

2011 SWHAP SOUTHERN AFRICA CONFERENCE

LEADERSHIP IN WORKPLACE PROGRAMMES - SCALE UP & SUSTAIN

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GRAND PALM CONFERENCE CENTRE, GABORONE BOTSWANA



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EXECUTIVE SUMMARY

Swedish Workplace HIV and AIDS Programme (SWHAP) supports some 90 workplace programmes on HIV in 10 countries in Sub-Saharan Africa, contributing to the HIV and AIDS response in this region. It was jointly initiated in 2004 by the International Council of Swedish Industry (NIR) and the Industrial and Metal Workers' Union of Sweden (IF Metall). SWHAP supports companies and employees to prevent HIV transmission and reduce the effects of the pandemic at Swedish-related workplaces, as well as their supply chains in Botswana, Kenya, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. The programme is co-financed by the Swedish International Development Cooperation Agency, Sida.

SWHAP held its annual regional conference in August 2011 at the Grand Palm Conference Centre in Gaborone, Botswana which was attended by 87 participants representing 31 companies from eight countries. The theme of the conference was "Leadership in workplace programmes - scale up and sustain". In his opening address, Lars G. Malmer, Chairman of the SWHAP Board highlighted the passion required in leadership. "No passion no

leadership” became the mantra for the two-day conference, setting the tone for the proceedings.

Presentations covered a diverse range of topics including, qualities of effective leadership, scaling up programmes, building business cases for HIV and AIDS workplace programmes, mainstreaming, cost benefit analysis, and involvement of trade unions. Case studies and practical examples capturing good practice of personal HIV and workplace experiences lent a human face to the discussions. At the end of the two-day conference, participants felt empowered by the information that was imparted, and were eager to implement changes and new ideas in their workplace programmes.

Welcome Remarks – Mr Lars G Malmer, SWHAP Board Chair



Currently SWHAP supports 90 workplaces, 60 directly and 30 through its supply chain programme. 2500 family members have also participated in SWHAP activities. Mr Lars G Malmer congratulated the efforts of SWHAP partners and encouraged them to continue with their HIV and AIDS workplace programme efforts.

In recognition of its good work, the Swedish Government invited SWHAP to attend the United Nations General Assembly Special Session (UNGASS) high level meeting. Here, the General Assembly took a resolution on the fight against HIV and AIDS that included some 105 paragraphs, but not a single paragraph that included the workplace.

Mr Malmer emphasised the importance of the private sector contribution towards HIV and AIDS as many countries in this region

have failed to achieve set targets. The fight calls for united and multi-sectoral response to the pandemic.

Regional and national conferences allow delegates to share, talk, discuss, and network, allowing for strengthening of programmes. Participants were reminded that they are all leaders in their respective workplaces; therefore they need to develop bold HIV programmes that are sustainable. Mitigation of HIV remains the cornerstone of SWHAP, but the emphasis will be on wellness programmes from 2013.

“Leadership is not only brain but also heart” concluded Mr Malmer, adding that it requires passion to ensure sustainability: “I am convinced that you will be the few who can say with pride, yes I did it.”

Keynote Address: Richard Mathlare

Botswana National AIDS Co-ordinating Agency (NACA)



Richard Mathlare, National Coordinator of the Botswana National AIDS Coordinating Agency (NACA) gave the keynote address, emphasising the importance of the business sector in mitigating the impact of HIV and AIDS in the workplace. The theme of the conference Leadership and Sustainability was timely, serving as a catalyst for sharing and exchanging experiences from different workplaces.

Regarding HIV prevalence in the region, Swaziland with 25.5% (highest) and Madagascar at 0.2% (lowest) were given as examples. The large discrepancy in these figures thus cannot be ignored. Zimbabwe’s success story, seen in the tangible reduction of HIV over recent years, was hailed as a

good practice for other African countries to follow.

Whilst the epidemic is waning as evidenced by steadily declining HIV prevalence rates, there is still need for caution, given that there are 33.3 million people living with HIV globally. The pandemic has reversed economic gains in agriculture, health and education. Recent research shows that the key drivers of HIV are alcohol and drug abuse, inconsistent condom use, multiple concurrent partnerships, gender violence and intergenerational sex. Businesses must therefore collectively discuss how to minimise the impact and spread of HIV at work.

Business leadership in companies operating in high prevalence countries have an important role to play as HIV impacts the 19-40 age group which is also the productive age group. As a result, greater funds are being diverted to health care, resulting in less purchasing power ??

The International Labour Organisation (ILO) general principles of HIV and the world of work, fundamentally deal with HIV and AIDS as a workplace issue and offer employees access to treatment, information and prevention awareness.

Currently, there are 10 million people requiring treatment and not receiving it. SWHAP partners were encouraged to contribute to the HIV and AIDS response through aligning workplace programmes with existing in-country national plans and strategies, and through innovative means such as marketing and branding.

NACA is keen to partner with the private sector in order to leverage off its expertise. Promoting of public-private partnerships such as this must be encouraged. Businesses thus have a responsibility to provide prevention, treatment, care and support.

HIV situation: current trends and national responses in Botswana

Mpho Mmelesi, Botswana National AIDS Council

The following are brief summaries of conference presentations and discussion that followed highlighting key issues raised at the conference. Full conference presentations can be found at the SWHAP website, www.swhap.org.

The national HIV and AIDS response is guided by the National Strategic Framework II (NSFII) The NSFII is a vision for Botswana's response to the epidemic based on research and consultations with stakeholders. It is a road map for the national response until 2016. Its key priority areas are:

- Prevention of new infections
- Strengthening of systems
- Strategic information management
- Scaling up, treatment care and support

Stats and facts ...

PREVALENCE

Estimated HIV prevalence rate of 17.6 %

- females 20.4 %
- males had 14.2%
- urban villages, least infected - 16.6 %
- towns, most infected at 22.1 %

INCIDENCE

Estimated Incidence rate of 2.9 %,

- males 2.3 %
- females 3.5 %

Key messages:

- The majority of new infections are expected to occur among people who are in long-term relationships (married or living together)
- HIV discordance, lack of testing and disclosure, pre-marital and extra-marital sex are likely to be key factors in this risk category
- Most-at-risk populations such as men having sex with men (MSM), injecting drug users (IDUs) and sex workers have high risk of infection and therefore need to be “watched”
- Prevalence has stabilised, although at a high level (17.6% BAIS III, 31.8% pregnant women)
- The number of people living with HIV and AIDS (PLWHA) will continue to increase as more people survive on anti-retroviral therapy (ART) and the newly infected join the prevalence pool
- Adult females have a higher HIV prevalence rate across all age groups
- Work on adaptation of prevention messages to those with lower education level

Southern Africa, the HIV and AIDS epicentre: The meaning for business

David Mutambara, Zimbabwe Business Council on HIV and AIDS

The Zimbabwe Business Council on AIDS (ZBCA) is a business trust that provides leadership on how to strategically position businesses to respond to HIV and AIDS. Its key focus is the health of the business. The key outputs of a wellness programme go beyond health to business viability and sustainability.

Wellness programmes must be ones of mutual responsibilities on the part of the employee and employer. The employer provides a supportive environment for disclosure and access to care, treatment and prevention. The employees' responsibilities are to produce at their optimum, serving their full productive period within the company, whilst also giving the company its competitive edge in terms of skills and experience.

Key success factors of wellness programmes include:

- Business focus
- Integrated versus vertical approach to HIV; focus on wellness
- Quantified burden of risk
- Identification of risk entry points
- Evidence based programme activities
- Strategic, comprehensive work plan
- Monitoring, evaluation and reporting.

Discussion

Q: How does one encourage the employee to take leadership of their sex lives and realise that they have responsibilities as well?

A: Leadership is necessary at all levels. At policy level, the CEO has to be supportive of workplace programmes. Companies with successful programmes have supportive CEOs. At implementation level, the goal should be to impart responsibilities to all parties. One way of achieving this is to avoid making the issue a trade union one, but rather one of mutual responsibilities on the part of the employer and employee, building a good foundation. Employees must take responsibility for their health and the employer must take the responsibility for providing supporting structures in the workplace such as support for disclosure and access to treatment.

If all individuals even at the lowest level realise their value to the organisation, they will take responsibility. As leaders, we need to help and teach each other in the workplace to take responsibility.

Programme coordinators and peer educators must demonstrate leadership by getting tested and knowing their HIV status.

Q: What about risk perception, especially that of married couples?

A: Many married couples perceive themselves to be at low risk because they are in a marriage. However, research reflects that marriage is no longer a safe haven when it comes to HIV infection. Important gender dynamics must be addressed, for example lack of negotiating skills for women to use protection during intercourse.

Oftentimes, those who test HIV negative and are in the window period are the most dangerous sexual partners if no protection is used.

With regard to HIV transmission through homosexuality, NAC said there are no studies that have been conducted thus far, but UNAIDS modelling reflecting regional data has been used to extrapolate figures for Botswana.



Scaling up a strategic issue for the workplace: new ILO standards and recommendations

Evelyn Serima, ILO



In June 2010 the Government, Employer and Worker representatives that make up the International Labour Organization (ILO) adopted the first international labour standard to focus specifically on HIV and AIDS. The recommendation concerning HIV and AIDS and the world of work 2010 (No.200) adopts a rights-based approach to the pandemic and contains comprehensive measures to improve access to prevention, treatment and care, and to eliminate stigma and discrimination in the work place.

The response to HIV and AIDS is recognised as contributing to the realisation of human rights and fundamental freedoms for all. There should be no stigma or discrimination in employment or occupation based on the basis of real or perceived HIV status. HIV is a workplace issue and should be included as

an essential element of the HIV response.

The ILO recommendations acknowledge the following:

- The gender dimension highlighting the need to address gender aspects in the response to HIV in the workplace
- Access to prevention, care treatment and support services for employees and their families
- Prevention programmes as part of workplace programmes
- Testing privacy and confidentiality
- The right to a safe and healthy work environment
- Education, training, information and consultation
- Importance of social dialogue at national and workplace level
- At national level, policies and programmes on HIV and AIDS should be given effect in consultation with most representative organisations of employers and workplaces and other concerned actors, through national legislation, collective agreements, national and workplace policies and programmes and sectoral strategies. (www.ilo.org/aids/Publications)

Case Studies: Evaluations of workplace programmes - good practice example of cost benefit analysis

Atlas Copco, South Africa - Charmaine Mc Cue

A programme, if well designed, can have a positive impact on retirement funds. Over the last eight years, risk costs have almost doubled in the retirement fund industry. Death covers for members of group retirement plans erode retirement income. The Atlas Copco programme is comprehensive with biannual voluntary counselling and testing (VCT) and a disease management programme that covers spouses as well as HIV and AIDS related costs not covered by medical aid. Key to the Atlas Copco programme is management buy-in and support as well as regular monitoring and evaluation. Atlas Copco focuses on real results such as the rate of testing to treatment in VCT and conversions of negative to positive. As a result, they have:

- A minimum of 75% uptake in VCT
- Less than 10% infection rate
- Up to 40% reduction in death cover premiums translating to saving of R100245 per annum

Ericom Zimbabwe- Mary Musika



The Ericom programme balances the protection of company interests and the empowerment of employees and their families with skills and knowledge as well as access to treatment. Ericom has made GLA ?? and Pension Fund savings of US\$10 000 per year. Other programme benefits include reductions in the level of absenteeism, increased productivity, increased VCT uptake, reaching 100% at one branch, and only one AIDS death since the programme was established. Ericom has also developed a strong community outreach programme through social soccer.

Ericom was recognised for its workplace efforts, winning an award from the Zimbabwe National Chamber of Commerce.

Multiple Concurrent Partnerships revisited: what is the way forward on MCP/ sexual networking (including social networking forms)

Panel Discussion

Multiple Concurrent Partnerships (MCPs) are a key driver of HIV in sub-Saharan Africa and are taking on a new form with the advent of social networking platforms such as Facebook and Twitter. The expert panel highlighted the following:



- Leaders in business have an important role to play in dealing with the key drivers of HIV and AIDS in the workplace, and with their communities. MCP prevention methods must be packaged in a way that shows the negative effects of such practices, for example, the orphan crisis.
- MCPs arise out of unsatisfactory sex or communication in relationships; this therefore needs to be addressed between couples.
- Prevention messages should not lean on morals, but rather focus on risk reduction and responsibilities of parties involved
- It has been challenging addressing behaviour change in the Botswana context with many young people involved in intergenerational sex. There is a lack of positive role models. NACA Botswana is trying to address the issue of MCPs with a behaviour change programme called Wechieke.

Discussion

- Workplaces can encourage MCPs, for example long distance truck drivers and migratory workers who are at higher risk because of the amount of time they spend away from their partners and families. Risk entry points need to be analysed. A potential solution is to develop policies and programmes to deal with migrant workers. The ILO guidelines deal with migrant workers and provision of favourable working conditions such as sufficient time off and addressing what these workers can do if they find themselves at risk. Trucking Wellness provides a road map along certain borders and long distance routes where truck drivers can seek reproductive health assessment and treatment.
- Some companies allow partners to accompany employees on long trips.
- It was suggested that Southern African Development Community (SADC) must take a role in the above issue so as to harness energies and provide support to the region.

- There is anecdotal evidence showing that sexual harassment in the work place can place women at risk. Mechanisms must be put for people who have been harassed to seek redress, knowing that their jobs will be safeguarded.
- While ICT social networking platforms may be fuelling MCPs, they can also be used to address gaps in knowledge.

Parallel sessions and discussions



Evidenced-based programming

Economic impact assessment

Jacob Graff

Workplace programmes are accepted as a necessity for companies and the HIV pandemic directly impacts the performance of companies. Despite this, companies are not always aware of how much programmes cost and the benefits of programmes in monetary terms, thus workplace budgets are the first to be cut. However, there is tremendous benefit for employers to encourage employees to know their HIV status and enrol on an HIV management programme.

HIV and AIDS impact assessments must become key elements of good corporate governance. In South Africa, HIV and AIDS may cost companies around 6% of salaries per year in direct costs, for health care and other employee benefits, and there are indirect costs, for absenteeism (illness and funerals), lost skills, training and recruitment, reduced work performance and lower productivity.

Using an actuarial modeling approach, the costs of in action versus action were illustrated for the following:

- Wellness management scenario
- Anti-retroviral treatment at CD4 of 200 including a wellness management scenario
- Anti-retroviral treatment at CD4 of 350 including a wellness management scenario.

The results positively indicated that companies can make tangible savings through a wellness programme and early ART treatment. For a comprehensive list of figures, please check out www.shwap.org.

Research on workplace programmes

Lillian Chikara, SAfAIDS

Recent SAfAIDS research on workplace programmes reflects the following:

- Most CSOs ??? involved in the study did not focus on HIV, so there was a gap in HIV knowledge, service provision, and mainstreaming
- Stigma and discrimination for PLHIV was low
- Stigma for LGBTI was high in Zimbabwe, similar to the Zambia findings, but low in Mozambique and South Africa.
- Meaningful Involvement of People with AIDS was low at management and decision-making level
- Linking and learning was low
- Management is concerned with funds for rolling out internal HIV programmes, hence their reluctance to initiate programmes.

SAfAIDS have thus made the following recommendations:

- Support partners to develop and operationalise HIV workplace policies
- Increase capacity of partners, focal persons and HIV committees in HIV activities by December 2011
- Advocate for increased participation of PLHIV at policy and management level in organisations
- Involve external service providers
- Advocate for at-risk populations in the workplace
- Provision of platforms for L/L ??? in organisations
- Advocacy for sustained HIV activities and implementations focusing on internal mainstreaming in addition to KRA ??

Mainstreaming HIV and AIDS in the SADC region

Dr Vitalis Chipfakacha, SADC secretariat

There are 15 member states within SADC, these countries constitute 4% of the world's population but carry 40% of the world's HIV cases and contributed to 37% of new cases in 2006. Clearly this is a problem and there must be a move from treating the symptoms and dealing with the cause; this means dealing with HIV as a development issue.

Mainstreaming HIV and AIDS calls for a more refined, multi-sectoral approach that should determine:

- How the spread of HIV is caused by the sector - both internally and externally.
- How the epidemic is likely to affect the sector's goals, objectives and programmes
- Where the sector has a comparative advantage to respond, limiting the spread of HIV and mitigating its impact.

Key concepts:

- Target both the workplace and target populations, and focus on both policy change and implementation
- Respond to the epidemic based on the comparative advantages of the sector and build partnerships for implementation
- Emphasise integration with the sector's own policies and programmes, and include issues of sustainability
- Highlight the importance of continuous capacity building for integrated planning and implementation of HIV strategies
- Use evidence as a basis for responding to the epidemic.

Workplaces should therefore move away from internal mainstreaming of HIV programmes and conduct 'true' mainstreaming through looking holistically at the worker and not at HIV in isolation. The regional response must therefore integrate cross-cutting issues such as gender, human rights, poverty, culture and the environment.

Leadership, commitment and economic challenges: what does it really cost?

BBCA, ZBCA and SWHAP

Participants shared their workplace experiences under economically challenging times. As leaders, they are at the forefront of the response, and must therefore allow and support peer educators in their roles at the workplace, and focus on low-cost high impact programmes.

Discussion

Mainstreaming as a business means:

- Involving the supply chain

- Involving workers at all stages of the programme and recognising that workers belong to two communities, where they work and where they live, therefore it is important to include spouses
- Including competitors, given that they work for the same cause
- Collaborating with other partners, as well as private-public partnerships
- Making use of comparative advantages, for example, through internal networks
- Practicing good leadership – getting everyone around you to believe that they are a leader in their own right and they control the choices they make.
- Using the three workplace resources: employees, employers and trade unions

Challenges confronting workplace programmes

The following challenges within the workplace were identified:

- Reactive rather than proactive prevention policies, coupled by lack of disclosure, and failure to prioritise human resource needs
- Lack of strategic partnerships to leverage off the expertise of others and lessen the burden on individuals
- Gender dynamics: these have to be addressed in relation to condom distribution. Social marketing of condoms tends to target males, and female condoms are rarely distributed. Male condoms are also affordable and easier to use.

Take home messages for the workplace ...

- Build on a good foundation: draw up a proper plan, to include data collection, financial projections and clear objectives; this attracts management 'buy-in'
- With proper planning and use of existing internal structures, achieving programme goals can be cost effective. At national level, health department services are often more affordable than external private service providers
- In the fight against stigma and discrimination, engaging HIV positive people such as the Sandvik Zimbabwe and Scania Botswana examples are helpful and contribute to the success of a programme
- Conduct a Strengths Weakness Opportunities and Threats (SWOT) analysis for all programmes and capitalise on strengths and existing structures
- Make HIV and AIDS a business case
- ILO information and policies at regional or national level must be more widely publicised and distributed; very few delegates knew about this important international workplace policy
- Support workplace programmes with an effective monitoring and evaluation plan.

SWHAP Achievement Awards

John Viner

John Viner closed the session on a positive note, reminding SWHAP partners about the annual achievement awards assessment process. The strength of SWHAP is in the diversity of its programmes and these awards act as a mechanism for evaluation of programme progress and rewarding initiatives that are making a difference. The awards enable SWHAP to identify good practice and contribute to sustainability of workplace programmes.

Ludvig Hubendick, SWHAP Board Executive, added that the criteria for awards are useful and can also be used as a benchmark for internal monitoring and evaluation.

Day 2

Combating AIDS: coming face to face with HIV through real life testimonials

Behind all the statistics and data, HIV has a human face with a story to tell. Testimonies are important as they put issues into context and can be motivating for those who want to get tested. John Mahono, a mechanic at Scania Botswana and Jeffery from Care Works Botswana shared their testimonies.

John Mahono Scania, Botswana

John was inspired to undergo testing after listening to a testimony at World AIDS Day (December 1) celebrations organised by Scania. After counselling and enrolling in the government treatment programme, John disclosed his HIV status to his partner and colleagues at work. It was challenging at first, but with support from Scania management, he has overcome his initial fear.

“Scania made me feel comfortable about living with HIV at work ... they created a good environment and the time I have spent there has improved my quality of life. I can't say enough how important it is to have support in the workplace because that is where I spend most of my day.”

Jeffery – Care Works, Botswana

Jeffery changed his job to work at Care Works, an HIV management service, in order to educate others about HIV and share his experiences. He wanted to help people understand the difference between HIV and AIDS - and recognise that HIV is manageable, and no longer a death sentence.

“If you are not accepting that you have the virus, it will be difficult for you to live with it.”

The key message from both testimonies reiterated that an HIV positive result does not mean the end of a productive work life.

Case Studies: Scaling up



Scania Botswana: Mentorship, Boitshepo Balozwi

Scania Botswana has been addressing HIV and AIDS in the workplace since 2004 after they adopted and implemented an HIV policy from Scania head office in South Africa. In 2009, Scania applied for SWHAP funding and this marked the beginning of a three-year programme. The programme has grown, and so have the co-funding applications.

Scania Botswana complements the strategies and plans outlined in the national response. When government called for male circumcision as a way to reduce the spread of HIV in 2009, Scania organised for a doctor to present the case at their Wellness Day. The response was overwhelming and the majority of male staff were circumcised.

As part of the driver outreach component of the programme, Scania invited UNITRANS Botswana to join them in celebrating the 2010 Health and Wellness Day. UNITRANS is a longstanding business partner of Scania. The company buys Scania trucks to distribute petroleum, diesel, cement and other hazardous materials.

Such a collaborative effort was encouraged by the fact that employees from both companies share similar experiences in the workplace due to the nature of their jobs, and in relation to HIV, health and wellness matters.

To further develop the driver outreach programme, Scania will conduct 'workshops' in place of a Wellness Day to benefit its drivers. These forums offer an opportunity for drivers to garner information from experts in the health field such as nurses, counsellors and doctors.

Two other supply chain companies will participate in this mentorship programme. Scania also aims to support a neighbouring company to establish an HIV and AIDS committee,

conduct sensitisation seminars and develop a tailor-made programmes to respond to the company's needs.

Auto Liv South Africa: Peer Education - John Masela



The Auto Liv AIDS Forum was created in 2004 by the company employees. All members are volunteers who are supported by management. The aim of the forum is to:

- Stop new HIV infections
- Empower the workforce through education
- Provide a non-discriminatory environment for

employees who are infected with HIV

- Assist employees who are terminally ill and cannot afford medication and other requisites.

The forum also extends into the community and the Auto Liv supplier base. These aims are achieved primary through the commitment of peer educators. Training for all employees and new recruits is provided through videos and manuals. VCT and prevalence surveys are also conducted, and Auto Liv has a comprehensive resource centre.

Auto Liv values the work of its peer educators and recognises that they too can come under strain. Debriefing weekends help peer educators to deal with the stressful situations they encounter in the workplace.

Benefits of the programme include:

- Lives saved and the prevention of new infections
- Trust built between the employer and employees
- Reduction in absenteeism
- Reduction in employment costs.

Sandvik Zimbabwe, Supply Chain - Shupikai Gwanzura

The Sandvik Zimbabwe supply chain programme (that receives technical support from partner ZBCA) has the following objectives:

- Minimize the risk to which supply chain companies are exposed to in respect of HIV and AIDS in the workplace
- Maintain Sandvik's supply chain
- Demonstrate leadership in southern Africa in managing HIV and AIDS

In order to develop international quality practice on how the private sector responds to HIV and AIDS, Sandvik provided participatory learning, networking and ongoing support to seven mentee companies. These companies were chosen because of the vital role they play in Sandvik's service delivery, almost in daily contact with the company.

To kick-start the programme, Sandvik invited the CEOs of the mentee companies to a breakfast meeting to sensitise them on making HIV a business case for the workplace, and to ensure buy-in and commitment. Employees of the various companies were then sensitised through the following activities:

- Knowledge Attitudes Beliefs Practice (KABP) surveys and situational analyses for individual companies
- Focal persons and steering committee training
- Policy development training
- Policy launches.

Peer educators from the mentee companies have received training, after which a programme to link them to Sandvik peer educators will be launched, continuing a cycle of support.

Case Studies: Low Cost High Impact Interventions

Revco Zimbabwe, Kedious Mphingo



Revco, an SKF dealership in Zimbabwe found itself at a cross-road in 2011. They were in the final year of SWHAP funding and had to think long and hard about sustainability of their

programme, given the small budget it would have to operate on. In April 2011, after the completion of their funding phase, they decided not to apply for the last year of co-funding but instead focus on high impact low cost programmes. They managed to do this without compromising the quality or effectiveness of interventions, and increased the efficiency and results of their programmes. Leveraging existing resources and systems, and thinking out of the box are hallmark traits of their new programmes.

Community outreach: Revco has a community outreach programme called Help the Needy where peer educators collect clothes for distribution to a Harare-based HIV and AIDS hospice.

Workplace Outreach Programmes: Through spousal training, Revco peer educators are able to identify a firm of security guards where there was a high number of AIDS-related deaths. Revco peer educators conducted awareness training sessions using Bridges of Hope activities for 60 new recruits with resounding success. They will now mentor another transportation company that employs over 400 people.

Perhaps what is most encouraging is the time and sacrifice that the peer educators have contributed to their programme. These activities are conducted during lunch breaks and weekends. Revco have reached well over 600 people this year at an astonishing cost of \$100, proof that successful low cost programmes are possible.

SWHAP partners were encouraged to start thinking of low cost interventions they can embark on.

Atlas Copco Zambia: Michael Mwanangombe and Hilda Tanga

Atlas Copco Zambia is a wholly-owned subsidiary in the Atlas Copco group. It operates in DRC and Malawi and its head office is in Zambia, employing 120 people. The HIV and AIDS programme was launched in 2008 and its objectives are to ensure that there is a consistent and equitable approach to the prevention of HIV and AIDS - both at company level as well as at household level before extending the services to the community.

The programme is supported by both management and the trade unions, and its achievements include:

- Training of peer educators and spouses
- Community outreach providing facilities to Kapisha Basic School, donations to Inseni dropping centre and Dagama School for the physically challenged
- Self generating income projects
- Sensitisation of management, information and awareness raising training schemes
- Events and local ceremonies, including participation in the Malaria and World AIDS Days commemorations, as well Child Immunisation Week

- Monitoring and Evaluation keeps Atlas Copco on track and accountable; peer educators are responsible for keeping accurate records of their activities
- Assessment of prevalence through VCT
- For two years now, Atlas Copco Zambia has been runner up to Atlas Copco South Africa in SWHAP ACHIEVEMENT AWARD, Most Comprehensive programme-Workplace.

Discussion

Q: What constitutes good practice in keeping transport drivers happy?

A: Scanlink has a driver training programme where bus drivers from companies that have purchased Scanlink vehicles are trained in care maintenance of the vehicles as well as HIV and AIDS. This year, 195 drivers have been trained. Other companies also give their drivers the option of travelling with their spouses if possible.

In view of the amount of time that it can take to clear goods and cross borders, SADC intervention is imperative so that travelling can be fast-tracked to reduce the amount of time that drivers spend away from their families.

Jacob Graff described the work being done by Trucking Wellness South Africa – giving long distance drivers road maps with wellness and sexual reproductive health services along the various borders and long distance routes in the region.

Q: Does Sandvik and ZBCA provide any other services to their supply chain after the trainings are completed?

A: All these companies are businesses and thus need to take ownership and gain independence if the programmes are to be sustainable. Pat Mhlongo from SABCOHA cited an example of a company that was mentored but failed to produce results six months later as they had not taken ownership.

Q: How beneficial are national policies in terms of benefitting workplace programmes?

National policies can effectively guide workplace policies. However, workplaces should not wait for national laws to change before implementing best practice. Workplace programmes should work within the law but be progressive and proactive.

The problem of implementation of policies by African countries was raised, given the existence of countless HIV and AIDS plans. Workplaces should therefore look at national strategies and synchronise their programmes accordingly. An effective workplace policy is one where workers feel they are part of it and can take ownership.

Case Study: Visibility of Workplace Programmes (including the role of leadership, policy in action)

Raffia Bags, Tanzania - Sam Hinga

The Raffia Bags programme began in November 2008. After a KABP survey, a steering committee was developed, followed by the recruitment of peer educators. The programme provides education on HIV and AIDS, seeks to improve the health of those affected and infected with HIV, and to stop stigma and discrimination in the workplace.

The following activities are conducted:

- Management sensitisation
- Steering committee training
- Basic HIV and AIDS awareness for all staff
- Policy distribution (displaying the policy statement on the notice board)
- Recruitment of peer educators
- Condom acquisition and distribution
- Training for peer educators, including comprehensive seminars
- Set up of an HIV and AIDS resource centre
- VCT - 71% up take
- Community outreach (high visibility in the community)
- Mentorship programme to suppliers and customers
- Participation in exchange programmes.

The programme has been successful because of support from management, SWHAP and groups like APHIA 11 and the government. Raffia Bags have linked their workplace programme with government and private health facilities for universal access to service for all employees. Through a partnership with APHIA 11 (providing technical assistance) and the Ministry of Health, they have set up a referral policy for access to health services for employees and their families.

Other factors that have contributed to the success of this programme include:

- Culture of team work and tireless efforts of the steering committee in planning and implementing activities
- Continuous training, including the motivation of peers in team building activities and incentives such as prizes
- Access to the latest equipment and resources.

Health is a critical resource and everyone should fight stigma and discrimination in their workplaces and community.

Working with National Business Coalitions, Unions and other actors (multi-sectoral approach) BBCA & BFTU

Frank Phatshiaone from the BBCA spoke about the importance of a multi-sectoral response, of business coalitions and other stakeholders working hand in hand with the private sector. Although he focussed on Botswana, the information can be adapted to suit any country in the region. In Botswana there are two levels to the HIV and AIDS response: national level and district level.

The private sector must understand the mandate of the national response and align themselves accordingly, either at district or national level, depending on their operations.

The role of the BBCA is to coordinate the response of the private sector and ensure these responses work in sync with national priorities and structures. The BBCA also assists companies to:

- Create an environment where these programmes can take place
- Develop workplace policies and programme implementation
- Develop tools for M&E.

The private sector role is critical in the national response to HIV and AIDS as they have the opportunity to make tangible steps towards mitigating HIV and AIDS. Companies need to stop doing the minimum prescribed by law, but to create proactive strategic programmes.

Botswana Federation of Trade Unions

The Botswana Federation of Trade Unions (BFTU) is the national trade union federation for Botswana representing approximately 90% of all trade unions in the country. Gadzani Mhotsha described the support that BFTU is giving its membership in the area of HIV and AIDS. Training of trainers sessions have been conducted for 45 peer educators. It is anticipated that this training will be cascaded to encompass more workplaces. BFTU have also included the informal sector in training, in partnership with the ILO.

BFTU members are encouraged to come up with their own HIV and AIDS policies to encourage workers to participate in the creation of their workplace policies and merge the two to create best practice.

Video: Medical Male Circumcision (MC)

A video on the benefits of medical male circumcision highlighted this practice as important for HIV prevention.

Male circumcision as a prevention method can reduce the chances of infection by up to 60% but can also be used as means to initiate men into the health services. The video highlighted the Kenya circumcision programme which was successful, mainly because it had buy-in from the top.

Prime Minister Odinga spearheaded the MC campaign after publicly announcing that he had been circumcised. The private-public partnerships also meant the cost burden was shared, making this service affordable. The results have inspired a similar programme in Swaziland which has the highest prevalence rate in the world at 25.5%. For more information on medical male circumcision, go to www.malecircumcision.org

Parallel Expert Presentations



Medical Male Circumcision as prevention- Hellen Maguti

- The BAIS III report of Botswana indicates that only 11% of the male population aged between 10 – 64 years have been circumcised. As an HIV prevention strategy, Male Circumcision needs to target increased numbers of HIV negative males. If done effectively, it reduces HIV transmission by 60%.
- David Mwaura SWHAP Regional Coordinator East Africa noted that the time taken to heal after circumcision must be factored in, given it affects the workplace. However, instead of focusing on the negative aspects, businesses should invest into research to promote quicker healing time.
- It was stressed that female medical circumcision has no benefits at all.

Testing and counselling as entry point for care treatment and support- Regina Care Works

- Eitel Networks in Botswana indicated that there are few campaigns for negative people to stay negative. She felt that this group is generally unsupported and must be considered, especially if testing is conducted during the window period.
- Care Works explained that post test support and information sharing clubs were formed in Botswana for all who tested, regardless of their result. These clubs have proved to be effective, encouraging members to form discordant couple clubs. More recently however, funding for these clubs has become a challenge.

Fostering management and employee trust

Ingredients for managing stigma and disclosure: supporting access to treatment

BBCA and ZBCA

Participants identified barriers against fostering trust as follows:

- Perceptions and ignorance on the part of employees about the benefits of programmes to themselves
- Poor performance of peer educators, and
- Time issues e.g. productivity time versus training time, or time for programme activities.

Increased understanding at internal level from both management and employees on how to conduct a workplace programme is essential. At induction level, companies must inform new workplace programme recruits, managing expectations and perceptions from the onset. Peer educators must be fully committed to their cause, coupled by management support to conduct their duties.

Main lessons: sustaining leadership commitment, owning & scaling up workplace interventions

“Let’s practice what we preach, and walk the talk”

Lars G Malmer stimulated this discussion by asking participants what message they would take home with them. He reiterated that all the participants from the peer educator to CEOs were leaders in their own right, having something to contribute. Participants identified their responsibilities as follows under the role of leadership:

- Giving direction
- Leading by example
- Delegating appropriately
- Ensuring the future
- Forging partnerships
- Motivating and giving feedback
- Listening and implementation
- Taking responsibility
- Strategising
- Providing support for budgets and distribution of funds

Participants’ perspectives ... leadership and sustainability

I WOULD ADD THESE QUOTES IN DIFFERENT SECTIONS OF THE REPORT WHERE RELEVANT ... AS A STANDALONE SECTION, THEY ARE NOT EFFECTIVE

Mr Malmer: Leadership is to get people to do something not because it has to be done, but because it is the right thing to do. “Everyone here is a leader ... you have proven capabilities to get people to act in a certain direction.”

Lillian Chikara: “place more value on employees’ free time by budgeting employee time so training is not undertaken during their personal times”. She quoted a statutory instrument

in Zimbabwe that compels workplaces to give time for HIV and AIDS activities during working hours.

Mugema from Tanzania advised other peer educators to initiate programmes that will attract management interest and result in buy-in from the top.

“Companies should also look at Wellness and not just HIV, this will allow them to include those employees that do not test positive, so they do not feel left out”.

“In order for the tree to grow management should challenge their counterparts in other companies to actively participate in the fight against HIV and AIDs in the workplace”.

“Peer educators should be empowered to become leaders. They should be trained to take initiative so programmes are not reliant on the efforts of the coordinators alone” Kedious Mphiningo Revco, Zimbabwe

“You as a person are a leader of your own life ... pass this message on,” Caroline, Scania Botswana

“Cost benefit examples from Atlas Copco South Africa and Ericom taught us the importance of record keeping so that we can attach a monetary value to the benefits of our programmes,” Simon Hinga, Raffia Bags, Tanzania

“Sustainability starts with us, let’s not look upon SWHAP funds as eternal. We need to build internal business cases for our HIV and AIDS programmes, management will put in money if they can see results,” Russell Ives, Sandvik, Botswana

“SWHAP should talk to national players, this will mean when SWHAP funding phases are complete then perhaps these players can step in and compliment efforts,” Simphiwe Mabhele, ILO.



VCT

VCT was provided by Careworks Botswana. During the two days of the conference, 45 people were tested and one HIV positive case was reported. This case is now under the management of Careworks who will continue to counsel and provide access to treatment when necessary. Testing was also opened for Grand Palm Hotel staff showing an interest. This has resulted in Grand Palm management also initiating their own VCT service for their employees.

Recommendations: more effective workplace-based programmes

- How can women demand safer sex if the tool, the female condom, is not easily accessible to them? Marketing and distribution of not only the male but female condoms in the workplace. This was also identified as a useful training opportunity for workers.
- Budget more effectively: Create strategic budgets rather than ad-hoc budgets and avail funds for monitoring and evaluation of programmes. M&E will enable companies to realise how their programmes are doing and seek redress where necessary.

- Consider mainstreaming at programme onset, not only dealing with HIV but across the whole business. For example, when companies commission environmental impact assessments, very few include the health and social impact of projects. Orica explained how a factory building project had to undergo a social and health impact assessment as a requirement for qualifying for a contract under new regulations in Zambia.

Analysis of Evaluation

Over the two days of the conference, 87 participants representing 31 companies and 8 countries attended the conference. 72% of participants responded to the questionnaire. Delegates were asked to give ratings of between 1 and 4 with the latter being the highest score to express their personal expectations, views on the, theme, content, facilitation and overall rating of the conference. The following is a breakdown of those feelings and attitudes.

COMPANY	NO. OF DELEGATES
ABB	1
ATLAS COPCO	8
AUTO SUECO	4
AUTOLIV	1
BABCOCK	4
BBCA	2
BFTU	1
CAREWORKS	2
DYNO NOBEL	3
ELTEL NETWORK	3
ERICOM	2
ERICSSON	1
IF METALL	1
ILO	4
MHTC	1
NACA	3
NIR	1
ORICA	3
RAFFIA BAGS	1
REALITY WELLNESS GROUP	1
REVCO	2
SABCOHA	1
SADC	2
SAFAIDS	1

SANDVIK	8
SANITAS	3
SCANIA	8
SCANLINK	3
SWHAP	7
TRUCKING NAMIBIA	1
ZBCA	1

COUNTRY	NO. OF DELEGATES
BOTSWANA	30
KENYA	4
NAMIBIA	4
SOUTH AFRICA	16
SWEDEN	5
TANZANIA	2
ZAMBIA	6
ZIMBABWE	20

Expectations

On the whole, the majority of participants felt that their expectations were met, with 43% quoting highly. Issues discussed at the conference were issues being confronted at the workplace. The conference was a good platform for sharing good practice and networking.

“There were quite a lot of discussions that were informative that I can go back and apply to our programme”

“Clear presentations were made about the theme of the conference”

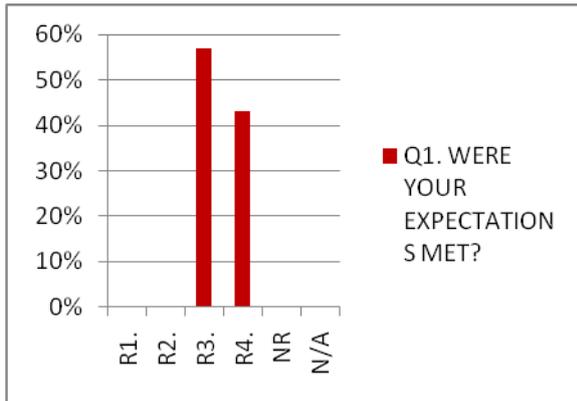
“This conference was a real eye opener”

“All aspects of the conference were well planned from facilitation to accommodation”

Some delegates felt that shortage of time meant that some topics were cut short and other not dealt with adequately such as sustainability of programmes. There were also calls for future conferences to include skills building.

Given the theme of the conference, the perceived low attendance by CEOs was contributed to some respondents giving a lower rating:

I gave a rating of “3 as I did not see a lot of CEOs representing their organisations... next time they should show leadership”

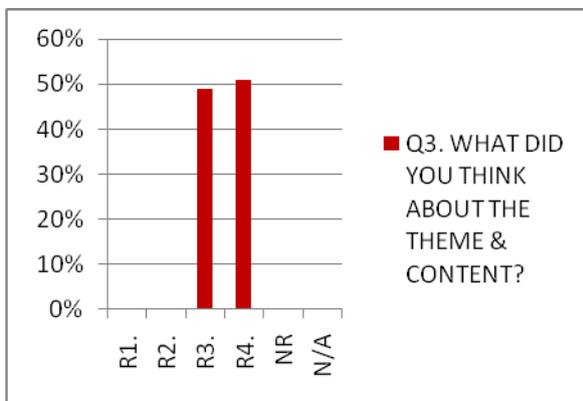


Content and Theme

100% of respondents rated the theme and content 3 and 4, 51% saying this year’s theme was excellent. Participants felt that the issues discussed were relevant to the theme. Information on sustaining workplace programmes and practical examples were shared.

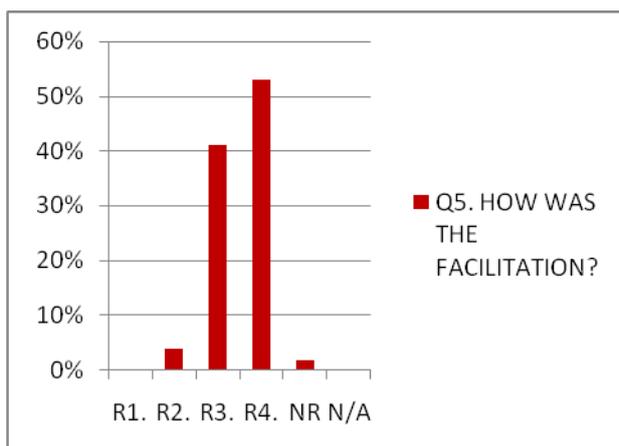
“The theme leadership in workplace programmes scale up and sustain was quite fitting and its focus through active participation embraced the message.”

“Discussions were understandable and motivating”



Facilitation

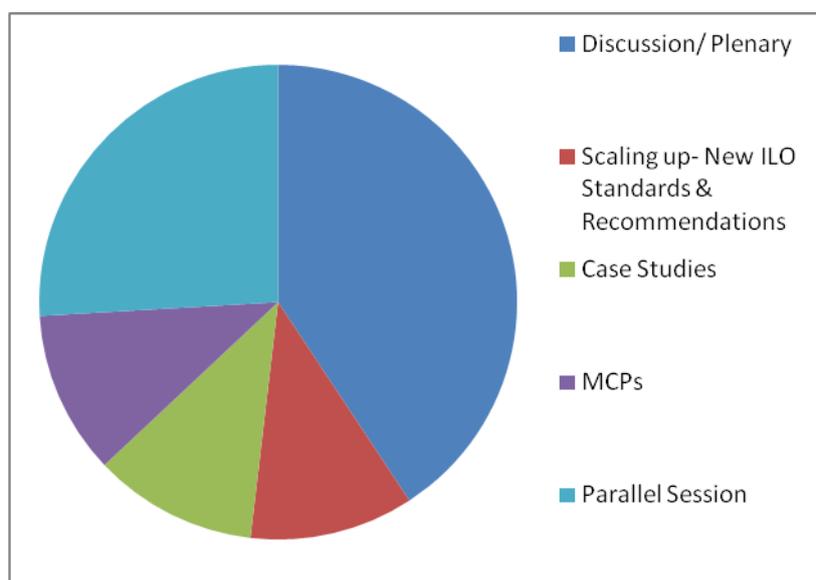
The facilitation for the conference was provided by Aulora Stally. The majority of respondents were please with the facilitation which received a 94% rating, seen as good or excellent. 2 respondents gave a rating of average but did not specify why.



Session Rating

Most Popular Session

Participants really appreciated the opportunity to ask questions and to share information provided in the discussion and plenary sessions. Other popular sessions included the parallel sessions, within these the Mainstreaming HIV and AIDS in SADC region presentation was the most popular followed by Medical Male Circumcision and Testing and Counselling as entry point for care, treatment and support.



Least Popular Session

51% of respondents noted that they had no least favourite session with some adding that all the sessions were good and provided useful information. Those that did rate their least favourite sessions mentioned the

- Statistical presentation on the Botswana situation by NAC
- Case studies – these were mentioned in general without clear distinctions between the different presentations

- Medical Male Circumcision Video
- Multiple Concurrent Partnerships

Conference Arrangements

All but two delegates were satisfied with the arrangements made for them to attend the conference. One felt that the travel arrangements could have been made earlier and another was unhappy about the lack of communication regarding allowances. The respondent felt that if he had been given more notice he could have arranged for allowances from his management.

“Accommodation and arrangements of the conference centre were very good”

Overall Rating of the Conference

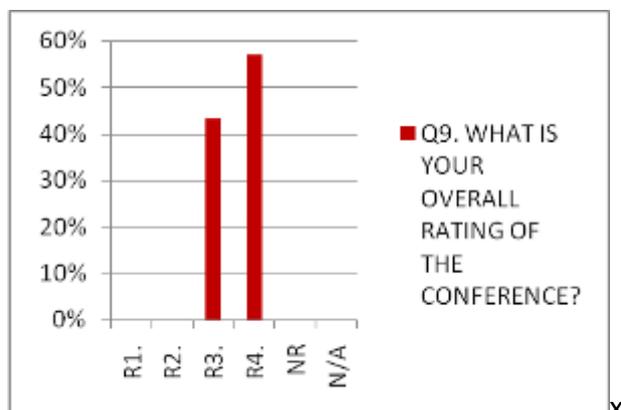
57% of respondents gave an overall rating of excellent.

“Compared with other meetings I have attended this was done very professionally and very useful”

“Informative, interactive, participatory and educative”

“The conference was well organised and provided space to discuss practical issues in the workplace”

Delegates did however note that lack of time meant that discussions were short and that they would like to see a *“focus on technical support to the various individual efforts rather than a talk show”*. One delegate felt that some of the discussions became boring and monotonous.



Delegates noted that they would like to learn more about the following:

- A balance between the case studies given and future plans in terms of plans and ideas to mitigate the effects of HIV and AIDS on Business and communities.
- Low cost interventions and sustainability of programmes after funding phase is over
- Skills development to tackle the problems that participants face
- Options and best practice implementation of counselling protocols to address stigma and discrimination after VCT for positive people
- How to practice leadership in the manner tackled at the conference
- Economic impact assessment
- Mainstreaming through integration
- Male circumcision
- Support groups for negative people
- VCT
- Female condom
- Involving middle management in programmes
- Multi-sectoral approaches
- CBA ??? and building a case for management support
- Fostering management and employee trust
- New technologies in testing and the latest ARV drugs
- Leadership commitment and economic challenges