

September 2006

# Implementing CSR and HIV/AIDS programmes in the supply chain

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Prepared for  
**IFC Against AIDS, IFC (Washington) and IFC (South Asia Region),  
Planning Commission, Government of India, New Delhi,  
USAID, PSP-One, New Delhi,  
World Bank Institute, Washington**



Project Report No. 2005CI23

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[www.teriin.org](http://www.teriin.org)

The Energy and Resources Institute

TERI Report No. 2005CI23

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### Suggested format for citation

TERI. 2006  
Implementing CSR and HIV/AIDS programmes in the supply  
chain  
New Delhi: The Energy and Resources Institute. 51p.  
[Project Report No. 2005CI23]

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## List of abbreviations

AA: AccountAbility  
ACMA: Automotive Components Manufacturers Association of India  
ART: Anti-Retroviral Therapy  
BCC: Behaviour Change Communication  
CBOs: community based organizations  
CIS: Commonwealth of Independent States  
CMA: Cement Manufacturers Association  
COBP: Code of Business Principles  
CSR: corporate social responsibility  
DFID: Department for International Development  
DMRC: Delhi Metro Rail Corporation  
DSDS: Delhi Sustainable Development Summit  
FDI: foreign direct investment  
FISME: Federation of Indian Micro and Small Enterprises  
GDP: gross domestic product  
HIV/AIDS: Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome  
HLL: Hindustan Lever Ltd  
ICT: Information and Communication Technology  
IEC: Information, Education, Communication  
IFC: International Finance Corporation  
ILO: International Labour Organization  
ISO: International Standards Organization  
KAP: knowledge attitude practice  
MDGs: Millennium Development Goals  
MNC: multinational corporation  
NACO: National AIDS Control Organization  
NGOs: non-governmental organizations  
PAR: performance assessment review  
PPC: Portland Pozzolana Cement  
PSP-One: Private Sector Partnerships-One  
SA: SocialAccountability  
SABCOHA: South African Business Coalition on HIV and AIDS  
SACS: State AIDS Control Societies  
SMEs: small and medium enterprises  
SSI: Small Scale Industries  
STI: sexually transmitted infections  
TERI: The Energy and Resources Institute  
TERI- BCSD India: TERI-Business Council for Sustainable Development India  
UN: United Nations  
UNDP: United Nations Development Programme  
UNAIDS: Joint United Nations Programme on HIV/AIDS  
UNHCR: United Nations High Commissioner for Human Rights  
UNIDO: United Nations Industrial Development Organization

USAID: United States Agency for International Development  
VCCTC: Voluntary Confidential Counseling and Testing Centers  
WBCSD: World Business Council for Sustainable Development  
WHO: World Health Organization

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## Acknowledgements

We would like to express our sincere gratitude to our donors IFC Against AIDS Program, IFC; IFC South Asia Region; the Planning Commission, Government of India us.

Our thanks to Ms Sabine Durier (IFC Against AIDS, IFC), Ms Sheena Chhabra (USAID), Mr Anand Sinha (PSP-One) for leading us through the programme and reviewing the final project document.

A special word of thanks is due to Ms Meenakshi Datta Ghosh, former Director General, NACO and presently Secretary, Ministry of Panchayati Raj for being a guide and strong supporter, addressing our meetings and facilitating our project.; USAID, PSP-One; and the World Bank Institute, who have trusted us to carry out this exercise and supported

We acknowledge the role played by Ms Annapurna Vancheswaran, Associate Director, Sustainable Development Outreach, TERI, in leading us in the programme. We would also like to thank SIAM, especially Mr Dilip Chenoy, Director General, and his office for facilitating our meetings with representatives from the automobile industry.

We would like to take this opportunity to thank each and every one of those who have responded to our questionnaires and participated in our consultations. Their suggestions were very valuable in moulding this study into its present form.

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## Preface

TERI-BCSD India (TERI- Business Council for Sustainable Development India) is a network of 65 (currently) corporate bodies, which have come together to realize the goal of sustainable development. It is a platform for the member companies to work with each other to develop and implement projects and activities that will help them accomplish their mission towards sustainability. Its membership has a pan-Indian presence and comes from diverse industrial sectors. It is also the regional network partner of WBCSD (World Business Council for Sustainable Development) in India. In view of the fact that HIV/AIDS (Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome) has become a national challenge and requires a strong response from the private sector, we in TERI-BCSD India have initiated a project titled 'Business fight against HIV/AIDS: towards a paradigm shift' to address this need.

The objective of the project is to create a platform on which the issue of HIV/AIDS can be discussed among our corporate members and other interested private sector stakeholders. The first activity as part of this initiative was a videoconference, which linked Chennai, Delhi, and Mumbai with Washington D.C, to discuss corporate social responsibility and business competitiveness: the case for private sector workplace programmes to fight HIV/AIDS. This received significant attention from the industry and consequently provided a strong platform for our intervention. One of the outcomes of the discussion was the surfacing of a common perception that the private sector could leverage the supply chain to expand the scope of the HIV prevention programme.

TERI-BCSD India took this idea further and conducted a scoping exercise with five Indian companies. This report and the issue of intervention through the supply chain to combat HIV/AIDS were discussed at a national seminar held in September 2005. The seminar received enthusiastic response from the industry, the development sector and the government.

To take the action to its logical conclusion, we then commenced the last phase of the project during which we undertook a detailed study of the three industrial sectors in India, namely automobile, cement, and paper. The objective of the research was to assess the response of companies to the concept of their involvement via the supply chain to fight HIV/AIDS and to elicit

their views on how this exercise could be undertaken. In the course of the survey, its scope was expanded to also look at how companies would interact with their business partners on a range of CSR (corporate social responsibility) issues apart from HIV/AIDS.

This study, is the first of its kind in India, presents results that are specific to the realities of the Indian companies in the context of a responsible supply chain. It is an explorative initiative and the responses given by our consultative partners are based mostly on their ideas and opinions rather than on any specific projects undertaken by them in this area. Therefore, we strongly suggest a pilot programme be launched to try-out these ideas so that a more refined supply chain programme could emerge for the Indian industry as a whole.

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## CHAPTER 1 Introduction

This report is based on the project titled ‘Business fight against HIV/AIDS: towards a paradigm shift’ which was undertaken by TERI-BCSD India (TERI-Business Council for Sustainable Development India), with support from:

- ‘IFC Against AIDS’, a program of IFC (International Finance Corporation) established to proactively raise awareness about the potential risk of HIV/AIDS to the private sector clients of IFC and to provide guidance for implementing workplace and community programmes;
- South Asia Department of IFC;
- Planning Commission, Government of India;
- USAID (United States Agency for International Development), PSP-One (Private Sector Partnerships-One); and
- World Bank Institute

In the last two decades, HIV/AIDS has emerged as a major threat to our development. As per the UN (United Nations) document on MDGs (Millennium Development Goals) HIV/AIDS poses a formidable challenge, as this is the leading cause of death in sub-Saharan Africa and the fourth biggest killer worldwide. Other affected regions, including South Asia, are the Russian Federation, CIS (Commonwealth of Independent States) and the Caribbean. The corporate sector is now being recognised as an important partner in the effort to stem the spread of HIV/AIDS.

TERI has been lending its support to the global movement by advocating policy changes and providing research backup. It views the realization of the MDGs as an essential step towards sustainable development. Public health has always been amongst the top priorities at TERI. After research interventions in issues like air pollution, water, sanitation etc, TERI-BCSD India is geared up to address the menace of HIV/AIDS.

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### Current state of private sector response in India

The Indian industry is uniquely positioned to counter the HIV/AIDS epidemic on account of its sustained and direct access to people in the vulnerable age group of 15-45 years. The private sector in India is combating HIV/AIDS in many and varied ways:

### Corporate workplace programmes

Comprehensive workplace programmes have been effective in generating awareness, changing harmful behaviour, and creating a non-discriminatory atmosphere. ILO (International Labour Organisation) has developed a 'Code of Practice' on HIV/AIDS and the world of work, which is being followed in a number of companies in India.

### Community-based initiatives

The industry has been supporting national efforts against HIV/AIDS by implementing programmes in the communities, generally surrounding their operations, along with their other community development activities. It has also, as part of this programme, been addressing high-risk groups such as truckers and migrant or agricultural workers.

### Advocacy

Many eminent Indian business leaders have been active advocates, at the highest levels in the government and civil society, of efforts to halt the spread of the epidemic. Corporate and business houses have mobilized opinion for greater action, and generated resources to complement government programmes.

In today's rapidly growing Indian economy, the contribution of business to sustainable development is vital. Although the private sector has been a partner in change in the fight against HIV/AIDS, there are several dimensions with great potential that remain unexplored.

TERI-BCSD India strongly believes that an initiative from its common platform will make a significant difference in the efforts to contain HIV/AIDS and will complement the work being done by the government, responsible companies, and industry bodies.

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### TERI-BCSD India's project on HIV/AIDS

Through this project, we in TERI-BCSD India aim to reach out to the vast network of our member companies, which have a presence in all parts of the country, and to make them aware of the problem and solicit their participation. As a unique group that represents some of the largest companies in India from diverse sectors, TERI-BCSD India has the capability to play the role of a strong advocate in the fight against HIV/AIDS.

The project was divided into three phases:

- 1) Scoping study on the Indian industry with respect to intervention in the supply chain.
- 2) National seminar for the Indian industry.

- 3) Post-seminar exercise to study industry intervention in the supply chain of three specific sectors in order to come up with an action plan.

#### Phase I Scoping exercise with five Indian companies

As has been mentioned above, a considerable amount of work has already been initiated in the Indian industry for workplace programmes on HIV/AIDS. Several community programmes are also being organized for high-risk groups like the trucking industry members and migrant workforce. However a large section of the Indian workforce, which is in SMEs (small and medium enterprises) and the unorganized sector, does not have access to these initiatives because of the financial and managerial constraints these sectors face in implementing HIV/AIDS programmes. In order to fill in this gap our project focuses on the supply chain of the Indian corporate sector as a potential area for HIV/AIDS-related interventions.

A preliminary exercise was undertaken to assess the scope of an intervention programme with five companies with the following objectives:

- 1) Ascertain the existing programmes of Indian corporate bodies in the supply chain for the prevention of HIV/AIDS.
- 2) Identify opportunities for greater involvement of companies in HIV/AIDS programmes in the supply chain.
- 3) Analyze the perceived challenges in operationalizing HIV/AIDS prevention programmes.

The key findings of the study were as follows:

- 1) While product quality is an important criterion expected from suppliers, there is no expectation of responsible business practices by the parent company.
- 2) Suppliers with relatively small operations have to be oriented to the need to have socially responsible programmes at their workplace.
- 3) Any project undertaken in the supply chain has to be a joint, collaborative effort between the supplier and the company.
- 4) There needs to be a built-in monitoring and evaluation mechanism that ensures efficacy and continuity of the programme.
- 5) There is immense scope to address HIV/AIDS in the supply chain. This would, however, need a continued commitment from all the stakeholders.

(See Annexure 4)

#### Phase II National Seminar

The findings of the above study were fed into the national seminar titled 'Business fight against HIV/AIDS: towards a

paradigm shift' held on 5-6 September 2005 in New Delhi. The key objective of the seminar was to take stock of the response to the HIV/AIDS epidemic by the private sector and learn from the experience of its stakeholders. The following questions were also elaborated upon:

- 1) How can business make a better contribution to the fight against HIV/AIDS?
- 2) What are the emerging challenges for the business community to respond to HIV/AIDS?
- 3) How should corporates extend the scope of HIV/AIDS activities to the supply chain?
- 4) How to use ICT (Information and Communication Technologies) more effectively to fight HIV/AIDS?
- 5) What have been national and international best practices in the corporate sector's involvement with HIV/AIDS?

The seminar set the ground for a focused dialogue with the private sector. Several areas were identified where private sector intervention could continue to control the HIV/AIDS epidemic (See Annexures 4 and 5)

#### Phase III Study on CSR and HIV/AIDS programmes in the supply chain, and an action plan

During the seminar, 'supply chain intervention' emerged as an area with a strong potential to strengthen industry programmes on HIV/AIDS. With limited literature available on the subject, we decided to concentrate on the next phase of the project viz. understanding the possibility of introducing HIV/AIDS programmes in the supply chain of three sectors-automobile, cement, and paper. The objective was to gain inputs from companies on their relationship with suppliers and to explore the possibility of implementing HIV/AIDS programmes in their supply chain.

During the research, one of the barriers encountered was the reticence of Indian companies (respondents) to talk exclusively about HIV/AIDS in the context of the supply chain. To overcome this hurdle and gain greater cooperation, we extended the scope of the research to address any CSR (corporate social responsibility) issue prevalent in the supply chain. This had the desired effect of engaging the companies in useful discussion. In addition to CSR, the broader issue of business ethics and accountability in the Indian supply chain was also examined. This again was found to be an area with inadequate research and limited knowledge available for the private sector to gain from. Therefore, the scope of the study was expanded to understand how companies in India could identify potential risks arising from their supply chain to delineate the steps to be taken to manage and mitigate the risks.

The overall objectives of the study thus shaped up as follows:

- 1) To discuss with the participants the importance of ethical practices in the Indian supply chain and assess their perceptions on strengthening.
- 2) To elicit industry opinion on the implementation of programmes on HIV/AIDS in the supply chain.
- 3) To involve the participants in exploring practical approaches to promoting healthy HIV/AIDS practices in the supply chain.

The interim findings for the automobiles and cement sector were shared at the discussion on 1 February 2006 at an event titled: 'National Consultation on CSR and HIV/AIDS programmes in the supply chain,' during DSDD (Delhi Sustainable Development Summit) 2006. The deliberations at this meeting have also been incorporated into the findings of the study. The subsequent chapters present a report of the research in Phase III. Based on the above findings and also the existing literature on the subject, an action plan has been chalked out which can be used by companies to implement HIV/AIDS awareness programmes in their supply chains.

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## Structure of the report

The report comprises four chapters.

The first chapter provides information on the background of the project, its phases, methodology for Phase III, rationale for selection of the sectors, definitions, and scope of work.

In case of the Indian companies, the supply chain has seldom been considered from the viewpoint of accountability or ethical behaviour. Therefore, the second chapter takes up CSR in the context of the supply chain, and the scenario in Indian industries on ensuring accountability in their supply chains.

The third chapter presents the findings of the study along with the analysis. The opinion of the respondents regarding the opportunities and challenges of intervening in the supply chain for HIV/AIDS and CSR programmes has also been submitted.

The fourth and fifth chapters are the most vital portions of the report. Chapter 4, presents the action plans and recommendations which could be adopted by companies to implement programmes on CSR and HIV/AIDS in the supply chain. The fifth and final chapter, shows how HIV/AIDS initiatives can be taken to the SMEs and the unorganized sector while delineating the roles of all the major stakeholders, including the government, donor agencies, UN (United Nations) bodies, NGOs (Non Governmental Organizations) and industry associations

The chapters are followed by Annexures 1-6

## Methodology for Phase III

Leading companies and industry associations in the three sectors (automobile, cement, and paper) were informed about the study. They were given background information and were requested to respond to a questionnaire. Subsequently, personal meetings were arranged at each of the companies at their factory location or corporate office. The respondents included senior management, human resource personnel, CSR teams and supply chain managers. The researchers, apart from sharing study objectives, made a presentation on the concept of an ethical supply chain before conducting personal interviews, followed by discussions.

The views of the respondents were thus acquired through in-person interviews, telephonic interviews, and written feedback on a one-by-one basis.

The report also benefited from a national consultation held on 1 February 2006 in conjunction with DSDS 2006 (Annexure 1).

### Rationale of selecting the automobile, cement and paper sectors

- 1) These sectors play an important role in the Indian economy in terms of generating revenue and direct or indirect employment. In addition to the above, their operations are such that they have responsible links with issues like environment, education, climate change, etc.
- 2) These sectors have large supply chain networks. Their forward and backward linkages touch millions of people and a sizeable portion of the unorganized sector as well.
- 3) Some of the major centers of these industries have their concentration in those regions of India which have been identified as high prevalence areas for HIV/AIDS.
- 4) Companies from these sectors occupy a significant position in the TERI-BCSD India member companies.

### Automobile sector

#### An overview

The automotive industry has emerged as an important player on the canvas of the Indian economy. The Indian automotive industry produces a wide variety of vehicles: passenger cars, light, medium and heavy commercial vehicles and multi-utility vehicles such as jeeps, scooters, motorcycles, mopeds, three wheelers, tractors, etc. (Ministry of Heavy Industries and Public Enterprise 2005)

The industry, comprising the automobile and the auto component sectors, has shown great advances since delicensing and opening up of the sector to FDI (foreign direct investment) in 1993. It has an investment of a sum exceeding 50 000 crore rupees. During the year 2003-04 the turnover of the automotive sector was around 1 00 000 crore rupees. The contribution of the automotive industry to GDP (gross domestic product) has



risen from 2.77% in 1992- 93 to 4% in 2003- 04. It currently accounts for 17% of the indirect tax revenue.

The Indian automotive industry is now finding increasing recognition worldwide and a beginning has been made in the exports of vehicles as well as components. During 2003-04 the exports of the industry registered a growth rate of 55.98%.

The Indian auto component sector today has 420 key players who contribute more than 85% of the output of this sector.

Indicators	Amount (2003 04)
Investment	13 400 crore rupees
Output	30 640 crore rupees
Exports	4550 crore rupees

With a growth rate of 28%, this sector is the fastest growing sector in the auto industry. The exports turnover of the industry is close to 180 crore rupees, which is 12% of the combined sales.

#### Workforce

The automotive industry provides direct employment to 0.45 million people and indirect employment to 10 million.

#### Major players

TATA Motors Ltd., Hindustan Motors Ltd., Maruti Udyog Ltd., Bajaj Auto Ltd., Hero Honda Motors Ltd., Ashok Leyland, and Mahindra and Mahindra,

#### Main production centres

Mumbai and Pune, Indore, Chennai, Bangalore, Gurgaon and Noida, and Jamshedpur.

Some of these locations have also been identified as areas of high prevalence of HIV/AIDS. Therefore, the automotive sector in India would be able to greatly leverage its geographical presence and its supply chain to enable the spread of the HIV/AIDS awareness programmes in India.

### Cement Sector

#### An overview

This sector is one of the six core infrastructure industries in India along with electricity, crude petroleum, petroleum refinery products, coal, and steel. At the same time, India is the second largest cement producing country in the world after China with a production of 117.35 million tonnes of cement in 2002. The Indian cement industry meets our entire domestic demand and is also able to export cement and clinker (Ministry of Commerce and Industry 2006).

During 2005 06, this sector attracted some of the highest FDI in the country at 12.44 %, next only to electrical equipments and services sectors. The cement industry comprises 130 large cement plants with an installed capacity of

156.26 million tonnes and more than 367 mini cement plants with an estimated capacity of 11.10 million tonnes per annum, making a total installed capacity of 167.36 million tonnes. During the Tenth Plan period, the industry is expected to grow at a rate of 10% per annum.

#### Workforce

According to the CMA (Cement Manufacturers Association), in 2004, 126 large cement plants employed approximately a manpower of 135 000 in the organized sector. If the unorganized sector, consisting of mini cement plant, is included then the whole sector directly employs more than 2 million people and many more indirectly through its supply chain.

#### Major players

Gujarat Ambuja Cement, ACC Ltd., Ultratech Cement, Grasim Industries, Jaiprakash Associates Ltd., Shree Cement Ltd., and Madras Cements Ltd.

With multinationals like Lafarge making an entry in the Indian market and Holcim partnering with Gujarat Ambuja and picking up stakes in ACC Ltd., the scenario in the Indian cement industry is going to change. Consolidation has taken place in the industry with the top five players controlling almost 50% of the capacity. We have been able to address these major players in our study.

Main production centres Andhra Pradesh, Rajasthan, Tamil Nadu, Madhya Pradesh, and Gujarat.

#### Paper sector An overview

The paper industry has over the years occupied an important position in the country. The key social objectives of the government like eradicating illiteracy and making primary education compulsory are closely linked to it. The paper industry also contributes towards the fulfillment of various requirements of other industries such as the dissemination of information, publicity, etc which in turn stimulate the industrial growth of the country. It is a highly fragmented sector, with top five producers accounting for about 25% of the capacity. The largest paper companies in India are typically owned by large private industrial conglomerates or by the state. (Central Pulp and Paper Research Institute 2005)

The paper industry is identified as one of the core sectors of the Indian manufacturing economy. It is one of the 35 high property industries in India contributing around 2500 crore rupees annually to the national exchequer. There are about 600 paper units engaged in the manufacture of pulp, paper, and paperboards. The country is self-sufficient in manufacturing most varieties of paper and paperboards. Import, however, is

confined only to certain speciality papers like the coated variety, cheques, etc. which are imported from Singapore, USA, UK, Japan, Indonesia, Germany, and Malaysia.

Most of Indian pulp and paper companies are small, independent producers running only one mill. The majority of them are village-scale producers with limited influence beyond their respective market areas. The geographical concentration of the industry is determined by market access, availability of raw material, and other production resources (water, electricity, skilled labour, etc.).

#### Workforce

The Indian paper industry with nearly 600 units employs 0.3 million people directly and 1 million indirectly.

#### Major players

J K Paper Mills, Andhra Pradesh Paper Mills Ltd, Hindustan Paper, BILT, ITC-Bhadrachalam Paperboards and Specialty Papers Division

#### Main production centres

Gujarat, Maharashtra, Uttar Pradesh, Punjab, Tamil Nadu, and Andhra Pradesh.

Some of the above states have also been identified as high prevalence regions of HIV/AIDS.

#### Operational definitions

##### CSR

While there have been several interpretations of the concept of CSR, this study focuses on the internal programmes in the suppliers' workplace that includes issues like working conditions, health and safety. It also includes an issue beyond legal requirements, viz. HIV/AIDS prevention programmes.

##### Supply chain<sup>1</sup>

Since the nature of the supply chain and its level of organization differ from industrial sector to sector, its definition of supply chain has been kept flexible for the purpose of the study. In case of the automobile manufacturing sector, the supply chain consists of all those suppliers from the first tier who provide semi-finished goods to a company for final assembling. In case of the paper and cement sectors, it comprises all suppliers from the first tier who provide raw materials for final manufacturing and also those responsible for sales, distribution, and retail.

<sup>1</sup> In the course of the report, the terms supplier, vendor, and business partner have been used interchangeably.

## Scope of work

The scope of work has been defined by the various parameters, discussed below.

The research was confined only to the manufacturers of final products in all the three sectors. There was no interaction with either the suppliers or distributors in any of the sectors.

This was premised on the view that the final product manufacturer is the one whose reputation would be at highest risk if ethical and responsible behaviour is not practiced in the supply chain. Thus, the most important role is that of the main company. As TERI-BCSD India takes this project further, we hope that the programme would gradually include all members of the value chain.

Although an effort was made to contact all individuals in the major companies in every sector to elicit their views on the subject, there was varied response from all of them. Some were not ready to talk about the issue, while others agreed to interact with us but did not have concrete opinions on some of the questions due to their limited exposure. Still others thought such issues were still superfluous to India. The findings in this study are purely the personal opinions of individuals and should not be attributed to the companies they represent.

## CHAPTER 2 CSR and HIV/AIDS: The connect with supply chain

### Introduction

In India, the concept of CSR (corporate social responsibility) has changed significantly over the last few years. While the philanthropic model is still largely popular, an emerging trend indicates a shift towards companies that are trying to establish a business model in all their sustainable development projects.

With a growing body of information and awareness, companies prefer to engage in CSR projects that do not just create goodwill but help in facilitating their businesses. Companies that have responded to this study have all expressed the need to make their existing projects reach a stage of financial sustainability. In order to achieve this task, innovative partnerships with civil society and like-minded organizations are often being explored. The focus now is on how projects can be implemented differently rather than to only initiate new projects. This has led to greater involvement of the company personnel.

Company respondents shared with us the fact that every proposal they receive from the community or an NGO (non-governmental organization) is carefully examined. The in-house discussions that follow often focus on the objective, outcome, and technical expertise that the company can provide. Projects where the company can highlight its expertise and an area that is close to their business operations are usually preferred.

Such preferences are illustrated through the following examples. For instance, petroleum or automobile companies would want to invest in the research and testing of an alternative fuel like biofuel. It is only logical that with the ever-increasing oil prices and limited energy resources for the future, biofuel or the search for an alternative fuel would be an area of interest for such companies.

Similarly, mining or construction companies would focus on the health and safety of their workforce. With the migratory profile of their labour, they would foresee HIV/AIDS (Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome) as a threat to the health of the workers and their business. South Africa has gone through a phase where companies were forced out of business because their workforce was affected with the HIV virus (Boldrini and Trimble 2006).

One must also take into account the concept of 'sphere of influence' that is fast gaining ground within the CSR activities of national and transnational companies. While this concept has not been defined in detail by international standards, it will tend to include individuals with whom a company has a certain

political, contractual, economic, or geographic proximity. It is important to understand that every company, both large and small, has a sphere of influence. Obviously the larger or more strategically significant the company, the larger is its likely sphere of influence (UNHCR).

The sphere of influence of a company is subject to frequent changes. As business operations expand, so does a company's sphere of influence. For example, a company may identify the provision of water to the local community as an important issue for residents of the area and its own employees. However, this agenda may enlarge when they learn that because of their expansion plans, several people would get displaced. They would then need to address the issue of displacement and work towards resettlement and rehabilitation. Thus, it is vital to have foresight regarding the future risks in the sphere of influence.

Problems arise when a company knowingly ignores the risks prevalent among its stakeholders (community, employees, suppliers, etc.) and takes no action to rectify the situation. One such area where probable risk exists but which has largely been left unattended is supply chain management. A company's impact on society because of its expansion is increasingly being linked to the operations of its suppliers and contractors who provide materials, products, and services. The next section focuses on the dynamics of the supply chain.

### Scenario in India on ensuring accountability in the supply chain

The supply chain of large Indian companies is increasingly becoming vulnerable to social and environmental risks and there is urgent need for remedial and preventive action. In India, more than 90% of the workforce is part of the unorganized or informal sector of the economy. The labour force is seen as the most vulnerable, with no security against disease and unsafe working conditions. All companies, in order to sell responsible products, require interlinkages among several entities. The influence that a company has on its suppliers is determined by a variety of factors, including size, frequency of interaction, volume of business, etc.

Company respondents shared that much of the interaction with their suppliers is on issues concerning quality and technology improvement which basically becomes a programme often known as the 'vendor development programme'. Although there has been no mention of CSR in these deliberations, if the so called 'non business issues' would lead to a positive working environment, thereby yielding better results in business, suppliers and companies would readily join hands.

The benefits a company would have by incorporating elements of responsibility and accountability in its supply chain include:

- Enhanced brand image and reputation
- Increased productivity and quality

- Strong relations with the external community
- High employee morale
- Ethical standards maintained in business
- Outreach enabled to a vast population of top, middle, and low-level workers in the supply chain.

One way of ensuring the continuity of programmes among suppliers is by making them comply with certain standards<sup>2</sup> of social responsibility. This methodology has been adopted in export-oriented sectors like apparel, leather, etc. The respondents were however concerned about the use of pressure in enforcing standards. They felt that the healthy relationship the companies shared with their suppliers should make it easy for them to convince the suppliers to act in an improved social manner rather to coerce them, into doing the needful.

It is imperative to create an understanding on business ethics and standards among all players in the value chain. Once preliminary information is disseminated, the ground for adoption of good practices among suppliers/distributors can be strengthened. These standards could be devised based on international guidelines or conventions that are globally accepted.

Suppliers are many a times SMEs (small and medium enterprises) that account for a large portion of the unorganized sector and also constitute the supply chain of large corporate houses in the Indian economy. It is a general opinion that the majority of these enterprises would be unable to implement their own social and environmental programmes due to a lack of information on part of their management coupled with financial constraints. However, these constraints can surely be surmounted if a methodology is found for working together.

Synergistic action would require strategic planning, vision, resources, partnerships and above all a commitment to eliminate any existing social and environmental risks. Several CSR experts have repeatedly predicted that it will only be a matter of time when supply chain ethics will be an area that will require special attention for Indian companies. Companies would need to hire staff and provide funds to diagnose and eliminate risks.

The buyers would have to broaden their responsibility and redefine their role. They could extend CSR support through technical expertise, partnership in joint projects, inputs on workplace programmes, information sharing, etc. apart from financial support. All this would be beneficial in the long run for the supplier and also the parent company. It would reduce the

<sup>2</sup> Although there is still vagueness and a sense of ambiguity on which standards should be considered, the overall assumption points towards international standards like the ILO (International Labour Organisation) core conventions or the principles of UN (United Nations) Global Compact, etc.

costs and losses by protecting human resource, and advance the company's commitment towards strong CSR initiatives.

### HIV/AIDS intervention in the Indian supply chain

While large-scale formal enterprises are beginning to accumulate information and experience in addressing HIV/AIDS, the same cannot be said of the informal sector or small enterprises, where the majority of the working class is employed. Given the very high percentage of employment found in these enterprises, there is an urgent need here to amass knowledge of HIV/AIDS, identify best practices on how to tackle the problem, develop practical, innovative approaches and tools to avert HIV/AIDS and mitigate its impact. Companies should not only implement HIV/AIDS workplace programmes but should also introduce these in their supply chain.

The drivers for large Indian companies to address HIV/AIDS in and through the supply chain are as follows:

- Risk management HIV/AIDS has the potential to become a risk that will affect the profitability of a company, especially in certain sectors, which have been identified as being vulnerable to it. In sectors like mining, transport, agriculture, construction, etc. not only are the company employees in the workplace at risk, but also all the employees at different parts of the value chain. Therefore, it is essential for a company to devise a strategy through which it will reach out to all workers (contract workers, migrants, security staff, etc.) outside its workplace.
- Leveraging partnerships and building relationships Companies in the so-called 'not-at-risk' sectors can also leverage their partnerships in the value chain to expand the scope of HIV/AIDS programmes. This is because their supply chains contact sections of population which are at high risk. For example, sectors like oil and gas, fertilizers and food processing can leverage their business relationships to spread the message in their value chain to migrant workers, transporters, etc. These proactive initiatives help in building trust and forging strong relationships with partners. An oil and gas company that wants to work with its business partners in forward linkages on HIV/AIDS has immense potential for success and replication. Each company has several petrol stations across the country, which are linked through an effective communication network. Dealers operate some stations, while the company itself runs others. If each station runs an



HIV/AIDS module for its employees along with the other sales trainings, not only will the employees be benefited, they could also pass on the same information to their key customers- truckers. This could be built into the employees' appraisal systems or incentives schemes could be launched. It could act as a long-term business model as the beneficiaries are important customers for the company.

- Vulnerability of SMEs to HIV/AIDS As mentioned above, the supply chain offers immense opportunity to expand the scope of existing HIV/AIDS programmes of companies in India because through this route, they will be able to reach out to smaller players. This is vital in view of the potential vulnerability of SMEs to the virus. The loss of a few trained individuals could have significant impact on a small company's profitability.
- Social responsibility A company can further its CSR programmes by contributing to HIV/AIDS programmes in the supply chain. By focusing on the supply chain and the many workers that form a part of it, the company can also enhance its public image as well as encourage the management to participate in joint programmes for AIDS awareness. The reputation of the brand, ethics and values of the company, and its altruistic desire to take up a national health challenge are other motivating factors.

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## Conclusion

While the supply chain is being seriously considered as a significant area of intervention by most MNCs, (multinational corporations) the response of Indian companies and even of MNCs producing and operating in India has not been encouraging. Producers in India (including MNCs) who manufacture for the local and international markets engage many suppliers for their business operations. A company's expectations from the supplier are limited to the quality of the product and its timely delivery, with there being little or no emphasis on any social or environmental commitment.

It is noteworthy to mention that supply chain interventions have worked well for sectors with an international presence, because here international standards are required to be maintained to sustain business operations. However, Indian businesses must change their mindsets to understand that they are no longer confined only to the Indian market. Overseas collaborations have begun to give them an international presence, and it is only a matter of time before the supply chain

initiatives go beyond mere logistics to include ethics and moral standards.

Indian suppliers would now need to educate their workforce and internalize an HIV/AIDS programme to ensure a healthy supply chain. This can only be possible when there is active collaboration between the supplier and the company. Companies should realize that the costs to implement and execute an effective AIDS awareness programme are far lower compared to the costs incurred if an HIV/AIDS epidemic affects their workforce and consequently productivity.

## CHAPTER 3 Research findings and analysis

The supply chain in the Indian industry has been identified as an area with immense potential to expand the reach of the HIV/AIDS (Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome) programmes. The industry has access to the remotest corners of India through its operations. As of now, the HIV/AIDS programmes incepted by companies for their workforce and the neighbouring communities are largely ad-hoc, and these are neither monitored nor evaluated and documented. Research in this field has also been limited. Several Indian firms treat HIV/AIDS as a CSR (corporate social responsibility) programme and not as a company initiative on its own. In the following chapter, we present the results of the research that was carried out in the automobile, cement, and paper sectors in India.

### Automobile sector

#### Structure of supply chain

A large company, on an average, has about 700-800 vendors, based on the items that they supply which include steel, sheet metal, forgings, castings, machine parts, springs, fasteners, etc. The automobile sector has seen an up gradation in the standards of the suppliers. Many raw material providers have now become providers of semi-finished goods, and this has enlarged their purchasing and bargaining power. Usually the final assembling takes place at the company's plant and the finished product enters the market via a chain of distributors.

#### Views on CSR in the supply chain

All companies interviewed were in favour of ensuring their suppliers uphold social responsibility. They expressed confidence that their influence on their business partners would encourage them to adopt responsible practices. However, presently, the collaborations between the companies and their suppliers are restricted to issues of technological development and improvement of quality standards.

The companies' views on CSR programmes were that they would ensure a productive supply chain that reflected the values. In an age of brand building and media outreach, enhanced company reputation was also a clear motivation. Interestingly, ethical behaviour of the business partner was an important criterion for engaging in a business relationship, but there was no consensus on whether this should be made a criterion while awarding contracts to suppliers. It was seen that

as much as companies wanted to include this clause in their contract, they were apprehensive of losing business.

Business partners were not treated as dependents but were all looked upon as independent entities who were professionally or contractually engaged with the company. As regards the health of suppliers' workforce affecting the profitability of the buyer, there was mixed response. While some felt that the suppliers' well being affected them, others felt that this was not an area of concern because of the large availability of manpower in India. Not many companies foresaw a shortage of workforce.

#### Modalities of intervention in the supply chain

The respondents felt that implementation of CSR programmes in the supply chain would involve a proactive role of supply chain managers/procurement personnel. These managers are the most important interfaces who act as facilitators between the company and business partners. Therefore, implementation of these programmes should not be the prerogative of CSR personnel alone. All departments and units involved in procurement and distribution have vital contributions to make. It is important to organise a comprehensive exercise to train and educate supply chain managers on ethics management. It was clear that the business partners themselves would have to take the onus to play an active role in the programmes. Companies were optimistic that suppliers would take up this activity as their status has significantly changed from being raw material providers to being providers of services and semi-finished goods. Respondents felt that each supplier unit was capable of undertaking internal CSR programmes that would help in the creation of a positive work environment. The parent company could build the capacities of the partners and be involved in the initial handholding exercise.

As to a policy framework for such programmes, respondents felt that a common policy should be evolved for the sector. A 'Code of Conduct' could be drawn up to be the guiding document for all partners to follow. The crucial aspect of a code of conduct was the methodology of its preparation, as it would have to factor in the needs and requirements of all the players involved, backed by a management system.

#### HIV/AIDS programmes in the supply chain

The rationale for the implementation of HIV/AIDS prevention programmes in the supply chain is that this is an effective way of addressing a formidable health challenge in India. Ensuring the health of the suppliers' workforce, many of whom fall in the unorganized sector, by reaching out to them will ensure the health of the business too. Indian companies are aware of how their South African counterparts were forced to shut down their business operations because of an HIV/AIDS epidemic. As Mr Lee Smith, former President, Levis Strauss International, said

'It is inevitable that a firm doing business in the developing world will pay for AIDS. It is just a question of when and how much.' The automobile sector respondents were not in favour of identifying High-vulnerability partners for HIV/AIDS, but wanted to implement an overall programme with all the chain partners. Here as well, capacity building of suppliers was preferred to direct implementation of activities.

For any programme to be successfully integrated into a company's working, the consent of the senior management is crucial. HIV/AIDS programmes too require the support of the senior management to be woven into the larger fabric of CSR so as to run successfully in the supply chain

Companies felt that the efficacy of the implementation of HIV/AIDS programmes by business partners could be monitored by paying regular visits. As far as non-HIV issues like ethical behaviour, working conditions, and other worker social obligations were concerned, there was no consensus on the need to visit and monitor the progress. One view was that adoption of responsible behaviour pattern by the supplier was a matter of belief in as much as it can only be suggested and not enforced through social audits. The need to establish linkages with local NGOs (non-governmental organizations), with technical expertise in HIV/AIDS issues and industry associations was on high priority.

## Cement sector

### Structure of supply chain

Supply chain management is a crucial activity in the overall quality performance of the cement manufacturing process. The manufacturing process<sup>3</sup> can be divided into the following sub-processes:

- 1) Limestone crushing and blending
- 2) Raw meal grinding
- 3) Clinkerization
- 4) Cement grinding
- 5) Despatch to channel partners and customers

The main raw material required for cement manufacture is limestone which is mined from limestone quarries. Most companies in the cement business have their own captive mines. Limestone is crushed and sent to stockpiles for pre-blending. The crushed limestone is reclaimed and ground in a raw mill with iron ore/ laterite used as corrective material and sent for homogenization. Coal is also crushed, stacked and ground in powder in a coal mill and stored in a coal bin for firing the kiln and pre-calcined. The pre-calcined material is

<sup>3</sup> Application received from a leading Indian cement company for the TERI Corporate Social Responsibility Award 2004-05

then fed into a rotary kiln where it gets converted to clinker which, in turn, is passed through a cooler and stored in the stockpile/silo. Grinding clinker and gypsum in required proportion produces cement. Pozzolanic cement (fly ash) is added in required proportion whenever PPC (Portland Pozzolana Cement) is produced. The cement is then dispatched to various dumps as per market requirement. Cement is an unwieldy product, and freight and handling constitutes almost 25-30% of the end price.

There is requirement in the above processes for consumables, raw materials, cement packing bags, and grinding media. Casting and refractories are planned to meet the production plans. In most companies, the responsibility for identifying the necessary infrastructure and support services like transportation, communication, etc. lie with personnel, administration, or the supply chain management department.

#### Views on CSR in the supply chain

Respondents felt that truck drivers were the most vulnerable group and implementing programmes for them would mean addressing the supply chain directly. In terms of the other business partners, they felt that their influence could encourage the suppliers to adopt socially responsible behaviour patterns. While there was a general consensus, on this a pertinent issue raised was that the influence that a company exercises on its business partners is based on the volume of business between the two companies. It was suggested that working with large volume-suppliers would be worth the time and investment. One reason given to support this thought was that these suppliers work closely with the company and a violation of social obligations could directly influence the reputation of the company. Another logic was that the bigger suppliers are comparatively more aware of CSR issues.

One way of inducing social responsibility in the supply chain was to award contracts to suppliers on the grounds of safety. Environment consciousness and product quality were considered important but there were still mixed reactions from companies on whether responsible behaviour should be a criterion. This again was not because socially responsible behaviour was not desired, but because they felt that in the event of introducing these requirements, several business partners might not be able to comply.

There was no consensus on the question whether the health of the supplier's workforce would affect the buyer's profitability. While some were in total agreement with such a connection, others said that the effect could not be calculated. Another response, similar to the one given for the automobile sector, was that there was adequate workforce available and therefore the loss of manpower was not a threat.

There was a clear division of opinion, on the subject of the risk of losing suppliers if companies expected a certain amount of accountability. Companies that replied in the affirmative expressed their concern, that as markets were becoming increasingly competitive, they stood at a clear risk of losing a supplier. It was easier for a supplier to look for another buyer who could give him a better price than the other way round. However, companies with strong relationships with their business partners expected them to be socially responsible too. It has been observed that suppliers are not usually ready to take up a programme till a standard or benchmark is put in place. It was suggested that an industry-specific standard should be introduced and a pilot project with one company be undertaken.

#### Modalities of intervention in the supply chain

It was predominantly felt that in the cement sector supply chain managers have an important role to play in the process. The suggested modality for extending social responsibility in the supply chain would be to have a code of conduct in place, educate the business partners about the code, and also build their capacities to implement a programme. Subsequently suppliers could take this initiative forward independently.

As opposed to the automobile sector, the respondents in the cement sector felt that the whole industry should adopt a unified policy and an SME (small and medium enterprise) development plan should be evolved, with CSR being a major component. They saw a key potential for the industry association and the government to be involved in evolving such a policy. They were all very confident about being able to influence the suppliers who were in direct touch with them with regard to this initiative.

#### HIV/AIDS programmes in the supply chain

The reasons for the cement sector companies to implement an HIV/AIDS programme in the supply chain were similar to that of the automobile sector. The motives cited were that a programme like this would be a reflection of their commitment to the cause and it would also ensure a healthy supply chain. All companies, except one, expressed their desire to implement a programme for all the suppliers in the chain. The dissenting company said that it would prefer to identify major risk areas and target these first.

In addition to the above, all respondents felt that extending HIV/AIDS programmes along with other CSR programmes was a preferred line of action rather than introducing a programme independently. As in the automobile sector, the predominant contribution that respondents saw themselves making was towards capacity building of the suppliers. They wanted to establish a channel of communication and then guide suppliers to execute the programme.

The role of both the senior management and the supplier was once again highlighted, as their interest would ensure the programme was taken seriously and implemented correctly. The respondents did not expect any risk because of this initiative, except in one instance where it was felt that it would require a lot of effort to make the small-scale supplier act. The various partnerships envisaged as part of the programme were with local NGOs, SACS (State AIDS Control Societies), and industry associations.

Respondents were also open to the idea of working with their peers—the ones who shared a common supplier base. This could also allow them to pay regular visits in order to improve the implementation of the programme. The cement industry, which is already spending a substantial amount on their supply chain logistics, expected the costs to increase if social and environmental programmes were to be included and this was an area of concern.

## Paper sector

### Structure of supply chain

The paper manufacturing process can be divided into three categories:

- 1) Pulp production Separating cellulose fibres from wood or used paper
- 2) Paper manufacturing Matting cellulose fibres to a sheet
- 3) Conversion Shaping, cutting, and possibly coating paper into products

The key supply materials required are wood, water, coal, chemicals, limestone, etc. Apart from the business partners providing the above supplies, other partners include chemicals, lime, and colour providers and service partners. Most of the suppliers vary in size and operations, and in several cases the supplier is as large as the company, itself. An important supplier base of farmers has been emerging strongly. Farmers are included in farm forestry projects.

### Views on CSR in the supply chain

Some of the paper sector respondents were already collaborating with their partners in terms of implementing skill-building programmes for their workforce, HIV/AIDS programmes for the truckers, etc. However, interestingly, there was no unanimity on whether their influence would encourage the suppliers to assume socially and ethically responsible behaviour. One reason for this was the fact that most suppliers were bigger than the company itself. Respondents felt that the practice of ensuring that suppliers uphold social responsibility would ensure a productive supply chain. This, they felt, was because only an efficient and responsible producer can produce



a quality product. Therefore, ultimately the company would benefit by emerging with a good public image.

Although the supplier's responsible behaviour was not a criterion for awarding a contract, companies preferred to do business with partners who had a good 'market and social reputation'. However, pressure to comply in the beginning could make them lose their suppliers and thus they were not sure how the programme could be sustained. In case of captive suppliers, viz. those who produce only for one buyer, it was still easier to work jointly, and expect a change over a period of time.

#### Intervention in the supply chain

Like the other two sectors, the paper sector also felt that supply chain managers would have to play a major role in this exercise. To implement the programme at a basic level, it was perceived that the onus would be on both the main company and the supplier, and they both would have to get involved in the process voluntarily. As far as their exact role was concerned, companies preferred to offer capacity building trainings and share human resources for at least one pilot programme.

A unified policy for the whole the sector was the most preferred way forward for all companies. Realizing that this development might take time, respondents were keen on individual companies taking the lead. All respondents were of the opinion that developing a code of conduct would be a good step to ensure that suppliers adhered to responsible practices in their operations.

#### HIV/AIDS programmes in the supply chain

By and large, all the companies surveyed were keen to extend an HIV/AIDS prevention programme to their supply chains as a way of expressing their concern for a national challenge and to partner with other stakeholders. Further, they wanted to work towards ensuring the health of their suppliers' workforce, which would lead to a healthy supply chain and a good corporate image. While some felt that it would be good to encourage all suppliers to implement HIV/AIDS programmes, others opined that it would be better to identify certain other vulnerable areas and focus there first. High-risk groups identified were migrant workers, truckers, and contract and casual workers who are usually not part of the company's regular workforce.

Companies working on HIV/AIDS programmes shared that often employees or other target groups felt uncomfortable discussing HIV. Their experience said that building an HIV programme along with other health-related issues was the preferred and more effective technique.

As far as their involvement in the implementation of the programmes was concerned, respondents wanted to utilize the capabilities of a trained team of CSR professionals, doctors, and

civil society networks to build the capacities of their business partners.

However, most companies were not completely convinced of the idea of monitoring the implementation of HIV/AIDS programmes by the business partners. They felt that this was a voluntary effort, which should be driven by the supplier. One useful suggestion was directed at the dissemination of information through peer educators and building partnerships with local NGOs and SACS.

### Responses common to all the sectors

Each of the three sectors gave a different response in view of the fact that their supply chains differ from each other and as do the degrees of organization. However, some responses common to all were as follows:

- Companies certainly felt that their influence on their suppliers, especially the smaller ones, would encourage them to adopt responsible practices.
- They were in favour of ensuring that their business partners display responsible behaviour.
- They believed such a practice could ensure a productive supply chain and also a good public image for both the supplier and the company.

### Modalities of intervention for CSR programmes

- All respondents highlighted the important role that supply chain managers would have to play in the exercise on account of being identified as interfaces and facilitators. Companies with an ongoing 'vendor development programme' could extend information through the existing channels which gave quality and technical support to suppliers.
- The responsibility of programme implementation should not be confined to only one unit. All employees should be educated about the philosophy of the programme. This would add to a greater sense of accountability in the employees and strengthen their beliefs in their organizations' values.
- Routine supplier meetings could be used as an ideal forum to discuss the preferred ethical supply chain standards. However, to enable each of the personnel involved to understand the terms of reference, it is important to have an official 'code of conduct'. The modus operandi could be to make a code of conduct/ set of business principles, educate the business partners about it, and build their capacities to implement those principles. They could then take the programme forward on their own.

## Modalities of intervention for HIV/AIDS programmes

- All companies were clear that before preaching it was important to show that they themselves had an internal HIV/AIDS programme.
- HIV/AIDS programmes should be built into the larger CSR (health) agenda and then be taken to the suppliers.
- The overall rationale for suppliers to implement an HIV/AIDS programme was to ensure the health of suppliers' workforce and also build a healthy supply chain.
- The role of the senior management was identified as being crucial since their involvement ensured the continuity of the programme.
- The role that companies envisaged for themselves involved capacity building and developing a system to implement the HIV/AIDS programme with their supplier base.
- Collaboration with the respective SACS and local NGOs was necessary for implementing these programmes.

It is worth mentioning here that in terms of technical expertise, several organizations provide specialized services that can be utilized. Literature and IEC (information, education, communication) material already exist and funds could also be arranged. The real challenge lies in making a greater numbers of companies and firms interested and in leveraging their resources.

## Opportunities and strengths of inducing CSR and HIV/AIDS programmes in the supply chain

Introduction of CSR and HIV/AIDS programmes will help companies identify potential risks to their businesses throughout their value chain or in their sphere of influence. These risks could then be mitigated in coordination with business partners under the CSR initiatives. In this way companies would respond to the increasing demands and the expressions of interest from various stakeholders on corporate responsibility.

Minimizing supply chain risk is important because it concerns not just the organization's own performance, but that of the business partners as well. For instance, a company may face public resistance if it is seen sourcing from a supplier who employs child labour. Those companies which do not systematically identify potential risks in their supply chains and manage them responsibly might lose their brand and reputation. Delayed damage control would not only result in incurring high costs but could as well turn out to be a futile exercise in regaining market position and improving public relations.

The above rationale is also linked with trade issues. In an era of non-tariff trade barriers, especially for export-oriented industries, it becomes extremely important to monitor the process of production throughout the industry and map the supply chain to ensure that the practices followed are not objectionable. This will ensure free market access and competitive advantage over non-practicing companies.

Further, this will help in creating a group of 'ethical buyers' who will expect responsible behaviour from a company. Companies would have to be enterprising enough to leverage their CSR efforts to respond to these demands and generate more business.

Adoption of responsible practices throughout the supply chain will act as a pre-emptive step with immense benefits in the long run. Globally the minimum ethical norms of conducting business are not only being expected from large transnational corporations but also from Indian companies operating outside India.

### Tremendous opportunities in supply chain with respect to HIV/AIDS

Most corporate houses have large and widespread supply chains, and these linkages could be utilized to enlarge the scope of the HIV/AIDS activities of the company. The back end of raw material and service providers and the forward linkages of distributors, dealers, retailers could reach the remotest corners of the country. The supply chain also offers the scope to reach out to the vulnerable unorganised sector.

Also, in many businesses the issues of sustainability like health and safety and child labour have already become points for discussion with business partners. HIV/AIDS could well be an area that will be considered in the gamut of existing activities.

The focus areas for embarking on the journey for a sustainable supply chain would have to be based on the following:

### The challenges

The idea of collaborating with business partners to ensure CSR practices has both its advantages and challenges. It is vital to address these challenges simultaneously in order to implement the programme successfully.

Presently in India, like many other nations, the customer's concern about a product is with regard to its quality or pricing and not so much with the socially responsible behaviour behind the making of the product. The competitive advantage for a company arises more from low costs rather than investing in CSR. It is, however, a matter of time that the investments that companies make in social projects today will reap benefits tomorrow. The lack of a policy framework is also a big deterrent. Companies need proper and comprehensive

guidelines, which can aid them in the implementation of such programmes. This could come from the government or industry associations. Companies are not very keen to take up HIV/AIDS programmes because of the stigma and fear associated with the condition.

Monitoring is vital to be able to effectively implement the programme. Compliance from suppliers, when they are equally important and large, may not be easy. Companies first need to create capacities within themselves in order to involve their business partners.

The high costs incurred by companies in implementing such with their business partners is another key challenge. The solution is to arrive at a common agreement on cost sharing.

An ILO (International Labour Organisation) working paper clearly highlights the costs of a typical programme for HIV/AIDS workplace intervention, based on a set of assumptions.

How much does it cost to business?

- The cost depends upon how comprehensive the programme is and the strategy behind it.
- The programme can be very cost-effective as well as sustainable if integrated into ongoing welfare/CSR programmes.
- Companies need to realize that outside agencies could come and conduct one or two training workshops or they could train selected employees as peer educators, who could then provide HIV/AIDS education to their colleagues on a regular basis.
- This subject is such that it requires reinforcement and regular persuasion so that awareness translates into the required behaviour change.

Based on the peer education model, an idea about the cost implications can be had through the following case study (Table 1).

Suppose a company has 10000 employees, and is located in a high HIV prevalence state, (where the HIV prevalence rate is 1% in the general population):

Assumptions

- It can be assumed that 1% of the employees (100) are infected with HIV.
- The company develops its response as part of its ongoing welfare/CSR programme.
- The company adopts the peer education approach and is willing to provide time to employees to get educated as peer educators. The training of peer educators needs to be conducted in two full working days. However, if production schedules are making it difficult to spare employees for two full days, the whole programme could

be done in parts for half a day each for three-four days. The idea is not to hamper the company's work due to this training

- The company allows for formal and informal mechanisms for the peer educators to provide education to their co-employees on a regular basis.
- The company seeks technical support from outside, uses the already existing training manuals/IEC materials, developed by agencies like SACS, employers' organizations/chambers, NGOs, and ILO.
- The company uses its own facilities for organizing peer educators' training.
- ILO has developed a package of training and communication materials for use at the workplace, and this can be used.

**Table 1** Broad cost components of the programme

Programme components	Estimated cost (rupees)
<b>1 HIV prevention programme</b>	
<b>Behaviour Change Communication (BCC)</b>	
Training of 80-100 peer educators through three trainings of two days. Each training costing approximately cost: 10, 000 rupees (trainers 4000 rupees + materials 1000 rupees + food/tea 4000 rupees + misc. 1000 rupees)	30 000
Three refresher trainings of peer educators of one day each @5000 rupees	15 000
IEC materials printing (existing material may be used and replicated)	50 000
Quarterly awareness events at workplace (Film shows, lectures, street plays, etc.)	20 000
<b>Condom promotion and distribution</b> (condoms can be obtained for free from SACS, or procured from social marketing agencies)	5000
<b>Information and treatment of STI (Sexually Transmitted Infections)</b>	
Information about the signs and symptoms of STI will form part of BCC efforts; treatment support can be given as per the company rules. Referral linkages can be set up with the nearby government facilities. This component would require no extra costs for the company. As a result of good BCC efforts and extended health seeking behaviour, a marginal increase in the company's annual health bill may take place, but it would be difficult to record it separately.	
<b>2 Care and support programme</b>	
<ul style="list-style-type: none"> <li>○ Referral linkages with nearest VCCTC (Voluntary Confidential Counselling and Testing Centers)</li> <li>○ Non-discriminatory environment at workplace through policy dissemination and education of employees under BCC</li> <li>○ Treatment of 10 infected employees (<i>supposing 10% of those infected are in the need for treatment through ART (Anti Retroviral Therapy):</i></li> </ul>	
- Cost of ART @ Rs.1000 rupees per month =12 000;	
- Other cost of diagnostic tests 8000 rupees per year/person)	
Total 20 000 rupees per person per year;	
For 10 employees, the estimate 200 000 rupees	
<b>Programme management, research and evaluation</b>	10,000
Meetings of committee, assessment study in a selected sample. Policy development and dissemination. Existing tools and technical support may be used.	
Two rounds of KAP (knowledge attitude practice) survey in a selected sample of 50-100 employees.	
<b>Total</b>	<b>330 000</b>

SOURCE: Afsar, ILO (2005)

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## CHAPTER 4 Action plan and recommendations

To be effective, sustainable development must extend from an individual company both up and down the supply chain. Companies are increasingly being expected by the stakeholders to be accountable and responsible in their 'sphere of influence'. There is need for companies to identify the risks in their value chain or their sphere of influence and work towards mitigating them. In order to address these risks, companies should engage their business partners in discussions and find solutions. CSR (corporate social responsibility) could then be used as the framework within which the solutions could be executed.

In the previous section, we had presented the opinion of the companies from the automobile, cement, and paper sectors on the idea of infusing socially and ethically responsible practices in the supply chain.

Taking into consideration the views expressed by the respondents and the existing body of knowledge on the issue, in this section we will present some steps that a company can adopt in order to inculcate accountability and responsibility in its value chain. There are separate action plans for generic CSR risks and for specifically addressing HIV/AIDS (Human Immunodeficiency virus/Acquired Immunodeficiency Syndrome).

The primary audiences for these action plans are companies who are concerned about ensuring an ethical supply chain. Secondary audiences are the government, donor organizations, NGOs (Non-Governmental Organizations), and industry bodies which would be interested in ensuring the production of a 'socially responsible product.'

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### Part I Action plan for CSR risks<sup>4</sup>

#### To address risks in the immediate ring of suppliers

Our understanding from the study is that companies are most comfortable working with the first ring of suppliers, that is the suppliers they often interact with and have large volumes of business with. Thus, companies are hopeful that these suppliers would be able to understand the importance of responsible practices. In this section we present a methodology to mitigate risks in the operations of the business partners who are directly in touch with the 'parent company'.

<sup>4</sup> This section is based on primary research and inputs from NZBCSD (2003), Bayer, IBM, HP, Holcim, and Standard Chartered

### 1 Looking at internal processes first and mapping your own risks

Even before talking to partners about accountability and responsible behaviour, first there is the need to identify, understand, and manage one's own operations. It is important to understand the firm's principles and values and then to instill these in the employees. Generally these values include respect for human rights, uniformity in labour laws and standards, sanitation, health and safety of workers, environmental protection, etc.

There are two ways to arrive at one's guiding principles. They could be evolved by the company itself. In this case a 'customized approach' is identified with a set of benchmarks that need to be put in place to be referred to according to a particular situation. Guidelines could also be borrowed from already existing documents. This is the 'conformity-based approach', where one could borrow from extant voluntary standards like UN (United Nations) Global Compact, ILO (International Labour Organization) Core Convention, Universal Declaration of Human Rights, ISO 14000 of International Standards Organization, SA 8000 of Social Accountability, Enviro Mark, AA 1000 of AccountAbility, etc., or from sector-specific guidelines like the 'Electronic Industry Code of Conduct.'

### 2 Evolving 'Guidelines for Business Operations' and communicating them to employees and concerned stakeholders, including business partners.

In order to uphold the guiding principles which have been identified, the first step is to sensitize employees to the sanctity and importance of these ideals. They would then hopefully spread the company's message to the rest of its direct and indirect functionaries.

Simultaneously, external stakeholders, like business partners, customers, and shareholders need to be made aware, and their cooperation ought to be sought.

In order to do this, engagement in formal and informal communication is crucial. The existing channels of communication for day-to-day business purposes could be used to transfer such messages.

### 3 Incorporating the above guidelines into the agreement to be signed by the business partners

Business partners have to be asked to make a firm commitment that they will respect and abide by these principles. The principles have to be incorporated in the agreement between the company and the suppliers/vendors. A written assurance would formalize the programme.



In the case of the existing suppliers, they would also have to be apprised of the guidelines and their consent taken, either at the time of the renewal of the contract or separately.

4 Creating questionnaires and criteria for evaluating and integrating these tools into the vendor selection format

Based on the above guidelines, easy questionnaires have to be evolved, which would be filled in by the existing and new partners. All partners automatically would report on their activities with respect to responsible and ethical behaviour when the questionnaire is integrated into vendor selection forms.

5 Obtaining reports and undertaking social and environmental assessment

Based on the response to the questionnaire, it is important to assess a new supplier for his social and environmental performance on the lines of currently existing quality assessment methods. A similar exercise has to be undertaken for existing partners as well, at the time of renewal of the contract or separately. This could be done through a visit to the supplier's factory, workplace, interaction with the employees, and also the local community, which is involved in the production processes.

6 Mapping the supply chain and developing a database

The above process helps map the supply chain and comprehend not only supplier locations and business linkages but also their social performance and behaviour. It will also facilitate building a database of suppliers/ business partners including their locations, contacts, workplace conditions, workforce profile, and compliance with the expected standards. This database should also include reports of the visits made to the business partners' facilities.

7(a) Identifying 'internal risks' viz. risks in the supplier's workplace

These are risks that arise from the supplier's own operations or the work conditions in his facility. Analyzing possible violations within the premises of the business partner to identify potential risks is an important step. These risks could be dealt with by bringing about changes in the management style of the organization, i.e. adoption of better internal CSR practices.

7(b) Identifying 'external risks' viz. risks outside the supplier's premises, but which are of relevance to the parent company

These are risks that arise outside the premises of the business partner. On the basis of the analysis done in Step 6 above, the company will be able to identify violations due to the supplier's operations in the local area or community. These external risks could ultimately have an effect on the company's reputation.

8 Agreement to mitigate the risks

After the business partners are approved or selected on the basis of their quality and other related parameters, an agreement has to be entered into wherein the supplier will consent to uphold the 'Guidelines for Business Operations' and work in such a way as to mitigate social and environmental risks. In order to realize this, a reasonable timeframe has to be developed in coordination with the supplier.

9 (a) Addressing internal risks

Educating the supplier, providing guidance, and exploring new possibilities of improvement have to be attempted constantly. The managers of concerned departments could be deployed for training.

9(b) Addressing the external risks

These risks would have to be addressed in coordination with the local community and could also involve local NGOs and other local stakeholders. Providing guidance to the supplier based on the social assessment reports collected during the field visits process in Step 7(b), is important. .

10 Reporting, review, and improvement

Access to regular feedback and reports from the supplier on the work that has already been initiated, is the way forward. Gaps have to be identified and improvements suggested.

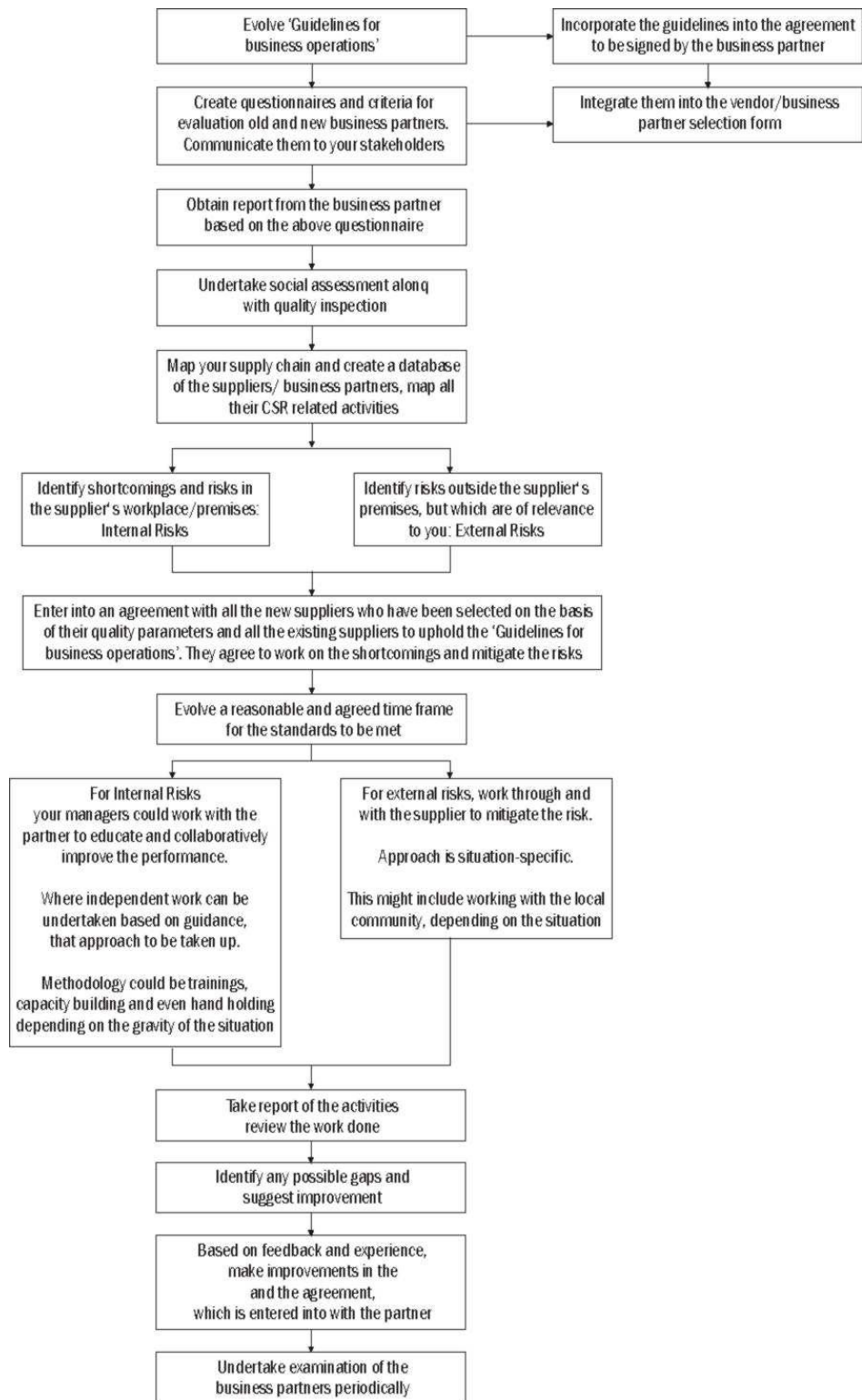
11 Review of the questionnaires and agreements

Based on the experience and feedback from business partners, improvements will have to be made in the tools for data collection, evaluation, and also in the agreements that are signed with the suppliers.

12 Periodic assessment

The status of compliance and responsible behaviour has to be reviewed periodically, ideally, at least once a year, so that the programme functions proficiently and continuously. (Figure 1)

Figure 1 Flowchart for action plan for addressing CSR risks



### To address risks beyond the immediate ring of suppliers<sup>5</sup>

Certain risks might arise in the value chain beyond the immediate ring of suppliers, but within the sphere of influence of the company. In order to deal with such risks, the suggested procedure is as follows:

- Map the supply chain beyond the first ring of business partners. Identify where all materials, products, and services come from. Also identify the key logistics routes, including the distribution network.
- Understand the subcontracting arrangements, including house-workers and smallholder farms.
- Develop a database.
- Identify potential risks because of the operations of the business partners.
- Ascertain business linkages and partnerships to address the risk at that spot.
- Use partners to address the risk.

As such, the strategy has to be situation-specific and this is illustrated by the following example.

One of the risks in the supply chain could be employing child labour on a farm where raw material is being produced.

Although the company may not directly interact with the owners of the farm, their activities would affect its reputation, first in the local area and then beyond it, if the problem assumes bigger proportions. The local community, NGOs, child rights activists, local government, etc. will expect the company to address this menace.

In this instance, the procedure could be as follows:

- Through the intermediaries in the supply chain, identify the location where child labour is prevalent.
- Use the company infrastructure and resources or CSR wings to find reasons for the existence of child labour. If there is lack of internal capacity, a service provider can be consulted.
- Study and assess the efforts made by the local government or civil society groups to tackle the issue. This help in planning support for these programmes. Ensure that the company's operations do not encourage the problem.
- It is vital to interact with the local stakeholders as they will help in understanding specific problems, and finding partners. It is essential for the suppliers to be involved in these efforts because it is they who would have to sustain the effort on behalf of the company, in view of their proximity to the problem.

<sup>5</sup> Inputs for this section have been taken from primary research and Lillywhite (2004)

A good example of a comprehensive response can be seen in the programme being implemented by Proagro, a company of Bayer CropScience to prevent child labour in cotton seed production. Proagro, a Bayer CropScience company, is implementing a programme in South India to reduce child labour. It has initiated a project to discourage cotton seed farmers from employing child labour. A report on the company's website says that Proagro pays farmers a 5% bonus on the procurement price if they discontinue the use of child labour. In case of breach of contract, the bonuses are cancelled and the procurement price cut by 10%. In the case of grave breaches, the contract will be cancelled altogether and the farmer refused seed. The company has also networked with a bank to provide easy loans for farmers who do not employ child labour. At the same time, it is making efforts to integrate existing child labour into the mainstream education system. Naandi Foundation, an NGO actively trying to mitigate child labour in the local area, is partnering the company in this project.

#### Integrating internal stakeholders in the process of achieving accountability

The efforts to achieve accountability throughout the supply chain, have to begin in-house. It is the employees, who in their day-to-day operations, internally and externally, would have to uphold principles, be alert to any violations, and inform the management regarding the same. Therefore, every company has to communicate these policies to its employees, ensure that they understand them, and seek their cooperation in implementing them. A mode of communication could be integrated into the existing channels of formal or informal communication. Anonymous channels should be provided to enable employees to report any breach of principles. .

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### Suggestions and recommendations for an effective intervention in the supply chain to ensure CSR

#### Management and Strategy

- Ensure that the codes and guidelines are integrated into the core business relationships. These issues are not to be treated as separate 'CSR' agenda, but as steps towards improvement of business.
- Integrate ethical business and sustainable supply chain into the existing management systems; business strategy-incentives and performance reviews can be structured to reward, rather than undermine the process.
- Develop open, transparent, cooperative, long-term stable relationships with business partners. Treat them as 'partners' rather than as 'suppliers' or 'contractors'.

- Since every sector has a different supply chain and the degree of organization differs, the models presented in this chapter are to be adapted according to the nature of an individual company's value chain.
- Ensure organizational support for the programme from the highest level.
- Identify nodal staff in the organization responsible for the programme and report to the senior management on implementation and progress.
- Employ specialist staff, if possible
- Conduct regular meetings with the staff concerned and take their feedback about the programme.
- Focus especially on captive suppliers, ancillaries, and vendors as part of the 'vendor development programme'. This strong relationship can be leveraged by the partners in understanding each other's needs and commitments, and working together.

#### Capacity Building

- Provide training to all buyers and staff involved in the procurement of goods and services, and management of logistics in order to make them aware of the importance of the programme and their role in it.
- Train managers to develop their capacity, skills, and knowledge to understand the technicalities of the programme, with regard to issues like HIV/AIDS, labour standards, human rights, environmental safety, etc. They have to be sensitive to these issues to be able to assess them during their daily interactions.
- Make a business case for this programme: develop this as a competitive edge.

#### Multi-stakeholder participation and collaboration

- In the vendors/dealers meetings discuss the idea of AIDS awareness and solicit their support, seeking their opinions and making appropriate modifications.
- Develop partnerships with other companies around the plant or operations so that the SMEs (small and medium enterprises) in that geographical area can be addressed jointly by all the companies in the vicinity. This helps the reduce strain on resources.
- Network with peers and industry associations to promote a strategy and programme for the whole sector. This is important, because if the number of companies which implement such initiatives increases, the suppliers/ partners will get a common message. Provision of an industry-wide code will help avoid the confusion which suppliers face while adhering to a multiplicity of codes. Also, suppliers will not be able

find refuge with companies who do not implement supply chain initiatives.

- Involve the government and keep it informed so that a policy can be created on sustainable supply chain management for the industry.
- Institute modes of recognition and/or incentives to motivate those partners who have been able to display an improvement. Managers who have taken the initiative forward should be rewarded.
- Involve local stakeholders in independent monitoring and verification of the progress of the programme.

#### Communication and reporting

- Develop a communication strategy both internally- for the employees, staff, and managers, and externally- for business partners, customers, and shareholders to highlight the reasons for your commitment to an ethical supply chain, details of principles and guidelines, benefits, and expected outcomes.
- Include the programme, its strategy, and implementation progress in annual reports, triple bottom line, and sustainability reports.
- Document experiences, both good and bad, and share it with peers at conferences and seminars.
- Encourage industry associates and professional bodies to engage in the issue, and disseminate through them the experience gained.
- Communicate information about responsible suppliers to the industry and recommend them for awards.
- Engage in consumer education and campaigns by assisting consumers to make informed choices based on a clear understanding of where goods are produced and investments made.

#### Research

- Research international literature on an ethical supply chain and understand the latest strategies.
- Study the practices of other companies, within and outside India, which are facing the same problems to find common ground and solutions.

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## Part II Action plan for implementing HIV/AIDS programmes in the supply chain<sup>6</sup>

### Internal workplace programmes

The first step is to establish an internal programme within the company.

There can be three components in this programme:

<sup>6</sup>This section is based on primary research and Durier (2005)

### 1 Basic workplace programme

Focus on the building blocks: ensure support from the senior management; select a focal point or coordinator; appoint an AIDS Steering Committee to ensure coordination, ownership, and support of the programme, and appoint a service provider, like an NGO, for the activities, if required.

In India, where overall there is low prevalence of HIV/AIDS, but where the incidence (the rate of new infections) is high, a workplace programme can place emphasis on HIV/AIDS awareness, education, and prevention, along with the cost-effective benefits. This can be done through IEC activities where the objective of the programme is to establish a firm foundation of knowledge on HIV/AIDS that will clear misconceptions in the targeted population groups. The workplace also offers a unique opportunity to confront societal discrimination and the stigma of HIV/AIDS by dispelling myths and communicating strong messages like 'no need to fear and work with people living with HIV/AIDS.'

Active participation has to be solicited from the target groups like the employees, and this part of the programme usually includes easy availability of condoms.

### 2 Wellness programme, including training of medical capacity

Knowledge about HIV/AIDS and the capacity to inform and counsel employees about HIV/AIDS is limited in India. As a result, discrimination against people living (or suspected to be living) with HIV/AIDS starts from the clinics. The staff at the clinic also sometimes ill-informed about safety and precautionary measures. Therefore, a wellness programme has to be initiated within the company which includes healthcare management and medical treatment, availability of STI (Sexually Transmitted Infections) treatment, referral to VCCTC (Voluntary Confidential Counselling and Testing Centers), and provision of and/or referral to ART (anti-retroviral therapy). An important component of the programme is the training of company's medical and clinical staff employed in medical facilities and HIV/AIDS counselling centres.

### 3 Community outreach programme

Since the employees live in the community and are exposed to risk on account of their interaction with the general population, the company on its own or through partnership with an NGO can spread awareness in the community through an IEC (Information, Education and Communication) programme. An NGO could be involved and government programmes as well as initiatives launched by other businesses, employer associations, and medical associations could all become part of the awareness drive.



At the same time, the company may contribute to the national mobilization against HIV/AIDS by focusing its efforts on any one community, for example, by initiating and supporting prevention and care efforts for populations at risk, like migrant workers. Such a programme can also include a wellness programme, with the company making a provision for healthcare, particularly through the availability of STI treatment, and referral to VCCTC.

#### Inclusion of the employees of other organizations working on the company premises

There may be several employees who are not on the company's payrolls but work together with its employees on its premises. These can include employees of contractors, canteen helpers, security personnel, etc. The ambit of HIV/AIDS programmes can be extended to include this category of the workforce as well. Once they are made a part of the ongoing workplace programme, they would, participate in education and prevention activities. They can also be made beneficiaries of the wellness programme that includes treatment of STIs.

This is a straightforward approach which seeks to extend social responsibility. As the risk of infection, discrimination, and stigma exists for this group too and they can also benefit from the programme, without any additional investment or infrastructural requirements. As far as the ART (Anti-Retroviral Therapy) is concerned, the extension of this facility depends on the agreement between the company and its partners (transporter, contractor, security agency, etc.).

#### Extending the programme to suppliers outside the premises

After having accomplished the above steps, the company can then begin to address the organized and unorganized suppliers to help them with HIV/AIDS programmes.

#### Methodology for the organized suppliers

The steps to be followed in case of the organized business partners are as follows:

- Begin with initiating a discussion with the supplier on the need to start a programme.
- It is advisable to have guidelines for conduct.
- If the business partner is capable of implementing a programme on his own, the company can occasionally monitor the programme and suggest improvements.
- Share the information and literature the company would have acquired during its implementation with the business partner so that valuable time is not wasted.
- Warn the supplier on any possible hurdles or difficulties that the company faced before.

If the business partner is not capable of implementing a programme by himself, then the following steps are advised:

- Guide the partner in the implementation process by providing technical assistance and sharing materials.
- Help in drawing out a policy on HIV/AIDS and establish an AIDS Committee.
- Enhance involvement with respect to awareness activities, education and prevention, and wellness programmes, including STI treatment.
- If geographic distance permits, employees of the partners could be given the company's medical facilities as well.

#### Methodology for the unorganized suppliers

For the unorganized suppliers, the methodology has to be situation-specific. People in the value chain, who are at risk, like truckers, migrant workers, etc., can be identified and specific programmes can be conceived for them. It might be possible for them to be addressed as part of community awareness programmes.

Advocating awareness, prevention and education activities for these groups is essential. When these groups are close to the company's operations, they will also be able to avail its medical facilities, provided it has the capacity to handle the inflow of the additional patients. Networking with other companies in the vicinity if these groups also service them, would help as would the building of a common strategy with them.

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#### Suggestions and recommendations for an effective intervention in the supply chain to address HIV/AIDS

The role of the senior management of a company is vital in ensuring the success of any AIDS awareness programme because their involvement guarantees consent from the suppliers.

Monitoring the programme is very important because only then can the shortcomings be assessed and improvements suggested. The programme could be monitored based on certain indicators like general awareness about HIV/AIDS before and after the programme, number of awareness sessions organized, reduction in number of STIs, etc.

Membership in the chambers of commerce and industry associations should be leveraged to expand the spread of the programme and also to recruit partners. Partnership should also be established with local NGOs and SACS.

Although most of the respondents did not express an inclination for incentives and rewards to be extended to the suppliers, we feel this is required to encourage them.

Therefore, the industry can play the following multidimensional role in forwarding the agenda of HIV/AIDS prevention<sup>7</sup>:

- Principle-based Policy advocacy, lead by example, share information (risk analysis, awareness profile/ awarding suppliers)
- Technical Provide guidelines, technical assistance
- Funding-based Explore joint funding on training and pool resources for health insurance
- Rule-based Ensure minimum standards and create a regulatory structure and a policy framework

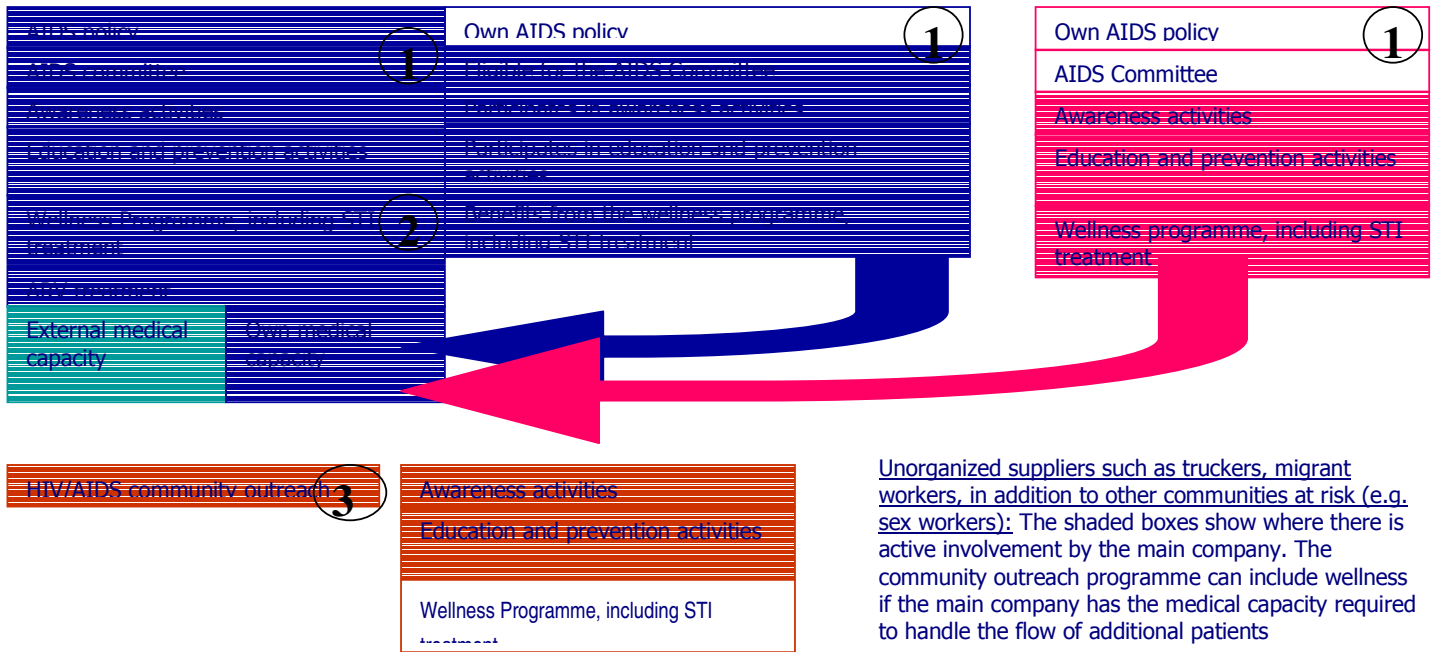
The mode of engagement for a company in the supply chain against HIV/AIDS is depicted in Figure 2 :

<sup>7</sup> Harvard Business School 2003

**'Main company' workplace HIV/AIDS programme:** Establishes the main activities and benchmark for other companies within the supply chain.

**Built-in supplier workplace HIV/AIDS programme:** The shaded boxes below show which activities are entirely integrated within the main company's programme. Integration of ARV treatment depends on an agreement with the main company, i.e. the extent of the co-operation between the two partners.

**Organized supplier workplace HIV/AIDS programme:** There are exchanges between the main company's programme activities and the supplier's. The shaded boxes below show where active cooperation exists.



**Figure 2** Schematic representation of HIV/ AIDS intervention in the supply chain

Note: HIV/AIDS: Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome  
 ART: Anti-retroviral therapy  
 STI: Sexually Transmitted Infection

Figure 2 has been provided by Ms. Sabine Durier, 'IFC Against AIDS', IFC, based on a discussion between her and the TERI-BCSD India team at TERI, New Delhi on 20 January 2006.

## Challenges while implementing CSR and HIV/AIDS programmes in the supply chain

### Scope of activities

It could be difficult for companies to map the supply chain and cover all the suppliers as part of a CSR or HIV/AIDS programme. The effort will depend on the resources available. Especially in case of CSR, if a one-time effort is put in and

vulnerable spots are identified, only then can the programme become focused. As and when a new business partner is recruited, they could be made to go through a screening process, which will obviate extra effort.

#### Sharing resources

Many companies might not be very happy to dedicate vast resources for supply chain programmes, initially, because they do not see business sense in the effort. They will expect, as did some of the respondents of this study, to share costs with their partners. These issues will get resolved when they realize the benefits of this activity. Sharing costs can be tricky and needs deft handling, as is the case in any partnership.

#### Ensuring efficacy and continuity

Monitoring the programme and ensuring its sustainability. As one company would have to get involved with many smaller partners, it would have to move on after some time. Thus, it should be ensured that in the period of its involvement the capacity of the supplier is built up sufficiently to sustain the programme further.

#### Will these action plans work?

Does an ethical and responsible supply chain matter to Indian companies? The answer is 'Yes!', These action plans will work provided large and resourceful companies take the onus on themselves to make them work and overcome the above challenges.

There are examples in India to show that such programmes are possible.

#### HLL

As far as CSR is concerned, HLL (Hindustan Lever Limited) is already carrying out an exercise with its suppliers<sup>8</sup>. The company educated its suppliers about the Unilever COBP (Code of Business Principles)<sup>9</sup> and this was included in the agreement between HLL and the suppliers. HLL took this initiative as it believes its reputation is a direct consequence of the principles it follows and also due to its concerns for its stakeholders which include consumers, employees, business partners, etc. HLL talks to all its suppliers about COBP in the business agreement, but attention is given to those who have regular, ongoing relationships and the value of transactions are significant for both companies.

<sup>8</sup> Based on information sent through e-mail by HLL

<sup>9</sup> COBP describes the operational standards that everyone at Unilever follows  
(<http://www.unilever.co.uk/ourvalues/purposeandprinciples/ourprinciples/>)

The supplier engages in this initiative because it is a prerequisite for him to have this built into its contract with HLL. The seller has been visited and inspected. He and has been furnished a copy of COBP and has agreed to comply with it. In due course, this practice builds a reputation for the supplier as well and eventually, the relationship moves beyond mere supplier-customer to shared values and beliefs. Since COBP has been included in the agreement, deliberate and established breach of the principles will lead to termination of the contract.

A PAR (Positive Assurance Review) is carried out in order to check compliance and monitor it every year. This ensures continuity of the practice. There is no formal understanding on the sharing of the costs involved, but the costs for compliance are built into the product/service costing by the supplier. HLL, on its part, has made managerial resources available to the supplier for quality training, implementation of various quality initiatives, and technical support. As far as statutory obligations are concerned, the human resources department of the local HLL unit provides guidance and regular monthly statutory audits. These are carried out in the prescribed format provided by the company's legal department<sup>10</sup>. The company says that the intensity of managerial support will reduce with time as the supplier builds up capabilities and systems get established. However, it will continue to extend active support for the implementation of COBP.

There is a role for CSR managers as well as supply chain personnel in this exercise. CSR managers are involved in developing the broad framework and monitoring compliance from a community perspective by working with or through NGOs. They will take the feedback from the community and make it available to the supply chain managers, who will in turn check the implementation during formal and informal interactions. They will also make this one of the key criteria for selecting partners in the supply chain.

HLL feels that over a period of time, smaller enterprises will start to value these practices and graduate to a level where they take this to other parts of their businesses as well which do not directly deal with HLL. In their experience, there is lack of knowledge and awareness on implementation methods in small enterprises. HLL's engagement fills this gap. More importantly smaller businesses are quick to realize there is a sustainable positive correlation between business growth and ethics, and social responsibility and it makes good business sense from a long-term perspective to be ethical and socially responsible.

#### DMRC

<sup>10</sup> This information has been taken from the application submitted by HLL for the TERI Corporate Awards for CSR, 2005

DMRC (Delhi Metro Rail Corporation) is responsible for constructing, operating, and maintaining the Delhi metro transport service. It has engaged a large force of labourers and workers who work for its contractors and suppliers. Due to the involvement of huge civil works under the project, around 15000 manpower, together with a substantial number of migratory labour from other states of India are participating in the project. The company implemented 'Programme for mitigation of HIV/AIDS risks in respect of migrant workers under DMRC project' to increase awareness and improve behaviour, attitude, and practices of migrant workers for the prevention of HIV/AIDS. The target group was approximately 2000 workers initially; after six months it was raised to 3000.

This project could be implemented successfully primarily because of the cooperation extended by contractors and suppliers who gave time off to their labourers to participate in the HIV/AIDS project. An integral part of the programme was awareness generation among the suppliers themselves.

The project formulated an HIV/AIDS policy for the labour engaged by the contractors for construction on a DMRC site. This policy has now been incorporated into the contract which is signed by DMRC and its contractors/suppliers when they enter into an agreement to work with each other.

This is one of the successes of the programme, as it brings in the business partners to work with the parent company on HIV/AIDS. It has been made mandatory for the contractors to adopt the above HIV/AIDS policy for workmen engaged by them for DMRC. As per the terms of contract, DMRC now expects its contractors to extend their support to the implementation of the guidelines of the policy and also give programme support.

This is a unique case in India where a company has taken the initiative to implement an HIV/AIDS programme and has also found a role for its contractors /suppliers in the initiative. This agreement between them has helped overcome the challenge of finding longstanding peer educators among the highly mobile migrant workers. DMRC has now incorporated a clause in the contractor/supplier agreement which is signed at the beginning of the partnership. This clause says that the contractor is supposed to identify a peer educator who will stay with him for an extended period of time. In case the peer educator leaves the contractor, thereby creating a vacancy, the contractor has to get a new peer educator trained at his own cost. In case the contractor fails to do so, DMRC will get this done at the contractor's cost.

Thus, Indian companies have begun to work with their suppliers on issues related to CSR and HIV/AIDS.

## Conclusion

In South Africa an experiment similar to the one suggested by us has begun with the Global Health Initiative launching a new partnership to expand HIV/AIDS workplace programmes to workers in SMEs. In this programme, which was the first of its kind in South Africa, proactive companies running successful in-house HIV/AIDS workplace programmes (like Accenture, Volkswagen SA, Unilver, Eskom) lent their skills, tools, and knowledge to SMEs. They are working alongside public sector partners including the World Economic Forum, the ILO, the South African Business Coalition on HIV and AIDS, World Bank and the UNAIDS<sup>11</sup>.

It is important to emphasize that HIV/AIDS and CSR activities in the supply chain cannot and should not be 'enforced' by any company. These activities have to be taken up through collaborative efforts. Arguments like supplier non-cooperation because of their increasing bargaining power, hurdles in cost sharing, etc. are redundant. We have seen in case of companies discussed above, that they have been able to work with their suppliers with success. The success of these programmes is rooted in the self-realization, a company of the need for an ethical supply chain and further in its ability to convince its business partners about this initiative. It then has to help smaller partners establish a programme. Companies will have to engage suppliers to improve conditions on an incremental basis. The whole process of involving the supply chain in an AIDS prevention drive is a very slow one but has vitally important long-term results. Gradual but definite progress based on a commitment to action should be acknowledged as being worthwhile.

<sup>11</sup> World Economic Forum 2005



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## CHAPTER 6 HIV/AIDS initiatives for SMEs and unorganized sector

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### Delineating roles of major stakeholders of the national HIV/AIDS programme

This research was initiated in order to devise a strategy that will help in making HIV/AIDS (Human Immunodeficiency virus/Acquired Immunodeficiency Syndrome) programmes accessible to the SMEs (small and medium enterprises) and the unorganized sector. As has been mentioned earlier, these sections of the industry are thought to be in special need of such programmes as they are often very vulnerable to an AIDS epidemic but lack the resources to defend themselves.

In the course of the research certain methodologies, enumerated as follows, have emerged. These could be adopted to take HIV/AIDS prevention programmes to SMEs and the unorganized sector.

#### Strategies for the SMEs

##### Large companies

Companies take the initiative and reach out to their smaller business partners and help them establish programmes.

##### Sector-specific SME associations

In India there are sector-specific SME/suppliers associations for many industries. For instance, ACMA (The Automotive Component Manufacturers Association of India), Paper and paper products SME association, SME association for chemical and pharmaceuticals, etc. These networks could be leveraged in order to reach out to the thousands of SMEs all over India.

##### State-level SME associations

Organizations like FISME (Federation of Indian Micro and Small Enterprises) have linkages with many state-level SME associations. These could be very useful when HIV/AIDS programmes have to be spread to those states which have been identified as being 'high-prevalence states'.

##### SME clusters

According to a UNIDO (United Nations Industrial Development Organization) survey of Indian SSI (Small-scale Industries) clusters undertaken in 1996 (later updated in 1998), there are 350 SSI clusters (Ministry of Small-scale Industries and Agro and Rural Industries). Therefore, SME clusters are a viable way of reaching out to a large section of the private sector.

## Strategies for the unorganized sector

### Companies

This has again been dealt with in great detail in the report. (Chapter 4, under 'Action plan for implementing HIV/AIDS programmes in the supply chain', section on 'Extending the programme to suppliers outside the premises').

### SMEs, their associations, and clusters

There are approximately 2000 rural and artisan-based clusters in India (Ministry of Small-scale Industries and Agro and Rural Industries). Since SMEs have significant linkages with the local small units and unorganized workers and labourers, they could provide the much-needed access to these population groups.

### 'Market Associations' and market administration bodies

Local market associations and administrative bodies have tremendous influence and immense reach to workers. Their power and sway could be utilized to involve the workers in the market and traders from the town and nearby rural areas who come to sell their wares, in HIV/AIDS awareness programmes.

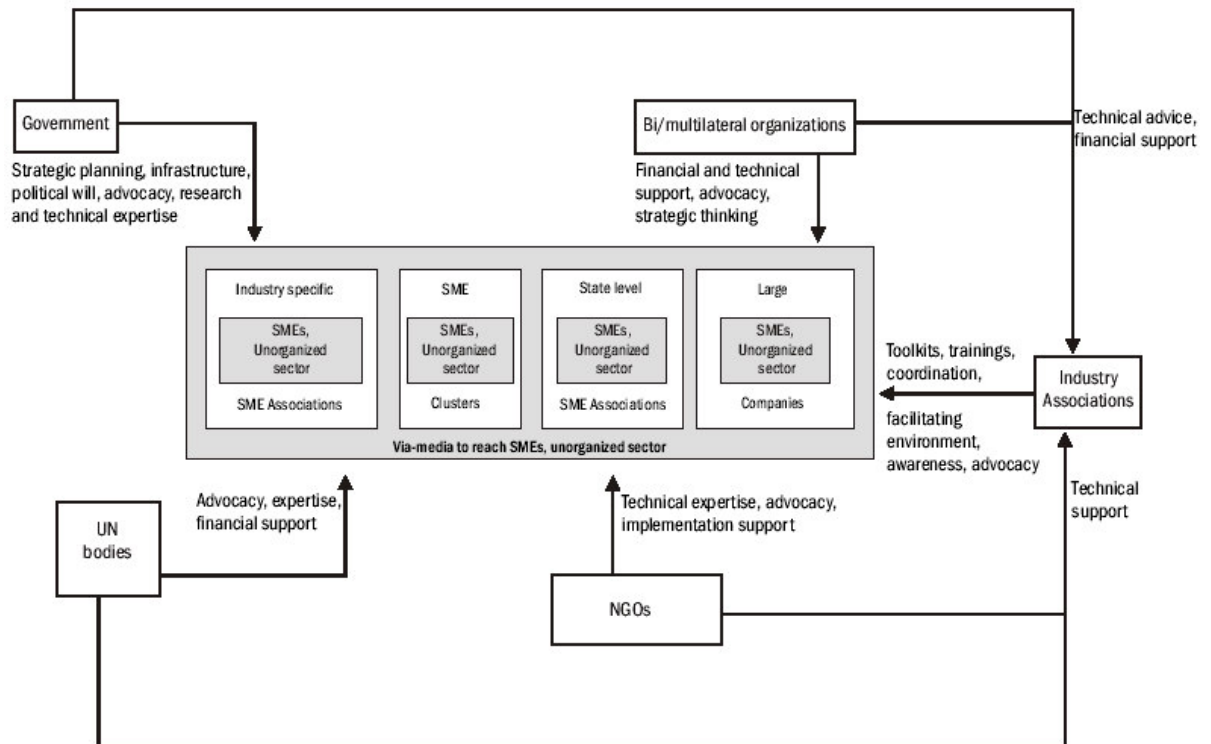
### NGOs

Most often unorganized workers are integrated into the local communities. Therefore, they can be reached through CBOs (community-based organizations) as well. Many NGOs (non-governmental organizations) in India are already working with unorganized workers in India. For example, Lok Vikas Sanstha, an NGO based in Surat, Gujarat, is implementing HIV/AIDS awareness programmes for migrant workers who work in the local diamond industry.

### Role of each of the actors<sup>12</sup>

We will now take up a description of the roles that each of the major stakeholders have to play in order to reach out to small units and the unorganized sector to integrate them into the HIV/AIDS national programme (Figure 3).

<sup>12</sup> For this section, the researchers have referred to World Bank and SABCOHA (2005)



**Figure 3** Roles to be played by the major stakeholders of the national HIV/AIDS programme, to extend it to SMEs and the unorganized sector

Note: SME - Small and Medium Enterprise; UN – United Nations; NGO- non-governmental organization

### Government

NACO (National AIDS Control Organization), Planning Commission, SACS (State AIDS Control Societies). The government has been providing the overall strategic planning, infrastructure, political will, financial support, medical and social research, and technical expertise in the current programme. Therefore, when it comes to SMEs and the unorganized sector, their role still remains the most important. The government would now have to take the very same expertise and resources to more diverse players, like SME associations, SME clusters, industry associations, and companies. It has to provide support for new programmes targeted at SMEs and the unorganized sector. It should provide the overall policy framework that will help facilitate action by the other actors.

### United Nations organizations

UNAIDS (Joint United Nations Programme on HIV/AIDS), ILO (International Labour Organization), WHO (World Health Organization), UNDP (United Nations Development Programme), etc.

These organizations have for long been assisting the Indian government in building up the national HIV/AIDS agenda and the programme. In case of an intervention for SMEs, the role of these bodies is again vital in terms of providing advocacy, technical expertise, and financial support. The role of ILO is particularly significant since it has already been working with a considerable number of companies in India to set up workplace programmes. This knowledge and information now needs to be disseminated further down the chain. Similarly, UNIDO (United Nations Industrial Development Organization) has done significant work in the SME clusters in India and has thorough knowledge of this sector. Recently, they initiated a programme on CSR (corporate social responsibility) in the SME clusters in the country. UNDP has been working on a project to mainstream HIV/AIDS in the private sector. The existing programmes, expertise and reach of all these organizations should be now leveraged to reach out to the SMEs and the unorganized sector.

#### Multi/bilateral organizations

Bill and Melinda Gates Foundation, Clinton Foundation, DFID (The Department for International Development), 'IFC Against AIDS' Program of IFC (International Finance Corporation), World Bank Institute, USAID (United States Agency for International Development), etc.

These organizations have been instrumental in deciding the strategic course of action in India as far as HIV/AIDS is concerned. They have been providing the financial strength and technical advice which has helped shape and implement HIV/AIDS programmes. While focusing on small enterprises, these organizations have to work at two levels. First, they have to target SME associations and large companies which have the ability to make HIV/AIDS programmes reach hitherto untouched areas. In the process, they should provide funding, technical expertise, and strategic thinking. Second, they should also target industry associations and provide them with financial resources and technical advice which can be used to generate tool kits and training programmes for SMEs. They must also generate more resources to mount bigger programmes. Recently, USAID initiated a programme in India to raise funds from the corporate sector for HIV/AIDS prevention. Such initiatives will go a long way in generating the extra resources needed to reach out to SMEs and to implement more programmes for the unorganized sector.

#### NGOs

Implementing organizations and CBOs.

NGOs have been the backbone of the Indian HIV/AIDS programmes because they help take strategies, planned at the national level, to the grassroots level.

They have to provide implementation support, advocacy, and technical support to either the SME associations or large companies which might be interested in implementing programmes for smaller companies.

On the other hand, they also liaise with industry associations to generate toolkits and training programmes.

#### Industry associations

National and state-level associations, confederations, chambers, sector-specific associations, etc.

As far as the role of the private sector in the fight against HIV/AIDS is concerned, industry associations have a very critical role to play. They have the financial and technical know-how to take forward a programme on HIV/AIDS for the industry, and more so for the SMEs and the unorganized sector. They could network with the other four stakeholders to bring in financial and technical support and integrate this with their own advocacy activities to create a facilitating environment for the industry and SME associations to take up more programmes on HIV/AIDS for the small enterprises and the unorganised sector. They could generate toolkits specific to the needs of the location or the industry and disseminate them through training while providing an overall coordination support.

#### Conclusion

In the above section we have identified the roles of the major stakeholders if a large programme aimed at small-sized companies and the informal sector has to take off in India. There is an urgent need to convert this plan into action. We, therefore, suggest a pilot project on HIV/AIDS awareness programmes in the supply chain. This could be based on the model presented in the previous chapter. Proactive companies should consider these ideas, adapt them to their own situations, and test them out so that the systems envisaged could become more refined and more corporate players start taking direct and much-needed action.

## **ANNEXURES**

References

Bibliography

Annexure 1: List of all organizations consulted

Annexure 2: List of issues discussed with the respondents to elicit their responses

Annexure 3: Report of Phase I of the project: 'HIV/AIDS Intervention in the supply chain: a preliminary scoping exercise with the Indian corporates'

Annexure 4: Background paper of the National Seminar held on 5 and 6 September 2005

Annexure 5: Report of Phase II of the project: proceedings of the National Seminar held on 5 and 6 September 2005

Annexure 6: A road map for action - Corporate HIV/AIDS programmes in India

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## **Annexure 1**

### **List of all organizations consulted**

#### *Automobile sector*

- 1 DaimlerChrysler India Pvt. Ltd
- 2 Fiat India Pvt. Ltd
- 3 Hero Honda Motors Ltd
- 4 Mahindra and Mahindra
- 5 Tata Motors Ltd
- 6 Tatra Trucks Ltd

#### *Cement sector*

- 1 ACC Ltd
- 2 Shree Cement Ltd
- 3 Lafarge India Ltd
- 4 Grasim Industries Ltd
- 5 Gujarat Ambuja Cements Ltd
- 6 Jaiprakash Associated Ltd
- 7 Madras Cements Ltd

#### *Paper sector*

- 1 The Andhra Pradesh Paper Mills Ltd
- 2 Ballarpur Industries Ltd
- 3 ITC Ltd Paper Boards and Specialty Papers Division
- 4 Kimberley Clark India Ltd

5 Pudumjee Pulp and Paper Mills Ltd

*Industry Associations*

- 1 Cement Manufacturers Association.
- 2 Bombay Chamber of Commerce and Industry

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- 1 Ambuja Cement Foundation
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- 3 Avert Society
- 4 Ballarpur Industries Ltd
- 5 Bill and Melinda Gates Foundation
- 6 C K Birla Group
- 7 Heath Communications Partnership (Johns Hopkins)
- 8 International Finance Corporation, Delhi
- 9 International Labour Organization, Delhi
- 10 Kimberley-Clark
- 11 Lafarge India Ltd
- 12 Lok Vikas Sanstha
- 13 Modicare Foundation
- 14 NASSCOM Foundation
- 15 National Security Guards
- 16 Partners in Change

- 17 Planning Commission, Government of India
- 18 SNS Foundation and Anand Kala Kendra
- 19 Society of Indian Automobile Manufacturers
- 20 Tata Motors Ltd
- 21 Tata Steel Ltd
- 22 TERI (The Energy and Resources Institute)
- 23 UNDP (United Nations Development Programme)
- 24 UNIDO (United Nations Industrial Development Organization)
- 25 USAID (United States Agency for International Development)
- 26 WHARF (Wockhardt HIV/AIDS Education and Research Foundation)
- 27 World Bank
- 28 World Bank Institute
- 29 World Economic Forum, Global Health Initiative

Apart from the above some individual consultants also participated in the workshop.

## **Annexure 2**

### **List of issues discussed with the respondents to elicit their responses**

#### *CSR and supply chain*

- 1 Mapping the supply chain
- 2 Collaboration with suppliers to implement the different CSR programmes
- 3 Ensuring social responsibility in the supply chain
- 4 Supplier's ethical behavior being a criteria to award contracts
- 5 Influence of the company encouraging suppliers to adopt ethical behaviour.

#### *Modalities of intervention in the supply chain*

- 1 Role of CSR personnel and supply chain managers in implementing programmes for CSR in the supply chain.
- 2 Role of the company in promoting CSR in the supply chain.
- 3 Policy framework required for implementing these programmes
- 4 Extent to which these companies can extend their influence
- 5 Opinion about developing a code of conduct.

#### *HIV/AIDS programmes in the supply chain*

- 1 Reason(s) for implementing HIV/AIDS programmes in the supply chain.
- 2 Phases in which the companies would develop these programmes.

- 3 HIV/AIDS to programmes would be independent or part of CSR initiatives.
- 4 Role of senior management in these programmes.
- 5 Monitoring of the programmes.
- 6 Incentives to the suppliers who implement the programmes.
- 7 Risks associated with the activity.
- 8 Partnerships required for the activities.

# HIV/AIDS

## HIV/AIDS intervention in the supply chain

### A preliminary scoping exercise with Indian corporates

#### Case studies

#### National Seminar on HIV/AIDS

5–6 September 2005

Silver Oak, India Habitat Centre, Lodhi Road, New Delhi

#### Supported by

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National AIDS Control Organization



Planning Commission of India



International  
Finance Corporation  
World Bank Group

IFC Against AIDS

Working With Clients to Protect People &  
Maintain Profitability

IFC South Asia Department

#### Organized by

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(Corporate Roundtable for development of strategies  
for Environment and sustainable development)



The Energy and Resources Institute



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## CoRE-BCSD, India

### Working towards a cleaner and greener corporate vision

The goal of sustainability is now integral to the long-term survival of human society.

Environmental and social problems are increasing in intensity and complexity, and there is a growing appreciation of the need for a collaborative approach to developing strategies for industrial sustainability. In India, a vast body of knowledge and experience is lying untapped within the industry which could be used to implement the sustainability agenda wherein corporates take responsible stands as trustees of economic, social, and environmental wealth.

CoRE-BCSD, India, the corporate roundtable on development of strategies for the environment and sustainable development, has been set up to galvanize this latent knowledge and expertise and transform it into an agent for change. CoRE-BCSD, India is a partner organization of the WBCSD (World Business Council for Sustainable Development), and a member of its regional network.

#### Collaboration at a glance

CoRE-BCSD, India is a network of motivated and socially conscious corporates coming together to identify key problem areas in the field of corporate environmental management and sustainable development and to develop strategies for addressing the same. Subject experts from these corporates identify and conceptualize projects. A team of industry members and TERI researchers then works to develop appropriate solutions/strategies for use by the industry.

#### The mission

To provide an independent and credible platform for corporate leaders to address the issues related to sustainable development and to promote leadership in environmental management, social responsibility, and economic performance.

The work undertaken by CoRE-BCSD, India, has no ideological or political bias.

#### The goal

- To use CoRE-BCSD, India, membership and TERI's research capabilities to gain a better understanding of existing and emerging sustainability concerns facing the industry.

#### The themes

The sole criterion for the CoRE-BCSD, India activities, is to achieve maximum value addition for the industry by making it more cost-efficient, socially and environmentally responsible. It works through operative themes of

- resource efficiency and ecology,
- management systems and strategy, and
- stakeholder collaboration/interaction.

#### The membership

Membership of CoRE-BCSD, India is open and is solicited from organizations and not individuals. It is open to any corporate dedicated to fostering environmental excellence – within itself and in the industry as a whole. Associate membership is open to leading research and industry bodies engaged in the field of corporate environmental management. Membership form is also available on the website.

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# Introduction

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## Background

The HIV/AIDS scenario is of particular concern to Indian industry because a majority of the HIV/AIDS positive cases in the country are in the 15–49 age group. This is the most productive workforce on which the economic health of the nation depends. Compounding the challenge is another typical feature in India's case, which is that only a few HIV/AIDS prevention programmes cater specifically to the needs of the unorganized sector, which employs more than 90% of the workforce.

Likewise, SMEs (small and medium enterprises) are at a high risk due to the rampant spread of the epidemic. But owing to reasons such as lack of resources and professional assistance, these enterprises are not in a position to implement effective programmes to tackle the epidemic within their workforce. The lack of resources and infrastructure to address the HIV/AIDS challenge has grave implications not just for SMEs, but also the entire supply chain they are a part of.

In contrast to the obstacles that stymie HIV/AIDS awareness initiatives by SMEs, India's corporate sector has begun to comprehend the consequences of inaction and has started making crucial contributions to the national fight against HIV/AIDS. Many companies in India, such as the ones featured in this study, are implementing innovative and effective workplace and community programmes against HIV/AIDS.

Although the large unorganized sector and SMEs remain out of the ambit of these programmes, this gap can be bridged as corporations extend their programmes against HIV/AIDS to their supply chains. The study presented in this booklet is an effort to explore the possibilities in this regard.

## Purpose of the study

The objectives of the study are listed below.

- Ascertain the programmes being implemented by Indian corporations in the supply chain with regard to HIV/AIDS
- Identify opportunities for companies to implement these activities
- Spot the perceived challenges in operationalizing HIV/AIDS prevention programmes

## Method and approach

A case study method has been adopted for this research study. Five companies, which are actively implementing programmes on HIV/AIDS, have been identified in order to document their experiences. A questionnaire was administered to each one of them, which was followed by personal interviews.

## Next steps

In the next phase of the study, in-depth discussions and analyses would be undertaken with companies and suppliers. TERI plans to organize sector-specific workshops as a needs-assessment exercise, which would enable the generation of constructive ideas. These insights would support the development of a management tool on HIV/AIDS for companies to implement programmes in the supply chain.

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Mr Satyajeet Subramanian, Research Associate, CoRE-BCSD, India, carried out the analysis and interviews for this study.



# Apollo Tyres Ltd

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## About the company

**A**pollo Tyres Ltd is a 26-billion-rupee company and is the second largest tyre manufacturer in India and the 17th largest globally. The company has manufacturing facilities in Perambra and Kalamassery (Kerala), Pune (Maharashtra), and Limda (Gujarat), where automotive tyres and tubes for a range of vehicles – from cars to farm vehicles – are produced. The company employs about 7400 people in its manufacturing plants. In addition to its plants, Apollo Tyres Ltd has 120 sales offices and a network of about 4500 dealerships, of which over 3000 are exclusive outlets.

The company firmly believes in undertaking activities that will directly make a difference in the lives of some of their key stakeholders. Some of the initiatives include assistance in creating basic infrastructure, health care education, and generating local self-employment.

## Industry/sector

Manufacturing - tyres and tubes

## Overview of current HIV/AIDS prevention programmes

Apollo Tyres Ltd's community-related initiatives, including health care and HIV/AIDS prevention, are initiated, driven, and monitored by three employees at the corporate level.

The company's HIV/AIDS prevention programme has been dovetailed with its successful health care initiative, wherein it has established health care clinics in key trans-shipment hubs catering to general health and sexually transmitted disease detection and treatment needs of resident and mobile populations (truckers).

The company has collaborated with CARE India, an NGO, to establish a clinic outside New Delhi. Two more such clinics are planned in Kanpur (Uttar Pradesh) and Udaipur (Rajasthan). In addition, three clinics have been established by the company in collaboration with TCIF (Transport Corporation India Foundation) in Pune and Nagpur (Maharashtra) and Hyderabad (Andhra Pradesh). Likewise, a clinic is planned in partnership with APAC (AIDS Prevention And Control) in Tamil Nadu.

The company's clinics are equipped with all basic medical facilities, and staffed by doctors, counsellors, outreach workers, and allied support personnel. Clinic staff are either employed on contracts or provided by the NGO partnering the company in setting up the clinic.

The clinics adopt a three-pronged approach in their HIV/AIDS control initiatives, which comprises diagnosis and treatment of sexually transmitted diseases, behaviour change communication, and condom promotion.

HIV/AIDS prevention outreach initiatives by Apollo Tyres Ltd's clinics comprise the following activities.

- One-to-one and one-to-group interactive and infotainment programmes
- Field-level implementation of activities
- Identification and orientation of peer educators from among high-risk groups such as truckers, mechanics, dhaba-wallahs, sex workers, and shopkeepers
- Access to STI/RTI (sexually transmitted infections/reproductive tract infections) and general health treatment, including medicines and referrals
- Promotion of an enabling environment through the involvement of stakeholders

A stringent monitoring and evaluation system is in place to ensure the clinics function smoothly. This includes capacity building, targets for infotainment programmes, introducing new truckers and their associates into the programme.

On an average, 350 patients visit an Apollo Tyres Ltd clinic every month, and this number is increasing by about 25% every month. The clinics' infotainment programmes reach out to as many as 1500 to 2000 individuals from the trucking community, and each clinic holds three to four such programmes every year. As far as detection and treatment of HIV/AIDS is concerned, the clinics refer positive cases to the local hospital, which has counselling, testing, and other facilities. Counselling is also provided at the company's clinics.

## HIV/AIDS intervention in the supply chain

### *Profile of suppliers in the supply chain*

For Apollo Tyres Ltd, quality is paramount in all production values and processes, and the same is applied assiduously in its supply chain. The company sources its raw materials from suppliers that have all requisite national and international quality certifications in place.

Most of the company's suppliers are large companies, and almost 40% of raw materials are imported. Natural rubber, being an agricultural product, is bought from large domestic dealers, whereas synthetic rubber is purchased from both international and Indian companies. Nylon tyre cord fabric is supplied primarily by Indian

companies whereas polyester tyre cord is procured from large global suppliers. Steel cord, carbon black, rubber chemicals, and bead wire are all supplied by both Indian and international players. A small percentage of suppliers can be categorized as medium and small companies.

### ***HIV/AIDS prevention programmes in the supply chain***

The company's current HIV/AIDS prevention programme is targeted towards one of Apollo Tyres' key stakeholders – commercial vehicle drivers, helpers, and mechanics – who form not just an important part of the supply chain, but also are valued customers. This target group, due to their nomadic lifestyle and long stints outside home, are estimated to be among the highest-risk groups in India, vulnerable to sexually infectious diseases and HIV/AIDS. The programme is targeted towards awareness generation, education, prevention and treatment of all sexually transmitted diseases, including HIV/AIDS, amongst the trucking population.

In areas where the company's clinics are located, dealers and bulk buyers like transport unions and transport company owners are encouraged to play an active role in the HIV/AIDS prevention programme and all other clinic activities. It is heartening to note that all entities who have been approached so far have become key stakeholders in supporting and running the clinics and their activities. This will continue to be part of Apollo Tyres Ltd's plans as its programme expands to other locations.

The decision to approach dealers and bulk buyers is not made by the company but by clinic staff. This activity is completely de-linked from any commercial activity the company may have with these dealers.

The company has not considered working with raw material suppliers and focuses exclusively on the key stakeholder group - the trucking community - which is also the most vulnerable group to HIV/AIDS. Any setback to this stakeholder group will have a direct impact on Apollo Tyres Ltd.

### ***Programme implementation challenges in the supply chain***

- Furnishing the right information, in a manner tailored to the target group's need and ability to absorb it
- Providing information at an appropriate time, with flexible programmes that mould themselves according to the constantly changing schedules of truckers and other mobile groups in the supply chain

## Future strategies for intervention

- To expand the health care clinic programme without compromising the ability of the company to take direct ownership and responsibility
- To build self-sufficiency in the community and allow greater community participation in the company's programmes
- To ensure the best facilities and care within the parameters of the programme objectives
- To inculcate best practices in all the health care clinics through rigorous staff training and incentives





# DCM Shriram Consolidated Ltd

Kota Complex, Rajasthan

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## About the company

**D**SCL (DCM Shriram Consolidated Ltd) is a 20-billion-rupee diversified business group based in north India. The company has strong brand equity, which is reflective of its credibility, ethical values and commitment to quality. With over 30 years of experience in managing large-scale process industries with sustained high performance levels, DSCL meets the needs of a wide range of customers—from farmers to industrial users and from house builders to business owners.

DSCL is a firm believer in socially responsible business operations, and has made significant contributions to society in the fields of environment, health care, family planning, education, cultural heritage, and rural development.

## Industry/sector

Manufacturing - fertilizer, sugar, heavy chemicals, plastics, cement, and captive power generation

## Overview of current HIV/AIDS prevention programmes

The company's HIV/AIDS programme was launched with an in-house discussion on the need to address the epidemic. Recognizing the debilitating impact that the epidemic could have on business and society, it was decided that HIV/AIDS prevention be included as an integral part of social responsibility activities of the company.

DSCL initiated its HIV/AIDS programme in January 2005, and has since chalked up considerable success in combating the disease, including a successful implementation of a strong workplace and community programme in Kota. The company has conducted HIV/AIDS programmes both at the workplace and within the community, covering about 75 000 persons to date. Moreover, special awareness programmes for contracted workers and high-risk groups have been organized.

### *Workplace initiatives*

The 5000-strong workforce in DSCL's Kota unit have been active participants in the programme, and have demonstrated a high level of ownership towards social action in the region. HIV/AIDS intervention programmes have also been launched at the sugar units in Uttar Pradesh and chlor alkali unit at Bharuch, Gujarat.

Simultaneously, DSCL built up its own capabilities as a prelude to information dissemination in the community. A core cadre of about 15 company employees is entrusted with developing awareness and prevention programmes in the workplace and the community. At present, company doctors assume the role of counsellors to HIV/AIDS patients, and there are ongoing efforts to have specialized counsellors.

During the many cultural and inter-departmental events that take place in the Kota unit, AIDS education has been a recurrent theme. ‘Hundreds attend such programmes,’ says Colonel (Retd) S C Bhan, Deputy General Manager and Coordinator (HIV/AIDS Intervention). ‘They are oriented and in turn take the message outside the company premises into their communities and homes.’

Additionally, employees are exposed to the issue at the end of each training session at the Shriram Training Centre, when an educational film on HIV/AIDS prevention (developed in-house) is screened.

### ***Community outreach***

DSCL enthusiastically embraces opportunities to reach out and educate the community on HIV/AIDS, and street plays and mobile kits that include communication packages are key components of the company’s outreach activities.

Various departments of the Kota unit have displayed this enthusiasm by scripting a play that has been received well by the community. The company has also prepared an information booklet that shares relevant HIV/AIDS information with workers. Further, the company has developed posters that are displayed at locations within the company premises.

Such extensive awareness schemes have caught the district administration’s notice, and it is keen on synergizing efforts of various public programmes with DSCL’s programme to formulate and execute HIV-AIDS intervention schemes for Kota district.

DSCL’s HIV/AIDS programme has yet to face any specific challenge during execution. There are plans to expand the present intervention programme from awareness and prevention measures to the distribution of ARV (anti retro viral) therapy and setting up VCT (voluntary counselling and testing) outlets. There are no VCT centres in Kota at present, and the company hopes to establish such a centre and extend financial support to affected persons. Further testing will be extended for STD (sexually transmitted disease) check-ups at welfare centres in Kota.

### ***Profile of suppliers in the Kota unit supply chain***

DSCL's Kota unit has business links with a large number of suppliers, including 10 large PSUs (public sector units), 30–40 medium and 100–200 small suppliers.

For instance, cement is being provided through a network of 18 dumping agents and about 500 dealers by rail and road in Delhi, Rajasthan, Punjab, Haryana, and Uttaranchal. Likewise, naphtha used for the production of fertilizer is supplied by a large PSU. In terms of logistical movement, there are 20 racks per month and 600 vehicles per day that are used for transporting materials, in addition to road transporters, loading and unloading agents, and distributors.

### ***HIV/AIDS prevention programmes in the supply chain***

DSCL believes that HIV/AIDS intervention in its supply chain is vital not only to its business interests but also to its commitment to socially responsible business practices.

While some companies have compliance and social activities as a mandatory clause in their contracts with suppliers, DSCL believes that commitment to social causes should be developed and ownership in social initiatives created amongst suppliers. Forcefully executing a programme may not be sustainable and may also be damaging to smooth business relations.

With 600 truckers plying nationwide every day with the company's material, educating them becomes essential. The company considers truckers as a part of its supply chain and as a high-risk group to contract HIV/AIDS. Information is shared with truckers during loading and unloading of goods at the company's factory sites. A successful strategy has been the production and distribution of music cassettes that carry messages in between popular songs. This has been a highly effective medium to reach truckers while they are on the move.

Transport contractors have also been taken into confidence about the need to address HIV/AIDS among the trucker community. The DSCL core team on HIV/AIDS works closely with contractors to strengthen this partnership, which has been able to reach out to a large population in a short period of time. Contractors, numbering about a hundred, were communicated the rationale behind HIV/AIDS awareness that the disease could adversely affect their business if unchecked amongst truckers. Consistent efforts such as these have been successful in bringing about a change in the mindset amongst contractors.

While exploring HIV/AIDS intervention programmes in the supply chain, DSCL realized that it was not feasible to intervene and initiate activities with large companies that are able to contribute themselves. Instead, it would be more fruitful for the company to work with smaller

suppliers that often lack the will and expertise to work in an area like HIV/AIDS. Such an approach would also tackle the evident lack of active social projects by small suppliers, either for their workforce or their communities.

#### ***Programme implementation challenges in the supply chain***

- As suppliers also include large PSUs, it may be challenging for the company to work all by their own. Joint corporate projects are thus preferred.
- Activities have to be focused towards a target group in the vast supply chain
- As making it mandatory for the supplier is not seen as a desirable option, the company has to continuously encourage and seek commitment of the supplier.

### **Future strategies for HIV/AIDS intervention**

DSCL's supply chain is too vast to be covered by its HIV/AIDS programme in one phase. The company, therefore, plans to implement the programme in phases, so that all workers are brought within the ambit of HIV/AIDS awareness. The company plans to involve marketing agents and dealers to disseminate HIV/AIDS information to its contractors in remote mining regions.

DSCL, Kota, is also proposing HIV/AIDS intervention in farming communities through close to 102 Shriram Krishi Vikas Kendras, in addition to the 1000 distributors working with the company. These distributors could take relevant information to farmers, who also comprise a major customer base for the company's agro products.

Additionally, there are ongoing attempts to develop a monitoring and evaluation system that will be a useful tool to track all interventions made in the supply chain. The company has also been involving its own employees in all HIV/AIDS activities in the community rather than delegating NGOs. This boosts the sense of ownership amongst the workforce in a crucial social cause.

Some of the other initiatives planned by the company to tackle the HIV/AIDS epidemic are as follows.

- Establishing VCTs and extending ARV treatment with financial assistance to affected persons
- Training doctors and personnel for professional counselling
- Monitoring and evaluation of existing projects with analytical documentation
- Exploring opportunities with existing dealers and company marketing agents to intervene in the supply chain



## Shree Cement Ltd

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### About the company

**S**hree Cement Ltd is a major cement manufacturer and owns the largest cement plant at a single location in northern India. The company registered its highest ever production of 3.02 million tonnes. In 2004/05, it recorded a 116% capacity utilization as against the industry average of 82%. In the same year, its energy consumption was 75.17 kWh/tonne of cement, compared to the industry average of 95 kWh/tonne of cement.

Shree Cement Ltd is an energy-conscious, environment-friendly, and sustainable business organization, with a commitment to maintain high standards of quality and leadership. The company has adopted the environment management system ISO 14001, quality management system ISO 9001, and Health and Safety Management System ISO 18001. It has also undertaken several clean technology and environmentally sound initiatives in its production processes.

### Industry/sector

Manufacturing - cement

### Overview of current HIV/AIDS prevention programmes

Shree Cement Ltd has been conducting HIV/AIDS awareness programmes in Beawar, Rajasthan, for a year now, which has enabled it to disseminate information about the epidemic throughout its workforce as also in neighbouring communities.

#### *Workplace initiatives*

The company has two plants at a single location at Beawar and would add one more Greenfield Project in October 2005 to increase production. All 1281 employees at the present factories undergo regular medical tests, and no employees have shown signs of longstanding illness thus far. Since many employees are unaware of the ways in which HIV/AIDS spreads, the company often organizes awareness campaigns and has set aside a large fund for activities related to the health and safety of employees. The company has systems in place for the care and rehabilitation of any employee or contract worker who may have contracted HIV/AIDS.

A team of company employees works to generate awareness among the workforce through sensitization sessions and distribution of literature. The team has been growing in size with support of the company's human resources unit and volunteers from the nearby village.

The company is in the process of publishing its first Corporate Sustainability Report as per GRI (Global Reporting Initiative) guidelines, and HIV/AIDS would be an important part of the reporting component.

### ***Community outreach***

Shree Cement Ltd has launched several awareness programmes to reach out to communities surrounding its plants. These include HIV/AIDS prevention camps that counsel community members on the epidemic, besides providing a complete health check-up. The company doctor, accompanied by the company's core HIV/AIDS prevention programme team, undertakes these activities. An intriguing issue that emerged from these camps was the strong taboo in the community against HIV/AIDS and related discussions, which has resulted in a lukewarm response to the company's outreach programmes on HIV/AIDS. The company's core team is of the opinion that the social background of the community has an important role to play in deciding the success of the campaign, and is devising alternative ways to effectively communicate the threat of the disease.

## **HIV/AIDS intervention in the supply chain**

### ***Profile of suppliers in the Beawer unit supply chain***

Shree Cement Ltd has agreements with manpower contractors to provide workers for its plants. Currently, 26 contractors provide a total of 650 contract workers to the company. The company also has links with several transport contractors. A total of 19 cement transporters, each owning a large number of trucks, have been contracted for the shipment of the company's products. The company's supply chain also includes material suppliers providing packaging bags, gypsum, limestone (sourced from the company's captive mines), and mill scale.

### ***HIV/AIDS prevention programmes in the supply chain***

HIV/AIDS prevention – within the company, within its supply chain, and within local communities – is viewed as a vital component of the company's CSR activities. To integrate its supply chain into its HIV/AIDS prevention programme, the company plans to spread awareness among its suppliers before sharing a system of compliance with them. Shree Cement Ltd has strong relationships with its suppliers and is certain that they would view such social projects as positives. The company additionally feels that compliance and other activities with suppliers will only strengthen, and not jeopardize, its existing relationships with them.

Contract workers, who form an important part of the company's supply chain, are also included in the company's HIV/AIDS awareness initiatives within its plants.

Shree Cement Ltd has been making inroads in its HIV/AIDS awareness initiatives with suppliers in Ajmer (Rajasthan). A strong sense of commitment to its programmes in the supply chain has led the company to apply for SA 8000 (Social Accountability 8000) certification. The management feels that with the SA 8000 system in place, interventions with suppliers would be regular and purposeful.

The company is also planning intensive sessions with more than 400 truckers who transport materials in and out of its plants. The waiting time for these truckers is about 6–8 hours, and although some HIV/AIDS awareness activities have already been carried out, the company plans to regularize such activities for maximum effect.

***Programme implementation challenges in the supply chain***

- Fighting the HIV/AIDS stigma and taboo at the community level
- Sensitizing suppliers and ensuring that HIV/AIDS education is an integral part of their workplace

**Future strategies  
for HIV/AIDS  
intervention**

- To launch a series of awareness programmes at supplier workplaces
- To further build the capacity of the company's core team to intensify its HIV/AIDS awareness programmes, especially among women
- To involve religious leaders and create an environment of healthy social relationships, mental hygiene, and morality at the workplace and in the community



## SRF Ltd

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### About the company

SRF Ltd has a well spread-out business portfolio that deals with products that can be broadly classified as industrial intermediaries. It is an Indian market leader in industrial synthetics, coated fabrics, belting fabrics, and refrigerant gases. Since its inception in 1974, the company has emerged as an industrial major in its core business areas. Currently, the company's products cater to industrial customers in more than 55 countries globally. SRF Ltd's relentless focus on 'total quality management' techniques has resulted in the company winning the prestigious Deming Application Prize in 2004 (the first nylon tyre cord company outside Japan to be awarded the prize).

### Industry/sector

Manufacturing - industrial synthetics and chemicals

### Overview of current HIV/AIDS prevention programmes

SRF Ltd is committed to upholding the highest levels of employee safety, health, and environment. The company understands and appreciates the social and economic disruption caused by HIV/AIDS, and is attempting to limit the spread of the endemic among employees, contractual plant workers, truckers, and the neighbouring community.

#### *Workplace initiatives*

The company sees an intrinsic link between the wellness of society and its business interests, and seeks to develop and implement sustainable HIV/AIDS programme in all the units of SRF Ltd, thus comprehensively covering employees, their families, truckers, and the community around the unit.

SRF Ltd began working towards HIV/AIDS awareness in January 2004 through a CII (Confederation of Indian Industry) pilot project for its Bhiwadi chemical business plant. The first phase of the programme focused on providing orientation to the CEO and other senior management on HIV/AIDS issues. This was followed by an HIV/AIDS sensitization and awareness session for the middle management conducted jointly by SRF Ltd and faculty from the CII. In the next phase, the company partnered with a leading NGO, Sahara, to train its supervisors and workers. A similar initiative was undertaken at the packaging films business plant at Kashipur in Uttaranchal.

The programme has covered approximately 350 employees, 145 workmen and 90 truckers, and 20 employees have volunteered to work as peer educators on HIV/AIDS.



On World AIDS Day in 2004, SRF Ltd's chemical business, with the help of WHO (World Health Organization) consultants, took the lead in the Bhiwadi Industrial Area to sensitize other industries on the issues surrounding the disease. This sensitization workshop proved to be an effective exercise in generating awareness and in disseminating information. The company has extended similar programmes to local communities in partnership with SARD (Society for All Round Development), another NGO in the area.

In March 2005, SRF Ltd received technical assistance from the ILO (International Labour Organization) to pursue its HIV/AIDS programme. A 3-day ILO programme on HIV/AIDS awareness and prevention was organized with a focus on training a select group of workers to be later identified as master trainers. These master trainers, in turn, are expected to educate other colleagues and create awareness at the workplace. At the start of any workplace programme, master trainers carry out KABP (Knowledge, Attitude, Behaviour, Perceptions) survey that reveal the present level of knowledge on the disease and areas that need to be strengthened. Accordingly, awareness sessions have been designed. Contract workers, that are integral to the company's business, are also involved in these sessions.

At present, the Bhiwadi plant has 12 master trainers while the Kashipur plant has 10, including women. In addition to employees, all resident on-site doctors have attended the ILO training sessions. By the end of September 2005, the company plans to have such sessions at its remaining plants located in Chennai and Trichy (Tamil Nadu), and Gwalior and Indore (Madhya Pradesh).

### ***Community outreach***

Outreach programmes targeting local communities have been growing steadily in Bhiwadi. Master trainers and peer educators, along with SARD experts, carry out various outreach activities and prepare information packages. Once in two months, HIV/AIDS awareness camps are organized, which also give out information on other health issues. SRF Ltd maintains a rigorous monitoring and evaluation system that is able to analyse the number of people trained and the middle management encourages the workforce to learn and attend workshops and educational sessions.

## **HIV/AIDS intervention in the supply chain**

### ***Profile of suppliers in the supply chain***

Many large-, medium-, and small-sized enterprises provide materials to SRF Ltd for its business needs. One of the large businesses in the company is the chemical business, which is being highlighted as an illustration of the company's HIV/AIDS prevention programme. The

company arranges for the transportation facilities of these supplies through contracts with truckers' unions and other contractors.

### ***HIV/AIDS prevention programmes in the supply chain***

The company follows a supplier selection criterion in which suppliers are categorized according to the material they supply. Based on this criterion, the company has three categories of suppliers, which are as follows.

- Category A: Critical, high-value raw material
- Category B: Secondary material
- Category C: Maintenance, repairables, and consumables

At present, HIV/AIDS or Social Accountability is not a mandatory criterion in the selection of a supplier. However, since the company's purchasing department interacts the most with suppliers and dealers, it has been identified as an avenue to reach out and educate suppliers on HIV/AIDS. At present, there are no active programmes to co-opt the supplier workforce in spreading awareness on HIV/AIDS, but this would be a definite area of intervention for the company. In the past, adult education classes for transport union workers have been organized by SRF Ltd and HIV/AIDS would now be a key component in these classes.

### ***Programme implementation challenges in the supply chain***

- Networking with local government bodies and organizations for HIV/AIDS education in the community, workplace, and supply chain
- Developing a system that recognizes the efforts of employees towards HIV/AIDS education in the community and at the workplace
- Ensuring the sustainability of the programme at its workplace: At present, master trainers work on a voluntary basis
- Assistance and cooperation from suppliers to initiate joint HIV/AIDS projects, possibly through an association

### **Future strategies for HIV/AIDS intervention**

- Initiate activities and programmes in the community and other plant sites
- Build internal capacities of employees to take the message into the community
- Reach out to schools located in the area and educate students on the seriousness of the epidemic
- Involve suppliers in their annual stakeholder meetings to discuss joint social projects
- Involve regional offices around the country in the company's HIV/AIDS prevention programme



## Usha Martin Ltd

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### About the company

Usha Martin Ltd is a leading producer of specialty steel and one of the largest wire rope manufacturers in the world. At present, the group has three principal manufacturing divisions - Wire & Wire Rope, Steel, and Cables. The company's ISO 9001-certified manufacturing facility at Ranchi (eastern India) is among the top four wire rope producers in the world, producing 100 000 million tonnes of wire rope annually. Additionally, a backward integration initiative, the UASD (Usha Alloys & Steels Division) at Jamshedpur, also in eastern India, is one of the largest secondary steel manufacturers of specialty steel long products in India. With ISO 9002-certified facilities, the UASD has pioneered a unique process of steel-making through the mini blast furnace-arc furnace route, which ensures superior quality of steel at a lower cost.

A highly committed management leads the company in ongoing projects related to watershed management, sustainable income generation, and health and family welfare programmes that include HIV/AIDS awareness and women's empowerment.

### Industry/sector

Manufacturing - steel, steel rope, cable, etc.

### Overview of current HIV/AIDS prevention programmes

Usha Martin Ltd has its main production facilities at Ranchi and Jamshedpur, which collectively employ close to 7000 workers. The company has been implementing its social projects through KGVK (Krishi Gram Vikas Kendra) since 1977, an organization led by the company's chairman. Usha Martin Ltd makes an annual stand-alone monetary contribution to KGVK, the amount of which has been increased in 2006 to 150 million rupees from 100 million rupees. Social responsibility and commitment towards employees and society are of prime importance to the company, and approximately 10% of the company's middle management voluntarily contributes to various social initiatives.

#### *Workplace initiatives*

Usha Martin Ltd - KGVK began addressing the HIV/AIDS challenge through activities in the workplace in 2002. The nature and scope of these activities has grown since then, and encompass activities such as awareness generation, condom distribution, and networking with local bodies.

The company conducts regular health camps as part of its workplace HIV/AIDS prevention programme. Special attention is given to workers with health symptoms which could be associated with HIV/AIDS, and all suspected cases are directed to the Ranchi Medical Centre for tests.

The company, in their own way, has identified three categories of workers, which are as follows.

- 1 Primary workers: Company employees in the factories
- 2 Secondary workers: Contract and casual workers
- 3 Tertiary workers: Workers providing facilities such as tea shops and garages to truckers and employees

In addition to its current initiatives, Usha Martin Ltd would soon be working with IFC (International Finance Corporation) on an upcoming project involving the company's workforce.

### ***Community outreach***

Usha Martin Ltd's community HIV/AIDS prevention programme has been launched in worker colonies where information camps and focussed counselling is given to workers along with their families. The company has also established a STD care centre called Jagriti Clinic through KGVK. The clinic attempts syndromic treatment of STI cases, and critical cases are referred to VCTC (Voluntary Counselling and Testing Centre) and other support centres in the state.

A dedicated team of 120 people has been assigned to the company's HIV/AIDS prevention programme. The team has completed a study on the behavioural trends of high-risk groups in Ranchi, Jamshedpur, and Bokaro, the findings of which has given direction to the intervention strategy.

Usha Martin's outreach programme further includes the following.

- An outdoor hoarding highlighting the HIV/AIDS threat at Namkom Railway crossing (Ranchi–Jamshedpur Crossing)
- Slide shows screened at cinema halls in Ranchi
- Orientation sessions on condom use and its advantages
- Identification of peer educators and provision of formal training on STI/HIV/AIDS prevention education

## **HIV/AIDS intervention in the supply chain**

### ***Profile of suppliers in the supply chain***

For its business operations, Usha Martin Ltd requires a wide range of items on a regular basis, which it procures from suppliers that range from large PSUs (coal, etc.) to small- and medium-scale private manufactures (zinc, sisal fibre, etc.). The company has an online vendor registration form that invites applications from suppliers interested in working with the company. The registration

form does not specify HIV/AIDS or social accountability as a mandatory criterion in the selection of a vendor.

### ***HIV/AIDS prevention programmes in the supply chain***

Working with high-risk groups has been the thrust of Usha Martin's HIV/AIDS prevention programmes. The trucking community, which is at the highest risk of infection, is considered an important stakeholder in the supply chain. About 600–800 trucks arrive daily at the company's factories for loading/unloading. Between November 2003 and October 2004, KGVK has reached out to nearly 10 000 truckers and commercial sex workers. Agreements have also been drawn with petrol pump dealers to encourage condom distribution to truckers when they stop for refuelling. Additionally, the company pays dhabas and shops on distribution of condoms to truckers.

At this stage, the company has not taken a decision to work with suppliers on HIV/AIDS prevention programmes, and there are no ongoing social projects with suppliers.

### ***Programme implementation challenges in the supply chain***

- Internalizing the concept of initiating and ensuring continuation of responsible practices in the supply chain
- Convincing the supplier to initiate socially responsible practices that include programmes on HIV/AIDS
- Implementing a policy of procurement only from socially responsible suppliers, as this may affect business adversely
- Resolving perceptions of intrusion, especially amongst suppliers that are large companies with CSR activities of their own

### **Future strategies for intervention**

The company feels that for a successful programme, well-defined indicators, base line surveys, log frameworks, monitoring, etc. would have to be undertaken. In this matter, it will be useful to have budgetary and technical support from technical organizations. Efforts have to be made to launch a needs-assessment exercise with suppliers.

Partnership with suppliers and other corporations will be useful in this regard.

- Organizing regular programmes when truckers visit factory premises
- Producing a film on high-risk groups and on the company's many schemes
- Establishing a telephone counselling service
- Establishing a VCTC at Jagriti Clinic
- Launching a counselling centre for factory workers



## **Respondents to the study**

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**Col. (Retd) S C Bhan**

Deputy General Manager (Coordinator, HIV-AIDS Intervention)  
DCM Shriram Consolidated Ltd  
Kota Complex, Rajasthan

**Mr Rakesh Bhargava**

Deputy General Manager (R&D)  
Shree Cement Ltd  
Beawar, Rajasthan

**Ms Kankana Das**

Manager, Corporate Relations  
Apollo Tyres Ltd  
Gurgaon, Haryana

**Mr K K Kaul**

Executive Director & Resident Head  
DCM Shriram Consolidated Ltd  
Kota Complex, Rajasthan

**Ms Tanvi Kumari**

Manager  
Corporate Community Partnerships  
SRF Ltd  
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**Dr Shreeniwas Pandey**

Deputy Manager (Health Services)  
Shree Cement Ltd  
Beawar, Rajasthan

**Col. S Rath**

Secretary  
Krishi Gram Vikas Kendra (KGVK)  
Usha Martin Ltd  
Ranchi, Jharkhand

# HIV-AIDS

## Business fight against HIV/AIDS

### Towards a paradigm shift

#### Background Paper

#### National Seminar on HIV/AIDS

5-6 September 2005

Silver Oak, India Habitat Centre, Lodhi Road, New Delhi

#### Supported by



IFC Against AIDS  
Working With Clients to Protect People &  
Maintain Profitability



National AIDS Control Organization

IFC South Asia Department



Planning Commission of India

#### Organized by



(Corporate Roundtable for development of strategies  
for Environment and Sustainable Development)

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- HIV/AIDS a cause for concern in India: facts and figures
- Government's response to HIV/AIDS and participation of business
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  - Next steps for business in India: towards a paradigm shift
- Conclusion
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*Whenever we talk about the HIV/AIDS (human immunodeficiency virus / acquired immunodeficiency syndrome), the word 'crisis' immediately comes to mind. In many ways, this has served to deaden our thoughts about just how big a crisis the HIV/AIDS indeed is. It is like the message on cigarette packs: we are told that smoking will kill us yet we continue to smoke. Perhaps we need to remind ourselves just how big the AIDS crisis really is.*

Are these words of Nelson Mandela relevant to the reality of India as well?

### **HIV/AIDS, a cause for concern in India: facts and figures**

In December 2004, the GoI (Government of India) announced that the number of estimated cases of the HIV/AIDS has touched a whopping 5.1 million and a reassessment of the country's status is likely to be made in the next eight to ten months.<sup>1</sup>

India now has the dubious distinction of being the country with the largest number of HIV/AIDS cases in the world after South Africa. The country is expected to have 20–25 million HIV-positive people by 2010, the highest estimate for any country in the world (National Intelligence Council 2002). The UNAIDS (The Joint United Nations Programme on HIV/AIDS) estimates that although the HIV prevalence rate in India is low (0.9%), the overall number of people with the HIV infection is high.

Given India's large population, with most of the Indian states having a population greater than a majority of the countries in Africa, a mere 0.1% increase in the incidence rate would increase the number of adults living with the HIV/AIDS by over half-a-million.<sup>2</sup> Based on the data of the sentinel surveillance till 2004, the government has reclassified states in terms of their vulnerability (see table on next page). This has been done in recognition of the fact that many 'low-prevalence states' are also highly vulnerable to the HIV/AIDS (NACO 2005).

The occurrence of HIV/AIDS cases is the highest in the 15–49 years age group. This also has a direct relationship with the number of children being orphaned due to AIDS. Obtaining data on the number of orphaned children is difficult but it is believed that the proportion of children in India orphaned by AIDS is far lower than in the sub-Saharan Africa. But because of India's huge population, the actual number of children orphaned by AIDS is already high. By 2001, the number of orphaned children was estimated at 1.2 million (World Bank 2002).

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<sup>1</sup> Details available at <[www.rediff.com/news/2004/dec/08aids.htm](http://www.rediff.com/news/2004/dec/08aids.htm)>, last accessed on 6 August 2005.

<sup>2</sup> World Bank World Bank South Asia Region-India regional updates. Details available at <[www.worldbank.org/ungass/India.htm](http://www.worldbank.org/ungass/India.htm)> and <[www.avert.org](http://www.avert.org)>, last accessed on 30 July 2005.

### Reclassification of states

High prevalence	Moderate prevalence	Highly vulnerable	Vulnerable
Andhra Pradesh	Goa	Assam	Andaman and Nicobar Islands
Karnataka	Gujarat	Bihar	Arunachal Pradesh
Maharashtra	Pondicherry	Chhattisgarh	Chandigarh
Manipur		Himachal Pradesh	Dadra and Nagar Haveli
Nagaland		Jharkhand	Daman and Diu
Tamil Nadu		Kerala	Haryana
		Madhya Pradesh	Jammu and Kashmir
		Orissa	Lakshadweep
		Punjab	Meghalaya
		Rajasthan	Mizoram
		Uttaranchal	Sikkim
		Uttar Pradesh	Tripura
		West Bengal	

In a recent videoconference workshop on the HIV/AIDS, workplace interventions conducted jointly by the World Bank Institute's Corporate Social Responsibility Program, World Bank South Asia Region Finance and Private Sector Development Unit, IFC (International Finance Corporation) Programme ('IFC Against AIDS'), and CoRE-BCSD India/TERI, Dr SY Quraishi, Director-General, NACO (National AIDS Control Organisation), said that the HIV/AIDS epidemic is changing its dimensions.

He went on to add the following.

- Earlier, the infection was restricted to high-risk groups and now it has spread to the general population.
- The HIV/AIDS is spreading from high-prevalence states to every state in the country.
- The epidemic is moving from the urban areas to rural pockets.
- There is an increasing feminization of the disease whereby 40% of the victims are women and 90% of them are innocent.
- It has been observed that a greater number of young people are getting infected by the virus.

Quite clearly, this description of the state of spread of the infection should make all the concerned stakeholders review their efforts.

### Government's response to HIV/AIDS and participation of business

The GoI (Government of India) responded to the HIV/AIDS as early as 1986 by constituting the National AIDS Committee and launching the National AIDS Control Programme in 1987. The NACP (National AIDS Control Project) developed a national

public health programme on the HIV/AIDS prevention and control. We are presently in the Phase II of the NACP, which was launched in 1999.

The response to HIV/AIDS has been predominantly driven by the government. Over the years, NACO has been partnering with the United Nations Organization, bilateral and multilateral organizations, nongovernmental organizations, and the industry to expand its programme. It has been working with the twin objectives of reducing the spread of HIV infection in India and strengthening India's capacity to respond to the HIV/AIDS on a long-term basis.<sup>3</sup> To this end, NACO facilitates the involvement of various sectors such as education, defence, labour, youth, and industry to optimize India's response to the HIV/AIDS.

As has been mentioned before, NACO has been collaborating with the various stakeholders to implement the AIDS control programme. The private sector has a huge capacity to support and complement the government's programme and has been working with NACO in this regard. Currently, individual companies and industry associations have been undertaking programmes to stem the spread of the HIV in their workforce and the larger community. 'The HIV/AIDS epidemic is perhaps the greatest single social challenge facing our generation and the worst public crisis in at least the past six hundred years. Business has a key role to play in fighting this disease.' says Richard Holbrooke, Chief Executive Officer, Global Business Coalition on HIV/AIDS.

But the reality in the Indian context is that for many companies, the HIV/AIDS is not perceived as an issue that will affect their workforce, profits, or well-being. Even after twenty years into the epidemic, we are still advocating for greater involvement of business in the fight against the HIV/AIDS.

Experience in the sub-Saharan Africa has shown that the HIV/AIDS can severely affect the profitability of business operations because of the overall deteriorating economic climate and also loss of productive workforce. Hence, it becomes an issue requiring attention not only because of the philanthropic reasons but also from the business point of view. Therefore, the Indian industry should start taking greater interest in the HIV/AIDS as an issue in view of the changing face of the epidemic.

The HIV/AIDS needs a multi-pronged approach. Therefore, in the long run, focussing attention purely on the workplace programmes will not be completely successful in addressing a population as large and diverse as that of India. Therefore, the industry would have to extend its programmes beyond the workplace and adopt strategies that have been successful elsewhere. This will ensure that the epidemic does not acquire the threatening proportions it had attained in the other countries.

This calls for an expansion and strengthening of the existing programmes and also adoption of newer paradigms. In order to meet this need, the CoRE-BCSD India/TERI is organizing this seminar in collaboration with the Planning Commission, GoI; NACO; IFC Against AIDS Program of IFC; and IFC South Asia Region.

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<sup>3</sup> Details available at <[http://www.nacoonline.org/abt\\_phase2.htm](http://www.nacoonline.org/abt_phase2.htm)>, last accessed on 6 August 2005.

As a background to the seminar, this paper analyses the following issues.

- Why should business respond to HIV/AIDS: the business case
- How can business respond to HIV/AIDS
- Next steps for business in India: towards a paradigm shift

### *Why should business respond?*

*No company and no government can take on the challenge of AIDS alone. What is needed is a new approach to public health, combining all available resources, public and private, and using all opportunities, local and global... Business can play a critical role by providing a venue for HIV education, and by giving leadership within the wider community... business leaders recognize that their responsibility – and their interest – lie not only in how their actions affect their shareholders, but in their impact on the societies in which they operate, and on the planet as a whole.*

Dr Kofi Annan, Secretary-General of the United Nations Organization

According to the GoI statistics, nearly 90% of the HIV infections in India have been reported from the 15–49 year age group: the most productive segment of society. This situation is of particular concern for the Indian industry because the HIV has an intense negative impact on the workforce, the business, individual workers and their families, and on the economy at the macro level.<sup>3</sup>

India and China are two countries in Asia that account for a predominant share of the HIV/AIDS infection. Complacency might set in, in case of India, because of statistics that show a low overall rate of prevalence in the country (0.9%) but it is also important to realize that the structural determinants of the HIV transmission, such as a high level of poverty, migration, illiteracy, ill health, gender inequality, and urbanization, are widely prevalent across India. Therefore, the National AIDS Prevention and Control Policy has been stressing on the need to take care of the workers' health and welfare in the organized and unorganized sectors. It has also been highlighting the need for developing a multi-pronged response to the HIV/AIDS in workplace. This reflects a strong belief that the private sector initiatives against the HIV/AIDS are vital to the success of the national efforts.

### The business case

#### *1. To fulfill the corporate social and ethical responsibilities*

The Global Business Coalition on AIDS, which is an alliance of over 200 international companies combating the AIDS epidemic through business, opines that business action on the HIV/AIDS incorporates the basic human rights principles related to non-discrimination, health, and equitable access to care across operations. By addressing the HIV/AIDS as well as the economic and social context of the disease, companies contribute to the sustainability of all aspects of their business operations (including employee productivity, continuity from supply chain to market place, and investor return).<sup>4</sup>

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<sup>4</sup> *Why is HIV/AIDS a Business Issue, Good Corporate Citizenship.* Details available at <[www.businessfightsaids.org](http://www.businessfightsaids.org)>, last accessed on 6 August 2005.

In the current scenario, a company is evaluated for its reputation and performance in the CSR (corporate social responsibility) not only on the basis of its management strategy and corporate structure but also its compliance, social contribution, commitment to employees, and commitment to consumers and suppliers. Most companies in India respond to the HIV/AIDS on the basis of their CSR values. They feel that this is a cause that gives them an opportunity to make a social contribution and display a commitment to the society. SAIL (Steel Authority of India Ltd) is a case in point for intervention of this nature where companies have gone beyond the workforce to address the HIV/AIDS (see Annex at the end).

For industries and sectors that have stakeholders in the population groups vulnerable to the HIV/AIDS, such as mining, health, transport, agri-business, etc., it makes immense business sense to implement the CSR programmes to prevent the HIV/AIDS. Interventions of companies such as Ashok Leyland are an excellent instance where programmes are being implemented for truckers who are one of their important stakeholders (see Annex at the end). At the same time, a large number of companies are implementing workplace programmes and are reaching out to their employees. The employees also experience a sense of pride and boosted morale when their organization is recognized as a good corporate citizen.

In addition to the above, companies that have been proactive in initiating and implementing programmes on the HIV/AIDS are gaining an immense mileage and reputation from these programmes. As this is a challenging area and carries great importance nationally and internationally, companies working on the HIV/AIDS have been called for consultations wherever the industry was invited as a stakeholder; they have been awarded for their programmes and have received recognition as pioneers. TATA Steel for instance, has gained an immense reputation within and outside India for its HIV/AIDS activities.

The private sector has unique capabilities, which can be very effectively utilized to supplement the government's efforts against the HIV/AIDS. In the present scenario, the PPP (public-private partnership) is the model that has been found to be successful to face and overcome national challenges. The industry is also vital because working through the corporate sector is effective, cost-efficient, and sustainable. In the process, companies will not only be living up to their ideals of social responsibility but would also be supplementing national efforts and making a great contribution.

## *2. To prevent the impact of HIV/AIDS at the organizational level*

According to the CII (Confederation of Indian Industry), in absence of action, the cost to business of one HIV-affected employee is about 100 000 rupees (approximately, 21 000 dollars) annually. The HIV/AIDS has the potential of influencing firms due to workers' replacement, absenteeism, insurance expenses, and health care expenditures, says a UNDP (United Nations Development Programme) report (UNDP 2003). It also says that there is a possibility of legal action related to discrimination against the HIV-infected employees because of denial of a fundamental right. There is also a possibility of customer base. Non-economic factors in the form of loss of morale in the workforce,

such as workers losing their colleagues to AIDS or if the HIV-positive workers are stigmatized, could also affect productivity.

There is a financial risk associated with high prevalence of the HIV/AIDS for a company. It has been observed in countries with high prevalence rates that companies face consequences such as loss of labour, increased costs of employee benefits, and additional recruitment and training costs associated with labour turnover. The indirect costs are poor morale, poor staff turnover, and productivity losses. The systemic costs are loss of institutional memory, skills, and workplace cohesion.<sup>5</sup>

A lack of awareness and understanding of HIV, resulting in fear and negative attitudes among employees and managers, can cause workplace conflict as well as stigmatization, discrimination, and mismanagement of the HIV-positive employees. Examples can be seen in Cambodia where fearful workers in the garment factories refused to work with colleagues rumored to have HIV and in Thailand where production line stoppages occurred due to fear of HIV transmission (Asian Business Coalition on AIDS 2002). This kind of a situation needs to be forestalled in India.

### *3. To avert the macro economic impact of HIV/AIDS*

According to the UNAIDS, a worst HIV/AIDS scenario for India (which is taken to mean adult HIV prevalence by 2025 reaching as high as 7% by 2025) would result in a negative GNP (gross national product) growth in the period 2000/20. The Indian GNP would almost be 170% higher in 2025 than in 2000 if the HIV were absent, with growth driven by a larger workforce and by increasing the worker productivity (Eberstadt 2002). As the HIV/AIDS can have a destabilizing effect on society and the consumer market, and will affect the overall business atmosphere and profitability, it becomes pertinent for the business sector to provide its support as a stakeholder to the national efforts to stem the HIV/AIDS.

Recently, while addressing the industry in Mumbai, Robert Blake, Charged' Affairs, US Embassy of the United States in India, said that experiences from high-prevalence countries around the world have shown that the HIV/AIDS severely erodes economic growth. The epidemic has a negative impact on the labour supply and productivity, savings rates, and delivery of essential services (Blake 2005). At the same time, the IFC Against AIDS has seen, as part of its experience with its client companies that the HIV/AIDS impacts the customer base, and increases the cost of doing business and reduces productivity.<sup>6</sup>

Thus, it is vital for the Indian industry to act now so that it can prevent the country from facing the dire consequences of the HIV/AIDS. Business should respond towards displaying values and commitment to the CSR, to enhance reputation, to adopt a good management practice, and to contribute to the macro economic development.

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<sup>5</sup> *15 International AIDS Conference, 2004*. Poster by IFC against AIDS Program. Details available at <[http://www.ifc.org/ifcext/aids.nsf/AttachmentsByTitle/Business+Case+poster+-+Bangkok+2004+-+FINAL/\\$FILE/Business+Case+poster+-+Bangkok+2004+-+FINAL.pdf](http://www.ifc.org/ifcext/aids.nsf/AttachmentsByTitle/Business+Case+poster+-+Bangkok+2004+-+FINAL/$FILE/Business+Case+poster+-+Bangkok+2004+-+FINAL.pdf)>, last accessed on 6 August.

<sup>6</sup> Details available at <<http://www.ifc.org/ifcext/aids.nsf/Content/Why+IFC+against+AIDS>>, last accessed on 6 August 2005.

### *How can business respond*

*While many companies have made important efforts to protect and educate their workforces, we ask that companies go beyond the workforce into the communities in which they are active; lobby public health officials; start their own programmes.*

Dr Peter Piot, Executive Director, UNAIDS

Business can respond in a variety of ways to tackle the menace of the HIV/AIDS. It is uniquely positioned to respond to the HIV/AIDS on account of having long and direct access to the age group, which is most vulnerable to the HIV.

#### Workplace programmes

Comprehensive workplace programmes are an effective way of generating awareness, changing harmful behaviour, and creating a non-discriminatory atmosphere in the private sector. The ILO has developed the 'ILO code of practice on HIV/AIDS and the world of work,' which is being followed in a number of companies in India to fight the HIV/AIDS.

There is an increasing body of knowledge showing the efficacy of workplace interventions and the positive return that they represent for the employees and community health as well as the company's operational results.<sup>5</sup>

Workplace programme has the capacity to avert workplace disruption and avoid conflict resulting from stigmatization, discrimination, and mismanagement of the HIV-positive employees. These programmes can also be leveraged to extend the scope of activities to the families of employees and the surrounding communities.

Programmes implemented in the workplace could also be extended to the supply chain in order to ensure healthy business operations throughout the value chain.

#### Advocacy and community action

Business has the capacity to advocate at the highest levels in the government and thus, is in a strong position to affect the spread of the epidemic. It can advocate for greater action by all sectors in society. It also has the resources and skills to act as an effective advocate for enthused national action against the HIV/AIDS.

At the same time, the industry can support and scale-up awareness and prevention efforts by implementing programmes in the communities surrounding its operations. It can also address high-risk groups in population groups such as truckers, migrant workers, and agricultural labourers. These groups are seen by the companies as stakeholders and are in frequent touch with the company.

Many companies believe that they are fulfilling their corporate social responsibilities by implementing the HIV/AIDS programmes in the surrounding communities and also in their supply chain. Truckers, in particular, have received attention from the industry in the HIV/AIDS prevention programmes.

### Replication of successful programmes in more companies

Companies in India have implemented some very exemplary programmes to prevent spread of the HIV/AIDS and have gained national and international recognition. It is vital to gather the lessons learnt from these programmes and seek to replicate them across the larger number of companies. In this context, it is important to address case studies of successful workplace interventions that have a potential for expansion in the community. Similarly, for companies that have a very successful programme in the community but are struggling to implement one in the company itself, there needs to be a greater communication with their peers. Hence, greater networking and experience-sharing needs to be encouraged within the industry to replicate successful programmes and formulate solutions for challenges.

### Utilizing unique capabilities to support the national programme

Companies in the FMCG (fast-moving consumer goods) sector have wide distribution channels reaching the remotest corners of the country. These channels can be utilized to carry condoms to even the rural hamlets of the country and reach even those who are unreachable. Similarly, these companies can put to use their marketing and advertising channels to spread awareness and educational messages about the HIV/AIDS on a massive scale. Their products can piggy-back the HIV/AIDS messages.

The same could be done by companies having a vast consumer base in the rural areas so that messages reach the locals in their language effectively. Companies in the media and entertainment industry can harness their special skills to communicate about the HIV/AIDS to the vast populace of India with much more ease than a government-run programme.

### *Next steps for business in India: towards a paradigm shift*

#### Supply chain and HIV/AIDS

The idea that the supply chain of big companies is vulnerable to the HIV/AIDS and there is a need for action is fast gaining ground. In India, more than 90% of the workforce is part of the unorganized sector and this labour force consisting of truckers, migrants, and agricultural labourers is highly vulnerable to the HIV/AIDS.

For the corporates, suppliers include small and big companies and the level of influence that the parent company can exercise on the suppliers is determined by a variety of factors, including size, proximity in the chain, frequency of interaction, etc. But a fact that is irrefutable is that the parent company has a responsibility towards its supply chain and has benefits to reap if it acts to prevent the HIV/AIDS in the value chain. The parent company could extend support, in terms of technical expertise, partnership in joint projects and initiatives, inputs on workplace policies, information sharing, etc. and not only financial support. These activities would be ultimately beneficial for the supplier/distributor and also the parent company as they would lessen the economic costs and losses, protect human resource, and will be a good reflection of the CSR. Any company is one in a value chain and the ill health of the chain at any point has a cascading effect on the rest of the chain. Hence, the HIV/AIDS prevalence in any part of the supply chain can have a major impact on the corporate.



The beneficial effects of extending the HIV/AIDS activities to the supply chain are an enhanced brand image and reputation, increased productivity and quality, building relations with the external community, building employee morale, abiding by the ethical standards in business and also to the advantage of being able to reach out to a vast population of top- , middle- , and low-level workers of the supply chain.

As the value chains of a corporate are huge, the company itself cannot take responsibility for all its suppliers and distributors. But what is important is to mainstream an understanding on the HIV/AIDS among all players in the value chain and ensure its adoption as a good practice so that the suppliers/distributors understand the vitality of the issue and act on it consciously.

In the Indian economy, the SMEs (small and medium enterprises) account for a large portion of the unorganized sector and also constitute the supply chain of big corporates. But a majority of these enterprises would be unable to implement their own programmes to tackle the HIV/AIDS due to a lack of information on part of the managements, coupled with financial constraints. Thus, they are in need of support from the large corporates to address the epidemic and they can be given a helping hand in a mutually beneficial fashion when the corporate sector addresses their supply chain.

#### Information and communication technologies for HIV/AIDS

Another area that has not been amply explored till now is the role that the IT (information technology) industry and the ICT (information communication technologies) can play in stemming the HIV/AIDS. The IT-based tools can help us track highly mobile communities like truckers/migrants and provide them services wherever they are in the country. The IT sector also has a contribution to make in the ARV (anti-retroviral therapy) treatment and tele-medicine. The WHO (World Health Organization)-accredited training modules can also be disseminated easily across the country through the IT. The IT-based tools are vital for effective monitoring and evaluation of the country response to the HIV/AIDS.

For youth, who are at a particular risk of the HIV/AIDS, using the ICT-based tools such as the VCDs, e-mails, Internet, online chatting, etc., can be an effective mode of communication. Special programmes have been initiated by the government for the young people in schools and colleges to make them aware about the HIV/AIDS. They are called the SAEP (School AIDS Education Programme) and the University Talks AIDS. These programmes would be very effective if there is networking within and between campuses. The ICT offers excellent scope for this knowledge and experience-sharing. Programmes of this nature have been conducted in Africa with good success. In India, they have implemented sporadically and this issue needs a greater attention of the industry.

Similarly for the corporate sector, the corporate intranet is generally a mode of communication, which is accessed by one and all, irrespective of position. This has a potential to be used as a medium of behaviour change communication and awareness creation. Nowadays, cell phone and SMS (short messaging service) are spreading to the far-flung corners of the country with an immense potential to evolve a more informed populace.

But all these services, which the industry is capable of providing have to be discussed by the industry and operationalized in coordination with the government as a fitting example of the PPP.

## Conclusion

In India, the overall HIV prevalence as per the estimates of 2004, is put at about 1%. However, it masks various sub epidemics in various foci in the country.<sup>7</sup> The UNDP warns that these low-prevalence rates hide a more complex picture and should not be a source of complacency (UNDP 2003).

Not enough documentation has taken place on the impact of HIV/AIDS on the national economy and at company level in the country. This has led the private sector to wrongly believe that it is not at risk.

The harsh realities in Africa should be comprehended in India as well. The Asian business leaders should be wise to listen to the lessons of South Africa<sup>8</sup>. It is time we realize that in the case of HIV/AIDS, inaction will cost more than action.

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<sup>7</sup> Details available at <[http://www.nacoonline.org/facts\\_hivestimates04.htm](http://www.nacoonline.org/facts_hivestimates04.htm)>, last accessed on 6 August 2005.

<sup>8</sup> Neilson T. **Understanding the role of business in the global AIDS crisis**. Details available at <<http://www.kintera.org/atf/cf/{EE846F03-1625-4723-9A53-B0CDD2195782}/sustdev%20GBC%20article.pdf>>, last accessed on 6 August 2005.

## Annexe

### Case studies

#### *Ashok Leyland*

In the mid-1990s, when the Department for International Development, the British High Commission, formed the Truckers Interim Coordination Unit for a focussed programme among truck drivers, Ashok Leyland was one among the first organizations to associate itself by becoming an intervention centre.

In 1998, awareness and prevention programmes were started in two centres in the company: at the two Hosur factories and at the Namakkal Driver Training Centre. At the company's plants at Hosur, 56 employees volunteered and underwent trainers' training and from then have been taking turns to counsel the 'convoy drivers'.

The convoy drivers employed by Ashok Leyland's Transport Contractors drive the vehicles from the two plants to sales yards all over India. At a central location, which they visit for allotment of vehicles, condom and literature dispensers are kept. The time for dispatch documentation, when the drivers are free, is used to hold small group informational sessions by volunteers. During one-to-one sessions, when incidence of medical conditions is suspected, such drivers are directed to the medical centre for physical examination. The company doctor prescribes the necessary treatment, which is funded by the transport contractors. Where required, referrals are given to the external counsellors and preventive services/products offered by the TTK Group, Prakruti, and Seva Kendra.

At the Ashok Leyland's Namakkal Driver Training Centre near Salem in Tamil Nadu, from the very beginning, besides functional subjects, the curriculum had also included health education, including yoga and AIDS awareness. The Training Centre has integrated itself well with the community, the various fleet owners associations, and local NGOs, which has enhanced its ability to create mass awareness about AIDS.

Sessions on AIDS, which are a part of the structured training programme are supplemented by video cassettes, leaflets, and booklets received from AIDS Control Society. The NGOs also use the centre for dispensing condoms. Specialist NGOs regularly visit the training centre to deliver talks and present street plays and dances with a message.

#### *Steel Authority of India Ltd*

SAIL's (Steel Authority of India Ltd's) programme on the HIV/AIDS works with the objective of preventing and controlling the spread of HIV/AIDS in its plants and units. It is aimed at the employees, their dependents, peripheral population, general population, etc. living within the radius of 4–8 km. It involves operating in collaboration with and supplementing the efforts made by state governments where different plants/units exist.

The programme is implemented as per the guidelines of National AIDS Control Programme Phase - II and National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India.

SAIL targeted two sets of persons. First, those residing within the township area such as employees (including medical professionals) and their dependants, Central Industrial Security Force personnel, teachers, school children, and contract labourers. And second, those residing in the peripheral area within a radius of 4–8 km of the steel township, all schools and colleges (government as well as private), medical professionals, village *sarpanch* (heads), etc., in order to expand the scope of the target group and extend the initiative to the rural population.

As part of the project, SAIL has made a policy in 2002. It is also involved in training and awareness generation through the IEC (information, education, and communication). This is done by organizing camps for employees, families, school children, community, etc.

The company has been able to reach out to a variety of stakeholders, including the *sarpanch*, panchayats and religious leaders, medics and paramedics, and people from population groups that are at a high risk of contracting HIV/AIDS.

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# Business fight against HIV/AIDS: towards a paradigm shift

5–6 September 2005  
New Delhi

Proceedings  
Edited by Swetha Dasari

***Seminar organized by***

TERI-BCSD India  
(TERI-Business Council for Sustainable Development, India)

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**Published by**

TERI Press

**Tel.** 2468 2100, 2468 2111

The Energy and Resources Institute

**Fax** 2468 2144, 2468 2145

Darbari Seth Block

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Printed in India by I G Printers Pvt. Ltd, New Delhi

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## *Preface*

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India today is going through an extraordinary crisis because of HIV/AIDS. The epidemic – beyond being a mere health problem – has acquired social and economic dimensions with serious implications for the country. It has become a developmental challenge, which needs an exceptional response. Recent reports say that India has more than 5 million HIV-positive cases and the occurrence of HIV/AIDS is the highest in the 15–49 years age group, which constitutes the most economically productive workforce of the country. The disease is slowly, but surely, spreading to the general population from the high-risk groups. If the situation is left unchecked, the epidemic has the ability to damage the economy and leave an impact that will take years to reverse.

For industry, this could be of particular concern because it may possibly lose productive workforce to HIV/AIDS and also face an adverse effect because of the overall deterioration of the business climate. The success of businesses is based on the well-being and good health, not only of employees, but also of customers, investors, suppliers, and members of communities in which they operate.

The private sector has a great contribution to make in supplementing the national efforts against HIV/AIDS. By acting against HIV/AIDS, businesses will be satisfying their corporate and ethical responsibility. But, since the epidemic is spreading fast, the private sector has to also upscale its efforts to match the present needs. This seminar was one such effort to take stock of the existing response and explore further engagement of the Indian industry in stemming the spread of HIV/AIDS.

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## Introduction

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**T**ERI (The Energy and Resources Institute) held a national seminar for Indian industry titled *Business fight against HIV/AIDS: towards a paradigm shift* during 5–6 September 2005 at the Silver Oak, India Habitat Centre, New Delhi. TERI organized this seminar in association with the Planning Commission, Government of India; NACO (National AIDS Control Organization); IFC (International Finance Corporation) Against AIDS, IFC South Asia Department; and the USAID (United States Agency for International Development).

The objectives of the seminar were as follows.

- Provide an interface for companies active in prevention of HIV/AIDS to share experiences and discuss challenges
- Identify issues, gaps, and concerns with regard to the supply chain and discuss the approach to be adopted
- Discuss the expanding scope of the involvement of the IT (information technology) industry in strengthening the government response to HIV/AIDS
- Initiate activities to strengthen the industry response to HIV/AIDS

Apart from inputs and technical presentations, the seminar featured the release of the ‘Road map for a Corporate HIV/AIDS Action Plan’ for India by IFC Against AIDS.

Participants included representatives from the government, the private sector, UN (United Nations) agencies, and multilateral and bilateral organizations. The list of participants is attached as Annexe.

## Day 1 5 September 2005

### *Inaugural session*

Dr R K Pachauri formally welcomed the delegates to the national seminar. In his welcome address, he stressed the importance that TERI has laid to work towards accomplishing the MDGs (Millennium Development Goals) and the deliberations of the World Summit on Sustainable Development, Johannesburg. HIV/AIDS is a problem that has enormous economic and social implications for a society.

He further shared that TERI's involvement in addressing HIV/AIDS began with the development of the NACO website that continues to attract attention in terms of information that it carries. TERI is also the secretariat of CoRE-BCSD, India (Corporate Roundtable on development of strategies for the Environment and sustainable development-Business Council for Sustainable Development, India): A grouping of 53 business organizations that focuses on issues of sustainable development.<sup>1</sup>

### Welcome address

Dr R K Pachauri, Director-General, TERI, New Delhi

### Special address

Mr Iyad Malas, Director, IFC (International Finance Corporation)  
South Asia Department, IFC

Ms Meenakshi D Ghosh, Principal Adviser (Health, Nutrition and Family Welfare), Planning Commission, Government of India; and former Director General, NACO, Government of India

### Business address

Mr Onkar S Kanwar, Chairman and Managing Director,  
Apollo Tyres Ltd; and President, FICCI

<sup>1</sup> CoRE-BCSD, India has now been renamed as TERI-BCSD India.



Mr Iyad Malas, Dr R K Pachauri, Mr Onkar S Kanwar, and Ms Meenakshi D Ghosh

He stressed on the need for corporations to promote activities for changes in their supply chain. While sharing some of the findings of a preliminary exercise that CoRE–BCSD, India, undertook with five Indian corporations, he explained that it was important to focus on responsible business practices for suppliers, which would be beneficial for not just society but business as well.

Mr Iyad Malas began by highlighting the impact that HIV/AIDS has had over society and business, specially the SMEs (small and medium enterprises). He stressed on the need for the private sector to be more forthcoming to address HIV/AIDS.

The IFC experience shares that many corporate organizations lack the basic know-how in developing and implementing HIV/AIDS policies and programmes. Considering the magnitude of the problem in India, IFC Against AIDS launched its programme in India at the beginning of 2005. The programme aims at increasing the ability of clients to address the problems at their workplaces and clinical facilities, and among the local community.

Further, it was explained that companies have the advantage of reaching to large number of employees on a daily basis. The workplace is considered as an ideal

location for HIV/AIDS education. It is important that corporations take the support of other agencies to ensure a sustained and effective programme.

Ms Meenakshi D Ghosh began her address by highlighting the importance of building institutional capacities and responses to fully address the exceptional challenges that public health in India pose. HIV/AIDS needs to be mainstreamed into the national development effort in order to continue mobilizing resources for effective action.

The two misleading assumptions in India are that the national HIV prevalence is below the generalized epidemic stage of less than 1% of adults and that significant aggregate losses are still years away. This has direct relevance to business because the ground reality is completely at variance with these assumptions. There is a significant role for business in realms of prevention, care, support, and treatment. There is urgent help required in the form of special programmes for HIV/AIDS in these realms, and also in mitigating the impact on households and communities.

Companies could take up an area in 10–15-kilometre radius around their location to undertake work on HIV/AIDS and disseminate relevant information. It may be useful for chambers of commerce to help companies obtain essential medicines and condoms and low-cost anti-retroviral drugs for their employees and dependants. The principle of multi-sectorality by involving public, private, and civil society players maximizes resources in the response to HIV/AIDS. One way of achieving this multi-sectorality is to include HIV/AIDS in the poverty reduction strategy and the other is to ensure genuine decentralization.

Mr Onkar S Kanwar began by pointing the enormous efforts that NACO, government bodies, and other organizations have been investing to fight HIV/AIDS in India. He shared that all efforts made, awareness levels are still very low. It becomes critical to have a proper plan for action that is comprehensive on a grand scale—a plan that

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becomes a benchmark for others to follow. He further shared that commercial truckers that are high-risk groups will significantly effect business for smaller companies and the unorganized sector. At Apollo Tyres, truckers form an important stakeholder group; the company plans to add four more clinics in trucking halt points in the next six months, taking their tally to a total of eight clinics in India.

Mr Kanwar proposed that all companies consider their Indian customer base as a shared resource. The costs of health care, insurance, and absenteeism will add to the costs of the nation and eventually of business. He opined that business should not treat HIV/AIDS education as their responsibility but as an opportunity. Protecting and enabling the youth of the nation would further add to the nation's wealth and intellect.

The proposition that majority of large corporations take the task of educating their customer base would open doors to many lucrative business opportunities. Business should, however, also realize their limitations and seek the necessary support of other stakeholder and forge partnerships to deal with the epidemic. He requested the government to adopt a more aggressive leadership role to implement a comprehensive plan of action with clear directions for the private sector to act.

### **Session 1** *The corporate voice*

The session began with Mr Julian Stanning's presentation titled 'Developing a Management Framework for a Business Response to HIV/AIDS'. He set the context by saying that countries in Africa that had a very low prevalence (of less than 2%) some 15–20 years back, had, within the span of a decade or two, jumped up to 25%–30%, which is very alarming. In these countries, the average life expectancy had also fallen almost by half.

The epidemic needs partnerships to tackle it and business can bring to these partnerships direct access to a

**Chairperson**

Mr Iyad Malas, Director, IFC (International Finance Corporation)  
South Asia Department, IFC

**Presentation on****'The Unilever experience in developing a management framework'**

Mr Julian Stanning, HIV/AIDS Programme Adviser, Unilever, London,  
United Kingdom

**Panellists**

- Mr L Baskaran, Deputy Chief (Safety), Delhi Metro Rail Corporation Ltd
- Mr S K Roongta, Steel Authority of India Ltd
- Mr Amitabh Sengupta, General Manager, Bharat Petroleum Corporation Ltd

key sector of the population and provide them with management, communication skills, a wide network, and financial and infrastructural resources. A programme to address HIV/AIDS needs to recognize the diverse environments and provide a practical methodology for programme implementation.

The key success factors for any programme are leadership, shared experience, collaboration, and establishment of public programmes. The five fundamentals for a business programme on HIV/AIDS are (1) a policy, (2) an education programme, (3) awareness of and access to VCT (Voluntary Counselling and Testing Centre), PMTCT (preventing mother to child transmission) - treatment, and care, (4) advocacy for action on part of the business, and (5) establishment of at least one community programme.

Mr Amitabh Sengupta said that his company developed professional counselling for the employees in a quest to identify the needs of the employees and effectively serve them, thereby building bridges between the company and the workers. Full-fledged counselling and de-addiction programme was started for alcoholics among the employees. Peers were created within the workforce, and slowly the programme spread to some of the villages in the vicinity.



The company first realized the existence of HIV in its workforce when one of the employees lost life to the virus. Then it got in touch with hospitals in Mumbai and got the management educated about the disease. Now BPCL (Bharat Petroleum Corporation Ltd) has ‘train-the-trainer’ programmes for its employees and also the villagers. The trained employees train their peers on the shop floors to create awareness. Similarly, in villages, mothers speak to their peers and adolescents to theirs.

Peer education has been found to be very effective by the BPCL. It has helped create trust and communicate effectively. Networking with hospitals has also been found to be very useful.

SAIL (Steel Authority of India Ltd) is a partner with NACO as an inter-sectoral collaborator in the national AIDS control programme. SAIL began with training the internal medical persons on HIV/AIDS and it went on to starting a programme for the general public. It then established a company policy on HIV/AIDS. This was followed by launching the School AIDS Education Programme.

Different plants of SAIL adopted different approaches to the HIV/AIDS-related programmes. Some plants took the programmes to the shop floor where the peer educator would take some time out from the employees and discuss the issue



with them, while, at other places, the HIV/AIDS programme was integrated into the ongoing training programmes.

SAIL involved union leaders in the programme since inception, by conducting sensitization programmes for them. For the community, SAIL implements programmes throughout the year through an IEC (information, education, and communication) campaign and by observing the World Health Day, conducting health *melas*, and so on.

The DMRC (Delhi Metro Rail Corporation) initiated the activity on HIV/AIDS with the understanding that its workforce is very vulnerable to the virus. The results of the survey it undertook were quite alarming. The project aimed at creating awareness, advocacy, institutional capacity building, and workplace programme. The contractors who were providing the workforce to the DMRC played a major role by cooperating with the project implementation.

Peer educators form the backbone of the programme. They are selected based on set of parameters. A review at the end of six months shows that, for most of the workers, this was their first exposure to health-care-related information. IEC material and folk media are very popular with the workers.

Any fatal accident at the workplace affects the morale of the workers and results in very huge losses to the company. Thus, there is an understanding in the DMRC that these kinds of losses should be avoided. Modicare Foundation is very ingeniously implementing the programme and the effects are visible in terms of increased number of referrals and visits to the clinics.

## **Session 2** *Supply chain and HIV/AIDS: including the excluded*

Mr Robert Clay, in his introductory remarks, noted that it is easy to generate interest in an HIV/AIDS programme when a majority of the workforce is affected by the epidemic. But in India the challenge is to be able to create such a momentum when the percentage of people is very little and the effect of the epidemic is not so apparent.

**Chairperson**

Mr Robert Clay, Director (Office of Population, Health & Nutrition), USAID

**Panellists**

- Mr K K Kaul, Executive Director, DCM Shriram Consolidated Ltd
- Dr T Rajgopal, Vice President, Occupational Health, Hindustan Lever Ltd
- Mr Sushil Ramola, CEO, Polyester Films Business, SRF Ltd
- Mr A K Bansal, Senior Vice President-Finance and Secretary, TCI Ltd

Mr K K Kaul said that HIV/AIDS is an emerging serious public health challenge and business has a role to play in this regard and went on to add that the epidemic has the ability to impact business and profits. Since the Government would not be able to prevent it alone, business needs to play a very important role.

The DSCL (DCM Shriram Consolidated Ltd) uses audio-cassettes, which contain songs with messages about HIV/AIDS and are distributed to the truck drivers. As part of the training programme, any contract labourer or supplier and DSCL employees are given mandatory safety training. At the beginning and end of these programmes, messages on HIV/AIDS are given.

The challenge with addressing the supply chain is that it is very large. One way for the DSCL to address this challenge is to tap their chain of retail stores, which have a large presence in the agri-community. Creation of nodal points in this chain and multiple nodal centres, which could take the message far down the chain, would ensure faster dissemination of information. Since there is a sense of indifference in small- and medium-scale industries regarding this issue, corporations should take the lead on their behalf. Similarly, in vendor selection, they could exercise their influence to select those vendors who are implementing programmes on HIV/AIDS.

Dr T Rajgopal said that the cornerstone of their programme at the HLL (Hindustan Lever Ltd) is raising



awareness across workforce, including employees, supervisors, and managers. They also partner with their suppliers and distributors to share their policy. The supply chain extends right from the place where they get their raw materials to place of production to the place of distribution.

At factory level, they are engaged in awareness generation, voluntary counselling, and testing, which are supplemented with treatment, wherever necessary. They believe that the maximum effect of their distributive channel could be had when they implement their policies through community outreach activities. This is done through what they call Shakti Entrepreneur and Sanjivini models.

In Shakti Entrepreneur, female entrepreneurs carry messages about health along with HLL products. In Sanjivini, mobile health vans with doctors and nurses are used to spread messages about HIV/AIDS. The next challenge in both these models is to carry condoms to the rural populace.

Mr S Ramola said that HIV/AIDS is a business issue because the workforce for the private sector is drawn from population groups that are very vulnerable to the infection.

The first step that the SRF Ltd has taken is to formulate a policy. Then they would like to focus on

awareness creation and training of the employees. This would be followed by care and support measures, counselling, and facilitating anti-retroviral facilities.

Lastly, they have planned community outreach programmes in the neighbouring communities. They would cover their employees first, followed by suppliers, contractors, distributors, and customers. They would involve suppliers through continuous communication and persuasion and work with those who show positive inclination.

Mr A K Bansal from noted that over 90% of the transport sector is still unorganized. The main impact of HIV/AIDS on enterprises is in terms of loss of skills and experience, reduced supply of labour, and thus increased labour costs and fall in productivity.

The TCIF (Transport Corporation of India Foundation) implements a project called *Kavach*, which is a prevention-oriented initiative to reduce transmission of the virus in truckers through behaviour-change communication, condom promotion, and treatment. On account its linkages with fuel agencies, tyre companies, and truck-manufacturing companies, the TCIF is able to establish linkages with these companies.

The TCIF's learning is that people with HIV can live productive lives and are no risk to their co-workers; but this message has to be sent all the way down the line so that people, including those from medical profession, are made fully aware and do not discriminate against HIV-infected people.

Mr Robert Clay ended the session by saying that supply chain needs to be included at the beginning of the corporate HIV/AIDS programme. Similarly, networking and linkages are useful as corporations can network with other companies and the government in order to implement a comprehensive programme. He also pointed out the need to train various NGOs so as to qualify them adequately to partner with companies and implement the programmes.

**Session 3** *Interactive session*

Mr M Afsar said that globally 39.4 million people are living with the infection and the ILO (International Labour Organization) estimates that at least 26 million of them are workers. Initially, in 2001, in India, employers perceived that HIV/AIDS might impact their business but thought that it is the government's responsibility to deal with the crisis. But now some evidence is coming up in India to prove the effect of HIV/AIDS on business as has been seen in case of a coal company in Andhra Pradesh and some other PSUs (public sector units). Thus, HIV is adding to companies' core medical costs.

In families, which have an HIV-affected person, expenditure on food and medical costs went up, but expenditure on education and entertainment came down. The disease is resulting in increased child labour. Seventy per cent of HIV-infected people face discrimination. They say, 'If you take our jobs away, you kill us faster than HIV/AIDS.'

The right time for a company to respond is when it does not find an HIV-positive person. Programmes that commence early are cost-effective and work better. Commitment of the management is the key to success. This commitment best gets reflected in a company policy for HIV/AIDS. A policy creates a good atmosphere and increases workers' morale and this needs to be evolved through a proper in-house consultation.

**Chairperson**

Ms Sabine Durier, Program Leader, IFC Against AIDS, IFC

*Presentations on***'Cross sector partnerships for paradigm shift in Industry's approach towards HIV/AIDS'**

Mr Viraf Mehta, Chief Executive, Partners in Change

**'Enterprises' response to HIV/AIDS: ILO Experience'**

Mr M Afsar, National Programme Coordinator (HIV/AIDS and the World of Work), ILO Sub-regional Office for South Asia, New Delhi



In his address, Mr Viraf Mehta detailed the importance of CSR and health issues that has made companies address HIV/AIDS. Companies take the issue of health and employees' well-being not just as philanthropy but as a core business value. This gains further significance as most companies have a global outreach. Reactions of various stakeholders vary with each sector for each issue. These may even vary from continent to continent. A company has to continuously assess its own formal mechanisms to receive this information. HIV/AIDS and other health issues could be one such concern that stakeholders and the company would have to respond to eventually.

The reasons for responding may vary from interruption in business and negative labour relations to costs of delays by suppliers and negative relations with other key stakeholders—government, civil society, investors. At the same time, ensuring that the company is equipped with all mechanisms to receive and share information would give them potential business opportunities.

HIV/AIDS cannot be combated without the realization of the other MDGs (Millennium Development Goals). This becomes an important lesson for companies involved with social/community development, whether as part of their core

business or as a gesture of philanthropy. Companies also need to make investments rather than indulge in only philanthropic ventures. Investments are often viewed with a return that encourages companies to implement the most effective programmes. In order to initiate any activities effectively in the community, a company has to first begin by setting its own house in order. This requires a certain commitment and vision that the company has to invest in, only then can the business case be realized.

## Day 2 6 September 2005

### Session 4 ICTs for HIV/AIDS: Are we leveraging enough?

Ms Kavitha David said that the fight against HIV/AIDS is not only about giving information but also about intervening in order to effect a behaviour change. The constraints for approaching rural population include illiteracy, lack of resources, fragmentation, community divide, geographical dispersions, and so forth. This is where ICTs (information and communication technologies) can be used to reach the rural populace.

Some of the areas where the *E-Choupal* initiative of the ITC Ltd can be used to fight HIV/AIDS are in disseminating knowledge and information, data collection, effecting a public dialogue, health education and training,

#### **Chairperson**

Dr Prasanta Bandopadhyay, PMO DFID, HLSP-India

#### **Members of the panel**

- Mr Syed Ali Athar, Head, Social and Development Sector, NIS Sparta Ltd.
- Mr Aniruddha Brahmachari, Program Officer, HIV & Development Unit, UNDP
- Ms Kavitha David, Manager Rural Health and Educational Services, ITC Ltd.
- Col. L S Gill, President, WHARF
- Mr P Rajendran, Chief Operating Officer, NIIT Ltd.





and diagnostic and treatment support. It would be useful to tackle a situation where women and girls are not allowed to move about freely outside the house. Women and girls can meet the *Sanchalak* (the nodal person in a village for the *E-Choupal*) to receive information.

ICTs can be leveraged to deliver real-time information and customized knowledge. Since *E-Choupal* is slated for a wide expansion to reach out almost 25 million farmers by 2010, it offers a great scope to address HIV/AIDS.

Mr Syed Ali Athar said that the need of the day is a large-scale training roll-out nationally. Interventions, which are simultaneous, gradual, personalized, and measurable, are possible.

They have found that people are not aware about the services available for HIV-positive and high-risk population groups. One way to tackle it would be to give basic information about HIV and the available resources through mobile phones.

Another proposal – on the lines of the Grameen Telephone programme in Bangladesh – is to provide mobile telephones to women in rural areas. This will result in women empowerment and also information dissemination through these women. ICTs could also be used for capacity-building

training using technology like video conferencing, which makes possible simultaneous, vernacular, and continuous training with decreasing marginal costs.

Mr P Rajendran said that the company saw it possible to spread awareness about HIV/AIDS, because the target groups are fairly aligned with the education groups. Their learning has been that the fertile minds of the youth has a tremendous value and if the message, when delivered well, catches their imagination.

But the challenge is to measure the effectiveness. It is important to devise measures in order to measure the efficacy of the programme undertaken and the information given out to the target group.

ICTs have a huge potential to reach a vast population; but, in India, the success of these technologies depends on the language being used. It is important to have vernacular support in order to reach the maximum number of people. He also felt that, if we create elders as champions, then the impact on youth is much higher. The important point to remember is that the ICTs is for the youth. Together they can make a very effective combination in terms of spreading awareness.

Mr Aniruddha Brahmachari said that use of ICTs is integral to achievement of the MDGs. While talking about the UNDP's (United Nations Development Programme) experience of implementing a programme for workers in Gujarat who had migrated from Orissa, he said that use of ICTs expanded human exchanges and also facilitated participation across borders. It mitigated the barriers that get created because of distances.

The challenges while using ICTs are lack of infrastructure at the sub-state level, and the costs involved. But, he went on to add that ICTs would be a very apt tool to reach out to the youth because they involve non-threatening processes, which do not invade people's privacy.

Cyber cafes can be a powerful mode of reaching out to the youth because they are generally licensed and organized. Similarly, the government is day-by-day

increasing the use of ICTs in its operations and this network can be used to reach out across the country.

Col L S Gill said that there is a huge gap of knowledge transfer in India so far as HIV/AIDS is concerned. There is a need to bring to people the latest development in this field in real time.

Therefore, WHARF (Wockhardt–Harvard Medical International HIV/AIDS Education and Research Foundation) intends to transfer knowledge to people and it believes that ICTs are quite central to this process. They build capacities among health-care providers defined as clinicians, counsellors, nurses, and volunteers. A process, which is parallel to this, is to build capacities of the care receivers so that they would be able to utilize these services appropriately.

The primary objective of WHARF's work is to improve the quality of health care for PLWHA (people living with HIV/AIDS). Their approach rests on the belief that, if the rate of capacity building is higher than the rate of the spread of the disease, then the disease can be stemmed.

### **Concluding session**

Ms Sabine Durier, while presenting a road map for the Indian industry on HIV/AIDS, said that the frameworks that she was talking about would describe some of the steps that can be used by a company for its workplace, community, as well as the clinical settings.

Companies can contribute in their workplace by raising awareness about HIV/AIDS and promoting prevention among employees; in their clinical facilities, they can get their medical and clinical staff trained on HIV/AIDS; and in their communities, they can support or scale up awareness and prevention efforts within high-risk or vulnerable groups.

In her road map for action, she identified five steps for a business enterprise while implementing a programme on HIV/AIDS—there is a phase for getting started and organized, that is, laying the foundations. Here the

**Chairperson**

Ms Meenakshi D Ghosh, Principal Adviser (Health, Nutrition & Family Welfare), Planning Commission, Government of India

*Presentation on***"A road map for action - corporate HIV/AIDS programs in India"**

Ms Sabine Durier, Programme Leader, IFC Against AIDS, IFC

**Special Address**

Mr Ashok Alexander, Director-India, Bill & Melinda Gates Foundation

**Concluding Remarks**

Ms Meenakshi D Ghosh

commitment of the senior management is important. What is also preferred is a company policy on HIV/AIDS and identification of an NGO, which is a service provider. The second phase is awareness, education, and prevention in the workplace, which most companies find cost-effective. Use of IEC material and ICTs is beneficial here. Training for all levels of employees should be undertaken and peer educators could be used to spread awareness. But, for a successful peer education programme, it is important to conduct field surveys to assess the company's stand on HIV/AIDS and what are the existing attitudes and level of knowledge.

The third step is training for the company medical and clinical staff on HIV/AIDS. It is wrong to assume that doctors know everything about HIV/AIDS. It is important to train them, because clinical setting is the first place where discrimination may begin. Training could be one-to-one or through ICTs. The next phase could be to identify partnerships and community outreach. This is good approach to work in the supply chain as well. Addressing high-risk groups among stakeholders could also be done through community outreach programmes. The final important step is monitoring and evaluation through various indicators. This is also very important to check the efficacy of the peer education programme.

Mr Ashok Alexander, while describing the severity of the AIDS pandemic in India, said that there are six states in India where the epidemic has already become generalized. The concentrated epidemic is moving to the general population.

The epidemic in India is complex because, in India, there are sub-epidemics and every region is different from the other. The situation then becomes a challenge. The second aspect is that the risk groups are very difficult to aggregate. These population groups are not concentrated in certain geographical locations or are not organized. So, it is hard to bring prevention efforts to them. Thirdly, the risk groups are highly mobile. Finally, the stigma attached to the disease becomes a huge hurdle in implementing programmes for HIV/AIDS.

But, the silver lining is that we are still at the beginning stages of the epidemic and large-scale prevention efforts can still bear fruit. Business has an immense role to play in this respect and public-private partnerships are essential. The framework for business intervention could be as follows: business can begin with a workplace programme but that should not be the only step taken. This should become the beginning for a programme in the community, which could





include suppliers, dealers, and the local populace. Business should bring its managerial skills to HIV/AIDS programmes. For instance, this could be done by sending the company's managers to run programmes for some time. Finally, business should put to use the influence it has in the society to engage in advocacy in this area.

Ms Meenakshi D Ghosh, in her concluding remarks said that the spread of HIV/AIDS is generating multiple reversals to human development. It is extending beyond health to food security, education, livelihood, security, etc. All of this has direct implication for business because the household needs to be kept secure to protect the business interest. Then only it will ensure uninterrupted supply of labour and retention of skills.

HIV/AIDS needs multilateral initiatives or public-private partnerships that can help finance public goods that might otherwise remain undelivered. Multilateral frameworks could also provide donors with an opportunity to pool their resources and reduce their transaction costs.

The success of Thailand in reversing the spread of HIV/AIDS was because of the Condom Use Programme. In India, if we wish to halt the spread of the epidemic we would have to encourage use of condoms. Here, the government and the private sector should come together to ensure that the condom reaches remote rural hamlets and also gains acceptance.

## Annexe: List of registered participants in the seminar

S. No.	<i>Organization</i>	<i>Participant</i>
1	ABT Associates	Mr Anand V Sinha
2	Aditya Birla Management Corporation Ltd	Mr N G Shankar
3	Apollo Tyres Ltd	Ms Harshita Pande
4	Apollo Tyres Ltd	Ms Kankana Das
5	Apollo Tyres Ltd	Ms Manmeet D Duggal
6	Avert Society	Dr S M Sapatnekar
7	Bharti Foundation	Ms Scherry Siganporia
8	Bharti Foundation	Ms. Barinder Puri
9	Bharti Foundation	Ms Mamta Saikia
10	Bombay Chamber of Commerce and Industry	Mr V R Jathar
11	Bharat Petroleum Corporation Ltd	Ms Harshita Patil
12	British Gas	Mr Hari Shyam Sunder
13	Clinton Foundation	Ms Kimberly Zeller
14	Clinton Foundation	Mr Rajan Pandhare
15	Coca-Cola, USA	Ms Paula Schingger
16	Coca-Cola, India	Mr Praveen Aggarwal
17	Container Corporation of India Ltd	Mr Arun Khanna
18	Credibility Alliance	Mr Anil Tentu
19	Credibility Alliance	Ms Ritu Chandra
20	Damodar Valley Corporation	Dr Manimala Sadhu

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S. No.	<i>Organization</i>	<i>Participant</i>
21	Damodar Valley Corporation	Dr A N Thakur
22	DCM Shriram Consolidated Ltd	Mr Joy Mukherjee
23	DMA	Mr V K Batra
24	EITCO	Mr Abdul Jaleela
25	Energy Bay	Mr Thomas Mathew
26	G K Birla Group	Ms Soni Shrivastav
27	Global Agrisystem Pvt. Ltd	Mr Avinash Mattoo
28	GTZ	Ms Ellen Soennichsen
29	Gujarat Ambuja Cement Ltd	Mr Y K Saxena
30	Certified Consultant for HDFC	Mr Harish Kapoor
31	Hindustan Lever Ltd	Mr Satish Kumar Dhall
32	Hindustan Lever Ltd	Dr Premala Mascarenhas
33	HIV & Human Development Resource Network	Ms Afsana Cherian
34	IKEA Trading (India) Pvt. Ltd	Mr Pramod Kumar Singh
35	IBP Oil Ltd	Mr B Ravinderan
36	International Finance Corporation	Ms Robin Sandenburgh
37	International Finance Corporation	Ms Sonalli David
38	International Finance Corporation	Mr Sameer Singh
39	Institute for Integrated Learning in Management	Mr Prashant Kumar Ahluwalia
40	International Labour Organisation	Ms Divya Verma
41	International Labour Organisation	Ms Joshilla
42	International Labour Organisation	Mr Ravi Subbaih
43	Indian Business Trust, CII	Dr Vandana Kumar

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S. No.	Organization	Participant
44	Johns Hopkins Bloomberg School of Public Health	Ms Harsha Mehta
45	Johns Hopkins Bloomberg School of Public Health	Mr Rajeev Varma
46	Jubilant Organosys Ltd	Ms Sangita Singh
47	Krishi Gram Vikas Kendra	Col Surajit Rath
48	Krishi Gram Vikas Kendra	Ms Bhawna Mehta
49	Krishi Gram Vikas Kendra	Ms Soma Bhattacharya
50	Lafarge India	Mr Shiv Kumar Sharma
51	Liberty Group	Mr Ramu Lal Chakraborty
52	Maternal & Child Welfare Centre	Dr Ruby Kurien
53	Modicare Foundation	Ms Nivedita Dasgupta
54	Modicare Foundation	Ms Simin Jaffry
55	Naz Foundation (India) Trust	Ms Richa Pant
56	NIS Sparta	Mr Deepak Mehrotra
57	NOVARTIS	Mr Suresh
58	One World South Asia	Mr Manish Kumar
59	PAHAT+ (Positive Action for HIV AIDS Targets)	Mr Mukesh Meshram
60	People's Action for National Integration-PANI	Mr Prakash Bhushan
61	Population Council	Dr Saroj Pachauri
62	Power Trading Corporation Ltd	Mr Rajiv Bhardwaj
63	Power Grid Corporation	Mr N K Sood
64	Project Management Organisation-DFID, HLSP-India	Mr Gordon Mortimore
65	Punj Lloyd Ltd	Ms Louise Sharma

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S. No.	<i>Organization</i>	<i>Participant</i>
66	Punj Lloyd Ltd	Mr Pradeep Goyal
67	Punj Lloyd Ltd	Mr Anurag Joneja
68	Reliance Logistics ltd	Mr Sudhakar Agarwal
69	RRR Industries	Dr Ganesh P Rane
70	S. D. Apparel Consultants Pvt. Ltd	Mr Vivek Sharma
71	Shell India Pvt. Ltd	Dr Shailaja D Sharma
72	Shree Cement Ltd	Dr Shreeniwas Pandey
73	Shriram Alkali and Chemicals	Mr Mukul Mishra
74	Shriram Alkali and Chemicals	Mr Sunil Prabhakar
75	Shriram Alkali and Chemicals	Capt. Mukul Misra
76	Shriram Fertilisers and Chemicals	Mr Sunil Kumar Mehta
77	Shriram Fertilisers and Chemicals	Col S C Bhan (Retd)
78	Shriram Fertilisers and Chemicals	Dr Achal Saxena
79	SMPL (Strategic Media)	Mr Vivek Srivastava
80	SRF Ltd	Mr R K Bisaria
81	SRF Ltd	Mr P K Gupta
82	SRF Ltd	Ms Tanvi Kumar
83	Steel Authority of India Ltd	Mr Sham Dhawan
84	Steel Authority of India Ltd	Mr Ram Mohan
85	Steel Authority of India Ltd	Mr Bikram Uppal
86	Sterlite Industries (India) Ltd	Ms Richa Sood
87	Joint UN Programme on HIV/AIDS, UNAIDS	Mr Ruben F del Prado
88	USAID (United States Agency for International Development)	Ms Sheena Chhabra

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S. No.	<i>Organization</i>	<i>Participant</i>
89	UNDP (United Nations Development Programme)	Ms Malini Mittal
90	UNIDO (United Nations Industrial Development Organisation)	Dr Gitanjali Chaturvedi
91	World Bank	Dr Suneeta Singh
92	WHARF(Wockhardt–Harvard Medical International HIV/AIDS Education and Research Foundation)	Ms Nafisa Khorakiwala
93	WHARF(Wockhardt–Harvard Medical International HIV/AIDS Education and Research Foundation)	Mr Jagmeet Bal
94	World Bank Institute	Mr Can Atacik
95	World Economic Forum	Dr Shaloo Puri Kamble
96	World Bank	Mr Sudip Mozumder
97		Mr Abrar Khan
98		Mr Anil Sinha
99		Mr Mark Martin

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# HIV/AIDS



# BUSINESS

## About TERI-BCSD India

The goal of sustainability is now integral to the long-term survival of human society. Environmental and socio-economic problems are increasing in intensity and complexity. There is a growing appreciation of the need for a collaborative approach to develop strategies for industrial sustainability and corporate responsibility.

In India, a vast body of knowledge and experience is lying untapped within industry, which could be used to implement the sustainability agenda. TERI-BCSD India (formerly CoRE-BCSD, India – the corporate roundtable on development of strategies for the environment and sustainable development) – has been set up to galvanize this latent knowledge and expertise and transform it into an agent for change. TERI-BCSD India is a partner of the World Business Council for Sustainable Development, and a member of its regional network.

TERI-BCSD India provides an independent and credible platform for corporate leaders to address issues related to sustainable development and promotes leadership in environmental management, social responsibility, and economic performance. Presently the network has 53 corporate members across India representing a varied section of Indian industry.

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# ROADMAP FOR A CORPORATE HIV/AIDS ACTION PLAN

## WORKPLACE AND COMMUNITY MOBILIZATION

In 2004, UNAIDS statistics estimated that between 2.2 and 7.6 million people in India were HIV positive, the second largest number of infected people in the world after South Africa. India's rate of infection was officially estimated between 0.4 and 1.3%, but in some areas (e.g. Mumbai) the rate was as high as 4%, according to unofficial estimates. For reference, South Africa had an infection rate of about 1% in 1990, but it took less than a decade for the epidemic to become generalized in that country (today South Africa's infection rate among adults is 21.5%). Rapidly scaling up and mainstreaming prevention and care initiatives are therefore an imperative in India.

Proactive private sector engagement into HIV/AIDS in India remains piecemeal. The aim of the present tool is to provide guidance in establishing corporate HIV/AIDS programs targeted at the workforce and/or community of private sector companies. Indeed, Indian corporations can proactively address HIV/AIDS by initiating, supporting or scaling-up awareness and prevention efforts in three possible areas:

- their workplace - by raising awareness about HIV/AIDS and promoting prevention among employees in the workplace, and by extending such education programs throughout their operations and to partners in their supply chain;
- their clinical facilities - by training medical and clinical staff on HIV/AIDS and sexually transmitted infections (STIs), i.e. modes of transmission, prevention (with a special focus on universal precautions related to HIV infection in clinical settings), basic counseling skills, syndromic management of STIs, opportunistic infections related to HIV and anti-retroviral treatment therapies;
- their communities - by supporting or scaling-up the awareness and prevention efforts within high risk or vulnerable populations around their operations, particularly the migrant workers and trucking community which some companies see as key stakeholders, or with whom they interact on a day-to-day basis.

This roadmap outlines valuable steps to establish an action plan in all three areas. Not all the interventions or steps listed below will apply to every company: it is a question for the individual or group in the company championing the issue to identify what can be done most appropriately. The process will generate a dialogue in the company on a disease that concerns everyone: managers, employees, their families, the wider community and the company itself, i.e. its profitability and, ultimately, its ability to stand as a good corporate citizen and preferred employer.

**GETTING STARTED AND ORGANIZED**

The first stage for a program formulation focuses on the building blocks: ensuring support from senior management, appointing a focal point or coordinator, establishing a structure within the company to support an HIV/AIDS program or activities, assessing conditions and planning, and adopting principles for the company to follow. Those building blocks are essential for the support, credibility, and trust in the program as well as its relevance and planning.

HIV/AIDS Action Plan - categories of interventions	Status (√)	Description of interventions having taken place
Senior management support		Senior Management supports the program Budget for HIV/AIDS program allocated
HIV/AIDS focal point/coordinator		Focal point/coordinator selected and appointed
AIDS steering committee		AIDS steering committee established and active
Assessment of program conditions		The assessment framework has been drafted Assessment started Assessment completed
HIV/AIDS Action Plan		In draft Adopted by the steering committee and company management Monthly/Quarterly evaluation and review performed
HIV/AIDS Policy		Policy drafted and finalized Senior Management has endorsed the policy Policy promoted at all levels in the workplace
Service provider		NGO/Service provider appointed

**Comments:**

- It is important to start by ensuring **senior management support** for a program. For example, if the community affairs manager, HR manager or company's medical officer think that the company should initiate some HIV/AIDS activities in the community or the workplace, he/she should ensure support from senior management, and keep management informed about the process at different stages. The senior management can, in turn, allocate **a budget** to the initiative and commit in-kind contribution (for examples: staff-time or meeting space).
- Appointing a staff person to serve as focal point for handling the HIV/AIDS related activities brings accountability and focus to the process. The **program's focal point** is a facilitator, responsible for coordinating activities undertaken within the company and the community.

- The objective of the **steering committee** is to help design a program that ensures ownership over diverse projects/sites, and functions in the company. This is particularly important for workplace programs. Such a committee can include people from varied parts of the company: senior management (for example the finance director), human resources, operations (for example people from the factory, and/or Union representatives, if any), clinical services (if the company has a clinic or health room located in the operations), and someone from the community (for example local health authorities or regional HIV/AIDS program). Who sits on the committee will vary from company to company, and the areas to be represented are a guideline. In some companies the committee comes first, and designates a coordinator for the activities. In other cases, a focal point who has previously been appointed will look at forming a steering committee to relay the efforts on HIV/AIDS across the company, to ensure buy-in from different locations, or parts of the company.
- The company should **make an assessment** of its strengths, weaknesses, opportunities and challenges related to HIV/AIDS in order to get an understanding of the overall context in which the program can be developed. Through this assessment, the company will learn of existing resources available, both internal and external, to the company that can be utilized in the development and implementation of an HIV/AIDS program. In addition potential obstacles and challenges can be identified so that contingency planning can be built into the program.
- Ultimately, the company's **action plan** is comprised of the HIV/AIDS education, prevention and care priorities and actions that will take place. This plan can be **built on/from the present document**. It would take into account the results of the program assessment undertaken previously (cf. above). The action plan would include objectives, a calendar/timeline, an evaluation process (possibly incentives), and opportunities for reviews. Whereas the plan has a very wide scope or is limited to a few interventions, it is always advisable to develop an action plan.
- Due to the sensitive nature of HIV/AIDS, it is important that both staff and management have a clear understanding of how the company intends to deal with employees who either are, or become, infected with HIV/AIDS. The **AIDS Policy or Statement of principles on HIV/AIDS** is a document endorsing the company's commitment with respect to the issue. Key elements of a policy generally include a statement endorsing the company's commitment to addressing HIV/AIDS, a respect for the confidentiality of HIV status, and the establishment of non-discriminatory practices in relation to People Living with HIV/AIDS (PLWA). This can also include the company's action plan.
- One of the tasks of the committee or focal point will be to identify some **NGOs, external initiatives (e.g. AIDS walk or similar awareness-raising events, Ministry of Health's sponsored training), or service providers** that can be hired to work with the company on its program implementation. Those partners can help in awareness activities, training, peer education, and outreach to the community or vulnerable/high risk groups (see below).

### **AWARENESS, EDUCATION AND PREVENTION IN THE WORKPLACE**

A business operating in a region where HIV prevalence (rate of existing infections) is relatively low has a very different cost-benefit scenario than a business located in an area where HIV prevalence is high. In India, where prevalence remains low overall, but where incidence (rate of new infections) is very high, a workplace program can simply place the emphasis on HIV/AIDS awareness, education and prevention, with cost-effective benefits. An increasing number of Indian companies are aware of the seriousness of the HIV/AIDS epidemic in India and have initiated, with different levels of intensity or consistency, programs

aimed at raising awareness about HIV/AIDS among their workforce and other stakeholders. The objective of these programs is to establish a firm foundation of knowledge on HIV/AIDS that will dispel myths and misconceptions among targeted populations.

Interventions in this category aim at clarifying what are HIV and AIDS, how the virus is transmitted and, as importantly, how it is not transmitted. The workplace also offers a unique opportunity to confront societal discrimination and stigma of AIDS by dispelling myths and communicating that there is no need to fear people living with HIV. For example, involving people living with HIV/AIDS (PLWA) in company awareness activities can be a powerful means of breaking down misconceptions and fostering understanding and acceptance.

HIV/AIDS Action Plan - categories of interventions	Status (√)	Description of interventions having taken place
Awareness and education		Tools for awareness, e.g. posters, leaflets and other written materials are in place Talks by a PLWA (person living with HIV/AIDS), videos and drama performances are available and/or taking place Small group information and training sessions are taking place with employees HIV/AIDS training is part of new employee orientation (induction program) Management (senior/operational) has received a specific information session
Knowledge, Attitudes Practices and Behavior (KAPB) surveys		If the KAPB survey is to be professionally administered: service provider hired First survey planned; questionnaires drafted First survey completed Analysis completed and subsequent actions defined with timelines, and use of subsequent survey(s)
Prevention through condoms		Condoms (male and female) are available and accessible to all employees
Prevention through peer education		Peer educators selected and trained Peer educators are active: a calendar of events and topics is established, events are varied, and a retention plan for peer educators is in place

**Comments:**

- **Awareness and education activities** need to address the facts and myths of HIV transmission and prevention and promote preventive measures while at the same time de-stigmatizing the disease. Employees need to be aware that there is no personal risk from casual contact with colleagues living with HIV or AIDS. A company can take advantage of local resources by bringing in trained counselors or doctors from local hospitals to discuss the issue.



- **Knowledge, Attitudes Practices and Behavior (KAPB) surveys** are important to assess employee knowledge of the epidemic, plan effective programs, and the subsequent success of interventions. The company can gather anecdotal, qualitative evidence of behaviors, attitudes, risk factors, knowledge gaps, as well as their evolution, through such survey(s). This information could be critical for developing appropriate training modules and peer education objectives. KAPB surveys can be professionally administered by a service provider. A survey can also be performed internally, but then would need to be very basic. Any survey must be done anonymously.
- **Awareness materials** can be developed by the company or obtained from the National AIDS Control Organization (NACO), local State AIDS Control Societies, NGOs, etc. To be most effective, information needs to be communicated in local languages. In areas where the literacy rate is low, special consideration should be given to non-written forms of communication, such as videos, presentations by NGOs or PLWA, drama, infotainment, etc.
- The workplace is an ideal location for developing **training on HIV/AIDS** because professional training of various sorts exists in one way or another in the operations of most companies. Workplace health education sessions are the first place to start, but safety briefings and new employee induction programs also present a good opportunity to provide AIDS education. There could also be specific sessions for managers. To be more effective, training materials can be adapted to their audience in terms of format, gender, and language. Separating female and male employees, at least at the beginning of the program, can often result in more open and productive discussions. Each training vehicle implies various duration, intensity, content and style.
- An important element of any HIV/AIDS prevention program is a reliable supply of free or affordable, high-quality **condoms**. Ensuring that condoms (male and female) are available in the workplace addresses a primary limiting factor of their use — the stigma associated with purchasing them.
- **Peer education** is one of the most widely-used strategies for raising awareness on HIV/AIDS. Peer education typically involves training and supporting members of a given group to affect change among their peers, for example employees, youth, etc. The topics and issues addressed by peer educators could be determined from the results of a survey of the knowledge, attitudes, practices and behaviors (KAPB survey) carried out among employees, or the results of informal questionnaires.

### HIV/AIDS IN CLINICAL SETTINGS AND OCCUPATIONAL HEALTH AND SAFETY

Knowledge about HIV/AIDS and capacity to inform and counsel patients about HIV/AIDS remains limited in India. As a result, the discrimination against people infected by HIV/AIDS (or suspected to be) starts in clinics. It also represents countless lost opportunities to address Sexually Transmitted Infections (STIs) and HIV/AIDS in the patient/clinical staff relation, and also leads to significant risks for both patients and health practitioners. Medical and clinical teams are ill-informed about the actual risks that their positions as health-care providers entails in relation to blood-borne infections such as HIV and Hepatitis and as a result, occupational health and safety procedures among clinical staff are neither known nor observed. Universal prevention precautions against blood-borne pathogens like HIV are more the exception than the norm in India: according to a study commissioned by the World Bank, 69% of injections in the public sector and 60% in the private sector are carried out with unsafe needles.

HIV/AIDS Action Plan - categories of interventions	Status (√)	Description of interventions having taken place
Training of clinical staff		Some staff members trained All clinical staff trained Continuing education attended regularly by clinical staff
Trained HIV/AIDS counselors within the medical staff		At least one trained counselor available in the company's clinic One trained counselor available at each clinic's location Counselor(s) involved in community activities
Occupational Health and Safety (OH&S)		Procedure reviewed and/or in draft Appropriate procedure formally adopted Training for implementation of procedures and installment of appropriate First Aid Kits

**Comments:**

- **Continuing professional training** on STIs, HIV/AIDS and infectious diseases should be made available to the clinical and laboratory staff of the company. This can involve several training sessions related to infectious diseases, HIV and AIDS: facts, myths, modes of transmission and prevention, epidemiological patterns of HIV/AIDS, opportunistic infections, hepatitis and HIV/AIDS, metabolism and HIV/AIDS, pharmacology, clinical manifestation and treatment, drug resistance and issues of occupational health and safety in clinical settings. Training opportunities can be identified through NACO, local State AIDS Control Societies, and university hospitals. Complementary training methods can include telemedicine and specialized CD ROMs.
- Some of the company's clinical staff can receive **training in HIV/AIDS counseling** or counselors from local NGOs, local hospitals/clinics can also supplement the company's medical and clinical staff in this capacity. Trained staff can refer patients to local voluntary counseling and testing centers where they can obtain HIV tests. Training in counseling is a particularly important for any action plan that includes promoting STIs and HIV prevention among employees and community members.
- While there is no risk of HIV being transmitted in the workplace through casual contact between coworkers, workplace accidents or injuries that cause bleeding or open wounds can be a concern. At the most basic level, companies should review their existing **occupational health and safety (OH&S) procedures** and associated supplies and make changes or improvements where necessary to address the concern of blood-borne infectious diseases. The review of OH&S processes can also include OH&S training and First Aid Kit adaptation.

**PARTNERSHIPS AND COMMUNITY OUTREACH**

Most of the time, companies who want to address the issue of HIV/AIDS in their workplace need not start from scratch. There are often other resources in the wider community from which companies can benefit including NGO activities, government programs

as well as initiatives launched by other businesses, employer associations or medical organizations. For example, the National AIDS Control Organization (NACO), the State AIDS Control Societies, the International Labor organization (ILO) and some chambers of commerce and industry (e.g. CII) have championed activities at the union and state level that can be beneficial for companies. Likewise, a company can choose to contribute to the national mobilization against HIV/AIDS by focusing its efforts on the community, for example by initiating and supporting prevention and care efforts with populations at risk like truckers or migrant workers.

HIV/AIDS Action Plan - categories of interventions	Status (√)	Description of interventions having taken place
Partnerships (with other businesses, employer associations, NGOs or government programs)		Potential partner(s) identified Company formed partnerships with other players to share knowledge and resources The partnership involves a common work program
Commemorate World AIDS Day - December 1 <sup>st</sup>		World AIDS Day activities open to employees' families World AIDS Day activities also open to the wider community
Addressing high risk groups/vulnerable groups		High-risk/vulnerable groups identified Program for these groups elaborated Program reaches the high-risk group and is implemented

#### Comments:

- External liaisons and **partnerships** with other businesses, employer associations, NGOs or government programs can support joint efforts and the sharing of experiences to solve common HIV/AIDS challenges.
- An important potential spin-off from workplace programs is to extend them to the **community**. For example, some education activities can be offered not only to the employees, but also their families or the community of the company. The company's **peer educators** can engage in outreach activities, for example by intervening in the workplace of suppliers or distributors of their company.
- Also in the area of community outreach activities, **World AIDS Day**, every year on December 1<sup>st</sup>, is a unique opportunity to go beyond the workplace, highlight the profile of the company's program and expand its reach.
- **HIV/AIDS and trucking** - According to a report published by UNAIDS, an estimated 4.5-5 million trucking crews are currently working across India, the majority being in the age group 25-50 years old. Their nomadic lifestyle and constant job insecurity make them particularly vulnerable to a series of occupational hazards and health problems. The majority of them takes refuge in alcohol, drug abuse as well as paid unprotected sex along the routes that they traverse. Studies have also revealed high rates of sexually transmitted diseases among truckers, a predisposing factor to HIV infection. Today truckers are among the high-risk groups for HIV/AIDS in South Asia, and the epidemic in this population has also contributed to a spread of the disease along the routes and areas they travel.

- **Education, prevention and care efforts with truckers**, for example, can be addressed specifically by identifying an appropriate partner/NGO in the targeted area and develop a partnership that will aim at creating awareness on general health, STI and HIV/AIDS among the local - permanent and mobile - trucking community, creating and disseminating appropriate behavior change communication (BCC) materials and implementing visible quality infotainment events. Peer education has proven to be a very effective intervention in reaching to truckers, or other high-risk groups such as sex workers. Developing programs that leverage the community of the targeted populations (for example in the case of truckers, this means leveraging the presence of mechanics, helpers, food stall owners in the transshipment areas). Some companies have also resolved to establish and run clinics catering to the general health and STI/HIV/AIDS amongst their community target groups.

### **MONITORING AND EVALUATION**

Monitoring and evaluation is an important part of any corporate HIV/AIDS program because it enables a company to measure its progress against its stated goals and make informed decisions about the effectiveness of various interventions relative to costs. The action plan can outline which indicators/items are appropriate for monitoring and evaluating the effectiveness of a company's program.

HIV/AIDS Action Plan - categories of interventions	Status (√)	Description of interventions having taken place
Monitoring and evaluation tools		Monitoring and evaluation tools are in place to measure HIV/AIDS interventions

#### **Comments:**

- Qualitative indicators can include general awareness about HIV/AIDS (evaluated through questionnaires, including KAPB surveys)
- Quantitative indicators can include number of condom distributed, number of education sessions, number of employees trained, number of volunteer peer educators, number of community outreach activities, etc.
- Reduction in the number of sexually transmitted infections (STIs) as reported in the company's clinic (if there is one) indicate a change of behaviors and enhanced prevention.