

GLOBAL HEALTH INITIATIVE

Private Sector Intervention Case Example

Partnering with the Zambia HIV/AIDS
Business Sector Project (ZHABS) to
achieve behaviour change through
actively managed peer education

Case categories

Company: **Lafarge**

Industry: **Construction**

Location: **Zambia**

Programme: **HIV/AIDS**

Key questions

- Can bilateral aid to business-focused implementation partners be used as an effective tool to reduce the cost of business action in a specific region or industry?
- How can companies keep peer educator morale and activity high over a long-project horizon?
- Is an effective voluntary counselling testing and treatment programme essential for achieving behaviour changes?

Overview

Company

Lafarge is a leading building materials manufacturing company with operations in Zambia.

- Lafarge is a world leader in the manufacture of building materials with leading positions in cement, aggregates, concrete, roofing and gypsum. Based in Paris, Lafarge has operations in 75 countries, including Zambia. In 2001, Lafarge's 77,000 employees generated US\$ 12.2 billion in revenues and US\$ 668 million in net income.
- Chilanga Cement Plc, a Lafarge company, is involved in cement manufacturing with operations at Lusaka and Ndola. In 2002, there were a total of 441 employees at both sites (226 at Lusaka and 215 at Ndola). Chilanga Cement also works with three contractors at each location, which employ approximately 130 people to provide healthcare, security and food services. Chilanga Cement Plc generated approximately US\$ 4.6 million in net income in the 2001-2002 fiscal year.
- Musamba is a 2,500-person community that houses all of Lusaka-based Chilanga cement employees and their families.

Business Case

Chilanga Cement Plc recognized the negative impact that HIV is having on the company and committed to promoting the health and safety of its employees by establishing appropriate interventions to reduce HIV prevalence and minimize its economic and social impact.

- In June 2000, the Zambia HIV/AIDS Business Sector Project (ZHABS) was established with support from the UK's Department for International Development (DFID) to assist in the implementation of an HIV/AIDS prevention and wellness programme for all Commonwealth Development Corporation (CDC) investees and borrowers in Zambia. At this point in time, Chilanga Cement was one of the companies that qualified for assistance through the ZHABS project.
- Although the CDC has since sold its investment in Chilanga Cement, the new management has continued its interest in the workplace and community programmes because of the potential economic and social impacts of inaction.
- The combined workplace and community prevention and assessment budget is US\$ 48,000, which is jointly funded by Chilanga and ZHABS.

Project Description

Chilanga partners with ZHABS to provide an HIV prevention and wellness programme both in the workplace and the community, with a heavy focus on peer educator communication.

- Chilanga Cement's HIV/AIDS policy was provisionally approved in early 2003. ZHABS facilitated a policy development workshop to help the Human Resources department to develop the first draft of the policy. Drafts were circulated for comment to employees and partner organizations, including ZHABS and Integrated Healthcare Consulting (IHC). The company has provisionally approved the policy, and will review it every six months.
- Chilanga's prevention programme relies on 44 workplace and 24 community peer educators as its primary method for communicating key messages. This corresponds to one peer educator for every ten employees, and one community educator for every one hundred community members in Musamba. The aim of the community peer education programme is to reach every member of the community with an educational message once per week.
- Chilanga also actively engages in business-to-business outreach to encourage peers to implement similar workplace prevention programmes.
- In December 2002 ZHABS worked with the District Health Management Team to establish Voluntary Counselling and Testing services at the Rural Health Centre in Chilanga.
- Employees, spouses, and up to four dependants gain access to medical services. These treatments include screening for tuberculosis and treatment of opportunistic infections. As the medical benefits are capped at 25% of an employee's annual salary, the programme does not currently include the provision of Highly Active Anti-Retroviral Therapy (HAART).

Project Evaluation

The project has increased knowledge and facilitated a reduction in high-risk behaviour, as evidenced through assessments before and during the intervention.

In the future Chilanga Cement and ZHABS would like to improve the effectiveness of existing programmes as well as increase the reach of these programmes to target commercial sex workers and the second community where the company operates.

Business Case

Vision

Chilanga Cement Plc recognizes the negative impact that HIV is having on the company and is therefore committed to promoting the health and safety of its employees by establishing appropriate interventions to reduce HIV prevalence and minimize its economic and social impact.

- Create an environment in which 100% of the workforce and community are aware of HIV and AIDS and know how to protect themselves.
- Encourage sustained behaviour change in order to reduce the number of new HIV infections in the workforce and the community in which it operates.
- Reduce the prevalence of sexually transmitted infections (STIs in the workforce and communities).
- Improve the health/wellness of the workforce and community through the reduction of opportunistic infections, promotion of good nutrition and hygiene and the reduction of HIV-related stigma.

Case for Action

In June 2000, the Zambia HIV/AIDS Business Sector Project (ZHABS) was established with support from the UK's Department for International Development (DFID) to assist in the implementation of an HIV/AIDS prevention and wellness programme for all Commonwealth Development Corporation (CDC) investees and borrowers in Zambia. At this point in time, Chilanga Cement was one of the companies that qualified for assistance through the ZHABS project. Although the CDC has since sold its investment in Chilanga Cement, the new management has continued its commitment to the workplace and community programmes because of the potential economic and social impacts of inaction.

- According to UNAIDS, in 2001 the national adult HIV prevalence was 20%. According to the Zambian Central Board of Health, the 1999 adult prevalence is higher in some areas, with 27% in Lusaka and 23% in Ndola.
- In August 2000 ZHABS conducted a **baseline Behavioural Surveillance Survey (BSS)**. This survey included five local businesses, including Chilanga Cement, as well as the Musamba community surrounding the company's operations in Lusaka. **This survey demonstrated that workers of Chilanga and the residents of Musamba Community were at risk of contracting HIV because of their level of HIV knowledge and reported behaviours.** In particular: (1) only 32% of respondents knew that a condom could prevent HIV transmission; (2) 34% of respondents reported having sex with a non-regular partner in the last twelve months; (3) 21% reported having sex with a commercial sex worker (CSW) in the last twelve months.
- Two informal settlements, Freedom and Linda Compounds, are located within a short distance of Chilanga Cement's Lusaka site. A large proportion of residents in these settlements is engaged in commercial sex work, which elevates the level of risk to the workers and the community.
- In addition to this study, Chilanga has tracked some of the potential economic impacts of HIV in its workforce. For example, in 1997, 2,440 working hours were lost due to sickness and funeral attendance. Furthermore, in 1999 the total cost of funeral expenses for the company was US\$ 8,290, which is larger than the company's workplace prevention budget.

Financing

The combined workplace and community prevention and assessment budget is US\$ 48,000, which is jointly funded by Chilanga and ZHABS.

- Between October 2000 and December 2002, Chilanga's **workplace prevention budget was approximately US\$ 7,600**, which corresponds to approximately **US\$ 8 per employee per year**. This was allocated to the following categories: exchange visits to other programmes (42%); training programmes (24%); peer educator uniforms (16%); refreshments at peer educators' meetings (13%); purchase of male and female condoms (5%); purchase of educational materials (<1%). **ZHABS supported programme development by funding the base-line and follow-up surveys at an estimated total cost of US\$ 22,000.**
- The Musamba Community programme budget is shared between ZHABS and Chilanga Cement. Chilanga provides condoms, rent-free office space and training facilities, while ZHABS provides peer educators' allowances and uniforms, a salary for the Community Coordinator, training programmes and frequent monitoring and supervisory visits. ZHABS' contribution is approximately US\$ 10,000. Starting in June 2003, Chilanga Cement will absorb the bulk of these funding needs.
- Chilanga Cement also donates approximately US\$ 8,000 per year to a number of organizations, many with a strong focus on HIV/AIDS. For example, Chilanga donates about US\$ 1,250 and cement to Mother of Mercy Hospice in Chilanga, which provides care and support for terminally ill patients, the majority of whom are treated for AIDS-related conditions. Additionally, the company donated US\$ 1,250 to Kara Counselling and Training Trust, an organization that works with people living with HIV/AIDS.

Project Description

Policy

Chilanga Cement's HIV/AIDS policy was provisionally approved in early 2003. ZHABS facilitated a policy development workshop to help the Human Resources department develop the first draft of the policy. Drafts were circulated for comment with employees and partner organizations, including ZHABS and Integrated Healthcare Consulting (IHC). The company has provisionally approved the policy, and will review it every six months.

- **Non-discrimination:** (1) employees will not be dismissed on the grounds of their HIV status; (2) there is no direct or indirect pre-employment HIV testing.
- **Confidentially and disclosure:** (1) employees are not required to disclose status; (2) the human resources manager may be informed of an employee's HIV/AIDS status, but any disclosure of information relating to the HIV status of the employee by any member of the staff without consent will be considered gross misconduct, warranting disciplinary action.
- **Benefits:** (1) the employee, his or her spouse, and up to four dependants may access medical treatment at the company's expense.
- **Ill-health retirement:** (1) with employee consent, the company will first explore alternative suitable employment within Chilanga Cement; (2) if all avenues have been exhausted, and after a medical consultation, the company will recommend ill-health retirement; (3) ill-health retirement benefits are the same as those for early or normal retirement, that is provision of a pension.
- **Contractors and on-site suppliers:** on-site contractors and suppliers are not required to adhere to Chilanga Cement's HIV/AIDS policy.
- **Employees will be informed of the new HIV/AIDS policy through a number of channels:** (1) briefing groups will discuss the policy; (2) the policy will be posted on notice boards throughout the workplace; (3) the policy will be translated into the two main vernacular languages; (4) human resources will be available to answer any questions relating to the policy.

Prevention and Awareness

Chilanga Cement's prevention programme relies on 44 workplace and 24 community peer educators as its primary method for communicating key messages. This corresponds to one workplace peer educator for every ten employees, and one community peer educator for every one hundred community members in Musamba.

- Both the workplace and the community programmes focus on four main messages: (1) **facts about HIV and AIDS**; (2) **condom promotion and distribution**; (3) facts about other **STIs** and referral for treatment; (4) promotion of **Voluntary Counselling and Testing (VCT)**.
- **Messages are delivered** through drama, role-plays, poems, song, dance and demonstrations. Workplace peer educators aim to **communicate messages daily** during working hours, and they **wear a uniform** so that they are easily recognizable. Employees often speak in **small group settings** for five to ten minutes at the start of a shift during safety briefings. Employees also aim to carry **out in-depth one-on-one discussions** with interested employees.
- **Workplace peer educators meet for one hour every two weeks** during business hours to discuss: (1) outcomes of activities from the prior two weeks; (2) key messages for the next two weeks. Refreshments are provided at these meetings.
- Chilanga Cement also **sponsors exchange visits**, where the peer educators are transported to another company implementing a similar programme in Zambia. These meetings allow the peer educators to share ideas, lessons learned, and demonstrate successful activities. For example, in November 2002 Chilanga Cement peer educators conducted an exchange with Mpongwe Development Company peer educators. The return visit to Chilanga was carried out in April 2003.
- There are **15 condom distribution points around the workplace**, and **five in the community**. In addition to distributing condoms in one-on-one counselling sessions and group discussions, peer educators are responsible for ensuring that the dispensers are regularly filled with **male and female condoms**. From 2000 to 2001, the company distributed 24,665 male condoms and 624 female condoms, which corresponds to approximately **4.7 condoms per employee per month**. Over time, the number of female condoms distributed has remained constant, while the number of male condoms being distributed **increased by 11% in 2002**. Chilanga is able to **purchase condoms** at heavily **subsidized rates** from the Society for Family Health, a **social marketing NGO** whose head office is in Lusaka.

Private Sector Intervention Case Example

Company: Lafarge

Industry: Construction

Location: Zambia

Programme: HIV/AIDS

Prevention and Awareness (...continued)

- Chilanga Cement's healthcare providers provide employees with **access to treatment for sexually transmitted infections (STIs)**. Although the company does track the usage of these services, the **uptake is very low**. In response to the low uptake, ZHABS conducted a refresher course in March 2003 in the syndromic treatment of STIs, which was attended by two staff from the two Chilanga Cement clinics.
- Chilanga is exploring the use of workshops to target smaller groups of interested employees. In 2002, ZHABS conducted a one-day workshop at the company site in Ndola. Ten employees and their partners attended the sessions, which focused on: (1) promoting positive living; (2) improving communication within couples, especially around sexual issues.

The aim of the community peer education programme is to reach every member of the community with an educational message once per week.

- The 24 community peer educators also conduct activities during business hours and work with the Community Coordinator. The peer educators and the Community Coordinator meet for four hours every week to review key topics and develop the communication plan for the next week.
- **The key messages for community peer educators** are similar to the workplace programme but also include more in-depth discussion of cultural, social and economic factors that affect HIV transmission, such as sexual abuse, ritual cleansing as well as related issues including hygiene, nutrition and caring for someone living with HIV.
- In December 2002, Chilanga **provided a house in the community** as an office for the community programme. This office is used for support and discussion groups such as "youth friendly corners"; as well as a drop-in centre for members of the community to access information, advice and condoms.
- Community peer educators are often invited to carry out outreach activities in the area, such as visits to Anti-AIDS clubs in local schools.

Chilanga actively engages in business-to-business outreach.

- **After World AIDS day 2002**, Chilanga Cement was approached by two companies interested in establishing similar HIV prevention programmes in their own workplaces. Furthermore the workplace peer educators were asked if their drama could be filmed by the Zambia National Broadcasting Corporation, which was subsequently **televised nationally**.
- **Another member of the Lafarge Group** has approached Chilanga Cement for information and will conduct a visit to Chilanga Cement in the coming months to see the programme first-hand and discuss ways of implementing a similar programme in their workplace.
- During the ZHABS Output-to-Purpose Review in 2002, Chilanga Cement gave a presentation on their draft HIV/AIDS policy. The aim was to **encourage other companies working with ZHABS to formulate their own policies**. One of the companies present at the meeting has contacted Chilanga Cement to seek advice on developing its HIV/AIDS policy.
- In February 2003, the Zambia Revenue Authority launched its HIV/AIDS policy and prevention programme. They wanted to **demonstrate a successful peer education communication activity**. Therefore they asked Chilanga Cement employees to develop a drama drawing on the main points of their HIV/AIDS policy and perform it during the launch

Voluntary Counselling and Testing

In December 2002 ZHABS worked with the District Health Management Team (DHMT) to establish Voluntary Counselling and Testing (VCT) services at the Rural Health Centre in Chilanga. Statistics around employee uptake are not available.

- Chilanga Cement does not directly fund or operate the VCT clinic, but encourages employees to take advantage of the services. The centre is government funded.
- The first tests were carried out in January 2003. At present VCT is carried out one morning and one afternoon per week, by two trained psycho-social counsellors.
- Recent evaluation by the DHMT has revealed that there is now a waiting list for VCT services; therefore efforts are being made to establish a permanent VCT centre at the Rural Health Centre which will be open six days per week.

Care, Support and Treatment

Employees, spouses, and up to four dependants gain access to medical services. These treatments include screening for tuberculosis and treatment of opportunistic infections. As the medical benefits are capped at 25% of an employee's annual salary, the programme does not currently include the provision of Highly Active Anti-Retroviral Therapy (HAART). All of the company's direct medical services in the 2001-2002 fiscal year cost the company approximately US\$ 603 per employee.

Project Description (continued...)

Private Sector Intervention Case Example

Company: Lafarge

Industry: Construction

Location: Zambia

Programme: HIV/AIDS

Key Success Factors

Through their shared experiences in this programme, Chilanga Cement and ZHABS have compiled the following lessons.

- **Active management of the peer educator programme** ensures that the peer educators are sharing experiences and being provided with the support needed to continue engaging on the issues. Furthermore, the use of exchange visits is a strong tool to both increase knowledge transfer as well as build up peer educator morale.
- **Involved and supportive management** allowed the workplace and community programme the proper mandate to accomplish the programme goals. This was demonstrated through active support promoting the use of working hours to support peer education as well as attendance at key activities and events.
- **Partnership with ZHABS** allowed management to share the financial and learning curve costs of developing an effective programme with other companies pursuing similar programmes. This financial support from the UK also reduced the initial financial burden required to conduct the baseline and follow-up behavioural surveillance surveys.

Self-evaluation Process

The project has increased knowledge and facilitated a reduction in high-risk behaviour.

- The follow-up behavioural surveillance survey conducted in January 2002 demonstrated that: (1) 99% of respondents knew they could protect themselves from HIV by abstaining from sex, compared with 88% in the baseline survey; (2) 56% of respondents knew to use a condom to prevent HIV transmission, compared with 32%; (3) 99% of respondents reported using a condom with a commercial sex partner, compared with 75%; (4) condom use was 95% for sexual encounters with non-regular partners, compared with 66%; (5) the number of respondents who had had sexual intercourse with a commercial sex partner declined from 21% to 13%.
- Also, based on anecdotal evidence, people are finding it easier to speak with the peer educators about sexual issues. Peer educators report that people are approaching them for information and advice, rather than waiting to ask questions during group activities.
- The company has seen a reduction in the impact of HIV/AIDS across two dimensions: the number of hours lost due to sickness and funeral attendance. (1) In 1997 an average of 3.5 working hours per employee were lost due to sickness and funeral attendance, which fell to 1.9 working hours per employee in the 2000-2001 fiscal year; (2) In 1999 funeral expenses were US \$8,290, which fell to US\$ 5,740 in the 2001-2002 fiscal year. Given the long-time lag between prevention activities and reductions in HIV/AIDS-related missed work-time and deaths, these specific reductions, if indicative of a larger trend, were probably driven by exogenous factors.

Future Goals

In the future Chilanga Cement would like to improve the effectiveness of existing programmes as well as increase the reach of these programmes.

- Chilanga aims to increase the uptake of VCT services.
- Chilanga aims to reduce the prevalence of STIs.
- Chilanga aims to implement a similar community programme in Ndola where there is no equivalent programme.
- ZHABS aims to expand the Musamba community project to include the nearby Freedom Compound, specifically targeting commercial sex workers with a peer education and micro-credit programme.

Case-specific HIV/AIDS Resources

Documents

[ZHABS Report on Workplace and Community Programme \(Developed for the GHI March 2003\)](#)
[Chilanga Cement HIV/AIDS Policy \(April 2003\)](#)
[Musamba Community Programme Behavioural Surveillance Survey \(Baseline – September 2000\)](#)
[Musamba Community Programme Behavioural Surveillance Survey \(Follow-up – January 2002\)](#)
[Comparative Report of Baseline and Follow-up Behavioural Surveillance Surveys in ZHABS Companies and community \(January 2002\)](#)

Contacts

Chilanga Cement Plc / Lafarge

Ian Coulter
 Managing Director
 Chilanga Cement Plc
 PO Box 32639
 Lusaka, Zambia
 Tel.: +260 1 279 029 / 279 040
 E-mail: ian.coulter@lafarge.com

Fred Mpangala
 Human Resources Manager
 Chilanga Cement Plc
 PO Box 32639
 Lusaka, Zambia
 Tel.: +260 1 279 029 / 279 040
 E-mail: fred.mpangala@lafarge.com

Zambia HIV/AIDS Business Sector Project

Ms Deirdre Allison
 Project Manager
 PO Box 51232
 Lusaka, Zambia
 Tel.: +260 1 252 819
 E-mail: zhabsp@zamnet.zm

Michaela Durrant
 Community Coordinator Supervisor
 PO Box 51232
 Lusaka, Zambia
 Tel.: +260 1 252 819
 E-mail: zhabsscar@zamnet.zm

Mother of Mercy Hospice, Chilanga

Sister Leonia Kornas
 PO Box 350080
 Chilanga, Zambia
 Tel.: +260 1 278 539
 Mobile: +260 96 744 074

Society for Family Health

Nils Gade
 Executive Director
 PO Box 50770
 Lusaka, Zambia
 Tel.: 260 1 292 443
 E-mail: nilsg@sfh.org.zm

This case study uses the following exchange rate: 10 South African rands to 1 United States dollar.

The World Economic Forum Global Health Initiative Private Sector Case example is developed in collaboration with the featured company. However, GHI member companies and partners, the World Economic Forum and the contributing company do not necessarily subscribe to every view expressed herein. The case is based on a self-reporting model. Although the GHI makes reasonable efforts to ensure the accuracy of the statements, this report should not be viewed as an external audit of the programme described.

World Economic Forum
 91-93 route de la Capite
 CH-1223 Cologny/Geneva
 Switzerland
 Tel.: +41 (0)22 869 1212
 Fax: +41 (0)22 786 2744
 E-mail: globalhealth@weforum.org
www.weforum.org/gobalhealth

© 2003 World Economic Forum
 All rights reserved.

No part of this publication may be reproduced or transmitted in any form or by any means, including photocopying or by any information storage and retrieval system without prior written consent.



COMMITTED TO
IMPROVING THE STATE
OF THE WORLD

The World Economic Forum is an independent international organization committed to improving the state of the world. The Forum provides a collaborative framework for the world's leaders to address global issues, engaging particularly its corporate members in global citizenship.

Incorporated as a foundation, and based in Geneva, Switzerland, the World Economic Forum is independent, impartial and not-for-profit; it is tied to no political, partisan or national interests. The Forum has NGO consultative status with the Economic and Social Council of the United Nations.
(www.weforum.org)