



Case Study: DCM Shriram Consolidated Limited

Overview

DCM Shriram Consolidated Limited (DSCL), a company with interests mainly in chemicals and agribusiness, operates in western and northern India.¹⁴ The western state of Rajasthan is home to the company's main manufacturing plant, in Kota, which has also been the site of its HIV and AIDS program. The program is uniquely local, drawing on local culture and adapting information, education, and communication material to appeal to local sensibilities.

Committed to providing a safe and healthy working environment, the company holds regular group sessions to build HIV and AIDS awareness among its employees. DSCL's occupational health doctor speaks on the basics of HIV and AIDS awareness and prevention. But then follows a song or poem in the local dialect to convey messages more light-heartedly. The company also uses cultural performances at festivals or other important events at the Kota plant to generate mass awareness.

14. The information in the DSCL case study is based on DSCL's response to a questionnaire sent to the company by email; personal interviews with the company's chief executive officer and with the officials responsible for implementing the program; and a site visit. The information is current as of September 2006.

Communicating messages in ways that fit the local culture and local sensibilities has helped the program capture the attention of the target audience. It has also helped the program gain acceptance among the local population.

Business background

DSCL has diverse business interests ranging from agribusiness (sugar, fertilizers, agri-retail) to chemicals (chlorine, caustic soda), plastics (PVC resins, polymer compounds), and others (cement, textiles, energy services, real estate development). The corporate office is in New Delhi, and the main manufacturing plant in Kota, in the western state of Rajasthan.

The Kota plant, the site of the company's HIV and AIDS intervention, houses manufacturing facilities for fertilizers, plastics, chlor alkali, and cement as well as a captive power plant. This site has 1,600 full-time employees, 1,500 daily contract workers, and 500 staff for security, manual labor, and the like.

The company's annual sales are Rs 23 billion (around US\$500 million). DSCL's main supply chain partners—public enterprises and small and medium-size suppliers—provide raw materials such as coal, salt, naphtha, and limestone.

Why do something about HIV and AIDS?

DSCL's decision to initiate an HIV and AIDS program was motivated largely by its belief that AIDS is a public health challenge that could affect its workforce, its supply chain, its value chain partners, and the broader community. Looking at the experience of other countries, the company recognized that the business community, particularly in manufacturing,

Box 2. An HIV and AIDS policy shaped by many actors

DSCL's policy on HIV and AIDS focuses on providing a safe and healthy work environment, educating employees, and ensuring confidentiality and nondiscrimination. Adapted from the policy statement circulated by the Confederation of Indian Industry, the policy was shaped through detailed discussions held at various levels of the organization, including with employees, trade unions, and management.

needed to contribute to the fight against HIV and AIDS. Thus while no HIV-positive cases have yet been reported at the company's sites, advocacy efforts by industry associations in India convinced senior management that DSCL, as a responsible corporate citizen, needed to take part.

The company has adopted an HIV and AIDS policy out of a belief that the policy could serve as a key driver in initiating intervention programs (box 2).

The program

DSCL identified two potential target groups for its program: Its own steadily growing employee base, a large captive audience that could be informed about HIV and AIDS at the workplace and the large number of truckers who came to its factories (particularly in the sugar division, where many truckers offloaded sugarcane).

At an initial meeting to allocate responsibility for the program, DSCL decided to assign the program to an official who volunteered his efforts. The human resources unit normally would have led the program. But the official's demonstrated eagerness to be involved in an HIV program made him a promising choice.

The program began in January 2005 by gathering information about the issue, identifying resources such as organizations providing techni-

cal services, and developing information, education, and communication material. As many programs have done, DSCLs has created pamphlets containing information about HIV and AIDS, but much of its material shows unusual innovation. Cassettes intersperse HIV and AIDS messages with popular Hindi film songs. And songs are written in the local dialect to appeal to the diverse community working in the plant and living around it.

Awareness and prevention activities at the workplace

The company's awareness activities at the workplace center on group meetings where the occupational health team shares information about HIV and AIDS with DSCL employees. Sessions take place on the shop floor or near the factory entrance (picture 6). Meetings usually consist of a talk by the company's medical officer, messages on HIV and AIDS conveyed through poems, songs, or jokes in the local dialect, and a quiz to see whether participants have grasped the information. Sessions end with distribution of free condoms.



Picture 6. HIV and AIDS awareness session for DSCL employees in the urea bagging area

To encourage its contract employees to participate, the company sought the cooperation of the contractors in conducting the awareness sessions. Contract employees are more willing to spend time at these sessions if their employers are agreeable.

Outside the meetings, the occupational health team disseminates information about

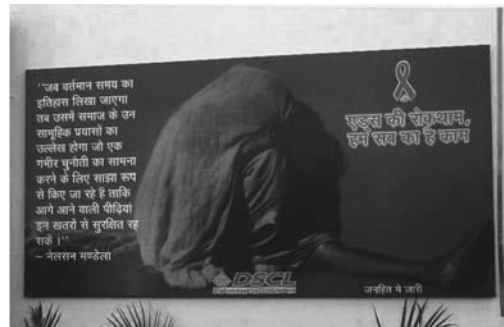
HIV and AIDS to employees and workers through pamphlets, posters, and billboards created in-house. Some posters call out to the target audience to join the fight against HIV and AIDS (picture 7). Others quote a powerful speech by Nelson Mandela portraying HIV and AIDS as everyone's responsibility (picture 8). Awareness material is placed in prominent locations at the plant, such as in the visitors' lobby and on the notice board.

DSCL has made good use of the company's own resources in communicating information. For example, employees skilled in music, drama, writing, and poetry use their arts to convey messages about HIV and AIDS. One such employee, a talented singer and poet as well as a brilliant orator in the local dialect, accompanies DSCL's chief medical officer to awareness sessions. These artists also convey messages during performances at interdepartmental cultural competitions, plant days, and other festive occasions.





The company disseminates information in other innovative ways as well. Its visitors' passes now include HIV and AIDS messages (picture 9). Films, plays, and cultural performances impart HIV and AIDS awareness



Picture 7. Theme poster enlisting people in the fight against HIV and AIDS



Picture 8. Theme poster quoting a speech by Nelson Mandela

 CARE & SUPPORT FOR HIV/AIDS INFECTED PERSONS VISITORS PASS		23/10/05 Deptt. : Security
Gate Pass No. <i>Cmameel</i>		
Visitor's Name		
Card No.		
Address <i>Kota</i>		
Person to be visited		
RETURNABLE ITEMS		
Note : - Your entry in the factory amounts to acceptance of the conditions overleaf		
Time : In <i>8.40</i>	Signature	
: Out	Visitor	Receptionist 
		Vistee
 HIV/AIDS AFFECTS ALL OF US 		

Picture 9. DSCL visitor's pass with HIV and AIDS messages

at public functions held to commemorate important company days or religious festivals. Films are screened occasionally in the canteens while the workers gather to eat. Films on HIV and AIDS are also shown to officers trained at the company's training institute.

For more informal communication with employees about HIV and AIDS, DSCL relies on its welfare officers. These officers, each responsible for the well-being of a certain number of employees, act as conduits between management and workers and as support systems and confidants for employees and their families. Their deep engagement with employees makes them well placed to spread awareness about HIV and AIDS and to provide individual counseling. The medical doctors in the plant and trained polyclinic staff also provide counseling.

DSCL does not have its own medical facilities for HIV and AIDS. But the city of Kota has a government-established blood testing and detection center. And DSCL's medical staff has received specialized train-

ing on HIV and AIDS, on such issues as primary care, visual diagnosis and management of opportunistic infections, lab diagnosis, and antiretroviral therapy. The staff conducts regular medical checkups on employees and is trained to notice symptomatic indicators of HIV and AIDS.

While DSCL reports having no HIV-positive employees, it can arrange for antiretroviral therapy at the Kota government hospital. The company now covers the cost of treatment for some AIDS patients in the city of Kota even though they are not DSCL employees.

Interventions for the community

DSCL also conducts awareness sessions beyond the shop floor, for truckers who transport material to and from the company. The method is the same as that for employees: in a group session the company doctor shares information on HIV and AIDS, and then free condoms are distributed. The sessions for the truckers take place while their goods are being loaded or unloaded (picture 10).

DSCL has sometimes faced challenges in implementing its HIV and AIDS program while managing the varying expectations of the local community. But the company plans to reach out to the wider community through similar programs for local slum dwellers and drug addicts and through programs in commercial areas.



Picture 10. Awareness session for truckers at the entrance to the materials section of the Kota plant

It has been a challenge for the company to keep the community and our workers motivated to participate in the program. We have to deal with diverse demands from the stakeholders and sometimes their other needs are more pressing. But we have nevertheless kept the program going.

—K. K. Kaul, Executive Director,
DSCL's Kota plant

Partnerships

The DSCL program has relied on partnerships from the outset. In designing the initial strategy, the official taking responsibility for the program consulted with area organizations that deal with HIV and AIDS, including industry asso-

ciations and government entities. And those in the company who have implemented the program have often benefited from inputs from partners. These partners include:

- The Rajasthan State AIDS Control Society, the government organization responsible for the state AIDS program in Rajasthan.
- The Confederation of Indian Industry and its Social Development Council in the northern region. The council interacts with companies that are confederation members on issues of corporate social responsibility.
- The Energy and Resources Institute (TERI).

Funding

The program is funded entirely through internal resources of DSCL. Management allocates Rs 500,000 (around US\$11,000) a year for the program through the annual budget. But if program needs exceed the allocated budget, management can approve additional support.

Outreach

Mass awareness programs at the workplace and in the surrounding community have covered about 75,000 people. These include contract workers, truck drivers and their assistants, and citizens of the city of Kota who visit the company during local festivals.

Lessons learned

The program has identified key factors in its success as well as key challenges and other lessons.

Key success factors

- *Management commitment.* The continued interest and involvement of senior management since the program's inception has been critical, providing the impetus and motivation for successful implementation. As noted, DSCL's HIV and AIDS intervention is financed by the company and thus has a greater likelihood of sustainability than if it depended on external sources of funding.
- *Enthusiasm and innovativeness of the responsible official.* The official responsible for the program was no expert on HIV and AIDS. But he devised unique strategies for the program by combining information from more knowledgeable sources with his own knowledge of the local area. This innovative spirit led to

What gets monitored gets done.

—Ajay S. Shriram, Chairman and Senior Managing Director, DSCL

interesting ways of spreading information, such as songs, poems, stories, and street plays (nukkad natak) in the local dialect.

Key challenges

- *Stigma associated with HIV and AIDS in a conservative, semiurban area.* DSCL confronted ignorance, inhibitions, and misconceptions among the local population—and thus resistance to the HIV and AIDS program. The company's engagement with the local population to counter its fears and to persuade it that the program was in the interest of public health helped overcome the resistance.
- *Lack of infrastructure and potential partners.* Key challenges have been the inadequate government HIV and AIDS facilities in the area (the local government hospital has only a voluntary counseling and testing center, though staffed by a doctor) and the difficulty in finding local NGOs to act as effective project partners. The company overcame these obstacles by designing its own information, education, and communication material and relying on its own employees and occupational health team to spread awareness about HIV and AIDS.

Other lessons learned

- *Sensitivity to local culture and local sensibilities.* Using information, education, and communication material and dissemination mechanisms that suit local sensibilities helped the program gain acceptance among the local population.

- *Use of existing internal resources.* The program has benefited from DSCL employees' skills and capabilities in creating information, education, and communication material. Relying on employees rather than an external agency to create awareness about HIV and AIDS has also helped build a greater sense of ownership for the program within the company. This approach offers a good example of how to mainstream HIV and AIDS activities and might help in institutionalizing and sustaining the response over time.

Future plans

The company's future plans for its HIV and AIDS program, outlined in its initial strategy, cover several areas of effort.

The HIV prevention and detection plan calls for:

- Conducting awareness programs in the city of Kota for school-children, the police, and high-risk groups such as drug users and local jail inmates.
- Proactively distributing condoms.
- Conducting blood testing campaigns to detect HIV.
- Providing financial assistance to those suspected of being HIV-positive but who cannot afford the test to detect HIV.

The AIDS treatment plan includes:

- Providing antiretroviral drugs to those needing them.
- Providing financial assistance for nutritional enhancement for those undergoing treatment.

Finally, the rehabilitation plan covers several actions:

- Creating a nondiscriminatory environment in the workplace consistent with the company's HIV and AIDS policy.
- Transferring HIV-positive employees to positions involving less physical strain if that is important for their health.
- Partnering with other organizations to help AIDS patients earn income to support themselves and undergo treatment.