

## STRENGTHENING WORKPLACE HIV/AIDS PROGRAMS: THE ESKOM EXPERIENCE IN SOUTH AFRICA

A workforce with a high HIV prevalence can lead to many illness-related absences and a loss of skilled workers, causing lower profits and greater difficulty in delivering products and services. Due to these potential negative effects, it is essential that businesses play a key role in both HIV prevention efforts and mitigating the effects of the AIDS epidemic on their employees.

Some companies, including South Africa's main 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 identifying gaps and testing new strategies through an intervention study conducted in three areas of KwaZulu Natal (KZN) province, which has one of the highest HIV prevalence rates in South Africa.

### Key Findings

- Eskom's program successfully addressed gaps in 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 efforts mobilized peer educators and supervisors to confront stigma in the workplace and community.
- Eskom's investment in training family members of workers and community-based NGOs was feasible and acceptable, and created an important link between workplace and community HIV/AIDS services.
- Workplace HIV/AIDS programs need continued attention and operations research provides direction to address program challenges.

### 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:** Worker peer educators were trained using a newly expanded curriculum that covered prevention, care, and support. The program also trained select NGOs and female family members of workers 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 VCT.

**Care and support:** Home visits in the community were conducted by trained NGO and family peer educators.

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

## Project Background and Methodology

In 2000, Eskom and the Horizons Program hosted a two-day workshop in KZN to review what Eskom was doing in response to HIV/AIDS and to determine how the 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 there was no monitoring of peer education activities. HIV voluntary counseling and testing (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 that were ill, limited activities related to care and support for people living with HIV were available. In addition, Eskom AIDS program staff cited a strong interest in reaching out to the community, and linking the 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 workers 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 workers worried most about stigma from coworkers 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 with workers ( $n = 379$ ) across KZN and their female family members/partners ( $n = 350$ ). It explored existing HIV/AIDS knowledge, attitudes, risk behaviors, service utilization, and the manifestation of stigma in the workplace and community.

The survey found that workers 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, and 10 managers and supervisors. In addition, 10 non-Eskom employees were included in the study—family members and members of NGOs who were involved in the intervention activities. 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 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.

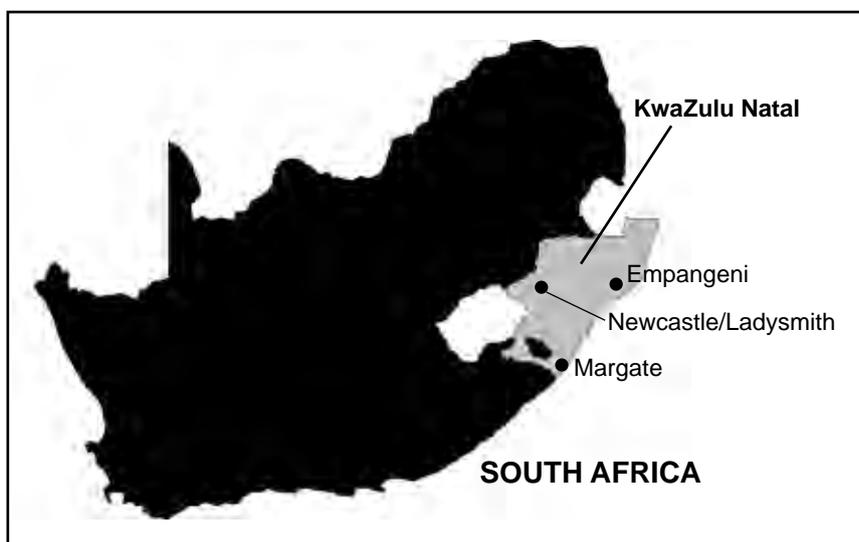


ESKOM workers

## Intervention Design and Activities

Based on the findings in the formative assessments and exploratory research, Horizons designed an intervention study to strengthen Eskom's workplace HIV/AIDS program. Eskom provided funds for the intervention activities that were implemented from 2002-2004. Horizons provided the funds for the research component. Development Research Africa was contracted to undertake initial data collection, with technical assistance from Horizons.

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, this same strengthened workplace program was 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 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.

The components of the intervention were:

### ***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. Horizons reviewed both the existing curriculum being used by Eskom in KZN as well as other curricula to guide this development. A training-of-trainers workshop was then held to train trainers who would in turn train peer educators.

Trainers then held workshops with peer educators in each of the three study sites. 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 enable peer educators to undertake proposed activities after the workshops, they were provided with kits that contained HIV/AIDS information materials, monitoring and evaluation forms, pens, notebooks, a template for activity workplans, condoms, a condom demonstration model, stigma reduction

stickers, and bags. Peer educators used the template provided to develop a monthly workplan for their activities; activity forms were used to document the number of people reached, types of activities conducted, challenges experienced, and achievements recorded.

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 counseling services, 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 trained NGO 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 and widely circulated, and referrals to VCT services were promoted through the care and support activities – peer educators also distributed these materials in the workplace.

### ***Stigma and discrimination***

Stigma interventions were designed to respond to the needs raised in the exploratory research in various ways. 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 project 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.

The program also included discussions with managers and supervisors and the distribution of educational materials. In Margate, advocacy to reduce stigma was conducted in the community as well, through 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**

### ***Program increases key knowledge of HIV for workers and community members***

General HIV knowledge was found to be high during formative research. At baseline, 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, at baseline, only one-third of respondents cited monogamy or abstinence as a way to avoid infection.

After intervention activities, the overwhelming majority of respondents indicated a good basic knowledge of the prevention issues related to HIV, such as the need for safe sex and faithfulness to a partner 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



MELISSA MAY

*“[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 into their families and communities, indicating a further strengthening and effect of the program.

*“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

### ***Employees are fairly aware of policies, but want continued information***

At baseline, only two-fifths of workers knew that Eskom had a written HIV/AIDS policy. Of those that knew a policy existed, 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 the 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 policy. Ensuring access to these leaflets may be the most useful way of educating workers about the policy, as they indicated that they keep the leaflets and spend time digesting the information at their own pace.

### ***Workers want policy 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 nutrition information, 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, and provide 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

### ***Momentum and sustainability of peer education can be lost, should be maintained***

Despite some efforts to motivate peer educators, it can be difficult to inspire them to continue in their roles. While 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 for peer educators to be kept abreast of emerging issues and services that are relevant to their work, by holding regular workshops to continue their training and keep them updated on recent

research. By renewing and increasing their knowledge around HIV, peer educators will be able to remain motivated as well as continue to peak workers' interest. As one respondent noted,

*"The PE should know more about HIV to avoid boring people. The PE 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 and improve the peer educators' quality of 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***

Before the intervention began, while an important minority of workers reported that they were concerned about institutionally-based HIV-related stigma and discrimination, such as being fired from their positions due to a positive HIV status, they were most concerned about other types of stigma, such as 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 I don't treat them any different way. 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:

*"There is still discrimination around HIV. 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, but slowly***

While there is no clear policy framework within which disclosure can take place, it does appear that at least some disclosure is occurring on a personal level between 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 do feel comfortable disclosing their status. Approximately 35 employees have disclosed their status to the project coordinator—who is HIV positive himself—and have sought counseling and information on “positive living.”

However, anxiety persists about confidentiality and disclosure. In particular, concerns were raised about the manner in which test results were distributed in certain locations at Eskom. A supervisor observed that:

*“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 valuable to community and 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 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 very interesting and the information provided in Eskom’s pamphlets very useful. Overall, the impression from interviews with family members was that they felt 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.



*Horizons Project  
Coordinator at Eskom.*

*“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

An additional benefit of involving family members in the HIV program was the extra support that they could provide to the peer educator in their family, such as discussions and sharing ideas, which helped both groups develop their roles and maintain motivation.

### ***Community and NGO involvement is important, but could be stronger***

In the Margate study area, NGOs and community members were 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 baseline 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 are well-placed to reach families of workers, as they are integrated into the community.

However, despite training and mobilizing NGO provider and building rapport, establishing a formal working relationship between NGOs and the workplace proved difficult. NGOs provided services mainly to communities, sometimes working together with 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 working partnership would ensure clear roles and responsibilities and address capacity issues and other needs. A structured process, dealing with skills and organizational capacity development, would contribute to the sustainability of programs and delivery of quality services, and address the gaps which in-house HIV/AIDS providers are unable to fill.

### ***Support and buy-in from management essential, needs strengthening***

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 or 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 myself because I need to know more.... I even told her I can work on the weekends to try to cover them, but still she said 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 was still required to gain greater participation and their full support to facilitate the activities of peer educators. Resources targeted directly at supervisors could also help encourage their support and involvement.

Supervisors also expressed a desire for more help with issues around disclosure, and advice regarding their roles and responsibilities if an employee chose to disclose to them. While supervisor training on HIV/AIDS, including issues related to disclosure and confidentiality, was available, as were IEC 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, and particularly on how to handle HIV status disclosure in the workplace. 

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*Four local NGOs in Margate were also involved in the study: Tholulwazi, Sakhisiwze, Church Mission Ministries, and Umuzi Wabantu Development Initiative. Nonhlanhla Khuzwayo and Nothemba Mahlawe served as liaisons between Eskom and the NGOs.*

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