BEST PRACTICES in SCALING UP CASE STUDY

ZAMBIA

When Scaling-Up Is the Only Alternative: Experience with Workplace HIV Programs in Zambia

INTRODUCTION

In Zambia as elsewhere, HIV affects people during their most productive years and 16 percent of Zambians between ages 15 and 49 are infected with the virus. Thus, HIV and AIDS have had a significant impact on the country's workforce across sectors—in formal and informal employment and in large and small businesses alike. The epidemic has resulted in lower productivity and profitability and has effectively undermined decades of economic development.

Volunteer peer educators providing prevention education to marketeers, Mtendere Market, Lusaka, Zambia.

Workplace programs have long been recognized as an integral part of a comprehensive national response to HIV and AIDS. Demand for these programs in Zambia continues to grow. The U.S. Agency for International Development (USAID)-funded SHARe project (Support to the HIV/AIDS Response in Zambia) and Zambia Integrated Health Project (ZIHP), which ended in 2004, both led by JSI, have taken up this challenge.

ZIHP was an early participant in the national response to HIV in Zambia, with the development of *FACEAIDS,* an innovative HIV program designed for workplaces. Since 2004, JSI's SHARe project has built on the success of *FACEAIDS* and significantly expanded the program's reach. SHARe not only involves private sector workplaces, but also workplaces in the public sector and among supporting partners.

Why It Matters

In Zambia, an increasing number of working-age men and women are impacted by HIV and AIDS. Employers have become aware of the importance of workplace HIV prevention and treatment programs, whose messages to workers may be passed on to families and communities. To meet this need, JSI launched the workplace program *FACEAIDS* in 2001. By 2005, private-sector workplace programs had expanded to 121 workplaces in 37 districts, covering all 9 provinces and reaching over 50,000 employees. Public-sector programs had begun in two ministries with a workforce of 5,704 employees. Furthermore, by establishing and funding the Zambia Health Education & Communications Trust, JSI and USAID furthered the sustainability of *FACEAIDS*.

RESULTS

Measuring Progress and Determining Impact

Impact under ZIHP was measured by a baseline survey conducted in 1999 and an end-of-project (EOP) survey conducted in 2003. The workplace program was not part of these surveys as *FACEAIDS* began in 2001 as a response to demand. The SHARe project conducted an individual-level baseline workplace survey and will have an EOP survey in 2010 as well. In between there will be annual surveys for the duration of the project.

Process-Level Results

- Expanded the private sector workplace program from 4 workplaces in 3 districts and one province, reaching a workforce of 474 employees (under ZIHP, 2001), to 121 workplaces in 37 of Zambia's 72 districts, covering all 9 provinces and reaching more than 50,000 employees.
- Extended the workplace program into the public sector, covering the Ministry of Agriculture and Cooperatives, and the Ministry of Commerce, Trade, and Industry, with a combined workforce of 5,704 employees and offices in all 72 districts. The Ministry of Home Affairs has been added as part of the project's expansion during 2005.
- Extended the program beyond employees to spouses and partners. In the mining and agricultural sectors, families and communities around the facilities also directly benefit from the program and are linked to counselling and testing, palliative care, and anti-retroviral therapy (ART) services.
- In SHARe's first fiscal year (2004-2005) alone:
  - 1,402 ministry employees received information and sensitization messages on HIV
  - 15,000 private sector employees were similarly reached in 38 companies
  - 420 peer educators were trained
  - 122 managers were sensitized on HIV
  - 128 service providers were trained in counseling and testing
  - 202 care givers were trained in palliative care
  - 91 private practitioners were trained in ART
  - 715 individuals were linked to ART services

FACEAIDS

The name *FACEAIDS* embodies the commitment of workplaces to address and tackle the issues of HIV/AIDS and encourage their employees at all levels to be educated about the disease. Initially launched as an HIV awareness program, *FACEAIDS* now covers prevention, counseling and testing, palliative care, and anti-retroviral therapy (ART).

In addition to these direct results, ZIHP and SHARe have contributed to the development of institutions to support ongoing workplace activities. The NGO Zambia Health Education and Communications Trust (ZHECT) was formed and supported to meet the increasing demands for HIV and AIDS workplace programs. In addition to its efforts in private sector workplaces, ZHECT plays a significant role as an advocate for workplace HIV issues:

- ZIHP and ZHECT helped spearhead the Zambia HIV/AIDS Partnership in the Workplace, a coalition of

Police peer educators staff the onsite VCT tents at the Inter Company Relay Race for the Zambia Amateur Athletics Association.

eight NGOs involved in HIV and AIDS workplace programs.

- SHARe has subsequently initiated the HIV/AIDS Workplace Forum, which brings together workplace projects in Zambia that receive funding from USAID to share best practices.

Impact-Level Results

Workplace programs in Zambia have helped employees maintained high levels of knowledge of ways to avoid contracting HIV and symptoms of STIs. These programs have also significantly increased the proportion of men and women who have heard about VCT and doubled the proportion of those tested, as seen in **Table 1**, below.

SCALE-UP STRATEGIES

The HIV workplace program was initiated in response to a growing need for HIV awareness training in the private sector, as an increasing number of employees were missing or died due to AIDS-related illnesses. As the workplace program evolved during ZIHP and later SHARe, several key strategies of scale-up could be identified:

Involve Local NGOs: During the ZIHP implementation, *FACEAIDS* experienced an unexpectedly high demand for its services that exceeded ZIHP's capacity to manage the program alone. At that time there were very few local NGOs that could assist with the management of a program of that kind, and so the NGO, ZHECT, was formed to fill the gap, manage *FACEAIDS,* and expand the initiative to reach more workplaces.

With an initial 11 employees, a well-equipped office and one vehicle, ZHECT staff increased the number of workplaces reached and the geographic area covered. USAID subsequently recognized ZHECT's potential and gave ZIHP additional funding to support the new NGO. With this influx of funds, ZHECT reached medium and large companies and the informal employment sector. Large companies were given guidance to start workplace programs in their smaller subsidiaries. Demand increased further, and as ZIHP came to an end, a strategy to expand workplace activities through the new USAID-funded project, SHARe, was developed.

Under the SHARe Project, ZHECT was joined by the NGO Comprehensive HIV/AIDS Management Programme (CHAMP) to support expanding workplace HIV programming. CHAMP had experience working with the private sector and was ideally positioned to expand and extend the workplace program into additional workplaces, reaching many more employees. The partnering aspect of the approach is discussed in greater depth below.

Table 1: ZIHP Impact-Level Results

Changes in knowledge and testing	*ZIHP Community Baseline Survey 1999*	*ZIHP Community Final Survey 2003*	*SHARe Baseline Workplace survey 2005*
Percent men and women of reproductive age who can identify ways to avoid contracting HIV	Men 99% Women 94%	99% 99%	96.7% 97.0%
Percent of men and women of reproductive age who can identify symptoms of STIs	Men 94% Women 87%	98% 96%	98.4% 97.3%
Percent of men and women who have heard about VCT	Men (Not done) Women (Not done)	81% 78%	89.7% 90.7%
Percent of men and women of reproductive age group ever tested for HIV	Men (Not done) Women (Not done)	11% 11%	22.6% 26.2%

Involve the Private Sector: While private sector companies are a target audience for workplace programs, they are also essential partners in these efforts. SHARe and its partner NGO, CHAMP, currently support two Global Development Alliances (GDAs) in Zambia. GDAs are agreements between USAID and other development partners—both governmental and private sector—to jointly define a problem and collaborate on its solution.

USAID has developed two HIV workplace GDAs in Zambia, one for agribusinesses covering three companies and one for extraction/mining companies with five companies, covering a workforce of approximately 300,000 people. SHARe has a sub-grant with CHAMP to provide management, monitoring, and technical support to workplace activities in the two GDAs.

In addition, cash and in-kind resources are leveraged from private sector partners following the GDA model. This strategy matched SHARe's and ZHECT's approaches to workplace initiatives. The *FACEAIDS* model expects workplaces that participate in the program to contribute both financial and in-kind resources to the efforts to ensure buy-in and sustainability.

With SHARe's support and guidance, CHAMP and ZHECT moved the program from sensitization of employees and their managers to service linkages and referral for counseling and testing, ART, palliative care, and other support. As part of the expansion of workplaces, two training institutions—Kara Counselling and Trust and Chainama College—were contracted to carry out training in counseling and testing and palliative care, and the Ministry of Health was involved in ART training. The critical involvement of public sector institutions is discussed in greater depth in the next section.

Involve the Public Sector: Involving the public sector was an important element of SHARe's project design—furthermore, they are often one of the largest employers in a country. SHARe has worked with the Government of the Republic of Zambia (GRZ), and in particular the National AIDS Council to develop workplace programs in government ministries. Work with the public sector had begun under ZIHP, most notably with the police and the judiciary on gender issues, but that work was on a relatively small scale. Under the SHARe project, public sector involvement expanded considerably.

In SHARe's first year, workplace programs were developed for the Ministry of Agriculture and Cooperatives and for the Ministry of Commerce, Trade and Industry.

Prison officers during a SHARe peer educator training activity.

These ministries are large and cover the whole country. As with private sector programs, the costs of these public sector initiatives have been shared. SHARe has also partnered with World Bank-funded ZANARA (Zambia National Response to HIV/AIDS) to leverage resources in order to mount these workplace programs in the two ministries. Additional support has been provided by funding mechanisms such as the Global Fund for AIDS, TB and Malaria.

Form Partnerships: As more organizations got involved, it became increasingly important to harmonize activities and speak with one voice. ZIHP and ZHECT were instrumental in the formation of a coalition; HIV/AIDS Partnership in the Workplace. The coalition is made up of eight NGOs involved in HIV workplace programs and is supported by the different partners and the Zambia Business Coalition on HIV/AIDS (ZBCA).

The coalition enables members to have a voice that extends beyond each group's direct employees. Its main functions are to:

- advocate for HIV and AIDS workplace issues,
- standardize training protocols and materials,
- harmonize HIV-related workplace research,
- share best practices, and
- encourage local NGO leadership in workplace programs.

Under the SHARe project, an HIV/AIDS Workplace Forum was also created to provide a venue the various workplace programs receiving funding from USAID could use to share experiences, best practices, and lessons learned, and to collaborate with each other. The Forum holds meetings once every two months and has already proved to be vital in strengthening activities in the workplace.

STEPS TO SCALING UP A WORKPLACE-BASED PROGRAM

In JSI's experience, the following are the most important steps to starting a workplace program:

- ***Ensure managers feel a need for the program:*** A need must be expressed for the program. Either the workplace sees the need or you must help them recognize the need and the benefits.
- ***Gain total commitment from management:*** Management must understand the magnitude of the problem. Sensitize management on HIV, its effects and impact globally, locally, and on the company. Provide practical examples of other workplaces they know that have benefited from having an HIV workplace-based program. Invite someone from that workplace to come and share experiences.
- ***Sign an MOU with management:*** Develop and sign an MOU that spells out your role in the program and the employer's roles and responsibilities.
- ***Create a sense of ownership:*** Help management feel that the workplace program is theirs. If possible make it a cost-sharing venture to increase the sense of ownership and commitment.
- ***Develop an organizational policy:*** Start the program and then begin working on an HIV/AIDS policy for the organization. Solicit input on the policy not only from management, but also from workers at all levels.

Tools and Methods

Some program elements to consider include:

- Sensitization sessions for workers
- Peer education training
- Providing information on prevention, counseling and testing, ART, and referrals and linkages to needed services
- Information and education materials for individuals and for the workplace. If appropriate, use whatever is available but certain messages have to be specific for the workplace and therefore may require new materials to be developed or adapted
- Up-to-date training manuals which are current for your use
- Sources of supplies of male and female condoms
- Reporting forms and a survey instrument for baseline and final surveys
- Supportive follow-up visits to management and peer educators on a quarterly or semi-annual basis
- Creating linkages to Districts and Provincial AIDS Task Forces
- Advocating for delivery of services on site

- ***Develop an implementation plan:*** Since finalizing a policy document takes time, don't wait to implement until a policy is done. Work out a program with management, outlining the way in which you will implement the program.
- ***Implement, monitor, and evaluate:*** Once the implementation plan is agreed upon, begin the project. It is important to have a monitoring system that records activities conducted and hold periodic meetings with management to assess progress. Implementation

should also start with the collection of baseline data on workers' knowledge among other areas so that the results of the program can be evaluated at the end.

WHAT WORKED

A number of different elements contributed to the successful design and implementation of HIV/AIDS workplace programs under ZIHP and SHARe:

- Supporting the formation of ZHECT and involving other NGOs to meet the ever-increasing demand for the program permitted more people to be reached and allowed SHARe to focus on program expansion.
- Involving established training institutions to carry out training in counseling and testing, palliative care, and ART enabled SHARe to incorporate new technical areas in workplace program offerings.
- Involving the Ministry of Health and the National AIDS Council in program development and training helped ensure that national standards were developed and followed and that workplace programming had buy-in at the highest level, which helped increase demand and uptake.
- Standardizing IEC messages and materials for use in the workplace has helped avoid conflicting, inconsistent, or inadequate messages as more implementation partners became involved.
- Creating an in-house HIV workplace policy for ZIHP staff enabled us to not only meet the needs of staff but also to lead by example.
- Forming partnerships has been extremely useful for all involved. It has helped increase advocacy around workplace HIV programming and allowed for sharing information and best practices.
- Involving parent companies helps stimulate subsidiary organizations to start HIV programs. Often, pressure from parent companies helped ZIHP and SHARe make rapid headway in persuading local subsidiaries to act.
- Effective behaviour change requires sensitization and training in relevant life skills. *FACEAIDS* staff recognized early in the process that the workplace was an ideal place to reach peer populations with HIV awareness messages. Peer education programs have proved a reliable strategy to sustain workplace programs, and they are a key element of the *FACEAIDS* approach.
- Management and leadership training that is designed specifically for managers has helped them appreciate the need for workplace programs and increase their level of enthusiasm and support.
- Linking employees to counseling and testing, palliative care, and ART services allows a workplace to offer a more comprehensive and effective workplace response to HIV with little additional cost. Often workplace programs function on shoestring budgets. Beyond basic prevention messages, many workplaces cannot support additional services even when there is a clear need. By linking employees to these services, SHARe has helped ensure that workplace programs address a fuller range of employee needs.
- Workplace programs are most effective when they involve not only employees but also their families and the communities in which they live and work. SHARe has encouraged workplaces to see their responsibility as extending beyond the employees themselves.
- Donor support has been crucial to the growth of workplace programming under ZIHP and now SHARe. USAID's commitment to fund it appropriately has ensured its success.

WHAT WE HAVE LEARNED ALONG THE WAY

- **There are certain characteristics that distinguish work in the private and the public sectors.** The private sector is much more conscious of time constraints than the public sector—long training sessions can eat into profits. Training can put a strain on businesses as it takes staff away from their regular activities. Often only a few people at a time can leave their

posts for training. As a result, it sometimes makes sense to provide training over weekends or in the evening.

- **A clear commitment from management is essential for a program to start and to succeed.** Lack of high-level support will create barriers that will stand in the way of program success.
- **Not all businesses are interested in having workplace programs.** Some have an inadequate understanding of the problem or have not recognized the impact AIDS is having on the workplace. Others have not taken the time to understand the benefits of workplace HIV and AIDS programming. If this is the case, sensitization needs to be done. It may take some persuasion and extra time to convince managers to get started—especially those in small companies—but it is essential to creating buy-in and ensuring program success.
- **Government ministries can be slow to take up the challenge to start up their programs.** There sometimes appeared to be a lack of commitment by ministerial staff responsible for the program. SHARe staff had to persistently and diplomatically engage with government staff to overcome resistance and increase buy-in. There also were expectations of daily allowances for the employees who took part in the program. Such benefits were not budgeted; the team had to clarify program constraints and better manage these expectations.
- **Using human resource managers as HIV focal points, particularly in the public sector, has not been very successful and has often slowed implementation significantly.** Human resources is always a busy department, and when schedules clashed between core responsibilities and new HIV/AIDS work, most HR staff turned their attention to the former. As a result, SHARe has encouraged organizations to select HIV point persons from other departments, providing guidelines on suitable qualities for the position (such as commitment, good relationships with other members of staff, and passion for the issue).
- **Developing an HIV policy provides a workplace with a foundation to build an effective program.** A workplace HIV policy is a necessary first step in building a program and the lack of policy creates uncertainties. SHARe has provided proactive guidance to both public and private sector organizations to help develop and approve written policies.
- **Launch or maintain other activities while a policy is being developed.** A policy is a necessary—but not sufficient first step. Policy development takes a long time, so do not wait to launch a program until the policy is complete. Activities such as management sensitization, peer educator training, providing IEC materials, etc. are all necessary. Activities should start once management has shown its commitment to the programme.
- **Involving people living with HIV (PLWH) in workplace programs can be an important element of success.** People living with the virus personalize the epidemic and help erode the stigma of the disease. Their understanding of HIV is deep, and their voices can be powerful. A key staff member of SHARe's workplace team is living with HIV. Again and again, her perspective and testimony have helped persuade decisionmakers and participants alike.
- **Incentives can help increase participation**. A small transport allowance positively influenced the number of attendees. While they may initially have come for this small monetary benefit, once the meetings were underway, people became involved and made useful contributions. It is important to budget for such incentives early in the project.
- **Strong cultural and traditional beliefs can slow or hinder acceptance of information that leads to behaviour change.** In order to be effective, programs need to reach people in their own contexts with sensitivity to their needs and cultural perspectives. For example, polygamous marriages are common in some tribal groups. For those who are already in or considering this type of marriage, it is important to adapt prevention messages to address these arrangements. Another example is the "sexual cleansing" of

widows. There is a belief that when a man dies, his widow needs to be cleansed of evil spirits by having sex with a close relative of the dead husband. This particular practice is disappearing because of consistent and culturally sensitive HIV prevention messages, although the idea of "sexual cleansing" can still be found in Zambia. New methods have been adopted in which no sex takes place but the widow might, for example, be cleansed with herbs.

- **When capacity doesn't exist, build it.** When capacity is inadequate, nurture it. This might be the most important lesson in Zambia's experience with scaling-up workplace HIV/AIDS programs to meet the growing need.

CONCLUSION

Workplace programs have become an essential part of a comprehensive national response to HIV and AIDS in Zambia. Through ZIHP and now SHARe, JSI has made significant contributions to the development of effective workplace programming. Our workplace programs continue to grow and draw interest from employers. In spite of this, there are some employers who are not yet interested. As the epidemic's impact deepens, however, demand is expected to increase.

As employers observe other companies implement successful workplace programs, pressure and policy requirements from parent companies and the unrelenting toll of death and absenteeism on productivity will leave Zambia's institutions and companies unable to ignore the needs of their employees any longer. Innovative ways must be found to meet this demand. One way forward might be to franchise the *FACEAIDS* program, allowing local NGOs to carry out workplace programs using this successful model in areas of Zambia that have not yet been reached.

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