

**BOTSWANA MINISTRY OF HEALTH
AIDS-IN-THE-WORKPLACE PROGRAMME**

BEHAVIOURAL IMPACT AND OPERATIONAL REVIEW

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EXECUTIVE SUMMARY

The Botswana *AIDS-In-The-Workplace Programme* was initiated in 1991 by the Occupational Health Unit of the Ministry of Health, with support from USAID. By 1995, the *AIDS-In-The-Workplace Programme* has trained personnel from over 70 workplaces. The purpose of the review was:

To assess the behavioural impact of the AIDS-In-The-Workplace Programme, to evaluate whether the programme is structured and managed to effectively support workplace AIDS initiatives and to make recommendations for programme development

A 27-item behavioural surveillance survey to assess behavioural impact was completed by 494 respondents from 8 intervention workplaces where the *AIDS-In-The-Workplace Programme* is established and 272 respondents from 4 comparison workplaces where the *AIDS-In-The-Workplace Programme* is not established. The results indicate that:

- The *AIDS-In-The-Workplace Programme* is having important impacts, including changes in sexual behaviour
- In relation to comparison workplace respondents, intervention workplace respondents reported far greater exposure to AIDS education and access to condoms
- Intervention workplace men reported greater AIDS knowledge and discussion about AIDS
- Intervention workplace women were less likely to have a boyfriend
- Both men and women at intervention workplaces reported a longer duration since their last casual sexual partner

The programme structure and management review was based on data from:

- A postal survey* of 45 workplaces
- Documentary review* of policy papers, workplans, budgets, progress reports, seminar reports, curricula, training manuals, educational materials, minutes of meetings, correspondence and evaluation reports
- Observation* of part of a workplace AIDS training seminar

- *Management depth interviews* with the *AIDS-In-The-Workplace Programme* nucleus and other key Ministry of Health members
- *Workplace depth interviews* with 59 managers, AIDS coordinators, peer educators and employees from 15 workplaces

The structure and management review prompted the following conclusions:

- The *AIDS-In-The-Workplace Programme* has inspired a nationwide workplace AIDS response and contributed to the development of Botswana's exemplary National Policy on HIV/AIDS
- The *AIDS-In-The-Workplace Programme* has responded to growing demand for its services by focusing largely on seminar training. The training is excellent, but further programme support is required to assist organizations to develop strategic AIDS plans, prepare detailed workplans, assign responsibilities and measure and monitor progress
- Management willingly send staff to AIDS seminars, but they are sometimes unable to understand or accept that seminars are not a self-contained activity, but the first step in an ongoing programme
- The absence of systematic monitoring in workplace AIDS programme makes it difficult to review progress and improve implementation

Based on the behavioural impact survey and structure and management review, the following recommendations for programme development are offered:

- The *AIDS-In-The-Workplace Programme* has kindled a nationwide corporate AIDS response. Through its leadership, Botswana has perhaps the largest workplace AIDS initiative in Africa. The programme's achievements have informed Botswana's admirable National Policy on HIV/AIDS, which contains explicit commitments to educate workers about AIDS and to protect HIV-infected employees' rights. Important impacts have occurred, including changes in sexual behaviour. The programme is a cornerstone of Botswana's AIDS response, which merits continued and increased support
- After *impressive and sustained expansion*, the *AIDS-In-The-Workplace Programme* should *consolidate* by moving from AIDS information training to AIDS programme management support, characterized by strategic planning, with clear targets, milestones and monitoring systems
- The *AIDS-In-The-Workplace Programme* nucleus should be expanded to 4 or preferably 5 personnel and restructured. Work should be divided into 3 major thematic areas: training; follow-up and programme management

support; and information management and dissemination. 1 person should be responsible for training, 1 should be responsible for information management and dissemination and 2 or preferably 3 should be responsible for follow-up and programme management support

- The *AIDS-In-The-Workplace Programme* should establish a Resource Centre, coordinated by an information management and dissemination specialist. This centre should be proactive. It should have a list of all *AIDS-In-The-Workplace Programme* partners, contact AIDS coordinators to ask them to distribute materials, monitor individual workplace use of materials and encourage workplaces to fully utilize materials
- In view of the vital importance of follow-up and programme management support, the review team recommend that follow-up and programme management support should be a distinct component, with 2, or preferably 3, full-time personnel. Each person should have their own portfolio of workplaces. This enables staff to develop a detailed understanding of their portfolio, increases responsibility and promotes continuity. Each staff member should aim to visit each workplace at least once every 2 months. A follow-up and programme management support wallchart should be used to ensure this target is met. A suggested follow-up and programme management support chart is presented
- The *AIDS-In-The-Workplace Programme* should establish a "core" workplace AIDS prevention package, which specifies the commitments requested from workplaces and provides a review checklist for each workplace. A suggested "core" prevention package is presented
- The *AIDS-In-The-Workplace Programme* urgently needs a monitoring system, in order to review progress, improve implementation and enhance the stature of AIDS programmes receive in workplaces. A suggested monitoring system is presented
- Annual review and planning meetings should be instituted, to enable the *AIDS-In-The-Workplace Programme* nucleus and workplace AIDS coordinators to meet, collectively review progress against agreed goals, plan strategy and set goals for the forthcoming year. Collective review of specific progress towards measurable goals and public pledges to specific targets increases motivation and commitment to achieve goals

In conclusion, the achievements of the *AIDS-In-The-Workplace Programme* are impressive and provide a beacon for regional corporate AIDS responses. An evolution from training to programme management support, characterized by strategic planning, with clear targets, milestones and monitoring systems, will ensure that the programme continues to offer leadership in workplace AIDS prevention.

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- Annual review and planning meetings
- Conclusions

INTRODUCTION

The Botswana *AIDS-In-The-Workplace Programme* was initiated in 1991 by the Occupational Health Unit of the Ministry of Health, with support from USAID. By 1995, the *AIDS-In-The-Workplace Programme* has trained personnel from over 70 workplaces.

The purpose of this review was:

To assess the behavioural impact of the AIDS-In-The-Workplace Programme, to evaluate whether the programme is structured and managed to effectively support workplace AIDS initiatives and to make recommendations for programme development

This report is presented in 3 sections:

- Behavioural impact survey
- Structure and management review
- Programme development recommendations

BEHAVIOURAL IMPACT SURVEY

Objectives

The objectives of the behavioural impact survey were:

- To assess the *AIDS-In-The-Workplace Programme's* coverage, condom distribution and impact on AIDS knowledge, discussion about AIDS, perceived risk of HIV infection, sexual behaviour, condom use and reported STD episodes

Design

A prospective cohort survey, following a cohort of participants over time, was not incorporated in the *AIDS-In-The-Workplace Programme* design and would have been impractical. In its absence, a *post-test only coincident cross-sectional design*, comparing *AIDS-In-The-Workplace Programme* intervention sites and carefully selected comparison sites, was used. In order to review the impact of the *AIDS-In-The-Workplace Programme* in both the best and most representative sites, half the intervention sites were chosen by the Occupational Health Unit to exemplify their strongest programmes and half were randomly selected, from a list of all participating workplaces in Gaborone. This design permits inferences about the depth and consistency of the *AIDS-In-The-Workplace Programme*. If the random sample resembles exemplary sites, this indicates depth and consistency. If the random sample resembles comparison sites, this suggests that consolidation is required.

Permission

Permission to conduct the survey was granted by the Ministry of Health and each workplace.

Sites

A total of 12 sites were selected: 4 exemplary intervention sites; 4 randomly chosen intervention sites; and 4 comparison sites. The 4 exemplary sites were: Associated Insurance Brokers; Botswana Power Corporation; Botswana Water Utilities; and Uniformed Services. The 4 randomly chosen sites were: Botswana Telecomms; Kgalagadi Breweries; President Hotel; and Standard Bank. The 4 comparison sites were: Botswana Housing Corporation; Ministry of Transport; Motor Centre; and Transafrica.

Sample size and subjects

The required sample size was calculated using Epiinfo Version 6 Statcalc Sample Size and Power programme. Based on a 95% confidence interval, 95% power level, 1:1 exposure ratio and a 25%-50% mean change in the dependent variables of interest, a minimum sample size of 423 (141 exemplary, 141 random, 141 comparison) was indicated. To ensure this number was reached, a minimum target of 600 respondents (141 exemplary, 141 random, 141 comparison) was set.

Questionnaire

The survey questionnaire was developed as follows:

The first step was to develop a guiding framework for questionnaire construction. The framework conceptualized change as a behavioural progression, originating with AIDS knowledge, progressing through discussion about AIDS and increased perceived vulnerability to AIDS, to increased condom use and reduced numbers of sexual partners, culminating in diminished STD episodes.

The second step was to review existing behavioural surveys. The following were scrutinized:

- The Prevention Indicators (PIs), developed by the Global Programme on AIDS of the World Health Organization, the United States Centers for Disease Control and the United States Agency for International Development. These provide a minimum set of indicators for cross-national comparisons
- The KABP and Partner Relations Surveys, developed by the Global Programme on AIDS of the World Health Organization. These instruments embody extensive experience in the construction and phraseology of sexual behaviour items
- Family Health International's AIDSTECH High Risk Tracking Surveys and their more recent AIDSCAP Behavioural Surveillance Surveys
- The University of Zimbabwe Psychology Department Project Support Group's Monitoring and Evaluation module

The behavioural survey developed comprised 27 items.

The survey was described as a health survey, rather than an AIDS survey, to minimize anxiety and desire to provide the expected answers. It was designed to be

precisely 12 minutes long, with sensitive sexual behaviour items at the end. Experience shows that surveys under 10 minutes length do not create sufficient rapport to elicit accurate sexual behaviour responses. Surveys over 15 minutes long are intrusive, especially in workplaces. The questionnaire was constructed iteratively. It was developed and revised in English by 4 social scientists, translated into seTswana by a 6 person team, revised for clarity and politeness, reviewed by health professionals, back-translated into English, pilot-tested and finalized.

Recruiting and training interviewers

A total of 6 interviewers (4 male, 2 female, in keeping with anticipated workplace gender composition) were recruited by the Occupational Health Unit. They completed a 2 day training course, which included formal instruction, participatory exercises, role play simulation of interview situations and field-based practice, with intensive feedback.

Respondent selection and interviews

Workplaces were asked to select a representative cross-section of their workforce and to refer them to the interview team, who introduced themselves and asked them to volunteer to complete an anonymous interview. Interviews were conducted in private and confidential venues throughout workplaces, including offices, storage rooms, meeting rooms, halls, canteens, vehicles and secluded outdoor sites.

Data entry and auditing

Data were entered by a 4 person university data entry team with extensive data entry and management experience. Data were entered using QPRO Version 4, transferred to Lotus Version 5 and imported into SPSS Version 6.01. Frequencies were reviewed and improbable values edited. In addition, 25% of the entries were audited and 100% accuracy was established.

Results

Exploratory analyses revealed significant gender differences on 6 - 13 (46.2%) impact measures. Separate analyses were therefore performed for men and women. Non-parametric chi-square (χ^2) tests were used for nominal data (data grouped in categories) and parametric ANOVA (F) tests were used for interval data (data consisting of ranges of scores)

Sample

Sampling details appear below:

Workplace	Men		Women	
	N	%	N	%
<u>Exemplary intervention sites</u>	188	37.8%	70	26.1%
Associated Insurance Brokers	8	1.6%	20	7.5%
Botswana Power Corporation	63	12.7%	19	7.1%
Botswana Water Utilities	54	10.8%	31	11.6%
Uniformed Services	63	12.7%	0	0.0%
<u>Random intervention sites</u>	121	24.3%	115	42.9%
Botswana Telecomms	41	8.2%	29	10.8%
Kgalagadi Breweries	47	9.4%	34	12.7%
President Hotel	16	3.2%	19	7.1%
Standard Bank	17	3.4%	33	12.3%
<u>Comparison sites</u>	189	38.0%	83	30.9%
Botswana Housing Corporation	33	6.6%	12	4.5%
Ministry of Transport	35	7.0%	15	5.6%
Motor Centre	57	11.4%	44	16.4%
Transafrika	64	12.9%	12	4.5%
<u>Total</u>	498	65.0	268	35.0%

N = number % = percent

Sociodemographics

As the table below shows, the average respondent was over 30, single, had 10 years education and had worked over 6 years in their present organization.

Measure	Men		Women	
	N	M % sd	N	M % sd
Age	32.5	9.4	33.2	7.1
Marital status	127	25.9	80	30.4
Educational level	9.6	3.5	10.3	3.2
Years in organization	6.6	5.8	6.7	5.5

N = number M = mean % = percent sd = standard deviation

Coverage

Coverage is a prerequisite for impact. Exposure to AIDS activities is summarized below. Whereas 43% of intervention site men and 45.1% of intervention site women had attended workplace AIDS education meetings, only 8.2% of comparison site men and 8.6% of comparison site women had done so. Moreover, whereas 43% of intervention site men and 43.7% of intervention site women had received informal workplace peer education, only 1.8% of comparison site men and 1.2% of comparison site women had done so. All differences were highly significant. Intervention site respondents were exposed to an average of 3.8 workplace AIDS meetings and 7.2 informal workplace peer education activities.

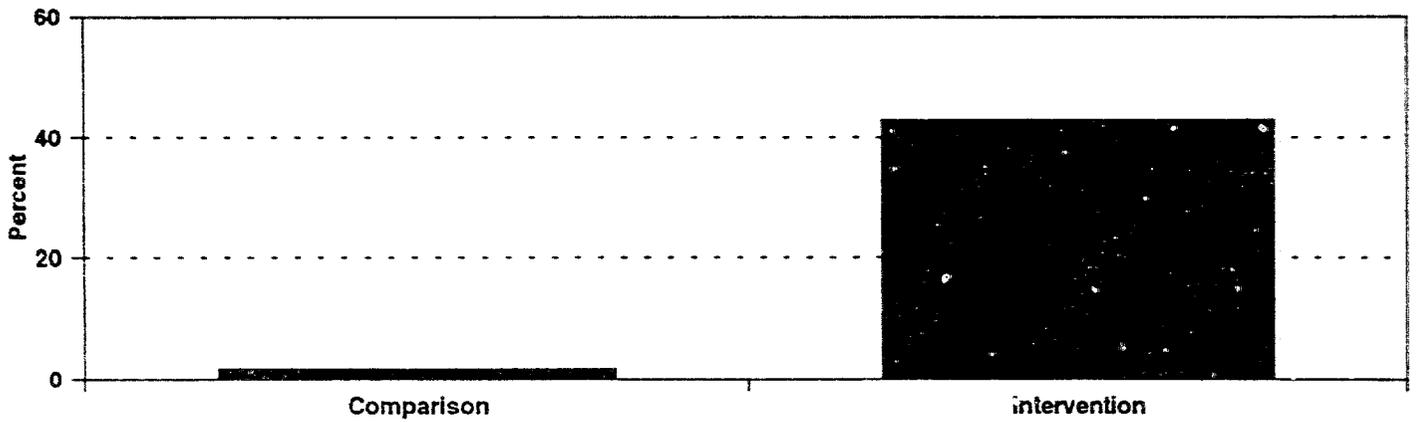
Measure	Men					Women				
	Intervention		Comparison		χ^2	Intervention		Comparison		χ^2
	N	%	N	%		N	%	N	%	
Attended workplace AIDS education meeting	211	43.0	22	8.2	98.5 ⁴	83	45.1	7	8.6	33.5 ⁴
Received informal peer education	211	43.0	5	1.8	146.2 ⁴	80	43.7	1	1.2	48.7 ⁴

N = number % = percent, χ^2 = chi-square

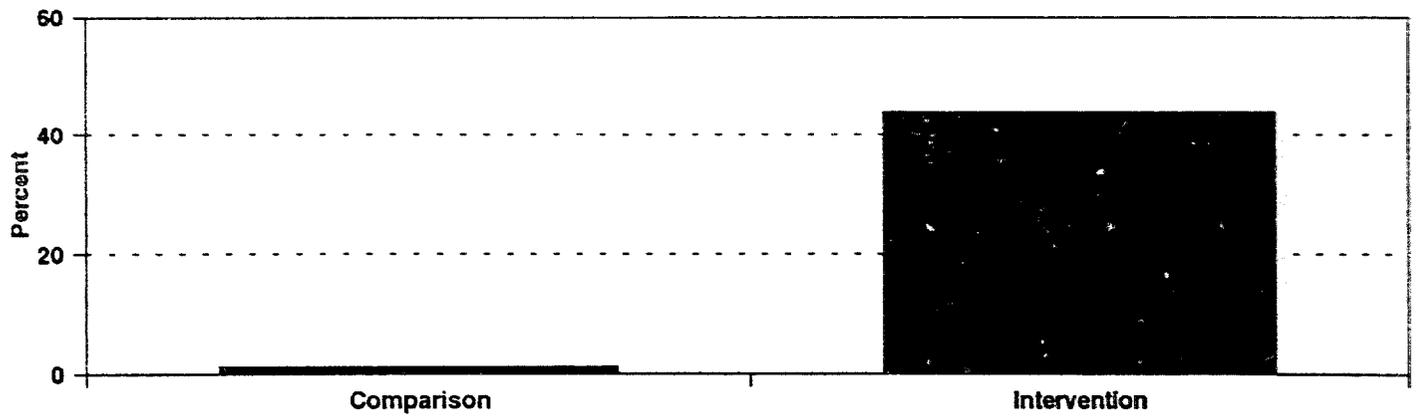
¹ p > .05 ² p < .05 ³ p < .01 ⁴ p < .001

Received informal peer education

Men



Women



Condom distribution

Condom distribution is a prerequisite for impact and a litmus test of workplace commitment to AIDS prevention. As the table shows, whereas 73.4% of intervention site men and 57.4% of intervention site women had received condoms at work, only 21.3% of comparison site men and 19.3% of comparison site women had done so. Intervention site men and women reported receiving condoms at work on 18.7 occasions. Far more intervention site men and women reported that it was easy to get condoms in their workplace. All differences were significant.

Measure	Men					Women				
	Intervention		Comparison		x ²	Intervention		Comparison		x ²
	N	M % sd	N	M % sd		N	M % sd	N	M % sd	
Received condoms at workplace	226	73.4	40	21.3	127.4 ⁴	105	57.4	16	19.3	33.4 ⁴
Easy to get condoms at workplace	254	82.7	44	23.4	171.3 ⁴	135	74.6	20	14.1	59.8 ⁴

N = number % = percent x² = chi-square

¹ p > .05 ² p < .05 ³ p < .01 ⁴ p < .001

AIDS knowledge, discussion and risk perceptions

The 7 AIDS knowledge items were summed to form a uniscalar measure, with a range of 0 - 7. Intervention site men scored significantly higher than comparison site men, F = 4.4, p < .001, but AIDS knowledge was uniformly high among intervention and comparison site women, F = 0.8, p > .05. Similarly, intervention site men reported more discussion about AIDS than comparison site men, x² = 24.9, p < .001, but discussion about AIDS was high among both intervention and comparison site women. There were no significant differences in perceived risk of HIV infection, with all groups scoring relatively highly on this item.

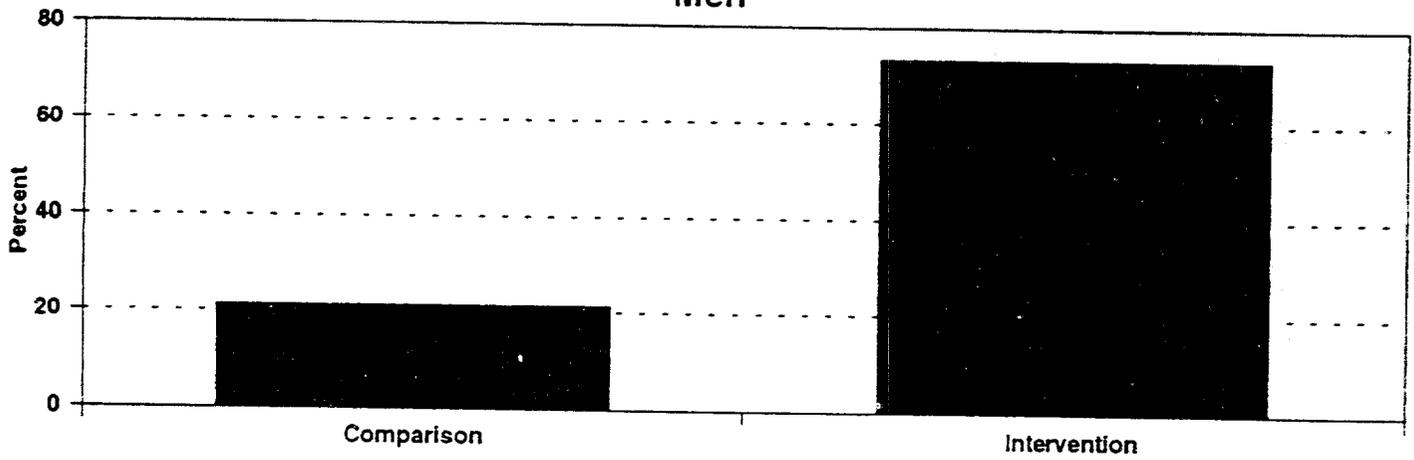
Measure	Men					Women				
	Intervention		Comparison		x ² F	Intervention		Comparison		x ² F
	N	M % sd	N	M % sd		N	M % sd	N	M % sd	
AIDS knowledge	6.1	1.1	5.9	1.3	4.4 ⁴	6.5	0.9	6.4	0.8	0.6 ⁴
Have discussed AIDS	247	79.9	112	59.3	24.9 ⁴	153	82.7	62	74.7	2.3 ¹
Perceive HIV risk	228	74.0	136	72.0	0.3 ¹	146	79.3	62	74.7	0.7 ¹

N = number M = mean % = percent sd = standard deviation, x² = chi-square, F = ANOVA

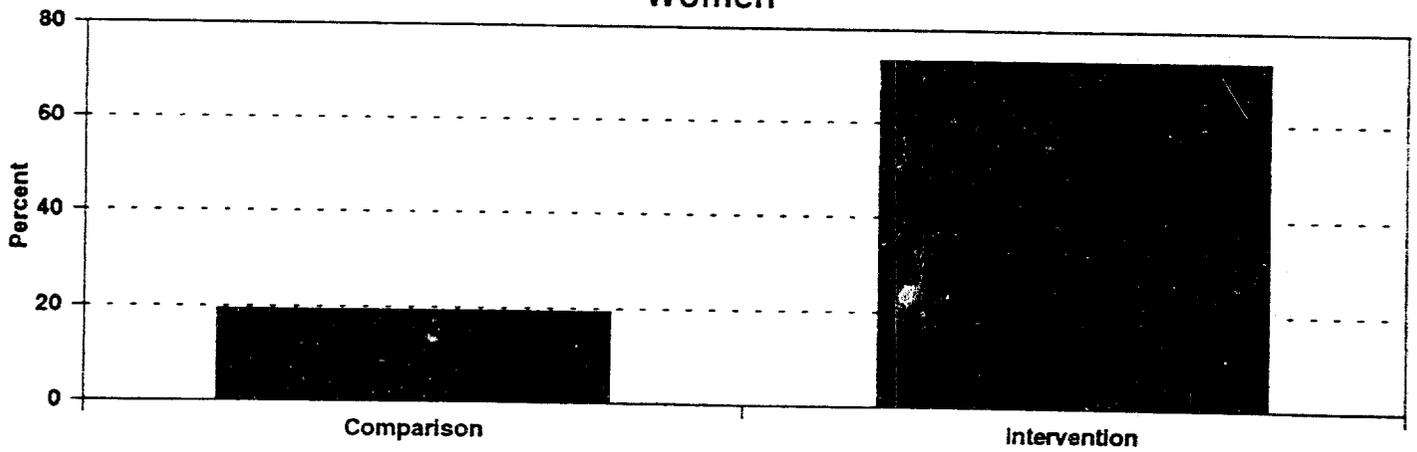
¹ p > .05 ² p < .05 ³ p < .01 ⁴ p < .001

Received condoms at work

Men



Women



Sexual behaviour

As the table shows, intervention site women were significantly less likely to have a boyfriend, $\chi^2 = 8.3$, $p < .01$. In relation to comparison site men, intervention site men reported a longer duration since their last casual sexual partner (84.8 versus 180 days, $F = 5.4$, $p < .01$). The difference between comparison and intervention site women in the duration since their last casual sexual partner also approached significance (96.8 versus 199 days, $F = 3.4$, $p = .06$). Condom use with girl/boyfriends and casual partners was relatively high among both intervention and comparison groups, attesting to the effectiveness of national AIDS education and condom promotion.

Measure	Men					Women				
	Intervention		Comparison		χ^2 F	Intervention		Comparison		χ^2 F
	N	M % sd	N	M % sd		N	M % sd	N	M % sd	
Have girlfriend/ boyfriend	220	71.7	137	72.5	0.4 ¹	108	58.3	63	76.8	8.1 ¹
Used condom last time with girlfriend/ boyfriend	156	68.7	90	62.5	1.5 ¹	69	62.2	43	66.2	0.3 ¹
Days since last casual sexual partner	180	486.7	84.8	169.8	5.4 ³	199.0	553.6	45.9	96.8	3.4 ⁴ = .06
Used condom last casual partner	192	76.5	115	74.7	0.2 ¹	56	51.9	25	52.1	0.0 ¹
Number sexual partners since Christmas	2.6	5.1	1.9	1.6	2.7 ¹	1.3	2.4	1.2	0.4	0.2 ¹

N = number M = mean % = percent sd = standard deviation, χ^2 = chi-square, F = ANOVA
¹ $p > .05$ ² $p < .05$ ³ $p < .01$ ⁴ $p < .001$

Reported STD symptoms

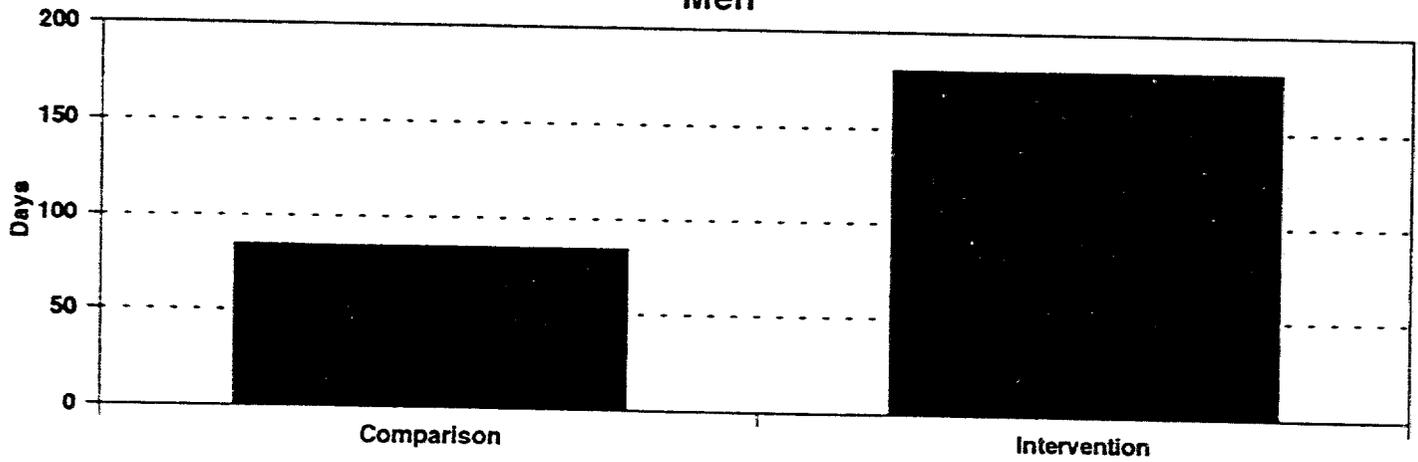
No significant differences in were observed in reported urethritis symptoms.

Measure	Men					Women				
	Intervention		Comparison		χ^2 F	Intervention		Comparison		χ^2 F
	N	M % sd	N	M % sd		N	M % sd	N	M % sd	
Urethritis symptoms	29	9.4	16	8.5	0.1 ¹	--	--	--	--	--

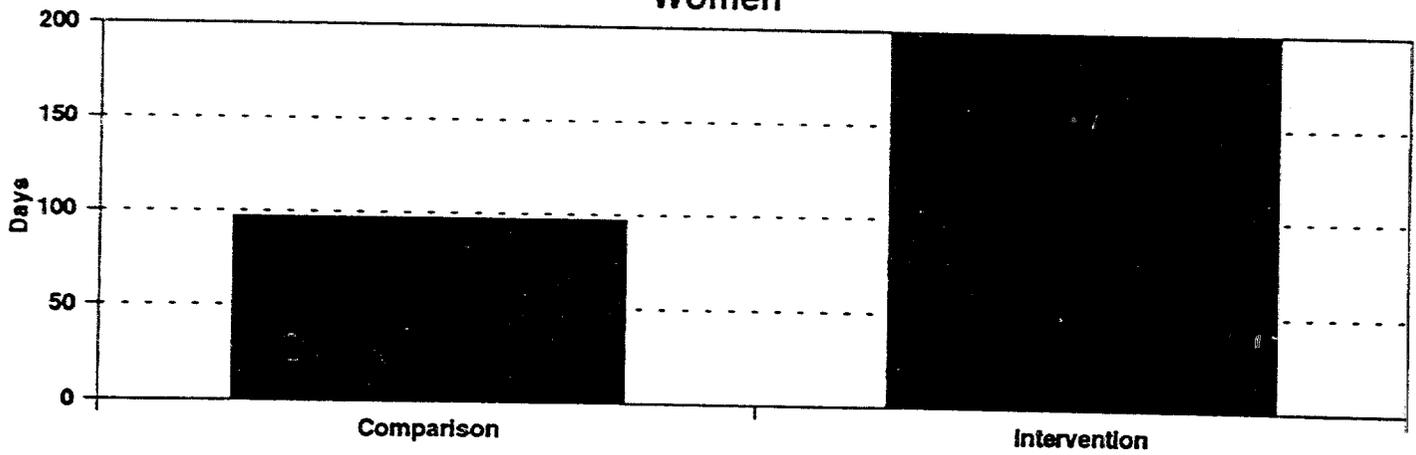
N = number . M = mean % = percent sd = standard deviation, χ^2 = chi-square, F = ANOVA
¹ $p > .05$ ² $p < .05$ ³ $p < .01$ ⁴ $p < .001$

Days since last casual partner

Men



Women



Exemplary and random workplaces

Exemplary and random workplaces were compared to evaluate the *AIDS-In-The-Workplace Programme's* depth and consistency. The two sets of workplaces differed on 6 - 13 (46.2%) impact measures among men and women. These differences are presented in the table below. Among men and women in exemplary workplaces, exposure to AIDS education meetings and informal peer education was more than twofold higher. Condom distribution was almost twice as high among men and women in exemplary workplaces. However, sexual behaviour trends were mixed, with exemplary workplace men reporting greater condom use in casual sex and random workplace men and women reporting a longer duration since their last casual sexual partner. In general, the random workplace occupied an intermediate position between exemplary and comparison workplaces.

Measure	Men					Women				
	Exemplary		Random		x ² F	Exemplary		Random		x ² F
	N	M	%	sd		N	M	%	sd	
Have discussed AIDS	--	--	--	--	--	64	94	89	77.4	6.0 ³
Attended workplace AIDS education meetings	100	53.2	28	23.5	26.4 ⁴	51	73.9	32	27.8	36.9 ⁴
Received informal workplace peer education	100	53.2	31	26.1	22.3 ⁴	49	71	31	27.0	33.5 ⁴
Received condoms at workplace	159	84.6	67	55.8	30.9 ⁴	54	78.3	51	44.7	19.8 ⁴
Easy to get condoms at work	163	86.7	91	76.5	5.3 ²	65	95.6	70	61.9	25.4 ⁴
Days since last casual partner	91.7	136.5	334.6	763.1	3.9 ²	52.8	102.8	307.0	707.0	5.7 ²
Used condom last casual partner	128	80.5	64	69.6	3.9 ²	--	--	--	--	--

N = number M = mean % = percent sd = standard deviation, x² = chi-square, F = ANOVA
¹ p > .05 ² p < .05 ³ p < .01 ⁴ p < .001

Conclusions

The following conclusions are drawn from the behavioural survey:

- The *AIDS-In-The-Workplace Programme* is having significant behavioural impacts across a range of measures. In relation to comparison respondents, intervention workplace men and women reported far greater exposure to AIDS education and condoms. Intervention workplace men reported greater AIDS knowledge and discussion about AIDS. Intervention workplace women were less likely to have a boyfriend. Both men and women at intervention workplaces reported a longer duration since their last casual sexual partner. While the intervention and comparison workplaces did not differ in condom use, condom use was relatively high among all respondents, reflecting the success of national AIDS education and condom promotion
- While the *AIDS-In-The-Workplace Programme* has achieved much, it can achieve still more. Less than 45% of intervention workplace employees had attended AIDS education meetings or received informal peer education
- Moreover, comparison between exemplary and random workplaces suggests that the *AIDS-In-The-Workplace Programme* should strive for greater depth and consistency. Whereas over 70% of exemplary workplace women had attended AIDS education meetings and received informal peer education, only 27% of random workplace women had done so. Among men, over 50% of exemplary workplace respondents and approximately 25% of random workplace interviewees had attended AIDS education meetings and received informal peer education
- In summary, the behavioural impact data underscore both the impressive achievements of the *AIDS-In-The-Workplace Programme* and the importance of an operational review to assist the programme to provide effective support to a rapidly growing portfolio of workplace partners

OPERATIONAL REVIEW

Objectives

The objectives of the operational review were:

- To evaluate whether the *AIDS-In-The-Workplace Programme* is structured and managed to effectively support workplace AIDS initiatives and to make recommendations for programme development

Methods

The programme structure and management review was based on the following sources of data:

- Postal survey:* A 20-item postal survey was sent to 45 participating workplaces
- Documentary records:* Policy documents, workplans, budgets, progress reports, seminar reports, curricula, training manuals, educational materials, minutes of meetings, correspondence and evaluation reports, were reviewed
- Seminar participation:* The review team observed part of a Botswana Power Corporation AIDS Seminar in Francistown from 21 - 24 August, 1995
- Management depth interviews:* Interviews and discussions were held with 3 *AIDS-In-The-Workplace Programme* staff, the Occupational Health Unit Head, the Community Health Director and 2 members of the National AIDS Control Programme
- Workplace depth interviews:* Depth interviews were conducted with 2 *AIDS-In-The-Workplace Programme* committee members, 9 managers, 8 coordinators, 13 peer educators and 12 employees from 8 organizations in Gaborone and 4 managers, 1 coordinator, 2 peer educators and 3 employees from 4 organizations in Francistown. In addition, interviews and discussions occurred with 5 managers and health personnel from 3 Botswana mines (BCL, Jwaneng and Orapa) involved in the *AIDS-In-The-Workplace Programme* at a Regional Seminar on AIDS in the Mining Industry, from 28 - 31 August, 1995

Postal survey

A 20-item questionnaire and reminder letter posted to all 45 workplaces where the *AIDS-In-The-Workplace Programme* had conducted training and follow-up elicited 13 (28.8%) responses, a figure commensurate with typical postal survey return rates. Results appear in the table below. The average programme is over 2 years old, has 6 peer educators for 424 employees, or 1 per 70 employees, holds AIDS meetings during working hours either monthly or quarterly and provides free condoms to employees.

The principal conclusion from the postal survey is:

- Free condom distribution is the most consistent part of workplace AIDS programmes, but the scale of condom distribution, 2 per employee per month, may be increased

Item	Response		
Number of employees	Mean & SD	424.0	516.2
Primary sectoral involvement	Public	4	33.3%
	Manufacturing	4	33.3%
	Financial	2	16.7%
	Services	1	8.3%
	Trade	1	8.3%
Written organizational AIDS policy	Yes	6	46.2%
Pre-employment screening	Yes	1	1.8%
Treat HIV as other illness/disability	Yes	10	76.9%
Age of peer education programme	0 - 1 year	1	8.3%
	>1 - 2 years	8	66.7%
	>2 - 3 years	3	25.0%
Number of trained peer educators	Mean & SD	6.1	10.1
Number of peer educator training sessions	Mean & SD	3.7	3.1
Frequency of peer educator meetings	Weekly	3	30.0%
	Monthly	2	20.0%
	Quarterly	4	40.0%
	Never	1	10.0%

Length of average peer education meeting	15 minutes & <	1	10.0%
	>15-30 minutes	1	10.0%
	>30-60 minutes	4	40.0%
	>60 minutes	4	40.0%
Average meeting attendance	Mean & SD	36.9	28.4
Meetings during working hours	Yes	8	80.0%
Organization provides condoms	Yes	12	92.3%
Number condoms provided monthly	Mean & SD	862	1092
Total number condoms provided to date	Mean and SD	18,240	17,354
Condoms obtained free or bought	Free	12	92.3%
Provide STD services for employees	Yes	0	0.0%
In-kind contributions	Worktime for coordinator and peer educator training	12	92.3%
	Transport for coordinator and peer educator training	8	61.5%
	Refreshments for coordinator and peer educator training	4	30.8%
	Overtime for coordinator and peer educator training	2	15.4%
	Worktime for AIDS meetings	8	61.5%
	Management attend meetings	8	61.5%
	Company provides meeting place	6	46.2%
	Company purchases AIDS materials	3	23.1%
	Company engages external AIDS consultants	5	38.5%

Documentary records

Review of policy documents, workplans, budgets, progress reports, seminar reports, curricula, training manuals, educational materials, minutes, correspondence and previous evaluation reports, yielded the following conclusions:

- Botswana's excellent National Policy on HIV/AIDS, which states that *"the Directorate of Public Service Management will ensure that workplace AIDS/STD education/prevention programmes are implemented for all public sector workers [and] private sector organizations will implement...HIV/AIDS and STD prevention education"* reflects the achievements of the *AIDS-In-The-Workplace Programme* and has increased demand, particularly public sector demand, for assistance from the Occupational Health Unit
- The Occupational Health Unit has responded to demand by focusing largely on AIDS information seminars. For example, the 1994 workplan specified 2 management seminars (Gaborone and Francistown) and 15 coordinators' seminars (Gaborone [2], Francistown [2], Palapye, Mahalapye, Kasane, Maun, Kanye, Lobatse, Jwaneng, Orapa and Sowa). Eight seminars were scheduled in the final quarter of 1994
- The emphasis on seminar training leaves the *AIDS-In-The-Workplace Programme* staff little time for organization-level strategic planning, follow-up and field support

Training seminars

Based on the core *AIDS-In-The-Workplace Programme* syllabus, the Botswana Power Corporation AIDS Seminar in Francistown from 21 - 24 August addressed STD/AIDS facts, socioeconomic implications of AIDS, adult education, counselling and condom promotion. The following conclusions are drawn from the seminar:

- The seminar, which was skillfully facilitated, increased participants' STD/AIDS knowledge and educational and counselling skills and heightened organizational AIDS awareness
- The seminar did not, however, develop a strategic organizational AIDS prevention plan, with detailed targets, milestones and monitoring systems. It focused on *AIDS knowledge*, not *programme implementation* and on *training*, not *planning*

Management depth interviews

Depth interviews with *AIDS-In-The-Workplace Programme* nucleus, from 5 - 10 June, 1995) to examine the structure and management of the programme nucleus focused on staff levels, internal capacity, work distribution, time allocation and priority setting and yielded the following conclusions:

- There are two full-time personnel and one part-time officer, whose contribution is limited by other duties. Staff levels are increasingly inadequate as the number of workplace partners increases
- In their own assessment of internal capacity, the *AIDS-In-The-Workplace Programme* nucleus noted the need for management training as well as health training and acknowledged that they lacked expertise in information management and dissemination
- Staff do not divide work systematically, which creates ambiguity over responsibilities. Work could be divided either geographically or thematically. A geographic division would demarcate 2 areas: a southern area, from Lobatse through Gaborone to Phalapye; and a northern area, from Selebi Phikwe through Francistown to Kasane. A thematic division would distinguish 3 thematic areas: training; follow-up and information dissemination
- Internal communication and institutional memory are incomplete, with, for example, limited corporate recollection of individual workplace follow-up actions
- Training seminars consume most time and contribute to deferment of follow-up and systematic information dissemination

Workplace depth interviews

Field depth interviews with 2 committee members, 13 managers, 9 coordinators, 15 peer educators and 15 employees from 12 organizations in Gaborone and Francistown constituted the heart of the operational analysis. The following was concluded:

- The *AIDS-In-The-Workplace Programme* has greatly increased awareness of AIDS as a personal and corporate concern
- Coordinators and peer educators value the AIDS seminar training and report increased confidence and capability as educators. However, they request closer contact with the Occupational Health Unit between seminars

- Management are usually willing to send staff to AIDS seminars. What they are often unable to accept or understand is that the seminars lead to an ongoing peer education programme, including further peer educator training and regular AIDS meetings. They often view AIDS education as a single, self-contained, awareness-promotion activity, analogous, perhaps, to publicizing a company directive. Coordinators and peer educators in several organizations reported insufficient management support to establish functioning programmes
- AIDS information seminars do not enable organizations to develop a strategic AIDS plan, prepare a detailed workplan, assign responsibilities and measure and monitor progress. In the absence of such a plan, ad hoc activities may occur. Management, coordinators and peer educators may not know what is expected of them and may omit basic steps. For example, coordinators and peer educators in an organization whose AIDS programme began in 1992 had not met together
- The absence of a strategic plan makes programmes fragile. There were examples of peer education programmes that ceased because of staff transfers, retrenchments and operational commitments in Somalia. A carefully, prepared, detailed, widely discussed and adapted strategic plan would make programmes more robust
- A strategic plan would equip coordinators with greater planning and implementation skills. Coordinators often reported that they knew *what* to teach, but not *how* to coordinate activities
- Sustaining interest and impetus is difficult. The review team revisited 2 programmes visited during the 1992 review and spoke to staff of another 2 programmes visited in 1992. In all cases, peer education was dormant. One respondent said they could not keep telling people the same facts about AIDS. Informants requested far more AIDS materials, including videos, books, brochures, leaflets and newspaper clippings, to sustain interest
- In general, workplaces experience difficulty tailoring programmes to reach both management and workers and their programmes usually assume a character that suits one or another but not both
- Free condom distribution is the most consistent and enduring part of workplace programmes. Condoms are distributed in workplaces that do not hold peer education meetings. Condoms are generally, though not always, available in Gaborone. In Francistown, supplies are reportedly

less regular. On average, workplaces distribute 1-3 condoms per employee per month (the uniformed services distribute larger quantities), which indicates that there is scope to increase condom distribution

- The absence of systematic monitoring in any workplace AIDS programme makes it difficult to review progress and improve implementation and reduces the profile and respect that AIDS programmes receive in workplaces, where anything of importance is counted and tracked

Conclusions

The following conclusions are drawn from the operational review:

- The *AIDS-In-The-Workplace Programme* has inspired a nationwide workplace AIDS response and contributed to the development of Botswana's exemplary National Policy on HIV/AIDS
- The *AIDS-In-The-Workplace Programme* has responded to growing demand for its services by focusing largely on seminar training. The training is excellent, but further programme support is required to assist organizations to develop strategic AIDS plans, prepare detailed workplans, assign responsibilities and measure and monitor progress
- Management willingly send staff to AIDS seminars, but they are sometimes unable to understand or accept that seminars are not a self-contained activity, but the first step in an ongoing programme
- The absence of systematic monitoring in workplace AIDS programme makes it difficult to review progress and improve implementation
- Condom distribution is the most consistent and robust element of programmes, but the scale of condom distribution may be increased

PROGRAMME DEVELOPMENT RECOMMENDATIONS

Based on the behavioural impact and operations review, the following programme development recommendations are presented:

Continued, intensified support

The *AIDS-In-The-Workplace Programme* has trained personnel from over 70 workplaces and kindled a nationwide corporate response to AIDS. Through its leadership, Botswana has perhaps the largest workplace AIDS initiative in Africa. The programme's achievements have informed Botswana's admirable National Policy on HIV/AIDS, which contains explicit commitments to educate workers about AIDS and to protect the rights of HIV-infected employees. Significant behavioural impacts have occurred in several areas. The programme is a cornerstone of Botswana's AIDS response, which merits continued and increased support.

From training to programme management support

Ensuing recommendations are underpinned by the view that, after *impressive and sustained expansion*, the *AIDS-In-The-Workplace Programme* should *consolidate* by moving from AIDS information training to AIDS programme management support. Whereas training is usually conceptual and generic, programme management support attempts to develop solutions that are practical and tailored to the specific needs of individual organizations. Programme management support seeks to:

- Understand the social and institutional context of individual workplaces
- Develop organizational strategic AIDS plans, with clear goals, tasks, timeframes and monitoring systems
- Provide ongoing management support, build problem diagnosis and resolution skills and institutionalize self-assessment

In short, programme management support seeks to move from *what* to do to *how* to do it. The following recommendations attempt to specify steps towards this goal.

Expanded, restructured, nucleus

As noted above the *AIDS-In-The-Workplace Programme* nucleus comprises 2.5 personnel, who do not divide work systematically, either geographically or thematically. The following is recommended:

- Staff levels are insufficient and should be expanded to 4 or preferably

5, full-time personnel

- Work should be divided into 3 major thematic areas: training; follow-up and programme management support; and information management and dissemination
- 1 person should be responsible for training, 1 should be responsible for information management and dissemination and 2 or preferably 3 should be responsible for follow-up and programme management support

Information management and dissemination

In view of the urgent requests for constant supplies of new materials to sustain interest, the following is suggested:

- The *AIDS-In-The-Workplace Programme* team should establish a Resource Centre, coordinated by an information management and dissemination specialist
- The Resource Centre could be developed in several ways. The *AIDS-In-The-Workplace Programme* could establish it. A partnership could be cultivated with another government department, academic or professional institution or non-government organization to initiate it. An existing Resource Centre could be expanded to include a component tailored to the needs of the *AIDS-In-The-Workplace Programme*
- The centre should hold videotapes, audiotapes, computer-assisted-learning materials, books, magazines, academic articles, brochures, newspaper and e-mail clippings
- The centre should link and exchange materials with other AIDS documentation and resource centres
- The centre should be proactive. It should have a list of all *AIDS-In-The-Workplace Programme* partners, contact AIDS coordinators to ask them to distribute materials, monitor individual workplace use of materials and encourage workplaces to fully utilize materials
- The centre should exploit new information technologies. It should have Internet access to major AIDS databases. It should establish an *AIDS-In-The-Workplace Programme* user group. It should have automatic group fax polling facilities to ensure that articles of interest are automatically

faxed to all *AIDS-In-The-Workplace Programme* partners. Partners should establish internal electronic and physical bulletin boards and circulation lists to ensure AIDS materials are disseminated within workplaces. The Resource Centre should follow-up to ensure materials are circulated within organizations. Materials on the socioeconomic dimensions of AIDS should receive particular emphasis. To avoid becoming a passive, underutilized service, the centre should set clear goals for materials dissemination, monitor progress and take rapid action to address performance variations

- As noted above, workplaces experience difficulty developing programmes that reach both management and workers and their programmes usually assume a character that fits one or another but not both. A Resource Centre may assist workplaces to tailor differentiated approaches to suit both managers and workers. In general, managers may best be reached through strategies that parallel professional self-development approaches that they are familiar with. Examples of professional self-improvement materials include videotapes, self-instruction modules, magazines and other literature that may be studied at home. Managers may also be accustomed to family development materials, which encourage them to discuss issues with their spouses and children. Managers may also be reached through analysis and discussion of the corporate and socioeconomic implications of HIV. Workers may prefer participatory approaches, such as group videos, drama, role plays, picture codes or other interactive approaches, followed by group discussion.
- A proactive, goal-orientated, Resource Centre would help to sustain workplace interest and concern about AIDS

Follow-up and programme management support

In view of the vital importance of follow-up and programme management support, the review team recommend the following:

- Follow-up and programme management support should be a distinct component, with 2, or preferably 3, full-time personnel
- Each person should have their own portfolio of workplaces. This enables staff to develop a detailed understanding of their portfolio, increases responsibility and promotes continuity

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- Using an illustrative figure of 3 personnel and 90 workplaces, each staff member would have a portfolio of 30 workplaces
 - Efficiency may be increased by using geographic criteria to allocate portfolios, with, for example, one person responsible for workplaces in the northern belt from Selebi Phikwe through Francistown to Kasane
 - Each staff member should aim to visit each workplace at least once every 2 months. A follow-up and programme management support wallchart should be used to ensure this target is met. An illustrative wallchart is presented below
 - The nature of follow-up and programme management support depends on the stage of each programme. At the outset, follow-up would entail meeting with management to build support for the programme and developing a strategic AIDS plan for each organization. Once programmes are established, follow-up visits would examine whether activity targets are being met, review the quality of AIDS education and analyze further training and support needs. If programmes are inactive, field support visits would examine why they ceased operating and how they can be revived

A "core" workplace AIDS prevention package

As stated above, some organizations willingly sent staff to AIDS seminars, but were unable to understand or accept that seminars were part of a larger commitment. Many workplaces did not clearly understand their obligations and there was great variation across workplace programmes. A workplace AIDS programme "package", with targets, would assist management to understand their potential commitments, equip *AIDS-In-The-Workplace Programme* staff with a basis for presentation, discussion and negotiation with management and unions and promote consistency across programmes. It would be a "core" package, which encouraged additional activities. If approved by government, management and employee bodies, such as the Ministry of Health, the Botswana Confederation of Commerce, Industry and Manpower (BOCCIM) and the Botswana Federation of Trade Unions (BFTU), such a package would carry considerable weight and be likely to be widely adapted in workplaces. A suggested "core" package is presented below:

Number	Item
1	Senior management express support for AIDS education at the start of the programme and thereafter at least twice each year
2	Each workplace appoints at least 1 staff member to act as AIDS coordinator
3	Each organization appoints at least 1 peer educator for every 50 employees
4	Each coordinator and peer educator receive at least 3 days training at the start of the workplace AIDS programme and thereafter at least 2 days refresher training every year
5	The coordinator and peer educators meet at least once a month to review activities and to plan further activities
6	Each coordinator promptly circulates all AIDS information disseminated by the Resource Centre
7	Each workplace holds at least 1 30-60 minute AIDS education meeting during working hours in each department every 3 months
8	Each peer educator informally discusses AIDS with at least 10 colleagues every month
9	At least 10 condoms are distributed per employee every month
10	<p>3-item anonymous surveys of a cross-section of employees are conducted at least once every year to ensure that:</p> <ul style="list-style-type: none"> • At least 90% of employees have attended at least 1 workplace AIDS meeting in the last 12 months • At least 75% of employees have attended at least 2 meetings in the last 12 months • At least 90% of employees report that condoms are easy to get at work

Monitoring

The *AIDS-In-The-Workplace Programme* urgently needs a monitoring system, in order to review progress, improve implementation and enhance the stature of AIDS programmes receive in workplaces. The suggested system encompasses the following:

- Workplace register
- Peer educator register
- Peer educator's form
- Coordinator's form
- Workplace form

Each form is described and presented below:

Form	Description
Workplace register	This form is completed by the <i>AIDS-In-The-Workplace Programme</i> nucleus and sent to each workplace It records the number, workplace name, coordinator, programme inception date, physical and postal address, phone, fax and e-mail number, for all participating workplace
Peer educator register	This form is maintained by the AIDS coordinator in each workplace and a copy is sent to the <i>AIDS-In-The-Workplace Programme</i> whenever there are amendments It records the number, name, gender, position, department and address of each peer educator
Peer educator's form	This form is completed by each peer educator each month and given to the AIDS coordinator It records the date, time and place of each peer education meeting, the number of men and women present, the number of condoms and other materials distributed and any informal AIDS advice given
Coordinator's form	This form is completed by the coordinator each month It is based on training activities and the Peer Educator's Form
Workplace form	This form is completed annually by the coordinator It is based on the Coordinator's Form and STD/RPR data

COORDINATOR'S FORM

Workplace _____ Name _____ Date _____

Peer educators					
Number currently enrolled		Number currently enrolled who have received training		Number enrolled peer educators who are currently active	
Training sessions					
Training course/module		Category of trainees		Number trained	Total hours training
Workplace education					
Meetings held	Males reached	Females reached	Condoms distributed	Other distribution (specify)	Other distribution (specify)
STD cases					
Ministry of Health centres (specify)		Municipal centres (specify)		Private centres (specify)	
Males	Females	Males	Females	Males	Females
RPR data					
Ministry of Health centres (specify)		Municipal centres (specify)		Private centres (specify)	
Number positive	Number negative	Number positive	Number negative	Number positive	Number negative
What were the most important achievements during this summary period?					

What were the greatest difficulties during this summary period?					

What can be done to overcome these difficulties?					

Annual review and planning meetings

To strategic planning, a "core" workplace AIDS prevention package and a monitoring system should be added a further element - annual review and planning meetings. Specifically, it is suggested that the *AIDS-In-The-Workplace Programme* nucleus and workplace AIDS coordinators and possibly interested managers meet annually, perhaps in 3 groups of 20-30 workplaces, to collectively review progress against agreed goals, plan strategy and set goals for the forthcoming year. Considerable experience shows that collective review of specific progress towards measurable goals and public pledges to specific targets increases motivation and commitment to achieve goals.

Coordination with trade unions

Several AIDS coordinators and peer educators had been trained both by the *AIDS-In-The-Workplace Programme* and the Botswana Federation of Trade Unions, which is assisted by the Southern African AIDS Training Programme of the Canadian International Development Agency to conduct workplace AIDS education. The review team suggest that the *AIDS-In-The-Workplace Programme* meet regularly with the Botswana Federation of Trade Unions to ensure that workplace AIDS activities are coordinated and mutually reinforcing.

Human resource development

The success of the *AIDS-In-The-Workplace Programme* will ultimately rest on the effectiveness of the programme's human resource development activities, particularly in its nucleus. Training has occurred, but it has been ad hoc, rather than part of a systematic, long-term, human resource development strategy. A specific strategy entails professionally informed consultation with individual staff, to analyze existing skills, identify further skills sets required, define each step that will be taken to enhance skills and determine milestones and measures of progress towards desired skills. Analysis of the *AIDS-In-The-Workplace Programme* requirements underscores the importance of planning and management training: *AIDS-In-The-Workplace Programme* staff require effective management skills. Systematic human resource development approaches would ensure that such needs are recognized and incorporated in plans.

Conclusions

The achievements of the *AIDS-In-The-Workplace Programme* are impressive and provide a beacon for regional corporate AIDS responses. An evolution from training to programme management support, characterized by strategic planning, with clear targets, milestones and monitoring systems, will ensure that the programme continues to offer leadership in workplace AIDS prevention.

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