



**Strengthening Workplace
HIV/AIDS Programs:
The Eskom Experience in
South Africa**

Horizons Program
Eskom

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Executive Summary

A workforce that is highly infected with HIV can lead to many illness-related absences and a loss of skilled workers. In addition to the burden on workers and their families, AIDS-related morbidity and mortality can result in reduced company profits and difficulty in delivering products and services. To minimize these potential negative effects, it is essential that businesses play a key role both in HIV prevention efforts and in mitigating the effects of the AIDS epidemic on their employees.

Some companies, including South Africa's main electrical power company, Eskom, have taken up the challenge of creating workplace AIDS programs and policies. However, once an HIV/AIDS program is in place, it is important for companies to determine if it is meeting the needs of employees and if the program is having an impact. Eskom asked the Horizons Program to help strengthen its existing HIV/AIDS program by testing new strategies in three areas of KwaZulu-Natal (KZN) province, which has one of the highest HIV prevalence rates in South Africa and the world.

Intervention Strategies

Policy awareness: To increase awareness and understanding of Eskom's HIV/AIDS anti-discriminatory policies, posters and leaflets were designed and disseminated.

Capacity building: Employee peer educators were trained using a newly expanded curriculum that covered prevention, care, and support. The program also trained members of NGOs and female family members of Eskom employees as peer educators to link workplace and community efforts.

Peer education: Peer educator activities included distributing and discussing educational materials and referring workers and community members for HIV voluntary counseling and testing (VCT).

Care and support: Trained NGO and family peer educators made home visits to people living with HIV/AIDS in the community, including Eskom workers.

Stigma and discrimination: In addition to distributing posters and leaflets, Eskom's HIV/AIDS program staff led discussions on Eskom's policies with workers, managers, and supervisors. NGO and family member peer educators also conducted anti-stigma activities in the community.



Eskom workers

Key Findings of the Study

- Eskom's program successfully addressed gaps in HIV/AIDS knowledge among workers and catalyzed the dissemination of information by workers to family and community members.
- The program increased awareness of Eskom's HIV/AIDS policies, but workers want Eskom to take a more direct role in providing HIV treatment.
- Eskom's training activities increased the capacity of peer educators, but greater buy-in from management is needed to give peer educators the time, training, and support needed to fulfill their roles.
- Eskom's efforts mobilized peer educators and supervisors to confront stigma in the workplace and community, but more work is needed to address workers' lingering concerns about stigma and confidentiality.
- Eskom's investment in the training of family members of employees and community-based NGOs created an important link between the workplace and community HIV/AIDS services, but better coordination and role clarification is needed.
- Workplace HIV/AIDS programs need continued attention, and operations research provides direction to address program challenges.



AIDS program training

Project Background and Methodology

In 2000, Eskom and the Horizons Program hosted a two-day workshop in Durban to discuss Eskom's HIV/AIDS activities in the province of KZN and to determine how its program could be strengthened. Based on these discussions and an **assessment of current program activities** at Eskom, it became clear that Eskom's HIV/AIDS program mainly focused on awareness and prevention activities, put into practice by peer educators in the workplace. However, a large majority of the peer educators were inactive, and peer education activities were not monitored. HIV VCT was available in the workplace, but rarely accessed. Some in-house counseling was available, but counseling that addressed serostatus disclosure and HIV-related stigma and discrimination was needed. For staff who were ill, only limited activities related to care and support were available. In addition, Eskom AIDS program staff cited a strong interest in reaching out to the community and linking workplace and community efforts.

Exploratory research was carried out in 2001 to specifically understand HIV-related stigma and discrimination in the Eskom context. In-depth interviews and focus group discussions were held with 75 workers, their partners and family members, managers, and AIDS program staff. Findings indicated that a minority of Eskom employees were concerned about discrimination in the workplace, such as being fired from their jobs if they were HIV-positive, unlike their partners or family members who worked in other places and were very worried about this. Eskom employees worried most about stigma from co-workers and managers, manifested through social isolation and ridicule, and requested assistance with disclosing HIV status when necessary. The results from this qualitative research formed the basis of the stigma reduction activities that were developed.

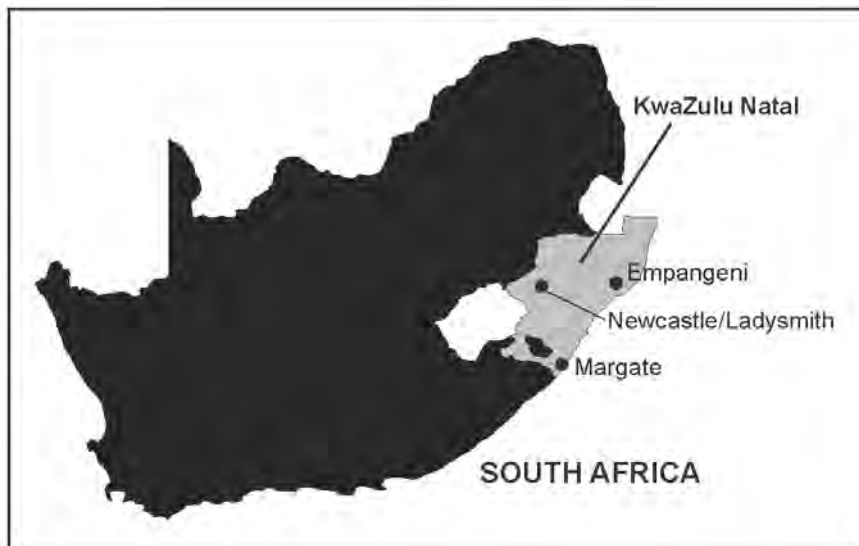
Prior to the implementation of new program activities and trainings, a **survey** was conducted in 2001 with Eskom employees (n = 379) across KZN and their female family members/partners (n = 350). The survey explored HIV/AIDS knowledge, attitudes, risk behaviors, service utilization, and the manifestation of stigma in the workplace and community.

The survey found that Eskom employees prefer to access some HIV-related services in the workplace and others in the community. Therefore, it was deemed important to develop intervention activities that linked the workplace and the community. As a basis for understanding how to link NGO services to employees, an assessment of NGOs and their services was undertaken in Margate. Based on the results, four NGOs were selected to participate in the intervention activities at the Margate intervention site. Margate was one of three intervention sites (the others were Empangeni and Newcastle/Ladysmith) that participated in the study (see next section).

After the revised program had been underway for approximately two years, an **evaluation** was undertaken (2004). In-depth interviews were conducted with 83 Eskom workers, 25 peer educators, three Eskom HIV/AIDS program staff, and 10 Eskom managers and supervisors. In addition, 10 non-Eskom employees—family members and members of NGOs who were involved in the intervention activities—were interviewed. Interviews were spread across Eskom's technical service centers in the three study sites. Respondents were asked about their roles and activities related to the HIV/AIDS program; the capacity-building and support capabilities of the program; perceived impacts, benefits, and challenges of the program; access to various components of the program; and their perceptions of stigma and discrimination in the workplace.

Intervention Design and Activities

Three areas in KwaZulu-Natal province were chosen as the study sites. In Empangeni and Newcastle/Ladysmith, care, support, and stigma reduction were incorporated into the existing peer education activities. In Margate, these activities were combined with expanded access to services by linking employees to the four NGOs and community-based services that were identified during the formative research. NGOs were included in order to provide an alternative mechanism for employees to access HIV/AIDS services outside the confines of the workplace. Family members were also involved in the Margate program to reinforce prevention at the family and community level.



Components of Eskom's Strengthened HIV/AIDS Program

Policy awareness

While the formative research demonstrated that most respondents knew Eskom had an HIV/AIDS policy, most workers did not have in-depth knowledge of its content. To increase awareness and understanding of the policy, various activities were undertaken. The policy itself was shortened in order to be more accessible to workers and was translated into Zulu. Posters were created in English and distributed in the research sites. Policy-related leaflets in English and Zulu and posters in English were also created and distributed in the workplace study sites.

Capacity building

An expanded curriculum for training peer educators that included care and support as well as prevention was developed. To guide this development Horizons reviewed both the existing curriculum being used by Eskom in KZN as well as other curricula. A workshop was then held to train trainers who would in turn train peer educators.

Trainers held workshops with peer educators in each of the three study sites. Using the new curriculum, nine Eskom employees were trained as peer educators in Margate, and 12 were trained in both Empangeni and Newcastle/Ladysmith. In Margate, peer education workshops were also undertaken with NGO members. To strengthen the community component of the project, female partners and family members of employees were also trained as peer educators. In total, five workshops were held and 74 peer educators were trained in the three project sites. Counseling workshops and a home-based care workshop were also conducted.

Peer education

In order to undertake proposed activities after the workshops, peer educators used kits provided by the program that contained HIV/AIDS information materials, monitoring and evaluation forms, pens, notebooks, a template for activity work plans, condoms, a condom demonstration model, stigma reduction stickers, and bags. Peer educators used the template provided to develop a monthly workplan for their activities. They also used activity forms to document the number of people reached, activities conducted, challenges, and achievements.

Activities undertaken by the peer educators included distributing materials to employees and other stakeholders, conducting home visits for care and support (mainly by NGO members and female partners/family members), referring workers and community members for VCT, providing informal counseling, and organizing educational sessions at workplaces and in the community. Peer educators also organized special events during World AIDS Day.

Care and support

Care and support activities were largely community-based and conducted by peer educators (NGO staff and female partners/family members) through home visits in the Margate study site. Every trained caregiver received a kit containing materials such as gloves, disinfectant, an apron, soap, cotton wool, and bandages. A leaflet encouraging VCT and describing HIV serostatus disclosure strategies was produced by the program and widely circulated in the workplace and the community by peer educators. The peer educators also made referrals to VCT services at the workplace and through the community-based care and support activities.

Stigma and discrimination

Stigma reduction activities were designed to respond to the needs raised in the exploratory research. To increase awareness among employees of Eskom's specific policy on stigma and discrimination, researchers created and distributed a policy leaflet in English and Zulu, hung up policy posters, and held group discussions on the HIV/AIDS policy.

Manifestations and fears of stigma, such as rumors and gossip about HIV/AIDS, emerged as concerns in the formative research. To address these concerns, the program developed and promoted anti-stigma messages on stickers and t-shirts, held group discussions with workers to show the negative impact of rumors and gossip on people living with HIV/AIDS and the workplace as a whole, and conducted anti-stigma campaigns led by people living with HIV/AIDS.

Program staff also held discussions with Eskom managers and supervisors, and distributed educational materials. In Margate, peer educators conducted advocacy activities to reduce stigma in the community as well, including educating and informing the participating NGOs and family members about stigma, promoting community-based stigma campaigns, and sensitizing providers on HIV/AIDS-related stigma.

Results and Recommendations

Many respondents credited the program with increasing their knowledge about HIV/AIDS and encouraging them to share this knowledge with others.

Findings from the 2001 survey indicated that almost all workers knew that sexual intercourse was one way in which an individual could be infected with HIV, and four-fifths indicated that the presence of an STI would increase the chance of becoming infected with HIV. However, there were some gaps in knowledge that the intervention program tried to address. For example, only one-third of respondents in the 2001 survey cited monogamy or abstinence as a way to avoid infection.

After the intervention activities, the overwhelming majority of respondents indicated a good basic knowledge of HIV prevention, including the importance of faithfulness to a partner in preventing HIV and that HIV cannot be transmitted through casual contact. Many specifically attributed their increased knowledge to the program.

“I have come to know that one does not get infected just by sharing space, facilities, and utensils with a person with HIV.”

Worker

“[The program] is helping them because people had no understanding [of HIV]; now they know a lot about it and how to prevent it. Some people would not get this information if it was not for the program.”

Peer educator

Eskom workers have transferred this knowledge beyond the workplace and to their families and communities, indicating that the program is having a broader positive impact.

“In my community I have also become very active in educating others about the illness.”

Peer educator

“I have become aware of a lot of other things that concern HIV and I have used that to educate and inform people at home and some of my friends who do not work at Eskom.”

Worker

The program increased access to information about Eskom’s HIV policies, but employees want ongoing efforts to keep them informed.

In the 2001 survey only two-fifths of workers knew that Eskom had a written HIV/AIDS policy. Of those workers, only one-fourth indicated that they knew the content of the policy. Less than one-third of respondents thought that Eskom had taken steps to make employees aware of the existing policies.

As part of intervention activities, policy-related leaflets and posters were distributed and made available in both English and Zulu. At follow-up, a majority of field workers indicated that they had access to these informational pamphlets.

However, many workers also indicated that they would welcome more education and awareness of the HIV/AIDS policies. Ensuring access to these leaflets may be the most useful way of educating workers about the policies, as they indicated that they keep the leaflets and spend time digesting the information at their own pace.

Workers want Eskom to include treatment for HIV-infected employees.

The issue of medication or treatment emerged as a key theme in field employee interviews. Eskom currently provides nutritional supplements, some medical treatment including treatment for opportunistic infections, and an insurance plan that allows each worker a stipend for medical expenses, including access to antiretroviral medication (ARVs). However, employees called for Eskom to take a more direct role by providing treatment through its health services.

“We are still dying and Eskom should help the employees. They should give medicine to people with HIV.”

Worker

“I think Eskom needs to come and help to give medication to people and whatever will assist them to prolong their lives. Once they have their status there must be something that can be done.”

Supervisor

Peer educators feel better prepared for their roles.

The majority of peer educators indicated that the program had added to their capacity as a peer educator by supplying them with more information and improving their knowledge and skills. There also appears to be a strong desire to learn more about HIV and to attend more courses and training sessions.

“Definitely, we have learned a lot from this, and in fact, I am still looking forward to learning more things.”

Peer educator

Some supervisors commented on the increased motivation that the program brought about in the peer educators they supervise.

“He [peer educator] was so negative. He just went for a week’s course and he had changed. There was a big change... a chance to be able to share whatever he has learned; he feels he is making an impact on others.”

Supervisor

In the Margate area, peer educators have established an informal network that seems to serve as a support group.

“We assist each other because they find it very difficult... Even for me, I mean to talk and educate my colleagues in the office, I find it sometimes very difficult, so that is why we go around [to other sites]”

Margate peer educator

To maintain momentum and sustainability of peer education, management needs to give peer educators the time, training, and support to fulfill their roles.

Despite efforts to motivate peer educators, it can be difficult to inspire them to continue in their roles. Although a “Peer Educator of the Month” award was established, many peer educators felt isolated and that they had been forgotten. Without support, some peer educators may neglect their responsibilities. Some respondents indicated that at times they thought the program had been stopped

because they had not observed peer education activities in some time. Efforts should be made to establish a support network for peer educators, using as an example the informal network that emerged in Margate.

In addition, it is crucial to keep peer educators abreast of emerging issues and services that are relevant to their work by holding regular workshops for continued training and research updates. Renewing and increasing peer educators' knowledge around HIV will help them stay motivated while also sustaining workers' interest.

"The peer educator should know more about HIV to avoid boring people. The peer educator should be creative and use aids other than the usual. The program should not just be based on the same teaching aids and the same style."

Worker

One of the ways suggested to motivate the peer educators and improve the quality of their work was to formalize their role. This would entail making more time available for peer educator activities, as well as having peer education activities constitute part of the worker's job requirements. This formalized role would also encourage local supervisors to support the peer education program.

Fears about stigma and discrimination persist.

While an important minority of workers in the 2001 survey reported that they were concerned about institutionally-based stigma and discrimination, such as being fired due to a positive HIV status, most were concerned about being ostracized by their co-workers and peers.

After the intervention activities, which included distribution of information on anti-discrimination policies at Eskom, the great majority of respondents indicated that they had, in fact, not observed HIV-related stigma and discrimination in the workplace.

"I know quite a few of my guys are infected, but there is no ostracizing here."

Supervisor

However, a number of concerns about the potential for stigma and discrimination remained. For example, many employees were worried about the disclosure of VCT test results, and negative reactions.

"...it seems that people always try to find out who is infected and from their attitude it is almost clear that they think very negatively about people with HIV/AIDS."

Worker

"...even when we are having VCT they are afraid because they think when the test is done everybody will know and there will be a problem."

Peer educator

Peer educators seemed to be aware of the ongoing fear of stigma, and requested more materials to try to address workers' concerns.

"We are trying to address it, but it's very hard.... So we need more [strategies and support] in order to try to keep up with awareness."

Peer educator

Therefore, while there appeared to be little overt discrimination reported at the time of the evaluation, program managers and peer educators need to continue to address the issue and to be sensitive to employees' fears of potential stigma and discrimination.

HIV-status disclosure seems to be increasing in the workplace, albeit slowly.

While there was no clear policy framework within which disclosure could take place, it does appear that at least some disclosure was occurring on a personal level between HIV-positive field employees, project staff, and peer educators or supervisors. During the program, a support group for HIV-positive Eskom employees was created, which indicates that some employees did feel comfortable disclosing their status. At the time of the evaluation, approximately 35 employees had disclosed their status to the project coordinator—who is openly HIV-positive—and had sought counseling and information on “positive living.”

However, anxiety persists about confidentiality and disclosure. In particular, concerns were raised about the way in which test results are communicated to workers in certain locations at Eskom.

“The guys were concerned because when they give the results it will be here with everybody here [in a group]. So their concern is not if the results are negative or positive, [but that] when you come out of there everyone will be able to read your status by your mood.”

Supervisor

Family members' participation is valuable to the community and to themselves.

Family members in Margate reported being involved in a range of activities, including home-based care, visiting people in the hospital, and providing education on stigma, discrimination, prevention, and nutrition. Many of these needs, such as for home-based care, were previously unmet by worker peer educators, who found that they had no extra time to dedicate to the community, given their additional responsibilities at Eskom.

All family members indicated that they found the workshops interesting and the information provided in Eskom's pamphlets useful. Overall, the family members felt that they had benefited a great deal from the information passed on to them, that they have taken the messages to heart, and that they are actively trying to remain effective in their community's struggle against HIV.

However, many family members felt that there was a need for more frequent trainings, regular feedback, and assistance with transportation in order to be more effective in their communities.

“Workshops...should not be too irregular. Those involved should try to run the workshops more frequently, otherwise we are bound to lose interest and so the whole purpose of the training is lost!”

Family member

Since many of the family members were related to the worker peer educators, an additional benefit of involving them in the HIV program was the extra support they could provide to the peer educator in their family, such as discussing issues and sharing ideas, which helped both groups develop their roles and maintain motivation.

Community and NGO involvement can complement Eskom's program but better coordination and role clarification is needed.

In the Margate study area, NGOs and community members became involved in the HIV/AIDS program activities in order to meet some of the needs that emerged in the formative research. For example, 70 percent of workers in the 2001 survey said they would prefer to use HIV-testing facilities outside of the workplace. The NGOs involved in the intervention were eager to offer their services to workplaces and were well placed to reach families of workers, as they are integrated into the community.

However, despite training and mobilizing NGO providers and building rapport, establishing a formal working relationship between the NGOs and the workplace proved difficult. NGOs provided services mainly to communities, sometimes working together with the family members of workers. Some NGOs lacked the capacity to reach large numbers of people and to meet diverse needs. It was also difficult to reach all the communities where employees live.

Strategies should be developed to facilitate and support long-term partnerships between the workplace and NGOs. A formal partnership would ensure clear roles and responsibilities and address capacity issues and other needs. A structured process, including skills and organizational capacity development, would contribute to the sustainability of programs and delivery of quality services, and would also address the gaps which Eskom and other workplaces are unable to fill.

Support and buy-in from management improved over time, but more involvement is needed.

As in any workplace program, it is difficult to balance the bottom line needs of the company with supplementary workplace activities. There were some difficulties initially with the coordination of project activities because of competing responsibilities of the Eskom staff involved in the project.

Another common concern expressed by respondents was that supervisors did not allow peer educators enough time nor provide adequate support to carry out activities.

“When I first attended the training...it was only for two weeks, but my supervisor didn't allow me to go out for two weeks.... I was only at the training for one week and at the end of the day it was affecting me because I need to know more.... I even told my supervisor I can work on the weekends to try to cover them, but was told it was a waste of time.”

Peer educator

Although the support from supervisors improved over the life of the project and some supervisors were involved in peer education, more work is required to gain greater participation and their full support to facilitate the activities of peer educators. Resources targeted directly at influencing and educating supervisors could help encourage their further support and involvement.

Finally, supervisors expressed a desire for more help with issues around disclosure, and advice regarding their roles and responsibilities if an employee chooses to disclose to them. While supervisor training on HIV/AIDS, including issues related to disclosure and confidentiality, was available, as were educational materials that were developed for the program, supervisors rarely took advantage of the trainings offered to them. One recommendation to address this sensitive issue is for Eskom to introduce mandatory training for supervisors on HIV/AIDS, including how to handle HIV status disclosure in the workplace.

Horizons

Horizons is a global operations research program designed to:

- Identify and test strategies to improve HIV/AIDS prevention, treatment, and care programs and services.
- Disseminate best practices and promote research utilization with a view toward scaling up successful interventions.



Horizons is implemented by the Population Council in collaboration with

- International Center for Research on Women (ICRW)
- International HIV/AIDS Alliance
- Program for Appropriate Technology in Health (PATH)
- Tulane University
- Family Health International (FHI)
- Johns Hopkins University

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