AIDS Accountability International, an organisation that was established to increase accountability and inspire bolder leadership in responding to HIV and AIDS.

Winner: Atlas Copco South Africa

Atlas Copco South Africa is the proud winner of the SWHAP Achievement Award 2009. The SWHAP Board motivation for the award was: "Due to the continuous commitment and support, Atlas Copco has created a sustainable HIV and AIDS Workplace Programme since 2003. The success is built on the involvement by the workers and the management creating trust around the programme. The biggest

success of the programme to date is that no new infections have occurred amongst employees once they have been employed and tested negative. Another huge success of their programme is that it has led to an estimated one million Rand reduction per annum in risk costs on the pension scheme which also benefits the employees."

Mr. Piet Leys, Managing Director of Atlas Copco South Africa says: "This Award provides great recognition of our HIV and AIDS workplace programme. A lot of dedication, focus and effort have gone into our programme. Through our programme, we don't just focus on our employees, but also provide financial support to organisations assisting those infected and affected by HIV in communities where our employees live. The respect and dignity of those who have access to our programmes are always upheld."

In the future, Atlas Copco wants to partner with other Swedish companies to share costs. They also plan to include more issues around traditional healers and gender equality within their training.



Nominees

Atlas Copco Zambia

In June 2008, Atlas Copco Zambia launched its HIV and AIDS Workplace Programme. Within the last 6 to 12 months, Mr. Michael Mwanangombe, Atlas Copco Zambia's Human Resources Manager, says: "Each time we run seminars, people are willing to do VCT. Our HIV and AIDS Workplace Programme is well supported by managers, the union and workers, which makes it easier to implement."



Included in the programme are spouses of employees joining to form the Atlas Copco Women's Club, which has 20 members who provide HIV and AIDS information to rural and urban communities. They also carry out home-based care and help to support people living with AIDS through income generation projects. Furthermore, employees have been trained as counsellors to support the staff as well as to volunteer for the local community clinic.

Over the years, employees have had regular talks on general work safety issues, and now discussions on HIV and AIDS follow these talks. One hundred percent

medical cover is provided to workers and their immediate families, so the costs of paying for antiretrovirals (ARVs) or treating opportunistic infections are covered by their medical aid scheme.



Ericsson Kenya

Ericsson in Kenya has had a big increase in staff numbers during a short time span. However, at the same time, they have managed to quickly set up a successful programme. The HIV/AIDS committee, existing of ten people was only set up in July 2008 but meets every second week to evaluate progress on activities and action plans. At the onset of the programme it was found that one third of the employees had relatives who were living with HIV, 43% had relatives who had passed away due to AIDS and 9% had never been tested for HIV.

Despite the mobile workforce, Ericsson has reached a VCT-uptake of 84% of their staff. Moreover, information sessions for both the staff and their families have been implemented and the policy of the company is spread through different avenues (such as a card-key holder).

'Our HIV and AIDS Workplace Programme is well supported by managers, the union and workers, which makes it easier to implement.'

Michael Mwanangombe
Human Resources Manager
at Atlas Copco

Volvo South Africa

Through Volvo South Africa's HIV and AIDS Workplace Programme, employees can receive training to provide counselling to staff experiencing personal problems. Counsellors work on a voluntary basis and are part of Volvo South Africa's Wellness Committee.

At the inception of the programme at Volvo in South Africa it was found that one third of the employees believed that HIV does not cause AIDS. Since then, a great effort has been put in by increasing the knowledge, reducing the stigma and get people to test and be counselled on HIV and AIDS. Throughout the years, the focus of the trainings has been amended to keep up the interest among the employees. For example, the immediate families have benefited from a Wellness Week where they received information on financial, emotional, mental and physical health and how it links to HIV and AIDS.



Furthermore, Volvo South Africa funds the Star for Life Programme towards schools and the employees are actively involved in the activities.

'Being nominated is a great achievement and honour. It gives us recognition and motivates us to keep working hard.'

Ms. Margaret Mutisya
Human Resources
Consultant at Ericsson
Kenya

Sandvik Zimbabwe

The Sandvik Zimbabwe HIV and AIDS workplace Programme won last year's SWHAP Achievement Award. The programme offers various services which include providing staff with HIV and AIDS information, support groups and VCT. A social counsellor offers counselling to staff experiencing personal problems. Moreover, male circumcision is part of their programme that has been running since 2005.

'It's a great honour to have won the award last year and to be nominated this year. In future, I hope to get more schools involved in our school outreach programme.'

Ms. Grace Nembaware
HIV/AIDS Coordinator at
Sandvik Zimbabwe

Sandvik is not only limiting its interventions to the workplace but also include the spouses of employees that are given HIV and AIDS information. Hence, both the workers and their spouses are reaching out to communities by providing peer education and home-based care.

Moreover, income generation projects are available to spouses, and while they keep some of the money earned, it is also used to buy items needed for home-based care, such as gloves and similar items. Finally, the programme also includes a school outreach initiative where the company peer educators are providing HIV and AIDS information to a secondary school.

Photo Gallery



Several companies have innovated ways of integrating HIV and AIDS outreach at *sports days*. During the events, which draw many workers and their families, health tents and VCT services can easily be set up. Moreover, the commentator of the sports games can combine information on the actual game with information on HIV and AIDS.

SKF Revco in Zimbabwe has invented a method of creating regular discussions on HIV and AIDS. Its peer educators post a topic on an *e-mail forum* that is discussed by the workers during the week. Subsequently, the discussion is taken up during the Friday lunch break when misconceptions can be sorted out and additional information and discussions be held.





The Swedish Workplace HIV/AIDS Programme (SWHAP) is a joint initiative by the International Council of Swedish Industry (NIR) and the Swedish Industrial and Metalworkers' Union (IF Metall). It is a long-term strategy to contribute to the establishment and/or support of HIV and AIDS programmes at Swedish related workplaces in Sub-Saharan Africa. SWHAP is cofunded by the Swedish International Development Cooperation Agency, Sida.

www.swhap.org



IF Metall is a merger between the Swedish Industrial Workers' and the Swedish Metalworkers' Union with more than 380,000 members at nearly 12,400 workplaces, affiliated to 52 local branches. IF Metall works in the interests of its members and in support of a democratic and equal society where everyone must have the right to a decent and secure job.

www.ifmetall.se



The International Council of Swedish Industry (NIR) is an associate to the Confederation of Swedish Enterprise, Sweden's major business organisation representing more than 55,000 member companies, commissioned to support and broaden the scope of operations of Swedish industry on markets characterised by economic, political or social complexities.

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