

# HIV, AIDS, TB AND STI'S

NORTHERN CAPE BUSINESS SECTOR  
IMPLEMENTATION PLAN 2012 - 2016



## SABCOHA

Empowering Business in the fight against HIV



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## ABBREVIATIONS AND ACRONYMS

<b>AIDS</b>	Acquired Immuno-Deficiency Syndrome
<b>ART</b>	Anti-Retroviral Therapy
<b>BCC</b>	Behaviour Change Communication
<b>CHBC</b>	Community Home-Based Care
<b>CSI</b>	Corporate Social Investment
<b>DAC</b>	District AIDS Council
<b>DOH</b>	Department of Health
<b>HCT</b>	HIV Counselling and Testing
<b>HIV</b>	Human Immunodeficiency virus
<b>HTA</b>	High Transmission Area
<b>IEC</b>	Information, Education and Communication
<b>LAC</b>	Local AIDS Council
<b>LGTBI</b>	Lesbian, Gay, Transgender, Bisexual and Intersex
<b>ILO</b>	International Labour Organisation
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MER</b>	Monitoring, Evaluation and Reporting
<b>MDR-TB</b>	Multi Drug Resistant Tuberculosis
<b>MSM</b>	Men who have Sex with Men
<b>MTCT</b>	Mother to Child Transmission
<b>NHI</b>	National Health Insurance
<b>NSP</b>	National Strategic Plan
<b>OI</b>	Opportunistic Infection
<b>OVC</b>	Orphans and Vulnerable Children
<b>PCA</b>	Provincial Council on AIDS (Northern Cape)
<b>PEP</b>	Post Exposure Prophylaxis
<b>PICT</b>	Provider-Initiated Counselling and Testing
<b>PLHIV</b>	People Living With HIV
<b>PMTCT</b>	Prevention of Mother to Child Transmission
<b>PPP</b>	Public Private Partnership
<b>SABCOHA</b>	South African Business Coalition on HIV and AIDS
<b>SANAC</b>	South African National AIDS Council
<b>SME's</b>	Small and Micro-sized Enterprises
<b>SMME's</b>	Small, Medium and Micro-sized Enterprises
<b>StatsSA</b>	Statistics South Africa
<b>STI's</b>	Sexually transmitted infections
<b>TB</b>	Tuberculosis
<b>WHO</b>	World Health Organisation
<b>XDR-TB</b>	Extensively Drug Resistant Tuberculosis



## FOREWORD

In 2009 the HIV & AIDS Northern Cape Business Sector Provincial Strategic Plan 2009-2011 was launched following an extensive period of stakeholder consultation in the province. Companies in the province employing more than fifty (50) employees were called upon to endorse this strategy and participate in the implementation thereof. The SABCOHA Northern Cape Branch Board of Governors, elected in 2009, have since provided guidance in the implementation of this strategic plan together with the resources, expertise and leadership committed by the SABCOHA national office to facilitate the implementation and coordination of this plan. Throughout the period 2009-2011 SABCOHA was involved in ongoing stakeholder consultation in order to promote and coordinate the implementation of this plan.

The new National Strategic Plan for HIV, STIs & TB 2012-2016 was launched on World AIDS Day, 1 December 2011 and the new Northern Cape Provincial Strategic Plan for HIV, STIs & TB 2012-2016 (PSP) shortly afterwards on World TB Day, 24 March 2012, in Victoria West.

In line with the mandate of the Provincial AIDS Councils all sectors have been requested to develop Sector Implementation Plans in line with the priorities of the PSP, containing activities each sector commits to implementing in order to support interventions contained in the PSP. In order to develop a Northern Cape Business Sector Implementation Plan for HIV, TB and STI's for 2012-2016, SABCOHA has undertaken an extensive consultation process in the province. Therefore through a process of consultation with the Northern Cape business sector, Provincial Department of Health and civil society, the activities contained in this plan have been prioritised and aligned to the content and priorities of the new Provincial Strategic Plans for HIV, STIs and TB 2012-2016 in order to maximise the responsiveness of the business sector. As an outcome of the consultation process it was decided to consolidate and scale down on the number of activities for implementation in order to maximise output on priority areas for intervention. The result is a 20-point Implementation Plan for the Northern Cape Business Sector.

The Northern Cape Business Sector Implementation Plan for HIV, TB and STI's 2012-2016 was released for public comment on 23 August 2012 and adopted by the Northern Cape Board of Governors on 3 September 2012.

SABCOHA would like to thank the Northern Cape business sector for the growing response to HIV and wellness in the workplace and the commitment which is shown to improve efforts by business to mitigate the impact of HIV, STIs and TB as well as their participation in the consultation process to develop this plan. It is our hope that the effective implementation of this implementation plan for the period 2012-2016 will have a positive impact on health and wellness in the workplace and beyond.

SABCOHA would also like to acknowledge the support of the Northern Cape Premier, Hazel Jenkins, and the Northern Cape Provincial AIDS Council and Department of Health for their extensive efforts to form effective partnerships with business in the province.

The extension of this strategy would not be possible without funding provided by the CDC, private sector sponsorship as well as the long term support and guidance from the SABCOHA Northern Cape Branch Board.



Mr Brad Mears, Chief Executive Officer





# 1

## EXECUTIVE SUMMARY

This Implementation Plan is the outcome of extensive stakeholder consultation and planning. The document comprises eight sections. This executive summary, section 1, provides an overview of the structure and key components of the plan.

Section 2 elaborates on the process which was followed in the development of this Implementation Plan. This is followed by Section 3 which provides a business case for workplace wellness. This section is especially important as it provides the reasoning and motivation for why wellness should be a key priority for each business in South Africa and the Northern Cape. Section 4 provides a brief situational analysis of HIV, STI and TB prevalence in the province in order to provide a clearer context for implementation.

Section 5 comprises the activity grid which is the body of the Implementation Plan. As a sector Implementation Plan the activities are aligned to that of the Northern Cape Provincial Strategic Plan for HIV, TB and STI's 2012-2016 (PSP). The plan provides the objective and interventions as per the PSP that are relevant to the corresponding business sector activities in order to illustrate how the business sector activity supports the implementation of PSP interventions.

Activities are grouped according to the three different levels of responsibility for implementation namely;

1. Company activities
2. Sectoral activities
3. Multi-sectoral activities

Indicators are provided for each activity which will enable monitoring, reporting and evaluation at company, sectoral and multi-sectoral levels. This promotes accountability and enhances outcome and impact.

The requirements for effective implementation, set out in section 6 and the way forward, captured in section 7, require significant attention. Requirements for effective implementation are structured into the following categories, summarised as follows;

- Human resources
- Funding
- Partnerships
- Commitment
- Communication
- Monitoring and Evaluation

Funding remains atop the priority list for effective implementation. External funding has become more challenging to secure since the launch of the original strategy in 2009 and therefore SABCOHA would like to call on the Northern Cape Business Sector to consider increased support and commitment on a financial basis in order to ensure effective implementation of this plan, reporting tools and overall representation of the business sector needs and concerns in the arena of workplace wellness.

Companies need to remain aware of the importance of integrating employee wellness into company policies and programmes. Furthermore, companies should recognize that HIV and AIDS is not just a health issue but also about human rights and addressing underlying social conditions that impact negatively on employee and community wellness.

For those companies who have demonstrated their support and commitment to the health and wellness of their employees and communities, SABCOHA commend the efforts that you have made and urge you to remain responsive and continue to build on the successes already achieved.

Section 8 of this document concludes with acknowledgment of the contributions made by various organisations, groups and individuals without whom the drafting and release of this Implementation Plan would not have been possible.



# 2

## DEVELOPMENT OF THIS PLAN

With funding from the U.S. Centers for Disease Control and Prevention (CDC), this plan has been developed for the purpose of providing business in the Northern Cape with clear objectives in combating HIV and AIDS. Beginning in 2009, SABCOHA shifted the focus of its strategic interventions, from a nationally co-ordinated response, to a response which was closer to where business experienced the impact of the epidemic. Through district consultations with business, SABCOHA developed this Business Sector Implementation Plan with a grass roots approach.

This plan has been developed with the full co-operation of the business sector in the Northern Cape, including members of SABCOHA and leading corporate companies. As part of the consultation process, SABCOHA engaged fully with the Northern Cape Provincial Council on AIDS and the Provincial Department of Health. The purpose of engaging in broad consultation was to ensure that this plan reflects relevant responses to the realities of the epidemic, but also places the responses within an economic context meaningful to business. This Implementation Plan reflects the priorities identified by business in responding to HIV and AIDS in the Northern Cape.

Further, the objective of the consultative process was to:

- Develop and implement a sector specific HIV and AIDS implementation plan, that encompasses identified provincial priorities, and comprehensively defines the business sectors contribution to the Northern Cape Provincial Strategic Plan, as well as the National Strategic Plan on HIV and AIDS 2012 – 2016
- Strengthen co-operation and partnerships between business, government and civil society, especially with respect to improving access to healthcare

The provincial stakeholder consultation workshop which took place on 10 May 2012 in Kathu, provided the Northern Cape business sector with the opportunity to collectively provide their experience and expertise in order to inform priorities for intervention in this implementation plan. The consultation workshop also provided a much needed opportunity

for the business community to engage with the Provincial Department of Health with regard to areas for greater collective partnership to be developed and to learn more about the Northern Cape Provincial Strategic Plan.

The overall process consisted of the following steps:

1. District level consultations 2011
2. Review and status report on the Northern Cape Business Sector Strategic Plan for HIV and AIDS 2009-2011
3. Identification of provincial priorities
4. Provincial business sector consultation workshop
5. Consolidation of inputs from the provincial business sector consultation workshop
6. Drafting of the 20-point implementation plan
7. Draft plan released for public comment
8. Northern Cape Business Sector Implementation Plan for HIV, TB and STI's 2012-2016 adopted by the SABCOHA Northern Cape Branch Board



# 3

## THE BUSINESS CASE FOR WORKPLACE WELLNESS

The objective of this chapter is to emphasise the business case for effectively addressing workplace wellness through a coordinated and strategic response based on the current national HIV and TB situational context.

### THE DUAL EPIDEMIC – HIV AND TB

#### HIV and AIDS

The HIV, AIDS and TB epidemics are an enormous challenge for South Africa and have already had a profound impact on many aspects of society. The burden of infected individuals requiring lifelong treatment and care impacts significantly on the economy.

There are many complex factors which influence the twin HIV and TB epidemics and their prevalence among populations. An effective response requires knowledge of the disease burden and main drivers of the HIV and TB epidemics in an area in order to tailor appropriate interventions

South Africa has the largest number of HIV infections in the world with an estimated 5.7 million people living with HIV in 2011<sup>1</sup> and the prevalence is disproportionately high for females in comparison to males<sup>2</sup>. This equates to an estimated 17.9% of the adult population living with HIV in 2011. The 2011 estimate includes: 3.3 million females and 453 000 children under 15 years old<sup>1</sup>.

#### The TB epidemic

Tuberculosis (TB) is the leading cause of death in South Africa<sup>3</sup> and it is estimated that 80% of the South African population has latent TB. According to the World Health Organisation (WHO) estimates<sup>4</sup>, South Africa ranks the third highest in the world in terms of TB burden. South Africa also has the highest TB incidence (including HIV) in the world of 981 per 100 000 population per year<sup>4</sup>. Approximately 1% of the South African population develops

1 Data extracted from the ASSA2008 (Prov Output) AIDS and Demographic model of the Actuarial Society of South Africa, file ProvOutput\_110216.xls, as downloaded on 11 December 2011 from <http://aids.actuarialsociety.org.za/ASSA2008-Model-3480.htm>

2 Shisana O, Rehle, T, Simbayi LC, Zuma K, Jooste S, Pillay-van-wyk V, Mbelle N, Van Zyl J, Parker W, Zungu NP, Pezi S & the SABSSM III Implementation Team (2009) South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers? Cape Town: HRSC Press

3 Statistics South Africa (2008, October), 'Mortality and causes of death in South Africa, 2006: Findings from death notification'

4WHO (2011) Global Tuberculosis Control. World Health Organisation, Geneva

the TB disease every year. The TB epidemic is further compounded by Multi Drug Resistant-Tuberculosis (MDR-TB) and Extremely Drug Resistant Tuberculosis (XDR-TB). The highest prevalence of TB infection is among people in age group 30-39 years living in townships and informal settlements.

There is a complex relationship between HIV and TB as compromised immunity in people living with HIV increases the risk of developing active TB and TB can accelerate the course of HIV. The incidence of TB has increased in parallel to the increase in the estimated prevalence of HIV in the adult population. The co-infection rate in South Africa is one of the highest in the world with almost 75% of TB patients being HIV positive<sup>5</sup>. TB case-fatality rates are 16%-35% among people with HIV who are not on ART compared to 4%-9% among people who are HIV negative<sup>6</sup>. Survival of HIV positive people who have CD4 counts of less than 500 is greatly improved if ART is initiated during TB treatment compared with starting ART after TB treatment is completed<sup>7</sup>.

The PSP calls for integration of TB and HIV services, with annual testing for HIV to include screening for TB, improved contact tracing, early diagnosis and rapid enrolment on to treatment and ensure co-infected people remain on treatment.

Integrated TB and HIV services are crucial in the TB and HIV response in order to prevent, identify, and treat TB and other opportunistic infections in HIV positive patients and to improve the diagnosis, treatment and outcomes for patients affected by both diseases. Integrated services allow improved clinical care including HCT uptake and improved care pathways for HIV positive patients with TB, as it allows early initiation onto ARVs for HIV positive patients with TB, as well as Isoniazid preventive therapy (IPT) for HIV positive people who have latent TB which reduces risk of developing active TB. Integration also provides a friendlier and more efficient service for patients through a "one-stop" service and also improves efficiency at both the facility and the health system level which ultimately result in improved patient outcomes. TB contact tracing and screening is also a vital tool in the early detection and management of TB.

### Key populations for the HIV and TB response

A 'key population' is one that is most likely to be exposed to or to transmit HIV and/or TB and therefore have a disproportionately high prevalence. Key populations also have significantly lower access to, or uptake of, relevant services than the rest of the populations. The risk of HIV and TB infection for key populations can also be driven by inadequate protection of human rights and by prejudice. Therefore their engagement is critical to a successful HIV and TB response.

In the context of the Northern Cape PSP, the table below details the relevant key populations that are at higher risk for HIV infection.

The risk of developing active TB is higher in certain populations who have a higher risk of infection, a higher risk of progression from infection to TB disease and poor access to services. These key populations include: people living with HIV, people who live in the same homes as confirmed TB cases, children, diabetics, smokers, alcohol and substance abusers, malnourished people, healthcare workers, migrant and refugee populations, people living in crowded conditions including those who live in informal settlements and people who work in poorly ventilated areas such as miners.

5 WHO (2011) Global Tuberculosis Control. World Health Organisation, Geneva

6 Mukadi YD, Maher D, Harries A (2001) Tuberculosis case fatality rates in high HIV prevalence populations in sub-Saharan Africa. *AIDS* ;15:143-152

7 Karim SA, Naidoo K, Grobler A, et al . (2009) Initiating ART during TB treatment significantly increases survival: results from a randomized controlled clinical trial in TB/HIV-co-infected patients in South Africa. Program and abstracts of the 16th Conference on Retroviruses and Opportunistic Infections; Montreal. Alexandria, VA:CROI; 2009. Abstract 36a



Key Population	Rationale
Young people between 15 and 24 years	Both secondary and tertiary education plays a vital role in decreasing chances of HIV infection, especially for young women.
Orphans and vulnerable children (OVC's)	Interventions will be prioritized for OVC's in order to decrease the cycle of vulnerability that this population face with regard to HIV and TB infection.
Prison populations	Overcrowding, unsafe sexual practices and drug use are some of the factors which expose prison populations to a much higher risk of contracting HIV and TB.
Migrant populations	A high level of migrant labour is visible in the Northern Cape Province. Due to a lack of health care benefits for seasonal and contract workers this population is at increased risk for HIV and TB infection. Migrant populations include, but are not limited to, seasonal farm workers and contract mine workers. These groups often reside in conditions which are not ideal and contribute to an increased risk of infection due to vulnerability associated with it.
Truck drivers	Unprotected sexual activity and low perception of risk include some of the factors which expose workers in the road transport industry to increased risk of HIV and TB infection according to the Northern Cape PSP.
Victims of sexual violence	The immense vastness of the Northern Cape province provides certain challenges with regard to effective intervention for victims of sexual violence. This population will remain at risk unless interventions can effectively focus on increasing availability of appropriate and accessible services for this population group.
Uncircumcised men	Men who reported having been circumcised were significantly less likely to be HIV-positive. The protective factor of circumcision is higher for those circumcised before their first sexual encounter.
Sex workers	Sex workers as well as their clients are at a higher risk of contracting HIV. Within the Northern Cape priorities include up-scaling programmes to provide increased education and services to this population group.
Men who have sex with men (MSM)	MSM are at higher risk of acquiring HIV than heterosexual males of the same age, with older men (>30 years) <sup>8</sup> having a higher prevalence.
People who abuse alcohol	Alcohol abuse is a major risk factor for HIV acquisition and transmission. Heavy drinking is associated with decreased condom use, and an increase in multiple and concurrent sexual partners. Data from several studies indicated that people who drink alcohol are more likely to be HIV-positive. This figure is higher among heavy drinkers. It is also a major impediment to treatment adherence. Strategies should address male gender norms that equate alcohol use with masculinity.

## HIV, AIDS AND TB: THE THREAT TO SOUTH AFRICAN BUSINESSES

HIV and AIDS affect the world of work in numerous ways. In badly affected countries, it reduces the supply of labour and income for many workers. Increased absenteeism raises labour costs for employers; valuable skills and experience are lost. Often, a mismatch between human resources and labour requirements is the outcome. Along with lower productivity and profitability, tax contributions also decline, while the need for public services increases. National economies are being weakened further in a period when they are struggling to become more competitive in order to weather the challenges of globalisation.

### THE IMPACT OF HIV AND AIDS INCLUDES:

- reduced supply of labour
- loss of skilled and experienced workers
- absenteeism and early retirement
- stigmatisation of and discrimination against workers with HIV

<sup>8</sup> Burrell, E, Mark, D, Grant, R, Wood, R and Bekker, LG. 2010. Sexual risk behaviours and HIV-1 prevalence among urban men who have sex with men in Cape Town, South Africa, and Rispel, L. & Metcalf, C. (2009) Are South African HIV policies and programmes meeting the needs of same-sex practising individuals?



- increased labour costs for employers, from health insurance to retraining
- reduced productivity, contracting tax base and negative impact on economic growth
- a threat to food security as rural workers are increasingly affected
- falling demand, investment discouraged and enterprise development undermined
- social protection systems and health services under pressure
- increased burden on women to combine care and productive work
- loss of family income and household productivity, exacerbating poverty
- orphans and other affected children forced out of school and into child labour
- pressure on women and young people to survive by providing sexual services

### Responding at the workplace

There are three reasons why it is necessary to deal with HIV and AIDS in the workplace:

1. HIV and AIDS have a significant impact on the world of work; reducing the supply of labour and available skills, increasing labour costs, reducing productivity, threatening the livelihoods of workers and employers, and undermining rights.
2. The workplace is a good place to address HIV and AIDS. Standards are set for working conditions and labour relations. Workplaces are communities where people come together and they discuss, debate and learn from each other. This provides an opportunity for awareness raising, education programmes and the protection of rights.
3. Employers and trade unions are leaders in their communities and countries. Leadership is crucial to the fight against HIV and AIDS.

The risk HIV and AIDS and TB on sustained profitability and growth should be a concern to business and should further motivate business to support the HIV response. However, HIV fatigue coupled with the struggle for economic survival in the tough financial climate has pushed HIV, AIDS and TB way down on the list of priorities.

There are synergistic benefits for business to operate collectively as a sector and not individually as independent organisations. The sharing of knowledge, good practice and contemporary issues can benefit all organisations and in particular the medium and smaller businesses that do not have resources available. A coalition of business working together will mitigate the health risk across the whole value chain. With big business leading and the SMME's benefiting, economic sustainability will be realised. Although the health and wellbeing of its citizens is a national priority and in the public interest, it remains an economic necessity for business.

This business sector Implementation Plan should be seen to augment government's national and provincial response plans.

*Every advance in the global struggle against HIV and AIDS has borne the mark of leadership. The successes have hinged on the perseverance of visionary and courageous people. Some are high-powered political and religious leaders and international icons. Others, less visible, have been no less effective in their actions as workers, students, business people...Some businesses are implementing workplace programmes to protect workers against HIV infection and its consequences. Along with trade unions, they are also putting their networks and resources at the disposal of broader HIV and AIDS campaigns. However, they are the exception and not yet the rule. The need for committed action in the private sector remains immense.*

Together we can: Leadership in a world of AIDS, UNAIDS, 2001



# 4

## NORTHERN CAPE HIV, STI & TB SITUATIONAL ANALYSIS

The following chapter is aimed at providing an accurate and up-to-date context for implementation based on the Northern Cape HIV, STI and TB situational analysis provided in the Northern Cape Provincial Strategic Plan for HIV, STI's and TB 2012-2016.

**Table 1: Northern Cape population estimates 2010 - 2011<sup>9</sup>**

	2010	2011
Northern Cape	1 103 900	1 096 731
South Africa	49 991 300	50 586 757

**Table 2: Northern Cape population distribution by age group and gender, 2011<sup>9</sup>**

Age	Male	Female	Total
0-14	167 901	164 393	332 924
15-49	282 426	288 342	570 768
50-64	57 012	69 122	126 134
65+	28 970	38 565	67 535
<b>Total</b>	<b>536 309</b>	<b>560 422</b>	<b>1 096 731</b>

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<sup>9</sup> Stats SA 2011, Mid year population estimates

**Table 3: Northern Cape distribution of health facilities and population size by district<sup>10</sup>**

District	S u b - districts	Wards	Population	Hospitals	CHC	Clinics	Satelites
Frances Baard	4	48	375 167	4	2	24	6
John Taolo Geatsewe	3	31	216 419	2	5	33	4
Pixley Ka Seme	8	38	191 783	4	7	27	5
Namakwa	6	30	125 035	2	10	17	26
Siyanda	6	40	244 883	4	5	14	19
<b>Totals</b>	<b>27</b>	<b>187</b>	<b>1 153 287</b>	<b>16</b>	<b>29</b>	<b>115</b>	<b>56</b>

**Table 4: Notification of all TB cases and Pulmonary TB cases 2008-2010, Northern Cape<sup>11</sup>**

	2008	2009	2010
All TB	10 652	10 691	10 252
PTB	7 751	7 975	7 650

The provincial HIV prevalence rate among Antenatal attendees is estimated at 18.4% according to the National Antenatal HIV Prevalence survey, 2010.

**Table 5: HIV prevalence by district in the Northern Cape<sup>12</sup>**

District	Prevalence
John Taolo Geatsewe	27.5%
Frances Baard	20.1%
Siyanda	16.4%
Pixley Ka Seme	12.6%
Namakwa	11.8%

**Table 6: Leading causes of death in the Northern Cape Province<sup>13</sup>**

Causes of death (based on the Tenth Revision, International Classification of Diseases, 1992)	South Africa No.	%	Northern Cape No	%
Tuberculosis	76 761	12.8	1 788	11.6
Influenza and pneumonia	49 722	8.3	993	6.5

Although the Northern Cape has a relatively low HIV prevalence it has consistently recorded the highest Syphilis prevalence in the country from 2008-2010 according to the 2010 Antenatal Survey. The national syphilis prevalence is estimate at 1.5% in 2010.

**Table 7: Syphilis prevalence in the Northern Cape among antenatal attendees 2008-2010<sup>14</sup>**

Year	Percentage (%)
2008	6.8
2009	5.5
2010	3.6

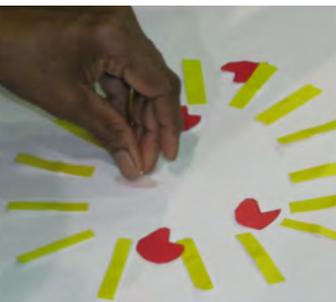
10 Northern Cape District Health Information Systems Data, 2011

11 DoH TB Programme Overview Data 2004-2010

12 Northern Cape Provincial Strategic Plan for HIV, STI's and TB 2012-2016

13 StatsSA, Causes of Death, 2008

14 Annual Antenatal HIV and Syphilis Sero-prevalence Survey, 2010



# 5

## IMPLEMENTATION PLAN

The success of this Plan relies on the effective implementation of business level activities that support the implementation of the Northern Cape Provincial Strategic Plan for HIV, TB and STI's 2012-2016 as well as the National Strategic Plan.

To this end this Plan has been divided into three levels of responsibility for implementation, namely:

### **Company level activities**

Company level activities refer to those activities that should be implemented at company level. Companies who employ fifty (50) or more employees should ideally implement and report on all the listed company level activities as far as reasonably possible. The activities listed in the grid below are designed in order to form part of workplace wellness policies and programmes. Companies are only responsible for implementation of the company level activities however support and participation in some sectoral and multisectoral activities are implied. Companies will only be requested to report on the implementation of company level activities.

### **Sectoral level activities**

Sectoral level activities refer to those activities which have been designed to be implemented by business sector coordinating mechanisms such as SABCOHA and business chambers.

### **Multi-sectoral level activities**

Multi-sectoral level activities refer to those activities in which the business sector, comprising of both coordinating bodies as well as companies, will partner with other organisations and government departments in order to implement various activities which require multi-sectoral participation in order to be effective. The business sector will not necessarily lead multi-sectoral activities however partnership will be of high importance.

## Understanding the plan

Number	PSP Objective	PSP intervention	Business sector activity	Indicator	Data source
The number of the activity for reference	For reference to the Northern Cape Provincial Strategic Plan – corresponding objective	For reference to the Northern Cape Provincial Strategic Plan – corresponding intervention	The activity that is to be implemented, measured and reported on. Divided into company, sectoral and multi-sectoral level activities	This is the indicator, as far as possible aligned to the PSP, which will be used to measure and report implementation of the corresponding activity. Some activities have multiple indicators	Data will be collected and reported using Bizwell and a data reporting template for companies. SABCOHA internal reports will be used to report on sectoral and multi-sectoral activities



## COMPANY LEVEL INTERVENTIONS

Number	PSP objective	PSP intervention	Business sector activity	Indicator	Data source
1	<b>Objective 2:</b> Prevent new HIV, TB and STI infections	<b>Sub objective 2.1, intervention 1:</b> To make available a full package of screening in all clinical settings, which will include; HCT, TB and STI symptomatic screening, linked to TB investigation for those with symptoms; as well as screening for diabetes, blood pressure, anaemia, mental illness and alcohol abuse, with referral to psychological and social support. Nutritional screening should be done with all clients with infectious diseases. Provider initiated counselling and testing should be offered to all clients accessing health care services.  <b>Sub objective 2.6, intervention 2:</b> Establish an environment that is conducive to employee health and wellness in all government departments and civil society by means of workplace programmes that address HIV and TB.	Develop a comprehensive set of workplace policies and procedures that meet all Health and HIV related legal requirements and address access to and provision of: 1) HCT and wellness screening (Including TB and STI) 2) Universal precautions and PEP 3) treatment and care options facilitating referral to public health services as a minimum  Ensure that employees are informed about all workplace policies and procedures promoting implementation and compliance.	# of companies in the Northern Cape with workplace policies that address HIV, TB and STI's as well as legal and human rights.	Reporting Template
2	<b>Objective 2:</b> Prevent new HIV, TB and STI infections	<b>Sub objective 2.1, intervention 1 and Sub objective 2.2, intervention 1:</b> To ensure that 100% of men and women aged 15-49 have access to condoms by 2016.	Incremental implementation of comprehensive prevention package in every workplace. To include access to IEC material, HCT and wellness screening, provision of male and female condoms.	# of male condoms distributed per quarter # of female condoms distributed in the workplace per quarter.	Reporting Template
3	<b>Objective 2:</b> Prevent new HIV, TB and STI infections	<b>Sub objective 2.1, intervention 1:</b> To make available a full package of screening in all clinical settings, which will include; HCT, TB and STI symptomatic screening, linked to TB investigation for those with symptoms; as well as screening for diabetes, blood pressure, anaemia, mental illness and alcohol abuse, with referral to psychological and social support. Nutritional screening should be done with all clients with infectious diseases. Provider initiated counselling and testing should be offered to all clients accessing health care services.	Implement a combination of HCT and wellness screening options within the workplace. Ensure that all occupational health facilities are equipped, trained and open to provide employee-initiated HCT on a continual basis. Campaign style employer-initiated HCT should be offered and is often more frequent in early stages of workplace programme implementation. In later years routine counselling and testing should be practiced whereby HCT and wellness screenings form part of annual medical examinations; whilst testing and screening is not mandatory employees must opt out as opposed to opt in. Symptom based provider-initiated counselling and testing should be encouraged.	Number and percentage (%) of men and women tested for HIV Percentage (%) of HCT clients screened for TB	Bizwell

Number	PSP objective	PSP intervention	Business sector activity	Indicator	Data source
4	<b>Objective 2:</b> Prevent new HIV, TB and STI infections	<b>Sub objective 2.6, intervention 1:</b> To increase access to early detection, diagnosis and early treatment of TB to at least 80% of exposed people by 2016.  <b>Sub objective 2.6, intervention 2:</b> Establish an environment that is conducive to employee health and wellness in all government departments and civil society.	Effective management of TB in the workplace to include; 1) effective TB prevention through prevention campaigns, the provision of IPT, infection control and improved TB cure rate. 2) appropriate referral for testing & treatment upon screening or diagnosis 3) screen HIV positive employees for TB and TB positive employees for HIV 4) as a minimum standard provide referral for household contacts of TB positive employees to public health care facility for screening, testing & treatment.  <b>NOTE:</b> this intervention is of specific importance for the mining industry	# of newly diagnosed HIV positive clients who are given IPT for latent TB infection # of TB patients tested for HIV # of HIV positive TB patients qualifying and started on ART # of health care workers trained in infection control  <b>NOTE:</b> Mining industry list of Dept of Health TB indicators available for reporting.	Reporting template
5	<b>Objective 2:</b> Prevent new HIV, TB and STI infections  <b>Objective 3:</b> Sustain health and wellness	<b>Sub objective 2.1, intervention 1 and Sub objective 3.1 intervention 2:</b> To ensure that at least 80% of people have access to earliest possible enrolment and universal access to appropriate treatment for HIV, TB and STI's after screening and diagnosis.	Socially mobilise uptake of HCT and wellness screening by communicating the individual benefits of early identification and the companies targets and progress towards success.	# of employees tested for HIV	Bizwell
6	<b>Objective 3:</b> Sustain health and wellness	<b>Sub objective 3.1, intervention 2:</b> To ensure that at least 80% of people have access to earliest possible enrolment and universal access to appropriate treatment for HIV, TB and STI's after screening and diagnosis.	Develop systems of timely identification and intervention of defaulters as an integral part of every treatment programme aimed at improving treatment adherence and retention.	No and % of ART patients de-registered from ART due to loss to follow-up # of TB defaulters/Annual smear positive TB rate % of TB success rate	Reporting template

Number	PSP objective	PSP intervention	Business sector activity	Indicator	Data source
7	<p><b>Objective 1:</b> Address social and structural drivers of HIV and TB prevention, care and impact</p>	<p><b>Sub objective 1.6, intervention 1:</b> Enhancing existing programmes and create new programmes to expand access to services.</p> <p><b>Sub objective 1.4, intervention 2:</b> Provide a comprehensive package of services for OVC's and their supportive structures.</p> <p><b>Sub objective 1.5:</b> Reduce the vulnerability of children of school going age to HIV infection by retaining them in schools, as well as providing post-school education and work opportunities or training</p>	<p>Focus area's for CSI spending can include;</p> <ul style="list-style-type: none"> <li>•spending aligned to District Integrated Development Plans or other identified priorities in respect of provision of basic social services</li> <li>•support to OVC (orphan &amp; vulnerable children) and OVC organisations</li> <li>•youth programmes with focus on education and health education</li> <li>•bursaries for health care studies</li> <li>•programmes to promote employability of unemployed youths such as training and skills development programmes/schemes</li> <li>•mentoring of community organisations with regard to management, funding application and M&amp;E to increase sustainability, priority to organisations rendering HIV &amp; TB related services.</li> </ul>	<p># of OVC organisations supported</p> <p># of OVC's supported</p> <p># of in-school programmes &amp; learners benefitted</p> <p># of youths enrolled in post-school training/ education/internships</p> <p># of community organisations mentored or supported</p> <p># people benefitting from social service provision</p>	Reporting template
8	<p><b>Objective 1:</b> Address social and structural drivers of HIV and TB prevention, care and impact</p> <p><b>Objective 2:</b> Prevent new HIV, TB and STI infections</p> <p><b>Objective 4:</b> Ensure protection of human rights and access to justice</p>	<p><b>Sub objective 1.3, intervention 1:</b> Minimise the impact of gender-based violence and raise awareness in society</p> <p><b>Sub objective 2.4, intervention 1:</b> To implement an integrated Behaviour Change Communication (BCC) Strategy for HIV and TB with focus to key populations (e.g. mining, agriculture, road freight industries)</p> <p><b>Sub objective 4.2, intervention 4:</b> Awareness raising on human and legal rights issues related to HIV, TB and gender in communities (and the workplace)</p>	<p>Establish peer educator networks within every workplace in accordance with set national standards and guidelines. In addition to HIV, TB and STI information and behaviour change communication topics should also include;</p> <ul style="list-style-type: none"> <li>•education on gender violence</li> <li>•human and legal rights of PLHIV, LGBTI's and people with disabilities</li> <li>•education on stigma and discrimination</li> <li>•promote positive living through education</li> </ul>	<p># of peer educators active</p> <p># of people reached through prevention communication at least twice a year</p> <p># of sessions with HIV, STI and TB information</p> <p># of peer education sessions focussing on prevention of gender violence</p> <p># of peer education session with education on stigma, discrimination and the rights of PLHIV and disabilities in the workplace.</p>	Reporting template

Number	PSP objective	PSP intervention	Business sector activity	Indicator	Data source
9	<b>Objective 3:</b> Sustain health and wellness	<p><b>Sub objective 3.1, intervention 1:</b> Improve HIV, STI and TB contact tracing to facilitate early diagnosis, using the primary health care approach.</p> <p><b>Sub objective 3.1, intervention 2:</b> To ensure that at least 80% of people have access to earliest possible enrolment and universal access to appropriate treatment for HIV, TB and STI's after screening and diagnosis.</p>	Expand employee treatment programmes to include spouses and dependants aimed at strengthening programme effectiveness (and contact tracing)	<p># of spouses/partners tested for HIV</p> <p># of dependants tested for HIV</p> <p># of spouses/partners referred for HIV testing and TB screening</p> <p># of dependants referred for HIV testing and TB screening</p> <p># of spouses/partners screened for TB</p> <p># of dependants screened for TB</p>	Bizwell
10	<b>Objective 2:</b> Prevent new HIV, TB and STI infections	<p><b>Sub objective 2.2, intervention 4:</b> To ensure that at least 80% of STI infected men and women receive early and appropriate treatment</p>	Develop workplace programmes and communication strategies that promote access to free and confidential STI management with testing and treatment or referral. As a minimum promote referral for sexual partners or where possible provide screening, testing, treatment.	<p># of STI partners successfully traced and treated</p> <p># of STI partners referred for testing and treatment</p>	Reporting template

## SECTORAL LEVEL INTERVENTIONS

Number	PSP objective	PSP intervention	Business sector activity	Indicator	Data source
11	<b>Objective 1:</b> Address social and structural drivers of HIV and TB prevention, care and impact	<b>Sub objective 1.1:</b> Mainstream gender and human rights dimensions of HIV and TB into the core mandate of all government departments and all PCA sectors.	Provincial Board of Governors comprising leaders, social development practitioners, employee health and wellness specialists from all districts actively representing the interest of business and overseeing the implementation of business sector implementation plan. Strengthening participation from business on the Provincial AIDS Council.	# of quarterly meetings # of districts represented	SABCOHA internal
12	<b>Objective 1:</b> Address social and structural drivers of HIV and TB prevention, care and impact	<b>Sub objective 1.1:</b> Mainstream gender and human rights dimensions of HIV and TB into the core mandate of all government departments and all PCA sectors.	Develop and implement a communications campaign to popularise this strategy promoting widespread commitment and participation. Report implementation progress twice a year; mid-year and end-year.	# of mid year reports # of end-year reports	SABCOHA internal
13	<b>Objective 1:</b> Address social and structural drivers of HIV and TB prevention, care and impact  <b>Objective 2:</b> Prevent new HIV, TB and STI infections	<b>Sub objective 1.3, intervention 1:</b> Minimize the impact of gender based violence and raise awareness in society.  <b>Sub objective 1.6, intervention 1:</b> Enhance existing programmes and create new programmes to expand access to services, establish information centres and points of referral to services.  <b>Sub objective 2.4, intervention 1:</b> To implement an integrated BCC Strategy for HIV and TB with focus on key populations.	Implement a training programme that combines business and life skills with HIV and AIDS information and education for small and micro-sized enterprises. SME's often offer access to families and households (BizAIDS).	# of enterprises trained # of individuals trained # of females trained # of males trained	SABCOHA internal

Number	PSP objective	PSP intervention	Business sector activity	Indicator	Data source
14	<b>Objective 2:</b> Prevent new HIV, TB and STI infections	To make available a full package of screening in all clinical settings, which will include: HCT; TB and STI's symptomatic screening.	Implement the SME capacity development programme that facilitates the establishment of workplace programmes for medium-sized enterprises. Encouraging provision of HCT and wellness screening for employees.	# of enterprises trained # of individuals trained # of men and women tested for HIV in SME's	SABCOHA internal
15	<b>Objective 2:</b> Prevent new HIV, TB and STI infections	To implement national social Behaviour Change Communication (BCC) strategy with a particular focus on key populations.	Maintain the national peer educator support programme through which peer educators shall receive regular IEC material, telephonic support and debriefing.	# of provincial workshops # of mentoring sessions # of peer educators supported	SABCOHA internal
16	M&E guidelines	Improve M&E structures	Develop and implement a provincial business sector M&E plan that contains a comprehensive set of indicators including input (resources invested) process (activities), output (services provided) and outcome (actual results) indicators to measure progress in implementing this provincial strategic plan. Train and develop the capacity of the business sector to capture, manage and report data.	provincial business sector M&E plan developed # of companies reporting quarterly # of enterprises trained # of individuals trained	SABCOHA internal
17	M&E guidelines	Improve M&E structures	Implement and expand the use of the data monitoring tool for company level reporting of workplace programme interventions.	# of companies/sites in the Northern Cape registered on Bizwell	SABCOHA internal

## MULTISECTORAL LEVEL INTERVENTIONS

Number	PSP objective	PSP intervention	Business sector activity	Indicator	Data source
18	<b>Objective 1:</b> Address social and structural drivers of HIV and TB prevention, care and impact	<b>Sub objective 1.6, intervention 1:</b> Enhancing existing programmes and create new programmes to expand access to services.	Service directories including information for public, non-profit and private facilities to be provided to businesses for referral.	# of companies with access to a service directory.	SABCOHA internal
19	<b>Objective 1:</b> Address social and structural drivers of HIV and TB prevention, care and impact	<b>Sub objective 1.2, intervention 3:</b> Develop a comprehensive service package to address vulnerability associated with mobility and migration.	Business to participate in development of comprehensive service package to address vulnerability associated with mobility and migration.	# consultations in development # of mobile and migrant people reached with HIV, STI and TB services.	SABCOHA internal
20	<b>Objective 2:</b> Prevent new HIV, TB and STI infections	<b>Sub objective 2.2, intervention 1:</b> To ensure that 100% of men and women aged 15-49 have access to condoms by 2016.	Formalize a supply protocol with the Department of Health for the uninterrupted supply of condoms for distribution within every workplace.	# of consultations held protocol adopted.	Supply SABCOHA internal



# 6

## REQUIREMENTS FOR EFFECTIVE IMPLEMENTATION

### Human Resources:

- A provincial coordinator will remain a requirement for the effective implementation of this strategic plan, especially with regard to sectoral level activities
- The SABCOHA national office will continue to provide operational management and technical assistance to the province, specifically in relation to project design, planning and resource allocation.
- The SABCOHA Northern Cape Branch Board will continue to provide leadership, oversight and support to both the provincial coordinator and national office.

### Funding:

- For as long as external funding opportunities exist, SABCOHA will continue to submit applications for external donor funding and sponsorship.
- A growing need has been identified for companies in the province to support SABCOHA in maintaining the established provincial structure through increased membership and sponsorship.
- The success of workplace programmes and company level activities rely on companies who have the means to do so, to allocate financial resources towards workplace and community programmes and where possible supporting SMME's as part of their supply chain to develop and implement workplace policies and programmes of their own.

### Partnership:

- SABCOHA will continue to facilitate the growing partnership between the Provincial Government and the Northern Cape business sector in order to promote cooperation and alignment for multi-sectoral processes.
- Continued partnership is required between SABCOHA and the Northern Cape business sector in order to facilitate the effective implementation of sectoral activities.

- SABCOHA requires the support of the Northern Cape Branch Board to serve as business representatives on multi-sectoral District AIDS Councils.

#### Communication:

- SABCOHA will continue to utilise the Northern Cape e-newsletter to communicate important and up to date information to the provincial database of companies and civil society.
- SABCOHA will continue to expand its database of stakeholders specifically within the business sector.
- This Implementation Plan will be made available electronically and distributed to stakeholders in the province.

#### Commitment:

- SABCOHA will mobilise companies to report workplace wellness data through the Bizwell system and the M&E template in order to effectively measure implementation progress.

#### Monitoring and Evaluation:

- Monitoring and Evaluation (M&E) is an essential part of any plan and often neglected. Not only does M&E enable progress towards outcomes and goals to be tracked, but it can assess the quality and impact of a project. This provides transparency and allows accountability to be assigned within the project. M&E takes place on a variety of levels and can monitor the resources invested, the activities implemented, services delivered as well as evaluate outcomes achieved.
- Bizwell is a web-based Health Information System (HIS) which can be used as a monitoring and reporting tool. Bizwell was specially developed for SABCOHA to ensure effective capturing of HIV and AIDS data, more specifically HCT data in the South African business sector. The impetus generated by the HCT campaign forms a strong platform for the expansion of the Bizwell tool to record and report more broadly on all workplace wellness initiatives implemented within the business sector including TB and chronic diseases such as diabetes, high blood pressure, and cardio vascular complaints.
- Bizwell enables business to assess high risk areas in addressing disease management in the workplace. It gives intelligent and informed information on HIV and AIDS in the private sector to enable government to formulate effective strategies to address the impact of the epidemic in business. The design ensures that there is no duplicate reporting of data to government.
- Increasing the number of responsible reporting companies registered on Bizwell will provide more realistic data on the business sector response and enhance the sector's relationship with government and the Department of Health in particular. This will add significant value and extend opportunities for gap analysis and public private partnerships.



# 7

## THE WAY FORWARD

**The immediate next steps are identified below:**

### **1. Business Sector representation on multi-sectoral AIDS Councils to continue:**

The board of governors will continue to represent the business sector on District AIDS Councils as well as where possible represent business together with the SABCOHA provincial coordinator at Provincial AIDS Council meetings in order to continue strengthening district and provincial multi-sectoral response.

### **2. Launch of the Implementation Plan**

An official launch of the Northern Cape Business Sector Implementation Plan for HIV, TB and STI's 2012-2016 will take place where the plan will be officially handed over to the Provincial AIDS Council Secretariat.

### **3. Monitoring & Evaluation template**

An M&E template will be distributed to companies in order to report outputs on company level activities not supported by the Bizwell reporting tool. Capacity building and support will be provided by SABCOHA for companies in order to encourage consistent use of the M&E template in order to effectively monitor, evaluate and report on the implementation of this plan.



# 8

## ACKNOWLEDGEMENTS



### Donors and Sponsors

CDC-PEPFAR and Global Fund – funding of provincial branch & strategy  
Kumba Iron Ore – sponsorship of consultation workshop  
Petra Diamonds – Finsch Mine – sponsor for printing of the Implementation Plan  
De Beers Diamond Trading Company – sponsor for printing of the Implementation Plan  
Assmang Ltd – Khumani Iron Ore Mine – sponsor for printing of the Implementation Plan

### SABCOHA Secretariat

Mr Brad Mears - leadership and support  
Mrs Liesel Heynike – facilitation of the consultation workshop and M&E input  
Ms Penny Dlamini – support  
Mrs Nicola Marais – research  
Mrs Alex Bouche – design and layout of this Plan  
Ms Lieze Coetzee – coordination and drafting of this Plan

### Other

To the Northern Cape Provincial AIDS Council & UNAIDS for providing support & guidance for development of sectoral plans and the Northern Cape Business sector for their support in the consultation process.

## Northern Cape Branch Board

SABCOHA would like to acknowledge the leadership and guidance of the Northern Cape Provincial Branch Board throughout the period of 2009-2012. We thank you for your continued support in the implementation of this strategy. Since establishing the provincial branch in 2009, the board has grown and gone through various natural transitions including;

- Resignation of board members
- Election of a new Chair- and Vice-Chairperson
- Election of new board members and alternates

	Name	Company	Position	District	Year elected
	<b>Faried Sallie (Chairperson)</b>	De Beers Diamond Trading Company	Managing Director	Frances Baard	2009
	<b>Alta Buys (Vice chairperson)</b>	UGM Clinic	General Manager	John Taolo Geatsewe	2010
	<b>Louise Wessels</b>	Idwala Lime	CSI Manager	Siyanda	2009
	<b>Innocent Mabusela</b>	De Beers Diamond Trading Company	Public and Corporate Affairs Manager	Frances Baard	2009
	<b>Maryna Viljoen</b>	GWK	HR Officer: training and development	Pixley Ka Seme	2011
	<b>Ishmael Kolberg</b>	Black Mountain	HR	Namakwa	2011
	<b>Sandy Sutherland</b>	Petra Diamonds	Chief Medical Officer	Siyanda	2012

# 9

## SABCOHA PROJECTS

### **The economic importance of managing the impact of HIV and AIDS**

HIV and AIDS affects us all – it impacts on women, men, children, families, young and old, those who are unemployed and those who are economically active. The business sector is not immune to the challenges of HIV and AIDS. Whether large or small, it is common knowledge that one of the most critical factors to any business's bottom line is the productivity of the people it employs.

South Africa has one of the highest rates of HIV infection in the world and businesses are employing people who are HIV positive. Supporting employees who are infected is not only the humane and right thing to do, but it also makes business sense in order to mitigate the impact of the disease on the business.

Just as importantly, the organised business environment offers a unique opportunity to influence millions of employees through HIV prevention activities. It also offers an entry point into communities where services and activities are often lacking.

### **The South African Business Coalition on HIV and AIDS (SABCOHA)**

As a member of the South African National AIDS Council (SANAC), SABCOHA plays a key role in government-led efforts to combat HIV and AIDS and ensures that business is part of an integrated national response.

By mobilising the resources and skills of the business sector, and coordinating an effective business response, SABCOHA offers support to and extends the reach of the South African government's national strategic plan. Furthermore, SABCOHA empowers companies – large and small - by initiating and improving workplace responses to the epidemic and by providing a platform to share lessons learned from existing workplace and community initiatives.

SABCOHA engages extensively with the business sector to identify areas where the organisation can work to strengthen capacity and, as a result, has implemented a number of projects and programmes.

### SME HIV and AIDS Capacity Development Programme

Small and Medium Enterprises (SMEs) are particularly affected by the impact of HIV and AIDS as they typically have fewer employees who are often multi-skilled or fulfill different functions within the company. Having even just one person infected could mean a great loss to the company if the risk is not properly managed.

Implemented by SABCOHA and funded by the US Centers for Disease Control and Prevention (CDC), the SME HIV and AIDS Capacity Development Programme assists SMEs to assess the risk of HIV and AIDS to their business and to put in place strategies to mitigate the risk. As many SMEs do not have the capacity to implement a workplace HIV and AIDS response, the programme comprises training, capacity building and mentoring, ensuring that businesses are not only provided with the 'know-how', but that they are able to implement and sustain a workplace programme over time. By initiating the dialogue around HIV and AIDS, the programme also cultivates a culture of acceptance in the workplace and helps to reduce the stigma that persists in society.

### BizAIDS

Growing the SMME sector, addressing poverty and preventing the spread of HIV and AIDS are without doubt three of the major challenges facing South Africa.

The BizAIDS programme, with its focus on the financial and physical health of business in the micro-enterprise sector, addresses all these challenges.

Very small (micro) businesses are usually a means of survival for many people and are thus particularly vulnerable to the impact of illness. They typically have few, if any, resources to support them in a crisis.

BizAIDS combines business skills training with HIV and AIDS information and education to empower owners of micro enterprises. The programme offers basic money management and business training, including planning for the future to manage risks (something which many micro enterprises do not even consider as they live from hand to mouth). Importantly, the training also introduces the concepts of HIV and AIDS in a non-threatening, integrated manner and helps to reduce the stigma of HIV and AIDS in the workplace. Results have shown that participants develop a renewed sense of confidence in their ability to help themselves, their employees and their families to cope with the disease.

### Peer Educator Support Programme

In managing the HIV and AIDS epidemic, most companies have established workplace programmes that include the use of peer educators. Peer education is considered a vital prevention component of any workplace programme and the key to unlocking behaviour change. Peer educators encourage dialogue in the workplace on the sensitive issues associated with HIV and AIDS, aiming to raise awareness, address misperceptions and challenge stigma and discrimination.

It is estimated that in South Africa there are over 150 000 trained peer educators. In an effort to understand this critical resource better and to investigate ways of enhancing capacity, SABCOHA engaged with peer educators across the country. This roadshow revealed that the greatest challenges to effective peer education programmes are the lack of support, debriefing and mentorship for peer educators.

SABCOHA has developed a programme to provide a national support network for peer educators. The intention of the national network, through which consolidated services can be offered, is to eliminate duplication, improve quality and ensure a return on investment.



### Project Promote

Project Promote is a public private partnership that was started in 2006 with the purpose of distributing condoms through non-traditional outlets using existing private sector infrastructure. Starting with six pilot distribution sites in four provinces, Project Promote has now expanded to 95 sites across all nine provinces. The project started initially in the contract cleaning industry and SABCOHA partnered with some of the biggest cleaning companies in South Africa. Condoms, which are supplied by the Government, are stored and dispatched by the contract cleaning companies to condom distribution points, primarily in private workplaces.

In 2009, an increase in project reach and scope led to the inclusion of a number of big industries such as SAPREF and SASOL where condoms are distributed by the health and safety representatives. Furthermore, as part of a wider higher education initiative, tertiary institutions were invited to register with the programme in 2009 and, to date, 24 campuses have joined as project sites where condoms are distributed to students on campus.

A partnership with SABreweries in 2010 saw the project expand further with condoms being distributed on SAB trucks to taverns. Plans are in the pipeline to expand the project even further by distributing condoms to spaza shops.

### Road Freight and Trucking Industry Initiative

The commercial trucking industry is particularly vulnerable to the impacts of HIV and AIDS because of the high rate of infection and the difficulty in accessing the largely mobile workforce.

SABCOHA is piloting a project for Mercedes-Benz South Africa (MBSA) in partnership with Trucking Wellness, an NGO which has been actively promoting wellness and providing HIV and AIDS services in the road freight industry for over a decade.

This industry-specific initiative aims to reduce the rate of new infections while managing the impact of HIV and AIDS, STIs and TB on employees and the companies they work for. By making treatment, care and support more accessible through mobile clinics and roadside wellness centres, the project hopes to create a culture of wellness which will extend from employees to their families.

The success of the programme will ensure a more economically resilient and sustainable road freight industry but rests on the effective integration of all industry stakeholders, including national and provincial government, civil society, employers and union representatives in the road freight industry.

### Provincial Systems Strengthening (Provincialisation)

Provincial Systems Strengthening seeks to coordinate and strengthen the business sector's response to HIV and AIDS within all the 9 provinces of South Africa in line with national and provincial policy objectives. Provincial Systems Strengthening empowers companies to respond strategically to HIV and AIDS through the provision of training and technical assistance in programme development and implementation.

Training is based on the South African National Standard (SANS) 16001: 2007 which promotes a systems and risk management approach to mitigating the impact of HIV and AIDS in the workplace, promoting allocation of resources and thereby sustainability.

This activity builds cooperation and partnerships between business, government and civil society sectors aimed at improving service delivery.



## NOTES

## NOTES

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