HIV/AIDS and Drug Abuse Prevention Campaign in the Workforce

The Partnership of PT Unilever Indonesia Tbk and Karsa Kemanusiaan Indonesia (KKI)

HIV/AIDS in Indonesia

The HIV epidemic in Indonesia is among the fastest growing in Asia. At the end of 2009, it was estimated that there were 33,200 people living with HIV (PLHIV). The cumulative number of reported AIDS cases increased from 2,682 in 2004 to 19,973 in 2009; more than a six-fold increase. The number of provinces reporting cases doubled during this period, from 16 to 32 out of 33 provinces. Ninety-two percent of those infected are in prime working ages (20-49). Women account for an increasingly high proportion of cases; in 2009 they represented 25% of all cases. Seventy-one percent of married men and 61% of married women have heard of HIV/AIDS, but much smaller percentages, 49% of men and 36% of women, have heard condoms can reduce risk. Only 7% of married men and 8% of married women know about voluntary counseling and testing (VCT). The highest incidence of HIV/AIDS is among injecting drug users (IDUs).

EXECUTIVE SUMMARY

PT Unilever Indonesia Tbk (UI) and Karsa Kemanusiaan Indonesia—Indonesian Humanitarian Work (KKI) have partnered since 2003 to prevent HIV and drug abuse among workers at a UI factory in Cikarang, an industrial area just outside of Jakarta. Most of the workers are men. The core of the partnership is a training-of-trainers (TOT) program carried out by KKI to create a team of volunteer workers who then provide information and training to other workers on behavior changes needed to prevent HIV/AIDS and drug abuse. Team ANHA (Anti-Drugs or “Narkoba” and HIV/AIDS) operates under the coordination of the head of Occupational Health Services (OHS) at the factory. Since 2004, KKI has conducted three TOT courses that have produced 62 team members who include not only Unilever employees, but workers from other companies in the same industrial area, including suppliers of UI. Team members also provide prevention information to surrounding communities and schools. Activities in Indonesia led to a change in Unilever Indonesia company policy towards HIV/AIDS prevention and drug abuse in the workplace signed and issued by the chairman of Unilever worldwide in January 2007.

Since 2004, Team ANHA members have reached 2,000 workers in the UI Cikarang factory and another 2,000 workers among Unilever suppliers. They have also reached students in six schools and people from 14 nearby neighborhoods. In 2011, UI and KKI plan to convene a fourth TOT to include workers from neighboring factories including those of Mattel, Kimberly Clark, and Mulia Ceramics.
PARTNERS

**Unilever Indonesia (UI)** ([http://www.unilever.co.id/](http://www.unilever.co.id/))

Founded in 1933, UI owns six factories in Jababeka Industrial Estate, Cikarang and two factories in Rungkut, Surabaya with its head office in Jakarta. UI manufactures personal care products such as soap, shampoo, toothpaste, and skin care products; home care products such as detergents, dish soaps, floor cleaners, etc. as well as ice cream and food such as soy sauce, margarine, tea, fruit beverages, and snacks. As of 2010, UI employs more than 4,000 people and relies on over 300 suppliers in Indonesia. UI has a CSR program that is integrated into its core business and has four main pillars: environment, nutrition, hygiene, and sustainable agriculture. Under these pillars, UI develops programs such as the Hand Washing Campaign with Soap, the Dental and Oral Health Education Program, the Traditional Food Conservation Program, and the Campaign to Fight Hunger and Malnutrition to Help Malnourished Indonesian Children.

**Karsa Kemanusiaan Indonesia (KKI)** ([http://karsakemanusiaan.or.id/](http://karsakemanusiaan.or.id/))

KKI was established in August 1998. From 1998 to 2000, KKI focused on charitable activities such as clothes and food for disaster victims in Aceh, West Kalimantan, Ambon, and East Timor. KKI also distributed food staples for poor communities in villages throughout Jakarta. Since 2000, KKI focuses only on HIV/AIDS and drug abuse prevention through partnerships with companies. The program is implemented through a variety of means including education and STD/HIV services for truck drivers in harbor areas, puppet shows, school programs and news coverage via TV and newspapers. It operates in Aceh, Greater Jakarta, West Java, East Java, West Kalimantan, and East Kalimantan.

INITIATING THE PARTNERSHIP

The partnership was initiated by a letter from KKI to Unilever requesting a meeting to discuss HIV/AIDS and drug prevention. The letter was sent by Chairman of KKI Mr. Mar’ie Muhammad (ex-Minister of Finance) to Mr. Tony Pranatadjaja, Unilever Indonesia’s Corporate Relations Manager at the time, who Mr. Muhammad knew personally. At the meeting, KKI gave a presentation on the benefits of preventing HIV/AIDS and drug abuse in the workplace including: increased productivity among workers; reduced health costs to the company; improved worker morale; increased product quality; improved company image; and improved working relations among workers.

In August 2003, UI asked KKI to give the same presentation to factory Divisional Managers who included the head of Occupational Health Services (OHS) at the Unilever factory in Cikarang. During that visit, Mr. Muhammad awarded the Managers (Site Coordinator and Human Resources Director) with a pin symbolizing management commitment to prevent HIV/AIDS and drug abuse.

In April 2004, a team of KKI facilitators and factory managers developed a work plan. They agreed on a profile for selecting participants for the training-of-trainers (TOT) session, the number of days needed to conduct the TOT, the content of the training, and the training schedule. They adopted the motto “Think Big, Start Small and Act Now”.

IMPLEMENTING THE PARTNERSHIP

Following an assessment of training needs, Unilever issued an announcement asking for volunteers to be trained in HIV/AIDS and drug abuse prevention. The Human Resources department shared this announcement
with all employees. Criteria for recruitment included the following: trainees had to be outgoing, willing to reach out to others, and willing to participate on a volunteer basis. After the first group of 17 volunteers was selected, KKI conducted a three-day TOT course. Purpose of this visit was for the trainees to interact with the patients to develop empathy for them that they could subsequently share with others.

Training included (1) basic facts about HIV/AIDS and drug abuse, (2) how to communicate messages on HIV/AIDS and drug abuse to workers and communities, and (3) how to develop a one-year work plan with specific activities, a timetable, and target audiences defined.

This first group of volunteers became Team ANHA (Anti Drugs or “Narkoba” and HIV/AIDS). Team ANHA is the agent for changing the behavior of the workers towards the prevention of HIV/AIDS and drug abuse in the workplace. Team members disseminate materials provided by KKI on HIV/AIDS and drug abuse through a variety of mechanisms, enabling team members to reach large numbers of workers. For example, information is communicated to workers in the dining hall and at the company family day.

Team ANHA also visits nearby communities and schools with its messages. Each year they visit one community (i.e., a housing complex). Team ANHA develops programs/plans each year that include internal and external events (the latter for school and housing complexes) such as on Indonesia’s Independence Day. In 2008, to increase commitment of volunteers and understanding about the issue, KKI helped team ANHA visit one shelter for persons living with HIV/AIDS and one HIV/AIDS care hospital “Dharmais” in Jakarta. They also visited schools including SMP Kartika in Cijantung and SMKN Cikarang Selatan. In 2009, the team visited a housing complex in Cibarusa, located near the factory. Team ANHA operates under the coordination of the head of Occupational Health Services (OHS) at the factory, Mrs. Indriati Purnamasari.

To complement KKI’s activities with workers through Team ANHA, UI has created a team within senior management headed by the Senior Medical Advisor of UI, Dr. Johny Sulistio, to increase awareness and support within senior management for the program. These efforts include having a person living with HIV/AIDS serve as a spokesperson on HIV/AIDS and drug abuse prevention. The team has also held a factory “pinning” day to award members of senior management for their support. A goal of the team has been to establish a company policy to increase understanding among workers about the importance of HIV/AIDS and drug abuse prevention. For workers who want to be tested for HIV, UI covers the cost for testing at UI partner hospitals. UI also covers costs for workers who seek treatment.

RESULTS

Since 2005, 62 workers have joined Team ANHA as a result of three TOT courses conducted by KKI. The first two courses included only UI employers, but the third TOT conducted in June 2009 included participants from the suppliers of UI and from other companies in the same industrial area. As of 2010, team ANHA includes 43 volunteers from UI, 15 from its suppliers, and four from other companies (Kimberly Clark, Mulia Ceramics, and Toshiba).

As of 2010, Team ANHA has reached 2,000 workers at the Unilever factory and 2,000 workers of Unilever suppliers. The impact of Team ANHA on behavior changes has not been measured, but UI and KKI would like to find ways to measure such changes in the future. Team ANHA members have also reached 14 communities and six
schools near the factory with HIV/AIDS and drug abuse prevention information. In January 2007, Unilever Indonesia adopted a policy on HIV/AIDS prevention and drug abuse in the workplace that was signed and announced by the CEO of Unilever Global.

**KEY SUCCESS FACTORS**

The key factor contributing to the success of this program is the composition and nature of the ANHA team. Team members are factory workers who volunteer to be on the team and give time outside of working hours to participate. There is also strong commitment to the program within UI senior management. Having a person living with HIV/AIDS to give testimonials also contributes to the success of the program.

**FUTURE PLANS AND EXPECTATIONS**

UI and KKI plan to continue working together to build a network with all industries in the area to provide HIV/AIDS and drug abuse prevention education. They plan to hold a fourth TOT in 2011 to include workers from neighboring factories of Mattel, Kimberly Clark and Mulia Ceramics. UI also hopes to include HIV testing in its annual medical exams for workers.

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**Footnotes**

4. KKI changed its name into Karsa Kemanusiaan Indonesia in 2011. Formerly it was known as Komite Kemanusiaan Indonesia.

**About this Case Study**

This is one in a series of case studies based on presentations by partners at sessions of the Health and Business Roundtable Indonesia (HBRI). HBRI is an activity of Company-Community Partnerships for Health in Indonesia (CCPHI), a project of the Public Health Institute funded by the Ford Foundation.

This case study is based on presentations by Oyo Zakaria (Secretary—Karsa Kemanusiaan Indonesia) and Dr. Johny Sulistio (Senior Medical Advisor—PT Unilever Indonesia Tbk) at the 7th session of the Health and Business Roundtable Indonesia (HBRI). CCPHI staff members prepared the study in consultation with UI and KKI.

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