The faces, voices and skills behind the GIPA Workplace Model in South Africa

UNAIDS Case Study

June 2002

Joint United Nations Programme on HIV/AIDS

UNAIDS

UNICEF • UNDP • UNFPA • UNDCP
ILO • UNESCO • WHO • WORLD BANK

This case study was written by Janine Simon-Meyer and Dan Odallo

Cover photo:
Maria Ndlovu addressing a SAQA (South African Qualifications Authority) workshop.

Photo by: Julia Hill

UNAIDS/02.36E (English original, June 2002)
ISBN 92-9173-196-X

UNAIDS – 20 avenue Appia – 1211 Geneva 27 – Switzerland
Telephone: (+41) 22 791 36 66 – Fax: (+41) 22 791 41 87
E-mail: unaids@unaids.org – Internet: http://www.unaids.org

UNAIDS BEST PRACTICE COLLECTION

GIPA:
Greater involvement of people living with or affected by HIV/AIDS

The faces, voices and skills behind the GIPA Workplace Model in South Africa

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
ILO • UNESCO • WHO • WORLD BANK

June 2002

Table of contents

Acknowledgements

In producing this case study, UNAIDS acknowledges the support, hard work and commitment of all the fieldworkers in the project and all the partner organizations: AME, Transnet, Eskom, New Africa Publishing, the Department of Health, LifeLine, Lonmin Mines, Imperial Transport Group and the United Nations in South Africa.

The case study was reviewed and edited by Kgobati Magome, Metsi Makhetha and Julia Hill.

Many thanks to everyone who has supported the project over the past four years, in particular:

The Department of Health
The United Nations Theme Group on HIV/AIDS
Dr Welile Shasha, WHO
Metsi Makhetha, UNDP
Dr Sandra Anderson, UNAIDS
Kgobati Magome, former project manager

Acronyms

AIDS	Acquired immunodeficiency syndrome
AME	American Methodist Episcopal Church
DoH	Department of Health
EAP	Employee Assistance Programmes/Practitioners
GIPA	Greater involvement of people living with or affected by HIV/AIDS
GNP+	Global Network of People Living with HIV/AIDS
GDP	Gross domestic product
GWM	GIPA Workplace Model
HIV	Human immunodeficiency virus
NACOSA	National AIDS Coalition of South Africa
NAPWA	National Association of People Living with AIDS in South Africa
NGO	Nongovernmental organization
PLWHA	People living with HIV/AIDS
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNV	United Nations Volunteers
WHO	World Health Organization

1) Executive summary

South Africa has begun to explore how best to involve people living with HIV/AIDS (PLWHA) in workplace responses to the HIV/AIDS epidemic.

A pilot programme, the GIPA Workplace Model, has been developed over the past four years with the support of the United Nations Development Programme (UNDP) and the World Health Organization (WHO). Its aim was to place trained fieldworkers, living openly with HIV/AIDS, in selected partner organizations in different sectors so that they could set up, review or enrich workplace policies and programmes.

For partner organizations, the GIPA Workplace Model has added value by:

- adding credibility to its HIV/AIDS programmes by giving a face to HIV and personalizing it;
- creating a supportive environment for people living with HIV/AIDS (PLWHA) and others to speak about HIV/AIDS and issues related to it.

For PLWHA, the pilot GIPA Workplace Model provided the opportunity for 11 fieldworkers to become publicly involved in specific workplace responses. These men and women, aged mostly between 30 and 45, and with varied life experiences and education levels, shared a willingness to speak about their HIV status. They took up jobs as GIPA fieldworkers in very different environments but their collective experiences have shown that PLWHA can add value to workplace HIV/AIDS programmes in a way that is relevant, effective, efficient, sustainable and ethical. Since September 2000, a further 13 GIPA fieldworkers have been trained.

By their presence and commitment, GIPA fieldworkers have made companies and communities more aware of the intense need for HIV/AIDS policies, and encouraged open contact with those infected and affected by HIV/AIDS.

GIPA fieldworkers have specifically:

- provided role models to de-stigmatize the disease
- helped develop workplace HIV/AIDS policies
- enriched existing policies
- communicated policies to employees
- helped implement a workplace programme by: improving the effectiveness of peer education; providing informal phone-in/drop-in counselling services; providing formal pre- and post-test counselling; and extending the process to surrounding communities.

The GIPA workplace model encountered challenges common to GIPA initiatives worldwide. It became clear that, although PLWHA are strongly motivated to be involved in the response to the epidemic, motivation and individual charisma cannot be relied on indefinitely. Important lessons have been learned on how best to recruit, train and employ PLWHA, to promote their individual strengths and contributions and protect their health. These lessons include the following:

- **Select candidates according to their skills,** to avoid glamorizing HIV infection and creating a breed of job seekers who trade on their HIV status.
- **Select candidates from within a partner organization, or from support groups in the area,** to avoid the stresses of relocation, maximize local knowledge and build sustainability.
- **Select from any background,** since it is skills and emotional profile that define ability to take on this role in a workplace.

- **Cultivate additional skills** so that GIPA fieldworkers can operate in a formal workplace and help implement formal workplace programmes.
- **Demand management collaboration** as no workplace programme can run effectively without skilled input from divisions such as human resource management, unions, health care and employee benefits.
- **Build in performance appraisal, and skill/performance-based remuneration** to attract the best-quality candidates and ensure appropriate job descriptions.
- **Clarify job descriptions** to direct GIPA fieldworkers to areas where they can make maximum impact and ensure that partner organizations provide the financial and management skills needed to define other elements crucial to workplace policies and programmes.
- **Develop a GIPA message** so that audiences understand that being healthy and living positively with HIV does not mean that being infected is desirable or that illness and death will not eventually occur.
- **Provide health care and emotional support** as selection and employment involve constant public exposure and media attention, in addition to the demands of counselling.
- **Set up a positive environment and methods of redress** so that national and corporate policy supports people with HIV/AIDS on issues such as access to medical care, financial loans and education.

The impact of the epidemic on the South African business sector is significant. Studies suggest that HIV/AIDS could reduce gross domestic product (GDP) growth rates by 0.3–0.4% per annum over the next 15 years, resulting in significant direct and indirect costs to individual businesses. The heaviest costs will come from absenteeism, lost skills, training and recruitment costs, reduced work performance and lower productivity.

The GIPA Workplace Model makes an impact on these issues and there is an obvious need for the model to be more widely applied. There is the potential to build on its successes with refined recruitment, training and support mechanisms. Strategic management will be the key to enhancing the level of business and, therefore, community mobilization that the GIPA Workplace Model is able to achieve.

2) The GIPA principle

People living with HIV/AIDS are obviously the most intimately affected by the HIV/AIDS epidemic. According to the PLWHA international lobby group, GNP+, the idea that the personal experiences of seropositive individuals could—and should—be translated into helping to shape a response to the epidemic was first voiced in 1983, at a national AIDS conference in Denver, United States of America. For the following 10 years, involving such individuals was a principle advocated by PLWHA themselves, but it received little formal response from governments.

This changed in 1994 at the Paris AIDS Summit, where 42 countries declared that the principle of the Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA) was critical to ethical and effective national responses to the epidemic[1].

The GIPA principle is the backbone of many interventions worldwide[2] and can be applied to a wide range of groups—from youth to musicians. UNAIDS research has shown that people with HIV/AIDS can participate at a variety of levels, from engaging in relatively marginal activities, such as

1 The Paris AIDS Summit Declaration states that governments will, inter alia, undertake to: "Support a greater involvement of people living with HIV/AIDS through an initiative to strengthen the capacity and coordination of networks of people living with HIV/AIDS and community organisations".

2 The AIDS Service Organisations (TASO) in Uganda, formed in 1988 under the leadership of a woman whose husband had died of AIDS; the Asia Pacific Network of People living with HIV/AIDS (APN+), formed in 1994 to lobby against stigma and discrimination in the region; and The Philly Lutaaya Initiative/People with HIV/AIDS Initiative (PLI/PWA), founded in memory of Ugandan musician Philly Lutaaya, who died in 1988 and is considered a 'father of GIPA' for his belief in fighting discrimination and living positively. The Gauteng Province Intersectoral AIDS Programme recruits people with HIV/AIDS from local support groups as speakers in provincial government workplace programmes.

appearing on a poster, to participating in decision-making or policy-making bodies. The GIPA Workplace Model, developed in South Africa with the support of the United Nations, is but one application of the GIPA principle. In the Model, most of the work of GIPA fieldworkers is at the level of experts (who help design interventions), implementers and public speakers. This work has shown that the GIPA Workplace Model can add considerable value to workplace responses to the epidemic.

3) Setting up the GIPA Workplace Model in South Africa

The HIV/AIDS epidemic in South Africa

South Africa is considered to have one of the fastest-growing epidemics in the world. In March 1998, the then-Health Minister Dr Nkosazana Zuma said that an estimated 2.5 million South Africans were infected, and that 50 000 were becoming infected every month. By June 2000, Williams[3] estimated that 10% of the whole population, or more than 4 million people, were HIV-positive, with more than 2000 new infections occurring every day. A study in 2000, by Abt Associates, suggests that HIV/AIDS could reduce GDP growth rates by 0.3%–0.4% per annum over the next 15 years. It could also result in significant direct and indirect costs for individual businesses, with the heaviest costs coming from absenteeism, lost skills, training and recruitment expenses, reduced work performance and lower productivity. A recent economic model by Rosen (2000) showed that the cost to a South African company of every additional employee infected by HIV could amount to 60% more than the employee's annual salary. This cost will be incurred in paid sick leave, pension benefits and recruitment and training. It excludes the costs of funeral leave, use of company health clinics, and reduced productivity.

3 Williams BG et al. (2000) "Where are we now? Where are we going? The demographic impact of HIV/AIDS in South Africa", *South African Journal of Science* 96. In press.

Government reaction

Two events fuelled the formation of the GIPA Workplace Model in South Africa. The first was a 1997 national review of the country's HIV/AIDS Plan, commissioned by the government. The National AIDS Coalition of South Africa (NACOSA) had drawn up the plan in 1994, spelling out the principle of involving PLWHA. The National AIDS Review Recommendations found that the levels of stigma and discrimination around HIV remained unacceptably high. It also identified greater involvement of people living with HIV/AIDS as crucial for effective HIV/AIDS prevention and management, and recommended that steps be taken to improve acceptance and support of PLWHA. Further consultations between the Directorate for HIV/AIDS and STDs and PLWHA organizations revealed the need to build the capacity of PLWHA to enable them to become involved in a response to the epidemic. This need, combined with the fact that very few of the estimated 4 million people infected knew or were public about their status, motivated UNDP, through its United Nations Volunteer (UNV) programme, to consider implementing a GIPA programme in South Africa.

The second event was the public call by President Thabo Mbeki, on 8 October 1998, for all sectors of South African society to form a Partnership against AIDS[4]. Government had been preparing for this statement to broaden the response to the epidemic for several months. The United Nations, aware of the process, seized the opportunity to shape its new GIPA programme into one that would both

4 "The power to defeat the spread of HIV and AIDS lies in our partnership: as youth, as women and men, as business people, as workers, as religious people, as parents and teachers, as students, as healers, as farmers and farm workers, as the unemployed and the professional, as the rich and the poor, in fact, all of us." President Thabo Mbeki's Declaration of the Partnership against AIDS, 9 October 1998.

incorporate the GIPA principle and apply it in areas not previously considered. "We wanted to break new ground and find partner organizations that were not usually involved in HIV/AIDS work," says former National Project Manager Kgobati Magome.

The GIPA Workplace Model

The result was that the United Nations took a strategic decision to support Mbeki's call for partnerships by developing a pilot workplace model based on the GIPA principle.

The aim of the model was to help different sectors to become involved in the partnership against AIDS and, in the process, to apply the GIPA principle. The fact that research was beginning to show just how severely business was being affected by the epidemic further justified the need to mobilize a business response. The objective of the GIPA Workplace Model was to select, train and place fieldworkers living openly with HIV in partner organizations, so that they could set up or enrich workplace policies and programmes on HIV/AIDS. The proposed outcomes of the model were to:

- use the experience of PLWHA to give a face to HIV and normalize HIV infection;
- contribute towards a less stressed and more productive workforce;
- create a supportive work environment for PLWHA within workforces;
- contribute towards reducing health care costs; and
- utilize the special skills and expertise of the GIPA fieldworkers.

The GIPA Workplace Model was designed to operate as a partnership between the United Nations and the partner organizations where each GIPA fieldworker was placed.

UNDP undertook to assist partner organizations with field-workers' salaries for one year, at US$500 per month. It also undertook to:

- manage the implementation, advocacy, monitoring and evaluation strategies; and
- establish support structures for GIPA fieldworkers to avoid burnout.

The partner organizations, in turn, undertook to:

- provide logistical and administrative support;
- provide professional and emotional support; and
- sustain the programme beyond the initial UNDP financial assistance.

Setting up

It took several months to set up the GIPA Workplace Model. Initial meetings were held in late 1997 between the UNAIDS Inter-country Team, UNDP/UNV, the Department of Health, and the National Association of People Living with HIV/AIDS (NAPWA). A three-month rapid assessment was conducted to explore the role and interest of various sectors in developing a GIPA project in South Africa. This was followed by a one-day planning/consultative meeting, to flesh out roles and responsibilities, and to determine the criteria for selection of GIPA fieldworkers. With financial support from UNDP and in-kind support (such as accommodation and equipment) from WHO, the model itself began to take shape in March 1998.

Selecting

Advertisements for the recruitment of GIPA fieldworkers were placed in two national newspapers in July 1998. They

were also broadcast on radio and distributed through nationwide networks of PLWHA and NGOs. The key requirement was that candidates be HIV-positive and willing to be open about their status. Other requirements included good organizational and communication skills, a minimum educational level of Standard 10 (equivalent to five years' post-primary education), and the ability to work as a member of a team. Of the 100 applicants, 20 candidates were invited to attend an intensive two-day selection workshop. The selection workshop programme was structured to determine whether the individual fulfilled the stated requirements, as well as to promote self-growth and personal development. At its conclusion, 12 candidates were selected.

Training

The candidates were then taken through a broad-based training course to prepare them for their placements[5]. This covered basic computer skills, personal empowerment and living positively with HIV (modelled on the field of psychoneuroimmunology), communication and presentation skills, HIV and development, HIV/AIDS policy and programme development and counselling.

Placements

Placements took place over several months as some candidates were already working. The first placement was of two GIPA fieldworkers in the national electricity utility, Eskom, in August 1998, and the last in early 1999. The placements were all on a one-year contract basis; the decision to renew individual contracts rested with the partner organization, based on performance appraisals. Partner organizations were required to commit to continuing PLWHA involvement

5 See Appendix C

in the HIV/AIDS programme. Delays in placement were due to the fact that at least four out of the six original organizations identified as partners were found to be unprepared or unsuitable to host a GIPA fieldworker. This also meant that placements were not confined to the private sector, but extended to NGOs and the religious sector. GIPA fieldworkers were finally placed across eight sectors:

- **electricity supply**: Eskom;
- **government:** National Department of Health, Pretoria, Gauteng Province;
- **media**: *The Sowetan* newspaper: Johannesburg head office;
- **mining**: Lonmin Platinum, in the North West Province;
- **nongovernmental sector**: LifeLine Mmabatho, North West Province;
- **United Nations system** in South Africa, Pretoria, Gauteng Province;
- **religious sector**: African Methodist Episcopal Church (AME) Garankuwa, Mabopane; and
- **transport sector**: Transnet, Head Office, Johannesburg, and Imperial Transport Holdings: Wadeville, Johannesburg.

Two GIPA fieldworkers died during the pilot stage of the project—one from a heart attack, the other from an AIDS-related illness. The pilot phase ended in March 2000.

Government GIPA fieldworkers

In September 2000, eight GIPA fieldworkers were selected and recruited for placement in key national government departments. Their role was to act as HIV/AIDS coordinators in the workplace.

The process was coordinated and managed by the national Department of Health. This department seconds GIPA fieldworkers to the participating government departments for a period of one year. At the end of the year, each department is expected to make provision for the sustainability of the project.

Placements did not begin until July 2001, partly because of the complex and relatively rigid government tender process that had to be used. This delay also meant that two of the selected fieldworkers withdrew their applications.

Training of the eight fieldworkers began in August 2001 and included updating on HIV/AIDS, drug literacy, advocacy and presentation skills, and psychoneuroimmunology. Further training is planned for 2002.

The government departments involved are Education, Social Development, Land Affairs, Correctional Services, Mineral and Energy, and Transport.

The GIPA fieldworker placed with the Department of Education has left as she found full-time, permanent employment.

Further recruitment and selection

In November 2000, a further 11 GIPA fieldworkers were recruited and selected for placement in partnership organizations. During this process, a major company identified an employee who was HIV-positive and requested that she also be included in the training. As a result, 12 GIPA fieldworkers began training in December 2000.

During the training process, four people decided to withdraw (two because of other commitments and two for personal reasons). The employee identified by the partner

organization was one of the latter two. Her withdrawal helped to highlight the importance of the selection process, which she had not undergone.

Placements of the nine fieldworkers trained were with a variety of organizations including Working for Water—a government-run water conservation and poverty eradication project; the Centre for the Study of AIDS (part of the University of Pretoria), and Anglo Platinum. One fieldworker has set up his own communications consultancy specializing in HIV/AIDS and has carried out a lecture tour in the United States of America.

Two members of this group have died, both from AIDS-related illnesses (one in January 2002 and one in March 2002).

External review

In November 2001, an external review was conducted to look specifically at issues of consolidation and sustainability. The review applauded the work already done but emphasized that further work was needed in order to modify and adapt the workplace model for the current South African context. It also stated that further partnerships and networks needed to be formed in order to capitalize on the work already done. The review suggested that the project be given a two-year transition period during which it should consolidate and strengthen the workplace model.

The original project manager left in March 2001 to become the HIV/AIDS adviser to the Minister of Education.

4) Pilot GIPA fieldworkers and their jobs

Expectations of the partner organizations varied dramatically, both in the workplace knowledge of, and programmes relating to, HIV/AIDS, and in the intended role for the GIPA fieldworkers.

In two instances—Eskom and Lonmin Mines—GIPA fieldworkers were recruited to join existing HIV/AIDS programmes, which had been set up following studies by external consultants on the impact of the epidemic on the workforce and future activities. In both cases, significant resources had already been committed to HIV/AIDS interventions and planning, and the GIPA fieldworkers served to add value to these[6].

Transnet had also conducted similar studies, but wanted to employ GIPA fieldworkers as Employee Assistance Practitioners (EAP), implementing the full range of employee assistance interventions. The United Nations system in South Africa was at the start of a process to assess the impact of the epidemic on its organization[7]. *The Sowetan* already had an editorial policy on HIV/AIDS[8]. It

6 See Eskom activities recorded in Section 5. Lonmin set up a comprehensive AIDS programme in 1997. Since 1998, it has recorded a 25% increase in patients seeking treatment for sexually transmitted infections, and a significant reduction in re-treatment. The GIPA fieldworker started work in August 1999, to help expand community awareness programmes. She was able to extend the programme to surrounding taverns, train sex workers, distribute condoms, offer drop-in counselling, and start a support group.

7 Abt Associates Inc was commissioned to draft a report for the United Nations Theme Group on HIV/AIDS. GIPA fieldworker Elizabeth Chidonza's first task was to assist these researchers.

8 According to Managing Editor Mokone Molete, editorial executives had already acknowledged that *The Sowetan* readers would be affected and that the newspaper needed to build awareness, not deny the existence of the epidemic. The executives had decided on the need to support or criticize government, open debate, and deal sensitively with reports on people living with HIV.

wanted to develop its approach to this pressing social issue for its staff, and to provide its 1.5 million readers with material of direct interest to them. Both the Department of Health and Imperial Transport Holdings were expecting GIPA fieldworkers to act as communications officers[9], and had clear job descriptions, but not HIV/AIDS programmes for them to join. AME had the most open-ended programme: there was no HIV/AIDS outreach programme in place, and the aim was for the GIPA fieldworker to develop whatever was necessary.

Into these varying circumstances came 11 very different individuals:

Busi Chamane (40): AIDS Programme Fieldworker, Western Platinum Mine, Lonmin Mines, North West Province

In November 1994, Busi Chamane was fired from her job as a bakery invoice clerk for being HIV-positive. But she bounced back and for several years ran one of the GIPA Workplace Model's most hands-on outreach programmes for women at high risk of infection in the informal areas alongside the mine premises. GIPA has been a new beginning for Busi. Born and bred in Soweto, she spent time in KwaZulu Natal with her grandparents while at primary school, and also in the Eastern Cape as a young wife. Her first job was as a receptionist at a popular Wild Coast Hotel, and she then went on to study basic management courses in Johannesburg. She was diagnosed HIV-positive in 1989, but told no one. It was only after her husband left her with three children, the youngest aged two months, and her failing health led to her dismissal, that she sought assistance. Moving home to her parents, she went back to the Chris Hani Baragwanath Hospital in Soweto where she had been diagnosed. She volunteered to join a support group for AIDS

[9] The DoH appointed the GIPA fieldworker as Chief Community Liaison Officer; Imperial's job description was that of a communication officer to the personnel department, to promote knowledge and understanding of HIV/AIDS among management and employees.

families and orphans and was employed as a counsellor when the Wola Nani support group was started. Busi applied for the GIPA position because she wanted to expand her role and get more exposure than was possible through an NGO. Practical and hard working, she's determined to help other people with HIV/AIDS learn to live a full life, and she has. Many of the women in the sex worker programme she started in Wonderkop, adjoining the mine, speak of how she has changed their lives, teaching them to take care of themselves, and each other. Says Busi, "I will always be grateful to GIPA. At Wola Nani, I had no vision; I had stopped dreaming, but I found myself again and have a meaningful life". Busi left Lonmin in July 2000 to join the national Department of Minerals and Energy as a HIV/AIDS coordinator. She maintains a close relationship with the sex worker programme.

Elizabeth Chidonza (36) GIPA Fieldworker at the United Nations House for All Agencies, in Pretoria

For Elizabeth Chidonza, as for many other GIPA fieldworkers, taking up her position meant relocating—in her case, to Pretoria. However, Elizabeth, a determined and resourceful mother of two, was an early and experienced traveller: her father, a foreman on the Cape Town docks, moved the family to Harare in 1975 to escape political tension. After completing her schooling and post-matriculation training as a secretary in Harare, Elizabeth spent much of her life commuting between the two countries. She was diagnosed HIV-positive in 1992, while working for the South African High Commission in Zimbabwe. At the time, her husband (who died in 1999) thought that they should not speak out about the issue. It was only in 1996 that Elizabeth was ready to seek help, and a community to whom she could relate. She turned to Wola Nani, the HIV/AIDS support group at

Khayelitsha, Cape Town, where she worked until being selected as a GIPA fieldworker in 1998. To fill the time between being selected and being placed, Elizabeth worked as an administration assistant for 10 Members of Parliament in Cape Town, where her mother still lives. When she took up the job of assistant to the GIPA Manager and then as GIPA fieldworker in the UN, she moved her children, then aged 13 and 7, with her to Pretoria. Determined to make a difference to the lives of her colleagues, Elizabeth took the initiative to conduct an evaluation of the needs and areas of concern, to assist her in planning and implementing policies and programmes designed to promote employees' well-being[10]. Helping people work was a natural boost to her immune system, she says. "I like it when people come here and I can help; I hate it when I fail." In September 2001, she remarried.

Andre Mackrill: Chief Community Liaison Officer, Department of Health

A former bus-driver and lay priest, Andre's colleagues at the Department of Health remember him for his gentle decency and compassion. Andre hailed from Cape Town and became a priest at 41. He left his wife and family to move to Pretoria to take up his position as a GIPA fieldworker, and to pursue his passion to expand the role of the church in the epidemic. He succeeded in that ambition through being appointed an assistant priest responsible for HIV/AIDS in his own church. He managed to revolutionize the way his church handled HIV/AIDS—particularly AIDS funerals. In his placement with the Department of Health, and before his untimely death from a heart attack, Andre held meetings and workshops with the Northern Cape and Eastern Cape Provinces.

10 See Appendix D

Johannes Mahlangu (37): American Methodist Episcopal Church HIV/AIDS Outreach Programme, Garankuwa/Mabopane, Gauteng Province

Johannes, the third of eight children, was born and schooled in Kwa Thema on the East Rand. He still owns a house in nearby Springs, which he shares with a brother. During the week, he lodges in Mabopane, where he believes his efforts as a GIPA fieldworker help others to disclose their status and show that people with HIV/AIDS can still contribute to society. Johannes had no such assistance when diagnosed in 1997. He learned of his status after donating blood at a collection point set up in the Alberton Shopping Centre where he worked as a security guard. "They sent me a letter saying I should no longer donate and should check my status with my doctor," he recalls. Doctors confirmed his status, but offered no counselling. "I was inexperienced, and in the dark about what it meant," says Johannes. He applied for a GIPA post after seeing one advertised in *The Sowetan*. There was no HIV/AIDS outreach programme in Mabopane when he got there, nor was there much funding. But there were people who knew about AME, and its leader, Reverend Frederick C Harrison, was keen to allow Johannes to develop what was necessary. He has flourished, along with the programme, learning to build up networks, facilitate, counsel and develop a reputation in an entirely new, informal environment. Johannes has a simple message for those to whom he discloses his status: "I tell them that, with their support, I and others like me can survive." It works. "After they get over the shock, they all want to help," says Inspector Poppy Mathibe, of the Mabopane Police Station, where Johannes made a particularly profound impression.

Pat Maluleka: Communications Officer, Imperial Transport Holdings, Group Personnel Department, Wadeville, Johannesburg

Born in Amersfoort in Mpumalanga Province, Pat became a barman after school. There were plenty of women to pursue in that job, and he told colleagues, before his death, that he took full advantage of the fact. After being diagnosed HIV-positive, he became a voluntary worker in the NGO Themba-Ukukhanya in nearby Standerton, before responding to the advertisements for GIPA fieldworkers. He was then recruited by Imperial Transport holdings to assist in the Imperial HIV/AIDS Programme. "A real person, just like you," is how he planned to address co-workers, but unfortunately his death of an AIDS-related illness only months after being appointed cut short the programme and it has not been renewed. Although young, unmarried, childless and never a long-distance driver, Pat showed an instinctive understanding of the dynamics between men and women in roadside cafés. Says Imperial Occupational Health Nurse, Sister Maeve Walker, "He would have done a good job of educating drivers on different behaviours on the road".

Lucky Mazibuko (31): Newspaper Columnist, *The Sowetan/The Sowetan Sunday World*, Johannesburg

Born and raised in Soweto, Lucky has always been interested in writing and was editor of his secondary-school magazine. After matriculation, Lucky spent years running his family taxi, spare parts and grocery businesses. He was diagnosed HIV-positive in 1994, and traces his infection back to shortly after his two children, now aged 9 and 8, were born. Although, to his children, he is just "Dad", Lucky is one of the most high-profile of the GIPA fieldworkers, thanks to his regular column on living with HIV/AIDS in both the daily and the Sunday editions of *The Sowetan*.

Lucky Mazibuko in his office in Houghton, Johannesburg. Credit: Lori Waselchuk

Among other things, this has seen him appointed to the National AIDS Council, the highest HIV/AIDS advisory and decision-making body in South Africa, and as the former Director of HIV/AIDS Programmes at the Nelson Mandela Children's Fund. Lucky's a casual but intense, effective communicator, a man of strong opinions, and committed to, and affected by, helping individuals, often at an informal level such as at parties or in after-hours meetings. His presence in the closely-knit *Sowetan* newsroom instantly normalized the epidemic. His column also has an extraordinary impact on readers, many of whom write to him revealing the everyday worries of people living with and affected by HIV and AIDS[11]. "GIPA has brought me many benefits: financial independence, opportunities to travel and meet influential people, and reach an audience. But there's a danger of glamorizing HIV infection, creating a celebrity role model, and forgetting about the difficulties," Lucky says. Lucky has now set up his own consultancy specializing in HIV/AIDS education and project management. He is still an active member of the South African National AIDS Council (SANAC).

[11] See Appendix F – Readers' letters

In 2002, Lucky and Musa presented a 13-part TV series, 'Positive'. It was produced and broadcast by the national TV channel SABC2. The series documented the lives of people living with or affected by HIV/AIDS. It addressed many different issues but specifically focused on stigma, discrimination, care and support. Unfortunately there was no funding available for a second series.

Maria Ndlovu (42): Employee Assistance Practitioner, Transnet Head Office, Johannesburg

Maria has lived as a nun, a faithful wife, a single mother, a rape survivor and, most recently, as someone with HIV. She brings this experience to her task of imparting information about HIV/AIDS. "I am using all the tools I have to come out with something positive," she says. Maria was born and raised in Zimbabwe, but travelled to South Africa, her father's homeland, in 1992. Trained as a secondary school English and physical education teacher, she first took a job in a Mpumalanga college, and then, looking for greener pastures, as a sales representative for an insurance company. At the same time, she ran a hair salon in Pretoria. In the process of trying to buy this business she applied for finance and was asked to take a HIV test to obtain a life policy to cover the loan. It came back positive. "It was the shock of my life," recalls this quiet and dignified mother of two. Maria realized she had been infected by the man who raped

Maria Ndlovu gives a presentation on HIV/AIDS to new employees at Transnet, Bramfontein, Johannesburg. Credit: Lori Waselchuk.

her in early 1996, and soon decided that she would speak out about her status. Two years later, she applied for the GIPA post. Today, as an employee assistance practitioner and HIV/AIDS and rape counsellor in Transnet, she is helping to shape people's responses. "My goal is to normalize the disease, and I can see it slowly beginning to happen." She is now employed as a permanent member of staff.

Musa Njoko (28): GIPA Fieldworker and Regional AIDS Programme Coordinator, Eskom

After being diagnosed HIV-positive in 1994, Musa was told to go home and wait to die. The community around her traditional KwaZulu Natal family called her the big "AIDS lady", and disqualified her from the church because she was "dirty in the eyes of the Lord". Only the thought of her seven-year-old son drove her to find ways to cope—first by visiting schools, and then by working for the local HIV/AIDS information office. Her job as GIPA fieldworker came after serving as the national chair for the Women Alive National Network. Now a mature and articulate voice on the issues that affect individuals, Musa has one of the highest profiles of the GIPA fieldworkers. As a Regional Coordinator, and thus a key implementer of Eskom's HIV/AIDS programme, she has also taken on one of the most formal challenges in the field. In this role, she views one of her most important contributions as facilitating the sensitive communications between management and its employees around a surveillance study in the organization. "People feel that those who have HIV are spoiling their world. That makes them angry and hostile. We need to give them space, information and time to change," she says. Similarly, she says, people with HIV/AIDS don't disclose their status easily. "They need time, grooming and individual support." Musa left Eskom in early 2000 and worked for the SABC while they were making the TV series 'Positive'. She then joined the Centre for the Study

of AIDS, at the University of Pretoria, as a HIV Vaccine Education Specialist. In 2001, she set up her own consultancy in people management: Khanya AIDS Intervention. In mid-2001, Musa fulfilled a childhood dream and recorded her first CD. She has since performed at a number of concerts.

Ernest Saila (32): Chief Community Liaison Officer responsible for PLWHA Coordination, Department of Health, Pretoria

Originally from Bloemfontein in the Free State, Ernest has a passion for acting. Besides singing and developing acting groups, he was a "TV maniac at high school", says the tall father of two. After matriculating, he tried his hand at basic military training at the local army base. Then, using a piece from Shakespeare's Julius Caesar in his audition, he joined the provincial arts council as an actor in school programmes. He was diagnosed HIV-positive five years ago. "I went through a rough time accepting my status, until I realized that I could use my acting skills to help," he says. As a result, he began working as a counsellor at the Bloemfontein HIV/AIDS Information and Counselling Centre. Ernest's first positions as a GIPA fieldworker were with the NGO Lifeline, first in Welkom and then Mmabatho. As Chief Community Liaison Officer at the Department of Health in Pretoria, Ernest had to adjust to a managerial position, as opposed to fieldwork, but he says the GIPA training in strategic planning has been of assistance. One of his most valuable experiences has been that of addressing Parliamentarians on HIV/AIDS: "It was an honour. Even people in top positions are starting to be open," he says. He also deeply values the financial independence that GIPA has brought him. He is now a permanent staff member, responsible for the coordination of people living with HIV/AIDS. In December 2000, Ernest got married.

Isaac Selewe (32): formerly Employee Assistance Practitioner, Transnet Head Office, Johannesburg

Once a confused university dropout, newly diagnosed with HIV, Isaac Selewe is now a GIPA fieldworker, increasingly growing in confidence. A child of Soweto, Isaac completed his secondary schooling in 1988, and worked until enrolling at Vista University in 1992 for a BA in Business Management. His life changed in 1994, when he was diagnosed with HIV. "I was confused. I didn't know what was happening and [my health] was failing, so I decided to drop university and become an activist," he recalls. His decision saw him helping out with various Soweto HIV/AIDS projects, including as a stage manager for a drama group. Then, in 1998, the need for a more stable job drew his eye to the advertisement for GIPA fieldworkers. It changed his life. "My social status has increased, my earnings have increased. I have a car and I dress and work like a corporate professional," he says. In 2001, Isaac left Transnet and, after a period of self-employment, he joined the Horizons/Eskom project in Durban as Project Coordinator. His work will include building on what Musa started, providing technical and logistical support in the implementation of a workplace programme at Eskom. Specifically, he will be assisting in a research project investigating issues around stigma and discrimination within the workplace. He also got married in December 2000.

Martin Vosloo (42): GIPA Fieldworker, Eskom

Martin is a tall bear of a man who radiates confidence and self-acceptance. He was diagnosed with HIV in 1991, when he applied for a bond. The doctor told him to get his life in order because he had only two years to live. "I would have killed myself had I not been a father," he recalls. An artisan by training, he worked on construction camps for years before becoming a volunteer HIV/AIDS worker, and then, he

notes proudly, the first GIPA fieldworker to be placed in a workplace. As a child who came from a broken home, and as a man who moved to wherever work was available, he has been able to identify easily with Eskom's employees who work on distant sites, far from home and families. Martin has settled into the work with visibly increasing effectiveness and confidence. GIPA changed the image of HIV-positive people, he says. The GIPA training, particularly the input on self-awareness, was also the seed for much of his personal development. Through the work, he has learned to keep a good balance in his life, and to be strong enough to withstand rude remarks and being made fun of. "It's made me grow as a person," he says. "I'm entirely comfortable with my status, but I don't want to confuse [people with] the message; I'd still rather not be positive." He is now based at Eskom (Generations Division) where his work focuses on the training of peer educators and managers on HIV/AIDS-related issues.

In a machine shop at Witbank, Martin Vosloo tells Eskom employees about HIV/AIDS.
Credit: Lori Waselchuk.

5) Best practice

The GIPA Workplace Model has many different elements that meet the five criteria by which UNAIDS defines 'best practice' in community mobilization. Several of the key activities carried out by fieldworkers meet all five of the criteria—relevance, efficiency and effectiveness, ethical soundness and sustainability—equally well. These activities show how the model adds value to the education component of any workplace programme. However, for any workplace programme to achieve the overall aim—that is, to reduce the number of new infections and manage the existing infections—several key elements must all be in place within a partner organization[12].

i) **Relevance:** "UNAIDS will advocate, and help with the design of, programmes that build on the reality of living with HIV and AIDS while maintaining hope based on collective community action."

Effective workplace responses to HIV/AIDS are relatively uncommon in South Africa, even though the Health Department has issued clear guidelines for implementation[13]. As in other sectors of society, the levels of HIV/AIDS awareness in the workplace are fairly high but the epidemic remains largely silent and faceless.

[12] This Best Practice report is distinct from an evaluation of the GIPA Workplace Models' impact on policies and programmes. Such an evaluation is planned, and baseline information has already been collected. It is internationally acknowledged that there is no single activity or method of dealing with HIV/AIDS in the workplace, but a set of complementary strategically planned elements and core interventions that together create impact. These are policy, strategy, economic impact assessments, human resource management, STI/HIV/AIDS management, condom distribution, and education.

[13] Well-researched guidelines for developing a workplace policy and programme on HIV/AIDS and STIs were issued by the Department of Health, Directorate HIV/AIDS and STDs in March 1997.

The result of this is that there is a need both to mobilize the private sector to play a role in the epidemic, and to make their efforts effective. The relevance of the GIPA Workplace Model lies in the fact that it has begun to do both. It raises the subject of workplace responses in the private sector through the process of advertising the positions and the search for partner organizations. It assists in making workplace programmes more effective by the presence and activities of the GIPA fieldworkers themselves. Fieldworkers make HIV/AIDS real for people in the workplace, exposing colleagues to the realities of everyday life for their HIV-positive peers, and confronting superstitions, disbelief, myths and misconceptions about who gets HIV/AIDS and what they look like. At the same time, by presenting HIV-positive individuals who are living a productive life, the GIPA model creates role models in the workplace, and inspires hope.

GIPA fieldworkers in Eskom

The national electricity utility Eskom provides a good example of how GIPA fieldworkers are relevant to an existing, well-structured workplace programme. Eskom declared HIV/AIDS a strategic priority in 1995, and has one of the most advanced and comprehensive HIV/AIDS programmes in the country. It conducted studies to assess the impact of HIV/AIDS on employee benefits and human resource planning, and appointed two workgroups: one to minimize the effect of the epidemic, and one to prevent and contain its spread. Eskom also adopted what is considered the definitive means of HIV/AIDS education: peer educators. When GIPA fieldworkers Martin Vosloo and Musa Njoko were employed by the EAP in September 1998 to assist in the education process, Eskom already had a significant HIV/AIDS infrastructure and had been implementing its programme across the country for more than a year.

The GIPA fieldworkers created a new dimension to the programme–both formally, through their activities to support its education and counselling arm, and informally, by living openly with HIV.

Martin's task was to support peer educators in their training, making personal presentations to back up what they are communicating. Now he trains peer educators. He has travelled extensively, meeting groups of employees all over the country, speaking of HIV, and then revealing his own status and helping people to come to terms with their own risk, their own HIV-positive status, and the seropositive status of others.

Says Brand Cilliers, National HIV/AIDS Coordinator, Eskom (Generations Division), "Martin's work is outstanding. He's fully booked. People have come out and disclosed their status after he has counselled them because they realize they will not be rejected and could get medical help. Recently, a technician revealed that he couldn't concentrate at work because his daughter was infected and he felt guilty. Martin counselled him and the man's supervisor. The employee was so relieved he couldn't wait to get back to work".

Musa had a similarly heavy schedule of presentations, and had the job of Regional Coordinator of the programme in KwaZulu Natal. She was thus a key implementer of the Eskom workplace programme, working to meet set key performance indicators, and thus working at a highly skilled level[14]. She was also available as a counsellor, and this has helped the social worker in the region cope with the demand.

Says Alison Visagie, Employee Development Adviser/ Regional AIDS Coordinator, Eskom, KwaZulu Natal, "Eighteen

[14] Eskom has set key performance indicators for all regional coordinators of its HIV/AIDS Programme. These are: driving on-site management and union workshops, setting up site coordinators, determining priorities, and evaluating capacity and HIV/AIDS incidence.

months ago, the HIV/AIDS programme was fragmented. Musa gave structure and guidance to set up the programme infrastructure, and her connections with other HIV/AIDS organizations kept us up to date".

Public disclosures of status in Eskom have taken time, but there are increasing numbers of anecdotal reports that they are starting to happen. The overall impact of the HIV/AIDS Programme within which the GIPA fieldworkers work is also encouraging. A voluntary surveillance study conducted in 1999, measuring knowledge, attitudes and practice of staff and actual infection rates, showed that 86% of workers in construction camps (who are at high risk of infection) are aware that HIV and AIDS exist[15].

General examples of relevance and adding value

In other workplaces, where interventions are not as advanced, GIPA fieldworkers have also helped in the following ways:

- **Shaping perceptions during the process of policy-making.** For example, Dries Steenekamp, HIV/AIDS Policy Task Team member and Human Resources Manager at the Transnet Heritage Foundation in George, Western Cape, recalls that the impact of Maria and Isaac announcing to task team members that they were HIV-positive was like being drenched with cold water. "We were old conservative guys. It made us understand that we were very uninformed, and that people with HIV could be the people next to us and not ill in bed, as we thought. After that, I installed condom dispensers in the museum toilets, even though it's a conservative town," he says.

15 Revealed during a knowledge, attitudes and behaviour study conducted during 1999. Quoted by Boitshoko Makhooane, assistant head of the EAP Programme.

- **Adding credibility to existing HIV/AIDS programmes** by improving the impact of educational presentations. Said Rob van Niekerk, Safety Officer, Lonmin Metallurgical Services, "I used to run AIDS awareness presentations, but what I said was easily dismissed. Busi is much more hard-hitting. She's revived interest among staff".

- **Extending the reach of existing programmes and forging a multisectoral approach.** Busi Chamane's work in neighbouring Wonderkop has taken the mine's prevention programme beyond its boundaries; and Johannes Mahlangu's intersectoral work has influenced the health sector, police, schools, the community and the church. Other GIPA fieldworkers have made multiple presentations to local schools, businesses and communities, upon request.

- **Normalizing the epidemic by changing colleagues' attitudes and encouraging individuals to undergo HIV/AIDS testing.** Says a colleague counselled by Elizabeth Chidonza (GIPA fieldworker at the United Nations), who subsequently went for a HIV test, "I wasn't at the meeting when Elizabeth spoke and revealed her status. But I heard people in the corridor saying it was so sad about Elizabeth. Now that I've got to know her, I feel comfortable and I can relate to her on a personal level".

- **Creating new levels of community awareness.** Lucky Mazibuko addresses 1.2 million readers every week on the subject of living with HIV, dramatically boosting coverage of the issue and creating acute awareness. And the South African Police Services in Mabopane have also taken up the cause. "Police still think AIDS is '*makgome*'—the sickness before death. They were shocked when Johannes disclosed [his status] and told them that

people with HIV/AIDS needed their support to survive. Now they all want to help him," says Inspector Poppy Mathibedi, Peer Educator.

- **Encouraging new initiatives.** The national Department of Health undertook to employ PLWHA as peer educators in key government departments of Education, Welfare, Agriculture, Labour, and Art, Science and Technology. The Health Department in the North West Province has identified the need for a local GIPA fieldworker, and is pursuing this with the Programme Manager. The Lonmin Platinum programme has encouraged two other platinum mines of the North West Province to join the sex worker education programme.

ii) Efficiency: "A mobilized community has members who take action within their capability, apply their own strengths and invest their own resources."

The GIPA Workplace Model uses its own resources in the most economical way by:

- creating access to counselling, and boosting capacity;
- advocating a more supportive environment for PLWHA;
- distributing educational materials; and
- networking to strengthen workplace and community responses.

Counselling

Training GIPA fieldworkers as peer educators and counsellors and deploying them in the workplace is an efficient means of swiftly expanding counselling resources in a country, and of making these resources easily accessible to people infected with or affected by HIV/AIDS.

The placement of a GIPA fieldworker boosted pre- and post-test counselling capacity in every workplace, and immediately made informal drop-in counselling an option for colleagues. The impact of post-test counselling by a HIV-positive person is unequalled. Examples come from *The Sowetan* in Johannesburg, where several people have confided to Lucky Mazibuko that they are HIV-positive, although they have not publicly disclosed their status. Similarly, Johannes Mahlangu counselled many community members, most of whom were HIV-positive. Maria Ndlovu, Isaac Selewe at Transnet, and Elizabeth Chidonza at the United Nations have all spent a significant amount of time providing informal counselling.

Advocacy

Advocacy around disclosure and support encourages behavioural change, and helps others to come forward and assist with building an open, supportive environment. On an individual level, it can take many months or years before someone is ready to know or disclose their HIV status, but knowing that there is support facilitates the process. Mbali Dhlamini[16], a sex worker in Wonderkop, near Lonmin Platinum mine, was counselled by Busi Chamane, and provided the following feedback: "Since I have known Busi, I have become proud and confident. If I see anything suspicious in my body now, I go to the clinic. I am also ready to go for my HIV test, and I wasn't before now". Sex worker and peer educator Zodwa Ngidi[17] adds, "I say 'no condom, no sex'. Sometime they [male clients] cause problems. But when they see the pictures [photographs of a penis with discharge] then they use them."

16 Name changed to protect identity

17 Name changed to protect identity

At a broader level, the GIPA Workplace Model has created new advocates: Provincial Health Authorities at the North West Province are now keen to partner with GIPA, and identify potential GIPA fieldworkers from their ranks of volunteers. Says Kgomotso Sefularo, Assistant Director, Care, Counselling and Support, North West Province, "Working with Ernest, I saw how this programme could expand in the public sector and provide an opportunity for people to be heard."

Media coverage, both in the form of Lucky Mazibuko's column and extensive interviews with GIPA fieldworkers, also helps to maximize the advocacy process.

Materials

GIPA fieldworkers source and distribute materials developed by the Department of Health to the community or their workplace, upon request. The Department also sponsors the provision of condoms, in many instances. "Before Maria, we only had posters and condoms. Nobody was interested in HIV/AIDS. Maria gives me advice on activities, and shares information on a better response to the epidemic," says Linda Damane, EAP Manager, Petronet, Durban, KwaZulu Natal.

This sentiment is echoed by Senior Enrolled Nurse Leta Raphela, of the School Health Services in Mabopane/Winterveld, who says, "Johannes (Mahlangu) reinforces the message that children get from their teachers and the clinic sisters. He brings us better supplies of promotional materials and condoms".

However, the operational costs of fieldwork need to be factored into the budgeting process. GIPA fieldworkers also need training on planning and accounting for the running costs of an office and a programme.

Networking has allowed GIPA fieldworkers to research information, handle enquiries, and add value to their own projects. This has been noted across the board, from the work of Isaac Selewe at Transnet and Musa Njoko at Eskom to Johannes Mahlangu, who, for example, works with the religious sector but has managed to create links with education, health and police services.

Individual GIPA fieldworkers have repeatedly shown how they apply their own strengths and invest their own resources in the pursuit of their goal. Busi Chamane used to walk from the mine premises to the shebeens and taverns of Wonderkop; Lucky Mazibuko uses his mother's car to make after-hours counselling visits to his colleagues; Maria Ndlovu relies on her teaching skills in her task of implementing EAP programmes; and Elizabeth Chidonza accompanies colleagues to clinics and hospitals for their HIV test.

iii) **Effectiveness/impact:** "UNAIDS will assist programmes that build capacity, ensure sustainability, and maximize the use of existing community resources or additional external resources, as needed."

The GIPA Workplace Model has been more effective in workplace mobilization of new partners in government than in the private sector. However, the effectiveness of the GIPA fieldworkers' individual contact with others affected by the epidemic is unparalleled. The impact on the media, and on community awareness (for example through the placement of Lucky Mazibuko) is powerful and sustained.

The model achieves these goals by:

- focusing on capacity-building, and developing skills for both GIPA fieldworkers and partner organizations;
- ensuring sustainability by requiring that participating organizations sign a clause committing them to sustaining a workplace programme that involves a PLWHA;
- requiring that a formal job description be drawn up prior to placement, so that performance can be monitored;
- making community presentations, such as in churches, in schools and for support groups, as well as in the workplace; and
- extending partnerships within communities—for example, linking with police, education and health services.

iv) **Sustainability:** "Members of a mobilized community participate in decision-making, evaluate the results and take responsibility for both success and failure."

The sustainability of the GIPA Workplace Model is becoming assured through:

- its high public profile and the growing community awareness and response, created particularly by GIPA fieldworkers Lucky Mazibuko (at *The Sowetan)* and Martin Vosloo and Musa Njoko at Eskom, which is now regarded as a Best Practice example of workplace programmes in South Africa;
- training of peer educators—for example, Busi Chamane's Sex Worker Choir, which is now being supported by two other local platinum mines;
- proven added value, specifically through counselling skills and setting up new networks, such as the work of Maria Ndlovu and Isaac Selewe at Transnet, of Elizabeth Chidonza at the UN, and of Johannes Mahlangu at AME; and
- formal commitment by partner organizations to sustain the programme.

v) **Ethical soundness:** "UNAIDS will assist with programmes that uphold the rights and dignity of people infected with and affected by HIV/AIDS."

The GIPA Workplace Model raises the profile of PLWHA, and attempts to show that they are productive members of society.

The programme manager participates in national dialogues on policy environments that will uphold the rights and

dignity of PLWHA. The GIPA Model offers GIPA fieldworkers significant opportunities for personal growth. “I have seen the most amazing personal development in field workers,” says Ria Schoeman, Deputy Director-General, Directorate STDs, HIV/AIDS, Department of Health. “They have blossomed along with their sense of self-worth.” In addition to earning a salary, fieldworkers also get training, and have the opportunity to facilitate workshops and lead debates, as well as to travel and mix with decision-makers. Within the workplace, the model allows for easier access to confidential counselling and support systems.

6) Lessons learned

The GIPA Workplace Model encountered challenges common to many GIPA initiatives[18]. As elsewhere in the world, it became clear that PLWHA are strongly motivated to be involved in the response to the epidemic, but that motivation and individual charisma cannot be relied on indefinitely[19].

To best recruit, train and employ PLWHA, promote their individual strengths and contributions, and protect their health, workplace programme managers should endeavour to do the following:

- **Select fieldworkers on the basis of their skills**

Appointing GIPA fieldworkers on the basis of HIV infection only is tokenism. It runs the risk of glamorizing HIV infection and creating a breed of job-seekers who cash in on their HIV-positive status.

- **Select candidates from within a partner organization, or from support groups in the area**

This avoids the stresses of relocation, while ensuring that candidates have a sound knowledge of local/sectoral conditions. It also helps in building support structures for local families and avoids the glamorization of the work that might result from importing a 'special' PLWHA into

18 "Challenges to implementing GIPA at higher levels: difficulty of acknowledging HIV status publicly; lack of organizations prepared to involve PLWHA; lack of skills and preparation for PLWHA; lack of proper conditions for HIV-positive people within organizations", *GIPA: from Principle to Practice*, p. 5. UNAIDS.

19 "Experience shows that PLWHA very often have an extremely strong motivation that can justify their being hired before they have all the technical expertise required by the job. [...] GIPA activities cannot count indefinitely on individuals' motivation or charisma. [...] It is of the utmost importance to provide training and support for PLWHA who are actively involved in the response to the epidemic". *GIPA: from Principle to Practice*, p. 8. UNAIDS.

sensitive areas. In addition, it encourages partner organizations to provide long-term contracts and full employee benefits, which helps improve sustainability.

- **Select from any background**

Providing that the necessary emotional and professional skills are intact, candidates from any background—be they artisans, bus drivers, security guards, activists or writers—have a role to play as a GIPA fieldworker.

- **Cultivate additional skills**

Skilled GIPA fieldworkers can implement formal workplace programmes and build capacity so that this can happen more frequently. Additional training is likely to be needed in:

- computer skills;
- setting up sector-specific workplace programmes;
- office management;
- managing personal emotional stress;
- running support groups;
- the HIV/AIDS disease profile (signs and symptoms);
- caring issues: resources on home-based care, procedures for caregivers; and
- succession planning for children.

- **Demand management collaboration**

Effective workplace policies and programmes on HIV/AIDS require skilled input from many elements in an organization. These include management, unions, and medical and financial experts on issues such as employee benefits. Partner organizations need to commit to involving these parties in the process, and to placing the GIPA fieldworker alongside them.

- **Build in performance appraisal, and skill/performance-based remuneration**

This will help ensure appropriate job descriptions and attract the best-quality candidates. It will also help avoid any conflict over different remuneration packages.

- **Clarify job descriptions**

This directs GIPA fieldworkers to areas where they can make maximum impact. It helps avoid burnout, clarifies the issue of sick leave, and ensures that partner organizations provide the financial and management skills needed to define other elements crucial to workplace policies and programmes. GIPA fieldworkers can add significant value to policy development and educational programmes, but are not necessarily able to provide highly technical input, or support the dying.

- **Develop the GIPA message**

The GIPA fieldworkers' message needs to be clarified and to evolve. Audiences need to understand that being healthy and living positively with HIV does not mean that being infected is desirable. Young audiences also need to understand that someone young, HIV-positive and healthy will still face illness and death in the future. This approach will also help communicate the need for caring, support and childcare in communities where illness and death are already common.

- **Ensure health care and emotional support**

Identifying health status during the selection process and protecting the physical and emotional health of a GIPA fieldworker during employment is critical. Constant public emotional exposure, the demands of counselling and regular media attention can put severe strain on individ-

uals with HIV. Dealing with cases of full-blown AIDS or AIDS funerals is particularly stressful.

- **Set up a positive environment and means of redress**

An enabling national policy is critical to the success of the model. It helps GIPA fieldworkers, and all people with HIV/AIDS, to handle key issues such as access to medical care, financial loans and education.

7) The way forward

The GIPA Workplace Model makes sound business sense because skilled PLWHA can help maximize the efficiency of workplace HIV/AIDS programmes. These, in turn, avert the considerable costs associated with HIV infections. The model adds value to businesses by:

- helping them identify an individual, living openly with HIV, who is suitable for employment; and
- providing training in appropriate skills, such as presentation, facilitation, advocacy and counselling skills.

GIPA fieldworkers are motivated and able to deliver the HIV/AIDS message to all employees in a business in a way that no other individuals can. Their involvement adds significant value to any workplace programme by:

- providing a role model to de-stigmatize the disease
- helping develop a workplace HIV/AIDS policy
- enriching an existing policy
- communicating the policy to employees
- helping to implement a workplace programme by:
  - improving the effectiveness of peer education
  - providing informal phone-in/drop-in counselling services
  - providing pre- and post-test counselling
  - extending the process to surrounding communities.

The impact of the epidemic on the South African business sector is such that there is an enormous need for the GIPA Workplace Model to continue. There is also significant potential for the model to be enhanced, in accordance with its success, through the refinement of recruitment, training

and support mechanisms. Strategic management will be the key to enhancing the level of business and, therefore, community mobilization that the model is able to achieve.

The impact of the programme on the GIPA fieldworkers is also significant and contains lessons both for South Africa and for other countries affected by the epidemic. These are eloquent examples of people living with HIV/AIDS standing up for themselves and their rights, educating themselves and making major contributions to their communities. The fact that three of the group got married and two set up their own companies is a strong indicator of success, reflecting also the fieldworkers' enhanced self-esteem, self-confidence and self-affirmation. For Lucky and Musa, with their own companies, it means they have gained a body of knowledge and skills they are willing to share with a wider community.

For those involved in GIPA, there is considerable satisfaction in knowing that it has contributed to the creation of an environment that enables people living with HIV/AIDS to develop and use their capabilities in a meaningful and effective way.

8) References

Abt Associates Inc (2000) *The impending catastrophe: a resource book on the emerging HIV/AIDS epidemic in South Africa*, pp.13–15.

Global Network of Persons Living with HIV/AIDS (GNP+), Informal Consultative Meeting on GIPA, 28 Feb.–1 March 2000, "Evolution of GIPA – The road to Nairobi from Paris via Denver."

HIV/AIDS STD Directorate, Department of Health, South Africa (2000) *Eskom,* HIV/AIDS Best Practice Series, pp.21–22.

Orr et al. (1999) *Pre-Intervention Psychological Assessment of UNAIDS GIPA Delegates*, prepared for KnowAids, p.8.

Rosen S (2000) Care and Treatment to Extend the Working Lives of HIV-Positive Employees: Calculating the benefits to business, Harvard Institute for International Development. *South Africa Journal of Science*. In press.

UNAIDS (1999) *From Principle to Practice: Greater Involvement of People Living with or Affected by HIV/AIDS*, Key material, pp.2-8. UNAIDS/99.43E.

UNAIDS (1999) *Knowledge is Power: Voluntary HIV Counselling and Testing in Uganda*, UNAIDS Case study, p.46. UNAIDS/99.8E.

UNAIDS (2000) *Enhancing the Greater Involvement of People Living with HIV/AIDS (GIPA) in Sub-Saharan Africa. A UN response: How far have we gone?*

Williams BG et al. (2000) Where are we now? Where are we going? The demographic impact of HIV/AIDS in South Africa. *South African Journal of Science;* 96. In press.

Zuma N (1998) Address to Parliament on the HIV/AIDS debate, Minister of Health, Cape Town, South Africa.

9) Appendices

Appendix A: Advertisement for GIPA fieldworkers

(October 2000)

G I P A

GREATER INVOLVEMENT OF PEOPLE LIVING WITH HIV/AIDS

FIELDWORKERS NEEDED FOR TRAINING IN HIV/AIDS PROGRAMMES

People living with HIV/AIDS have a crucial role to play in the management of the HIV/AIDS epidemic.

GIPA, a UN-supported programme, has been in operation for the past two years. We now need to expand and train 10 more fieldworkers to implement HIV/AIDS work-based programmes nationally. Successful completion of this training will qualify fieldworkers for recruitment by partner organizations (POs).

DUTIES:
- Assist POs in the implementation and strengthening of their HIV/AIDS programmes
- Assist in providing support for colleagues infected/affected by HIV/AIDS
- Integrate HIV/AIDS into relevant training programmes
- Be a positive role model of living openly with HIV/AIDS

REQUIREMENTS
- To be HIV-positive and willing to be open about status
- Good organizational skills
- Good written and oral communication skills
- Tertiary-level education or equivalent essential
- An ability to work as part of a team

OTHER INFORMATION
- A successfully trained GIPA Fieldworker will be eligible for employment by a partner organisation
- Persons living with HIV/AIDS who are employed and wish to work in their employers HIV/AIDS programmes are encouraged to apply

Application forms can be obtained from:
GIPA: Telephone: (012) 338 5211. Fax: (012) 320 1503.
E-mail: kmagome@un.org.za or jhill@un.org.za
or can be collected from: GIPA, Metropark Building,
351 Schoeman St, Pretoria (Cnr Schoeman & Prinsloo)
Completed applications must be received by
Friday 13 October 2000.

Appendix B: Summary of the GIPA fieldworker selection process

Aims and objectives

- To select PLWHA fieldworkers from those short-listed.
- Applicants must fulfil the following requirements in order to be selected:
  - be HIV-positive and willing to disclose their HIV-positive status
  - have good organizational, verbal and non-verbal communication skills
  - have the capacity and willingness to be trained
  - minimum educational qualification of Grade 12 (matriculation)
  - ability to work as a member of a team
- Personal empowerment, attitude-changing and initial training of the applicants during the selection process. This aim is achieved regardless of whether the applicant is selected or not.

Motivation for the Workshop Selection Process

Advantages of a workshop selection process are as follows:

A workshop provides the time and the innovations to successfully recruit the applicants who best fulfil the criteria of the job. Over a period of time and using different activities,

it is possible to obtain an in-depth perspective of the applicants' strengths and weaknesses and how they handle themselves in different situations.

In this particular process, it needs to be noted that, regardless of the applicants' particular abilities to perform the job, an inability to confidently and comfortably manage their HIV status, and deal with the possible resultant consequences, automatically affects their possible selection. The reason for this is that an inability to manage their HIV status with confidence and self-acceptance could have a negative impact on the project.

Process

The format of the selection workshop is structured in such a way as to encourage maximum interactive participation. The intensity of the activities is directed at fostering a rapid learning curve among the applicants while, at the same time, allowing for fun and enjoyment. Activities are specifically selected with the aim of being informative, educational and personally empowering.

The applicants are observed and evaluated on a number of criteria including personal integrity, problem solving, communications, leadership styles, openness and willingness. The format of the selection process is such that participants are unaware of the type of observation and of the criteria that are being implemented. The reason for this is to ensure that individuals were unable to keep up a facade and possibly give a false impression of themselves and their abilities. Potential and abilities are practically implemented and appraised in many of the activities.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for global action on HIV/AIDS. It brings together eight UN agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations International Drug Control Programme (UNDCP), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

UNAIDS both mobilizes the responses to the epidemic of its eight cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV on all fronts: medical, public health, social, economic, cultural, political and human rights. UNAIDS works with a broad range of partners—governmental and NGO, business, scientific and lay—to share knowledge, skills and best practice across boundaries.

Produced with environment-friendly materials

The impact of the HIV/AIDS epidemic on the business sector in South Africa is considerable. As well as reducing economic growth rates, the epidemic brings direct and indirect costs to businesses in the form of absenteeism, lost skills and reduced productivity. South Africa has begun to explore how best to involve people living with HIV/AIDS in making more effective workplace responses to the HIV/AIDS epidemic. This Case Study reports on a pilot programme—the GIPA Workplace Model—which has been developed over the past four years with United Nations support. The project's aim is to place trained fieldworkers, living openly with HIV/AIDS, in selected partner organizations in different sectors (government departments, private companies and corporations) so that they could set up, review or enrich workplace policies and programmes.

About 24 fieldworkers have so far been trained and placed through the GIPA Workplace Model and, as this Case Study shows, have greatly benefited the partnership organizations through their skills and commitment, while themselves gaining personally from the experience. They have made companies and communities more aware of the intense need for HIV/AIDS policies and encouraged care and support for those infected with and affected by the disease.

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
ILO•UNESCO•WHO•WORLD BANK

Joint United Nations Programme on HIV/AIDS (UNAIDS)
20 avenue Appia, 1211 Geneva 27, Switzerland
Tel. (+41) 22 791 36 66 – Fax (+41) 22 791 41 87
E-mail: unaids@unaids.org – Internet: http://www.unaids.org

$15.00