

THE KENYAN WORKPLACE:

A STRONG TOOL FOR HIV
PREVENTION AND TREATMENT

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SNAPSHOTS FROM THE FIELD



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Cover photo: Boda Boda drivers await passengers in the middle of their workday. Photos: Steve Taravella/FHI

Zacharia Akhonya is a tall, strikingly handsome 29-year-old with a captivating smile. He makes his living as a Boda Boda driver, the local term for the young men who transport residents of Kakamega about town on the rear of bicycles. But Akhonya sees each passenger encounter as more than a source of income; it's an opportunity to educate and inform.

From the front of his bicycle, cars whizzing past him on Kakamega's dusty roads, he talks with his passengers about AIDS. Discussing matters such as HIV testing and proper condom use, he has turned his job into a mechanism for helping his neighbors maintain their own health. Akhonya is one of about 200 Boda Boda drivers who have completed a five-day, peer-education training program on HIV/AIDS since October 2003, enabling them to spread prevention messages in the towns of Bungoma, Busia, Kakamega, Mumias, Nzoia and Webuye.

The Boda Boda effort is one of many peer-education programs funded by the U.S. Agency for International Development (USAID) that use Kenyan work settings to increase AIDS knowledge, reduce AIDS stigma, and improve services to those who are HIV-positive. These programs have grown from simple awareness efforts to comprehensive programs that in some cases even provide life-saving antiretroviral drugs (ARVs).

The Boda Boda program is part of USAID's Implementing AIDS Prevention and Care Project (IMPACT), which is managed by Family Health International (FHI). The training is provided by three local IMPACT partners, the Family Planning Association of Kenya, the Bungoma Organization for the Empowerment of Women and the Program for Appropriate Technology in Health. The training uses role-playing exercises to boost drivers' level of comfort in engaging passengers about HIV. It emphasizes linkages with existing local programs so that drivers can refer passengers to specific sites for testing and other services. Similarly, drivers don't merely talk to passengers about condoms; they distribute them at no charge. The tiny Boda Boda office, open to drivers 24 hours a day at a centrally-located street corner, keeps a supply of condoms in a make-shift display for drivers' easy access.

Drivers especially encourage passengers to disclose their HIV status to family members. In Kenyan culture, self-disclosure is the only way to protect loved ones, says Peter Mayende, a fellow Kakamega driver. Custom dictates that when Mayende dies, his wife will be "inherited" by his brother; if she were positive and did not tell her new husband, he could then become infected.

But have the drivers been tested themselves? In a group of about 15 that gathered outside on a September morning, hands shoot up quickly and heads nod enthusiastically, including Mayende and Akhonya, who wears a pin that proclaims *AIDS: Work On It*. An FHI field coordinator explains that, immediately after their training, many of the drivers chose to seek testing together—and that one of them has since disclosed his HIV-positive status to the others.

Both male and female passengers are surprisingly interested in talking about HIV, drivers say. Some riders—or "clients," in this context—even seek out certain drivers later for follow-up

conversations or for additional condoms. But some dismiss the drivers' efforts with sentiments like, "People have been dying for a long time. Accidents and other diseases kill, too." And sometimes Akhonya feels woefully unable to help, such as when a client returns after having been tested at Akhonya's suggestion, discloses an HIV-positive test result and asks, "What next?" In those moments, Akhonya might refer people to the new Comprehensive Care Centers at nearby government and Mission hospitals, or to support groups and post-test clubs. But he wishes he could offer access to financial support or medicine. Similarly, he struggles to find the right advice for an HIV-positive widow with children who cannot find food for her family.

Akhonya knows he's doing some good, but, for him, peer education comes with a price. The typical Boda Boda ride is about two kilometers, for which the driver receives about 10 Kenyan shillings, about 13 U.S. cents. Only about 20 percent of Boda Boda drivers own their bicycles, and Akhonya is not among them. The owner of the bicycle he drives expects a certain amount of money at the end of the day, and every 15 minutes that Akhonya spends talking to someone about condoms represents 15 minutes in which he's foregoing a transport fee. To offset those lost wages during training, the program provided the drivers with an honorarium.



Zainab Opondo, a peer education leader at Mumias Sugar Company for more than two years, says female workers often ask why they cannot access the female condom at no charge.

IMPACT has created workplace HIV programs at 98 public- and private-sector worksites in Kenya since 1991, in the process training 1,602 peer educators and 141 other trainers to support more than 104,320 employees. Private-sector clients include tea exporter Brooke Bond East Africa (a Unilever subsidiary), Eveready Batteries, Serena Hotels, Nakuru Blankets and the Akamba Handicraft Cooperative. Public-sector clients include the Kenya Ports Authority, Kenya Railways and the Nyeri Municipal Council.

"Workplaces have now started to integrate HIV activities in their day-to-day operations," observes Dr. Esther Getambu, the National AIDS Control Council's provisional AIDS control coordinator in Mombasa. "They've seen it's easier and cheaper to treat (employees with HIV) than to pay to re-train another person."

To serve these clients, IMPACT works closely with local partners, such as the International Center for Reproductive Health (ICRH), the Family Planning Association of Kenya, the Africa Medical Research Foundation and the National Organization of Peer Educators (NOPE), an independent NGO that

began as an IMPACT program. Together, supported by USAID, these agencies mobilize business and labor resources for workplace prevention efforts; help design and implement workplace programs; train



Zacharia Akhonya (center) and his colleagues help the residents of Kakamega, Kenya, understand HIV.

peer educators and trainers for large workforces; conduct management sensitization meetings in collaboration with the Kenya HIV/AIDS Business Council; evaluate the effectiveness of workplace activities; and orient workplace managers to antiretroviral drugs (ARVs) in collaboration with Pharm Access Africa Ltd. In February 2005, IMPACT and Pharm Access Africa hosted a three-day workshop in Nairobi for human resource managers and physicians from 12 prominent employers, including Kenya Airways, Telkom Kenya and Multiple Hauliers, the largest long-distance trucking company

in East Africa. Some of these companies will provide ARVs and medications for opportunistic infections, including TB drugs, to staff and their families at no charge.

“Working closely with employers in all sectors of the economy, USAID has helped these businesses lead the way in developing Kenya’s workplace response to HIV,” says John McWilliam, who directs FHI’s programs in Kenya. “Workplaces are safer places for people with HIV/AIDS today because of this.”

Earlier in the epidemic, IMPACT partners “went knocking” to persuade employers of the need for these services; today, many employers eagerly seek assistance from them, observes Stanley Luchters, MD, MSc, the Mombasa field director for ICRH. The pay-off can be significant. ICRH says peer educators at just eight sites in Mombasa – as different as the 800-employee Slapper Shoe Co. and the 6,000-employee Kenya Ports Authority – collectively conducted 620 sessions that reached 16,950 employees during a recent nine-month period. Peer educators promoted HIV testing and counseling, demonstrated proper use of the male and female condom, and provided referrals for family planning and STI services.

Interest in employer HIV programs is so great that 600 peer educators from 120 workplaces and organizations across Kenya gathered in Nairobi in June 2004 for the first National Conference on Peer Education, HIV and AIDS. Philip Waweru Mbugua, a program manager for NOPE, says workplace peer educators are being confronted with more sophisticated questions, addressing things such as ARV treatment. Nonetheless, he still encounters people who fear contracting HIV by touching a co-worker.

Far on the other side of the country from Kakamega's Boda Boda drivers, in a warm, sunlit office in Mombasa, Christine Mukangi marvels at how far the Kenya Revenue Authority (KRA) has come on HIV issues since April 1999. Mukangi, a secretary in the Income Tax Department, had urged KRA to devote greater attention to HIV and, that month, KRA hosted a one-day HIV seminar for tax officers in its Mombasa office.

The 1999 seminar was followed a year later by a five-day peer education training for 23 KRA staff volunteers. The training was provided by IMPACT partner ICRH, which assists and monitors workplace programs. ICRH first presented a sensitization session for KRA management to ensure top support for the broader effort. Today, KRA, which employs 3,500 people throughout Kenya, takes HIV so seriously that other employers can learn from what they've done, ICRH says.



NOPE's Philip Waweru Mbugua discusses peer education with Margaret Matua, human resources manager at Bamburi Cement, Mombasa.

Putting HIV activities in place here was slow, partly because KRA was so focused on its core function of revenue collection. But peer education took off in 2002, when ICRH was asked to organize training for KRA's Kisumu and Nairobi locations. KRA paid for the training, transportation and accommodations for staff who traveled to attend. The program proved so popular that staff began asking if their spouses and children could be included. KRA authorized a training for 40 employee dependents in September 2004, and funded a small kitty for youth needs.

Because HIV affects so many other parts of one's life, staff soon began turning to peer educators with non-HIV problems. KRA responded by offering to train employees in basic counseling-in-the-workplace skills. The Kenya Association of Professional Counselors trained four employees each in KRA's Kisumu, Mombasa and Nairobi offices. Some employees were so impressed with what they learned that they took it further. Mukangi, for one, will soon finish her Masters degree in counseling from the University of Durham in England. Others are seeking professional counseling credentials, too.

To ensure ongoing resources, KRA earmarked KS500,000 (about US\$6,600) for HIV activities from its annual budget. Mukangi knows this is not a great amount, but she says it is an indication that "people are now taking the threat of HIV seriously." Her own duties at KRA have expanded to include the title HIV Coordinator for the Southern Region.

KRA also plans to start an HIV resource center onsite. Each month the need for information grows. Of KRA's 750 Mombasa employees, at least 16 are receiving ARVs, but at their own expense, Mukangi says. She is aware of five others who are medically eligible but cannot afford the drugs.

Some employers don't merely refer workers to services; they provide them. In these cases, companies have found the cost of treating employees with HIV can be less than the costs of recruiting, hiring and training new workers and coping with illness-related absences. "It's difficult to get trained, skilled manpower, and any employer needs to look at that," says Dr. Samuel Yuaya, company doctor at Mumias Sugar Co. in Mumias, Western Province.

Mumias Sugar and Bamburi Cement Ltd. in Mombasa, Coast Province, illustrate a commitment by employers in different industries across the country to respond to HIV pro-actively with a spectrum of services. Both companies have longstanding relationships with USAID-funded projects. "Without IMPACT, we would be very far behind in fighting against AIDS and not made as much progress," Dr. Yuaya says.

Mumias Sugar had its first HIV education session in 1988, began working with IMPACT in 2000, and in a recent month was providing life-saving ARVs free to 20 employees. Bamburi began working with the AIDSTECH Project (an IMPACT predecessor) to train employees and managers in 1992. Bamburi has about 450 permanent workers and Mumias Sugar about 2,500.

From 1992 to 1995, AIDSTECH and later the AIDSCAP project taught Bamburi workers about AIDS and sexually transmitted infections (STIs), provided specific instruction for managers, trained staff to be peer educators, and conducted peer education refresher courses. In 2000, IMPACT partners ICRH and NOPE revived peer education activities at Bamburi with a new five-day training program. The training is conducted off-site, usually at a hotel, so that staff are less likely to be pulled away by their work responsibilities.

Like other employers, Bamburi has learned that effective workplace programs must earn buy-in from top managers. The peer education training requires staff time, and workers, once trained, will need time to engage in their education activities, so "it's essential for us to have the managers on board before we can move," says Human Resources Manager Margaret Mutua.

Bamburi's HIV workplace activities are guided by a formal, nine-member AIDS Committee that meets monthly, including representatives of the employee union and the human resources department, as well as the company doctor, Dr. S.A. Seboru. Today, 34 of the 48 peer educators who have completed that training remain active in the program, providing information to the plant's workforce, according to Bamburi's human resources department. Bamburi paid for one of those persons to receive further training in counseling skills.

Bamburi is confident that peer education activities have helped keep its workforce healthy. A recent company survey shows that employees mostly understand how HIV is transmitted and

how it can be prevented. The company says total man-hours lost due to HIV-related illness have dropped. Condom use is up, measured by an increase in condoms distributed at the plant to about 8,000 per month. HIV testing and counseling appointments have increased at Bamburi's sleek new VCT center, which is open Monday through Friday. And an ARV program now makes life-saving HIV drugs available to employees and dependents at no charge.

For each employee in its health plan, Bamburi covers one spouse and up to three children. About five percent of the company's total medical expenses are related to HIV/AIDS. Providing ARVs costs the company about KSh4,500 per person per month, or about US\$58.

The direct cost of providing ARV drugs is only part of the challenge; developing sound policies around drug delivery is also problematic. Mumias Sugar will pay for ARVs for employees at all



Peer educators at Slapper Shoe Industries at Changamwe after a community outreach activity.

Photo: Stephen L. Masai/ICRH

levels, including all related lab tests, but only as long as the person remains employed. “What happens when someone retires or is re-trenched?” asks Dr. Yuaya. In one case, an employee receiving ARVs retired and Mumias Sugar stopped the worker's drug supply. But in another, when the company learned that an employee who was being fired for poor performance was HIV-positive, it rescinded the termination because the man otherwise would have no care.

Apart from its ARV expenses, Mumias Sugar has earmarked 2 million shillings (about US\$26,000) for HIV advocacy and training annually. From this budget, it recently sponsored three staff to attend a NOPE conference, reasoning this is no less important than its having sponsored six staff to attend a conference in Mauritius on sugar technology, Dr. Yuaya says.

AIDS stigma remains a challenge for all Kenyan employers. Despite Bamburi's strong commitment to HIV services and education, not one employee has felt comfortable disclosing his or her HIV-positive status publicly. “There's still the fear of losing a job,” Matua says. For the company's fiftieth anniversary celebration, an article on ARVs was being prepared for a magazine. One HIV-positive employee agreed to be interviewed, but only if his real name was not used. And if the interview took place off-site. And if no photographer was present. This is the closest Bamburi has come to putting a face on HIV in its workforce.

Ensuring that workplace programs remain effective is a growing challenge, says Dr. Yuaya, who is concerned about monitoring and evaluating workplace HIV activities. Keeping staff engaged in peer education is difficult; the absence of long-term incentives means about 60 of Mumias Sugar's 100 trained peer educators are no longer involved in HIV education, he estimates. "The remaining 40 realize they have nothing to gain" by continuing. To encourage staff to remain involved, management is considering including "participation in HIV activities" in staff performance appraisals. Making HIV involvement something that staff will be held accountable for may increase effectiveness, he reasons.

Until then, the company's peer education activities take place less often than just a few years ago. Some frequent topics that arise in these sessions, as revealed in a group discussion with nine Mumias Sugar peer education coordinators at the factory in September 2004, are:

- How to respond to men who are tempted to engage in unsafe activity with *sex workers who offer sex without a condom for a higher price*. The sex worker might charge 1,000KS for sex with a condom and 3,000KS for sex without.
- *How to help women access female condoms*. Women are frustrated that they cannot access free female condoms, while men can easily find male condoms at no cost. The female condom sells for 50 shillings (about 65 U.S. cents) in Kenya, while government-issue male condoms are free at many locations. Even nicely-packaged commercial male condoms—typically a strip of three for 10 shillings—are cheaper than the female version. Zainab Opondo, a peer education leader at the company for more than two years, says women are willing to use the female condom and often ask about the discrepancy.
- *How to reconcile faith-driven values with the realities of Kenyan work life*. Before a man leaves for a business trip without his wife, she may sometimes ask peer educators for condoms that she can slip into his luggage. Although many in the heavily religious communities surrounding the factory adhere to a "be faithful" approach to sexual activity, many also realize they must protect themselves against whatever behaviors may take place, peer educators explain. They say many women provide their husbands with condoms "just in case" the men engage in sex while away from home.

A slow-down in peer education activities does not mean concern over the disease has waned. In fact, Bamburi is considering an even larger role, as people in the surrounding community are turning to the cement maker for help. It plans to erect large billboards in the neighborhood to promote VCT services, and would like to partner with an NGO to help provide ARVs to others in the area, Dr. Seboru says.

"You can't just live on an island around your home. You have to support your community," he says. "HIV doesn't belong to one person – it belongs to the world around us."