SABCOHA
Empowering business in the fight against HIV
2004 to 2012
Flagship Report
About SABCOHA

Our vision
SABCOHA exists to mobilise and empower business in South Africa to take effective action on HIV and AIDS in the workplace and beyond.

Our mission
SABCOHA seeks to mitigate the impact of HIV and AIDS on sustained profitability and economic growth by:

Ensuring that business is a key part of an integrated effective national response to HIV and AIDS.

Type of organisation
SABCOHA aims to co-ordinate a private sector response to the HIV and AIDS epidemic. It is a member-based organisation consisting of large corporates, medium-sized enterprises and smaller companies, including service providers who have joined forces in the private sector initiative to combat HIV and AIDS.

Our partners
One of SABCOHA’s key functions is to forge partnerships with other players in Government, the business community, development sector and international arena, in the knowledge that the scale of the HIV and AIDS pandemic calls for co-ordinated and collaborative responses. SABCOHA facilitates the creation and sharing of best practice models for workplace HIV and AIDS initiatives in the business community. To this end, a number of mutually beneficial partnerships now exist with Government and international organisations.

Our approach
Given its ability to co-ordinate, lobby, conduct research and communicate findings, SABCOHA is able to do what individual companies cannot do. Each focus area is managed by a sub-committee, which meets regularly, and operates under the guidance of the constitution:

- Research and quality practices
- Communication
- Policy, lobbying and coordination

Our structure
SABCOHA is run by a CEO who reports to the Board of Governors. The board consists of representatives from member companies and other appropriate stakeholders and individuals. SACOHA has as its patrons Justice Edwin Cameron and Professor Bongani Khumalo.

By 2011 SABCOHA had established seven provincial structures each with a board of governors. In support of the National Strategic Plan on HIV and AIDS 2012-2016, seven provincial strategic plans are being published.

Constitution
SABCOHA is bound by its Articles of Association, which makes provision for a governing committee of at least five members appointed by the board. The committee’s role is to develop an agenda around business’s response to HIV and AIDS.

Acknowledgements
SABCOHA would especially like to acknowledge the Center for Disease Control (CDC) as our main contributor and thank them for their support over the last five years. Our thanks also go to all of the other funders who have supported the organisation over our 10 years of existence, these include:

- USAID
- PEPFAR
- DFID
- Global Fund for TB, AIDS and Malaria

We acknowledge as well the project teams for their hard work and dedication in carrying out the project interventions.

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Acronyms

ART        Anti-retroviral Treatment
CDC        Centers for Disease Control and Prevention
DAC        Durban Automotive Cluster
DCC        Durban Chemicals Cluster
DFID       Department for International Development
DoH        Department of Health
HCT        HIV Counselling and Testing
IESC       International Executive Service Corp
IOHA       Institutional Office for HIV & AIDS
MBSA       Mercedes-Benz South Africa
M&E        Monitoring and evaluation
NSP        National Strategic Plan
SABCOHA    South African Business Coalition on HIV and AIDS
SAPEA      South African Peer Educators Association
SAPREF     Joint venture between Shell SA Refining and BP Southern Africa
SHEQ       Safety, Health, Environmental and Quality
SMEs       Small and Medium Enterprises
SMMEs      Small, Medium and Micro Enterprises
STIs       Sexually Transmitted Infections
USAID      United States Agency for International Development
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Dear Reader,

It is with a great sense of pride that, as the Chairman of SABCOHA, I am able to share the Flagship Report with you. Acknowledgment for the achievements described in the report needs to go towards the management and staff at SABCOHA. Similarly, all previous Governors and Chairpersons need to be recognised for the oversight function and leadership they provided.

As member companies, we can pause and celebrate what is possible through collective action and focus. However, we may never forget that so much more is required from the private sector and the Flagship Report is merely a small example of what can be achieved by business in combating HIV. Perhaps the learnings in this report can provide lessons in not only addressing HIV, but all the socio-economic challenges threatening our nations’ growth and sustainability.

As SABCOHA surpasses its tenth year of existence, it is important that we pause and examine what we have achieved. Equally important is to examine the environment in which we find ourselves to determine our ongoing relevance to broader society. SABCOHA commits to do this in the near future and I am sure that with the appropriate underlying leadership philosophies, and through transparency, SABCOHA will continue to grow from strength to strength.

Enjoy the read.

Dr Riedawaan Pillay
Acting Chairperson of the Board
Foreword

In keeping with our Vision and Mission, our first key strategic deliverable is to address and mitigate the impact of HIV on vulnerable industries in South Africa. Our second strategic deliverable is to ensure that the private sector is part of a co-ordinated response to the epidemic. Our third strategic deliverable is to ensure the effective management of knowledge regarding HIV, and its impact on business. Monitoring and evaluation forms a key part of this strategic imperative. The Flagship Report is a reflection on all three of these areas of SABCOHA’s response to HIV in South Africa.

As the reader, how should you receive this document?

The purpose of this document is not simply a historic narrative of what SABCOHA has achieved. Rather, the Flagship Report is an overview of the interventions undertaken, and more importantly, the lessons learned. Most of what you are about to read regarding our initiatives can, and should continue. Whether it is SABCOHA who continues to implement programmes, or co-ordinating responses, or any other entity which wishes to undertake similar initiatives, this document must be a reminder of where we have come from, what we have learned, and what we need to do more effectively.

By no means is this report the final analysis of what can be done when responding to HIV in the private sector. Indeed this report only reflects the beginning, and the hard lessons learned in developing a response to the epidemic. Have we done enough? No! Could we have done more, better? I am sure. Do we have any regrets? Some, especially the fact that much of what was undertaken by SABCOHA took place at a time when HIV denialism was rife, and the distance between Government and business was wide. Was it worth it? Definitely.

Provincial systems strengthening

SABCOHA anticipated in early 2009 that Government was quickly emerging out of the state of denialism regarding HIV. We also realized that in keeping with this change, our response needed to be focused at a provincial and district level. To this end SABCOHA embarked upon a process of establishing provincial structures for the business sector in seven of the nine provinces. In part this report is an acknowledgement of the pioneering spirit and tenacity of those responsible for developing methodologies in establishing structures, and embedding relationships in each province with business and Government.

Monitoring and evaluation

Monitoring and evaluation has become key to our response to HIV. Moving into the next phase of SABCOHA’s existence, M&E must form the core of our responses. If you cannot measure it, you should not do it. Research and information has driven most of SABCOHA’s activities. The establishment of the South African Peer Educator Association is a case in point. Based upon research conducted by Professor David Dickinson of Wits, SABCOHA realized that peer educators are a key population of committed HIV activists. They possess tremendous power in reaching at-risk populations and the dissemination of information regarding HIV prevention.

Projects and programmes

SABCOHA started its first projects in 2004 aiming to provide capacity to the business sector, specifically targeting small and medium businesses, including micro-enterprises. Projects included BizAids, the SME Capacity Development Programme, Project Promote and Trucking Wellness. Looking back, I am convinced that these programmes were focused at the correct target audiences, and have achieved the outcomes we desired. Looking forward, one can only wish that more money could be spent in expanding what has already been achieved.

As a result of the interventions, a wealth of information now exists within SABCOHA – different methodologies, monitoring and evaluation facilities and implementation toolkits, which have been developed to provide useful resources for partners and businesses.

The success of all the programmes described in this report are a cause for celebration and a testament to the hard work and dedication of all those employed at SABCOHA. I would like to acknowledge all those responsible for making SABCOHA, and all its elements, the success that they are. There are people from management to workshop floor across all provinces who have benefited from our interventions, and this publication introduces some of these people to you.

On a personal level I would like to extend my thanks to the management of SABCOHA for the support they have provided, and the staff for their dedication and hard work. Lastly, I would like to acknowledge the Governors for their guidance and the leadership of all the chairpersons under whom I have served.

Brad Mears
Chief Executive Officer
Background
At the end of 2007, SABCOHA adopted a strategy to establish provincial structures to coordinate and consolidate the business sector’s response to HIV and AIDS at a provincial level. The creation of provincial structures ensures greater engagement and a more intimate knowledge of how business is affected by, and responds to, HIV and AIDS in each province.

The strategy sought to develop Provincial Strategic Plans in each of the nine provinces and recruit provincial coordinators to implement these plans. The projects managed by SABCOHA will be offered within the provincial branches along with new projects and interventions developed by the provincial coordinator with assistance and guidance from head office and the appointed provincial board of governors.

Activities
The objectives and activities of Provincial Systems Strengthening include:

- Stakeholder consultation culminating in provincial business sector conferences
- Initiating monitoring and reporting amongst companies
- Developing provincial business sector strategies in support of the National Strategic Plan (NSP) and HIV Counselling and Testing (HCT) Campaign
- Facilitating the election of provincial business sector Boards of Governors
- Ensuring participation of business sector representatives on district and provincial multi-sectoral structures focusing on HIV and AIDS
- Providing training and technical assistance to companies in the areas of policy and programme development and monitoring and evaluation (M&E)
- Facilitating the implementation of funded national projects primarily designed to support small, medium and micro enterprises (SMMEs) and vulnerable industries.

Funders
- CDC
- BHP Billiton Manganese
- Metropolitan Foundation
- Khumba
Provincial processes

SABCOHA started the process of establishing the first provincial structure in the Northern Cape with funding from BHP Billiton Manganese. At the time there were very few comprehensive workplace programmes in operation in the province and there was a marked lack of information sharing within the business sector around any programme outputs or achievements.

Using the NSP as the foundation on which to develop the provincial strategic plan, a total of 54 interventions were identified for implementation, either by companies, SABCOHA, or through business representatives on various multi-sectoral councils and stakeholder forums. These interventions were grouped under the four main priority areas of prevention; treatment, care and support; monitoring, research and surveillance; human rights and access to justice.

Surveying the business sector

To inform the development of the provincial strategy in the Western Cape, SABCOHA undertook its largest and most comprehensive business sector survey to date of 204 companies representing 202 928 employees (17% of the formal business sector in Western Cape). While many companies were found to have policies on HIV and AIDS, the survey pointed to very few workplace programmes in place, and limited monitoring, reporting and evaluation, suggesting that there was much that could be done to enhance the business response to HIV in the province.
Following the establishment of SABCOHA’s first provincial branch in the Northern Cape, the Metropolitan Foundation provided funding in May 2009 to establish a provincial branch in the Western Cape, while also:

- developing a comprehensive sector-specific HIV and AIDS strategic plan, and
- strengthening cooperation and partnerships between business, Government and civil society organisations aimed at improving service delivery.

Extensive consultation across the six districts in the province during the first six months of the process resulted in a database of around 420 companies. A consultative conference was held in May 2010 at which a more manageable set of 30 interventions were tabled and commented on.

Building on lessons learned from the Northern Cape, a rating of the 30 interventions by priority (extent to which the intervention impacts positively on the overarching aims of the NSP) and probability (available resources and political will) resulted in short-listing ten of the interventions as top priorities for immediate action.

While the coordination of a sectoral response to the National HCT campaign caused some delays in finalising the provincial strategy, a draft was released for public comment on 8 February 2011 and the SABCOHA Western Cape Board of Governors adopted the final strategy at its meeting on 1 March 2011.

**Future direction**

Building on the success in Northern Cape and Western Cape, funding was secured from CDC for the implementation of the Provincial Systems Strengthening programme in five additional provinces: Limpopo, North West, Free State, Kwa-Zulu Natal and Eastern Cape.

The process in each of these provinces commenced in July 2010 and business sector conferences have been held in all provinces. The finalisation and adoption of the provincial strategic plans will be completed in 2012 and the programme will also be implemented in the two remaining provinces of Mpumalanga and Gauteng.

**Challenges**

- Ongoing support and commitment of the business sector
- Buy-in at a provincial level when policy decisions are often taken at head office level in another province
- Securing sustainable funding to enhance capacity and levels of output at a provincial level and therefore maintain active participation of Boards of Governors
From: Eric Hefer  
Sent: 15 September 2011 07:59 PM  
To: Richard Douglas  
Cc: Alex Bouche; Kerry Nagel  
Subject: The conference  

Dear Team  
I have to say that with debates of the kind we saw today, you needed a cork rather than an ‘unblocking agent’.  
The groups were very motivated and animated and I think the event was particularly educational to all participants and spectators.  
The timeframes and topics were just right.  
Well done on another awesome development.  
I was a bit overwhelmed with the passionate delivery and good insight the teams showed.  
Regards  
Eric

From: Netty Green  
Sent: 19 September 2011 11:24 AM  
To: Rogini Doorasamy; Richard Douglas; Brad Mears; Anita Volker  
Subject: Well done  

Hi All,  
Just to thank all of you for a fantastically well organised and worthwhile conference! It was incredibly slick and went like clockwork, you managed to keep everyone engaged and I didn’t spot anyone falling asleep! If Sabcoha ever folded you could always start an events organisation.  
Seriously … a good foundation and at last the Eastern Cape has a road map for the future.  
Thanks so much,  
Netty Green
Background

Bizwell is a web-based monitoring and reporting tool designed to measure the business sector’s response and investment in HIV and wellness within the workplace and beyond. Bizwell was launched in October 2010 to support Government’s HIV Counselling and Testing (HCT) campaign and only provides for reporting of HCT and wellness screening data at present.

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.

Although Bizwell is wholly owned and managed by SABCOHA, it was given its own identity because companies and service providers do not need to be members of SABCOHA in order to register and report. Bizwell is however regarded as a fundamental value proposition motivating membership of SABCOHA, thereby enabling broader support and contributing towards organisational sustainability.

How does Bizwell protect confidentiality?

The system guarantees data confidentiality, as data captured does not require the entry of names and client identity details. The system only allows for input of the demographic elements of the client’s profile, which enables analysis of risk based on issues around gender or age and other demographic elements. Its design and functionality helps facilitate strategic alignment between supply and demand, and enables expanded access to HCT and HRA (Health Risk Assessment) data for vulnerable employees and/or industries.

- **Company level** confidentiality is strictly maintained in that SABCOHA will not link data reported to the company name or brand, even if permission to acknowledge participation is provided.
- **Individual** confidentiality is maintained in that no identifying information is collected.

What are the targets?

The business sector HCT strategy finalised in July 2010 set a target of 2 million individuals tested within the workplace. Bizwell aims to foster a culture of transparent reporting, support systems and skills development. Towards this end Bizwell requires bold visionary leadership.
Online templates and tools: The Bizwell website provides users with ready made templates, online booklets and information materials.

Challenges
Based on practical experience and lessons learnt through Bizwell and provincial surveys conducted in the Northern and Western Cape in 2008 and 2009, SABCOHA has identified the following barriers to reporting that the Bizwell team is working hard to address through various training and outreach initiatives:

- Advocacy efforts fail to reach and persuade business executives and leaders to report HIV programme data
- In the absence of legal requirements and compelling economic reasons for implementing and reporting on comprehensive HIV workplace programmes, incentives need to be sufficiently appealing to secure participation
- The absence of a stakeholder management relationship will severely limit success in accessing company-level data
- The purpose and use of the data needs to be clearly stated and valuable to the companies reporting, and confidentiality must formally be guaranteed
- Too little capacity and multiple demands for data and information often results in outright refusal to participate
- Accessing comprehensive data from companies is a long-term investment in workplace systems strengthening and capacity development.

Future plans
Bizwell currently comprises one monitoring module on HCT and wellness screening. SABCOHA plans to develop additional modules to measure companies’ investments in disease management and employee wellness and other components that will turn Bizwell into a reputable knowledge repository for the business sector in South Africa.

Jenny Abernethy, Occupational Health and Wellness Manager, Woolworths, discusses the benefits of Bizwell:

“The Bizwell system is an answer to many of our needs. While a lot of testing is being done it was not necessarily being reported to the correct medium. It provides good data on other screening as well as HIV testing. Now not only is the data being escalated to Government but the company is able to use these statistics to plan wellness strategies and for budgeting purposes for treatment.”

Dr Vanessa Govender, Group Health and Wellness Manager, Aveng Africa)
Background

The BizAIDS programme started in 2004 through a partnership with the International Executive Service Corp (IESC), a non-profit organisation from the United States, and a grant from the United States Agency for International Development (USAID).

The target for the programme is small businesses, those with less than 10 employees, as they typically have limited resources to deal with the management of HIV and AIDS in the workplace. Developed as a “business health check”, the BizAIDS programme combines business and life skills training with HIV and AIDS information and education. A strong focus of the programme is on continuity and succession planning as small businesses are more vulnerable if their employees fall ill.

Activities

The BizAIDS programme is offered in partnership with local business organisations using locally based trainers. The trainers are responsible for recruiting the small businesses onto the programme and each have targets for the number of businesses they are expected to train on an annual basis. SABCOHA, as programme manager, is responsible for managing over 30 trainers employed around the country, providing on-going training and support to these trainers and overseeing the training they provide.

The BizAIDS programme is delivered through a series of workshops, the number and duration of which are flexible depending on the situation and needs of the particular participants. Because they are locally based, the trainers are also able to conduct the programme in a local language which overcomes the language barrier. In general, the length of the programme varies from 12 to 20 hours in duration and is divided into four main sections:

1. Know your business helps owners assess the current status of their business
2. Manage your business provides basic business and management skills such as record keeping and asset management
3. Protect your business helps owners develop plans to manage risk and protect their businesses going forward
4. Share the information provides an opportunity for owners to share the information received with their families and employees

SABCOHA follows up with 20% of all participants 3 months after the training to get feedback and gauge impact of the programme.
Gilbert Motlaping is one of the trainers employed by BizAIDS, having been with the programme since 2008. Using a network of recruiters and working closely with community development workers, Gilbert has identified and trained hundreds of small businesses throughout Ekurhuleni.

He strongly believes in the course material and the difference that it makes to the lives of those who attend the training:

‘the face that walks in at the start is very different to the one that leaves at the end!’

Gilbert feels that there has been a sharp increase in HIV awareness amongst people in the last few years due to courses like BizAIDS, although the challenge is ensuring that people get tested so that they know their status.

Koketso Merafe, an aspiring fashion designer, sells clothes, bags and fashion accessories door-to-door in Tembisa. She participated in the BizAIDS programme to increase her business knowledge and share experiences with other small business owners. The main thing that she took away from the training is the need to plan today, for tomorrow.

She also found the training to be an ‘eye-opener around HIV and AIDS as I got to realise how real HIV is and the impact it can have on your business’. Koketso believes that BizAIDS is doing a great job targeting young entrepreneurs.
Achievements
A major success factor in the BizAIDS programme is the strong engagement with all relevant stakeholders – business, Government and the community. This serves not only to strengthen the programme but also has implications for its sustainability. In this regard the BizAIDS programme received a certificate of merit from the Impumelelo Sustainability Awards in August 2009.

Challenges
- Follow-up proves challenging when participants change their phone numbers
- Foreign nationals are welcome to attend BizAIDS workshops but the language barrier can be a challenge
- Funding remains a challenge to the continuity of the programme

At a glance

The numbers

Number of small businesses owners trained

Sectors covered
- Construction
- Transport
- Retail
- IT and electronics
- Food and beverages
- Education (early childhood development)
- Beauty
- Services
- Informal sector

Partnerships
- JP Morgan
- IESC
- SEDA
- The Red Door
- The Business Place
- Liquor Trade Association
- Gauteng DOH – Multisectoral AIDS Unit
- Taxi Association
- Amangwe Village KZN
- Local Municipalities
- Ward Councillors & Community Coordinators

Funders
CDC, USAID, PEPFAR, Global Fund for TB, AIDS and Malaria

Geographic location
Masoja Toyi spent four years in prison during which time he realised that the only way to make a better life for himself and his family was ‘to face reality and look at what you need and not what you want’. From starting out selling cigarettes, he has now established a small spaza shop outside his home in Katlehong, which he plans to extend within the next six months. He went to the BizAIDS training as he wanted to learn how to grow his business and found the input to be invaluable. He says

‘every day I try and do something that I learnt on the course and for the first time I am now keeping records for my business’.

Masoja says that the support of the community has been crucial in getting him where he is today, he hopes that one day he will be able to employ members from the community in his business as unemployment is very high in his area.

Tshepo Mringi, Thabo Masilo, David Mpptso, David Mofokeng and Dingani Mpitso were all theatre and film students at an arts college in Katlehong when they attended a BizAIDS workshop. They found the training to be very different to the kind of training they were used to and were inspired to register their own film company, Rhythm Cycle Projects, shortly thereafter. Their clientele include Government departments, big business and a number of local music artists. BizAIDS taught them that

‘In a small business like ours you cannot afford for someone to get sick as the business will die’.

Not only have they become more responsible in their social lives, but they also take the issue of cross training very seriously so that each of them can do one another’s jobs if required.

Refilwe Tilodi attended a BizAIDS workshop at a time when her home-based business supplying pies to the community was battling to survive. She was inspired by the training which taught her to be a ‘go-getter’ and assess her competitive advantage in a crowded market. She now runs a small catering business and has Ekurhuleni Metropolitan Council amongst her list of clients. BizAIDS has made her very health conscious in her business and enabled her

‘to be free to talk about anything and everything around HIV and AIDS’.
SME HIV and AIDS Capacity Development Programme

Contributing technical, financial, administrative, and project management capabilities to SMEs

Background
The SME HIV and AIDS Capacity Development Programme is an HIV workplace initiative specifically designed to meet the needs of small and medium enterprises (SMEs), which may not have the capacity or resources to develop HIV and AIDS workplace programmes. The Programme aims to build capacity within the SME to manage the impact of HIV and AIDS on the business and its employees and also to help create a conducive environment in the workplace for dealing with those infected with, or affected by, HIV and AIDS.

Activities
SABCOHA recruits SMEs onto the programme through three main channels:
- A supply chain approach – SMEs are often suppliers or vendors to large organisations which may already have HIV workplace programmes in place and want to see an extension of the business sector response to HIV and AIDS driven through their supply chains.
- Organised business bodies such as Chambers of Commerce or Business Associations.
- Direct recruitment through the media.

The programme comprises training, capacity building and mentoring to enable SMEs to implement and sustain a workplace programme over time. It consists of the following components:

1. **Baseline Institutional Assessment:**
   Conducted at the outset to estimate the level of risk in the business based on location, employee demographics, and other factors.

2. **Management Briefing Workshop:**
   To provide basic information on HIV and AIDS and its possible impact on productivity and business operations, to emphasise the need for a workplace programme.

3. **Training of HIV Champion:**
   The elected Champion within the SME who is to drive the programme is given step-by-step guidance on how to implement and monitor a workplace programme using the SABCOHA Toolkit.

4. **Training of the Steering Committee:**
   SMEs are encouraged to establish a Steering Committee comprising management, employee and union representatives. The Steering Committee is then also trained using the Toolkit, focusing on how it can support the implementation of an HIV policy and programme at the workplace.

5. **Peer Educator Training:**
   Training is offered for up to five peer educators in the SME to equip them with the required knowledge and skills to spread the message amongst their peers at the workplace and also capacitate them to provide appropriate support and advice when approached.

6. **Mentoring sessions:**
   SMEs are offered on-going mentoring to assist in the implementation of a workplace programme.

7. **KAP survey:**
   SMEs are informed about the use of a survey of knowledge, attitudes and practices (KAP) of employees in order to monitor and evaluate the effectiveness of the workplace programme.

The most exciting aspect of the supply chain approach for reaching SMEs with HIV and AIDS programmes is its scalability. Through the vast supply chains of big companies like Eskom, there is the potential to reach millions of people very quickly.

(Peter Mangena, Eskom Senior HIV and AIDS Advisor)

- 554 businesses trained
- Programme provided in all nine provinces
Eskom and the Kusile Plant

Eskom recognised that poor sustainability within its supply chain would affect its own sustainability and identified HIV and AIDS as a major risk factor, especially as most suppliers did not have HIV and AIDS workplace programmes in place.

Based on this information, Eskom decided it made good business sense to invest in developing the capacity of these suppliers to manage HIV and AIDS in their businesses and their communities. To achieve this they partnered with SABCOHA on the SME Capacity Development Programme to offer support to all of their suppliers (approximately 1 000 companies) over a period of three years.

One such site at which the programme is being delivered is the new Kusile Plant in Mpumalanga which is being championed by Kusile Civil Works Joint Venture. They felt that they had a particular obligation to the small companies that are sub-contracted by the Joint Venture as ‘one sick person in a small company is a problem, so we need healthy people on site to perform and meet our targets’.

Nine sub-contractors on site have been part of the initial phase of the programme, which has seen:

• The development of HIV and AIDS workplace policies across the sub-contractors
• The continuous provision of HIV and AIDS information and education through the peer educators
• The regular distribution of condoms on site and at the hostels
• An HCT campaign during November and December 2010 which saw over 2 000 employees (out of a total of 2 900) being tested
• Referral of those HIV positive (approximately 19% of those tested) to the local clinic for further assessment and treatment.

Kusile Civil Works Joint Venture

• Basil Read
• Group Five
• Steffanutti Stocks
• WBHO Construction

Relebogile Kgalane states that Steffanutti Stocks participated in the programme in order to combat the stereotype in the construction industry that ‘time is money and production is the only priority’. The programme is extremely important for them as they seek to safeguard staff welfare and expose their workforce to the crucial information and messages that underpin the programme.
At a glance

The numbers

Partnerships

• Eskom
• VWSA
• Sasol
• Durban Chemicals & Automotive Clusters
• Swedish Workplace Program
• South African Petroleum Refineries
• COEGA
• The SEDA Construction Incubator Programme.

Funders

CDC, USAID, PEPFAR

Challenges

- Loss of training time due to holidays and negotiation times reduces the effectiveness of the programme
- Marketing the programme is a challenge

Achievements

This programme has proven to be successful due to its ability to adapt and reorientate itself in the face of economic challenges and corresponding low participation from SMEs.

The recruitment of locally based trainers throughout the provinces has also allowed the programme to expand and provide better follow-up support.

Sectors covered

• Construction
• Petrochemical
• Automotive components.

Geographic location

Programme began here
Programme present
No programme
Max/Wezie Civil & Building Contractors is a small construction company from the Eastern Cape. It was established in 2002 by the husband and wife team of Max and Wezie Zondani, who both gave up the security of their full-time jobs to start their own venture.

Max and Wezie’s journey started on a small plot in Qunu where they both lived and worked from a small one-roomed house. Today this house serves as the staff meeting room as the company has moved its head office to premises in Mthatha.

The company saw the advert for the SME HIV and AIDS Capacity Development Programme and immediately wanted to get involved as they had seen the impact of HIV and AIDS in the construction industry. Although they had had exposure to other training courses, ‘what we really liked about the approach of SABCOHA was that HIV and AIDS was shown not just to be a social issue but also to be a business issue’.

Max and Wezie feel that the training ‘switched on a light’ for them. They realised that human resources were the most important part of their business and needed to be protected. Since the training, Max/Wezie has developed a HIV and AIDS policy for the company and has employed a full-time HIV and AIDS coordinator who manages the programme. They have also encouraged their staff to bring their families to live with them on site to foster a healthier lifestyle.

‘We want to be a sustainable business with systems and resources in place to take care of our workforce. SABCOHA has given us a template - it is now up to us to put our vision into action’.

The plot in Qunu now houses some of the 26 permanent staff and their families as well as being where the company’s materials and equipment are stored.
The Durban Automotive Cluster (DAC) is a public-private partnership between the eThekwini Municipality and the automotive industry in KwaZulu-Natal, established in 2002 to develop the competitiveness of this industry. 36 automotive component manufacturers belong to the DAC who collectively employ approximately 17 000 people in the Durban and Pietermaritzburg areas.

With initiatives across a number of strategic focus areas, the DAC embarked on an HIV and AIDS programme in partnership with SABCOHA to promote the retention of skills within the industry. The programme was launched in 2008 with 8 companies on board, with a further 7 companies joining in 2009 - a third group started on the programme in 2011.

Since inception, the programme boasts the following achievements:

- 70 people attended the management training
- 67 steering committee members have received training
- 27 HIV Champions have been trained
- 109 peer educators have been trained
- More than 2 200 workers were tested during 2008 and 2009

Reflecting on the value of the partnership with SABCOHA, the DAC Project Manager, Jan Smuts, argues that ‘the facilitating and enabling role that SABCOHA plays leads to doors being opened for the DAC’.

Margaret Henderson, HIV Steering Committee at Behr, explains how the programme has worked for them: ‘The tools we were given in the training pushed us in the right direction. We were forced to become more focused and streamlined as opposed to just shooting in the dark’.

Elvis Ogle, HIV Champion at Behr says ‘An important part of the HIV and AIDS programme has been getting workers to realise that the programme is here to help them and not get rid of them!’

Patience Buthelezi, a peer educator at Behr, has lost family members and friends because of the virus and felt she needed to do something to help. A passionate peer educator, Patience points to the value of ‘how much information people have - you must be able to see there is light even if you are HIV-positive’.

Beki Nkala, HR Manager of Federal Mogul, on the importance of the programme: ‘We have to keep our people productive and to be productive they have to be healthy’. 
The Durban Chemicals Cluster (DCC) was established along the same lines as the DAC in 2006. With no structured HIV and AIDS programmes within the cluster, six of the 19 companies in the cluster were recruited to be a part of a pilot programme in partnership with SABCOHA, which began in 2010. Innocent Hlongwana, Project Manager of the DCC, states that ‘cost saving is a major incentive for participating in the programme as many of our smaller companies would be unable to launch such a programme on their own’.

While the programme is still in its infancy, 14 management representatives, nine HIV Champions and 21 peer educators have been trained across the 6 companies. In addition, 45 workers have been tested during 2011. The nature of the cluster approach also adds value to the programme.

Every 3 months, the DCC holds an HIV Champion’s Forum to look at real and relevant issues faced by the companies in implementing the programme. As Hlongwana points out, this information-sharing and networking opportunity allows one ‘to learn from different companies who use many different strategies to get workers into the programme and be tested’.

Viven Singh, HIV Champion at Sancryl Chemicals, argues that HIV and AIDS is ‘still taboo whether we like it or not’. To break the ice and get people used to the notion of testing, Sancryl first held a Wellness Day where people were encouraged to get tested for cholesterol, blood pressure and so on. This was followed up by an HIV and AIDS day which was well-received and the whole company attended and were tested. As Singh states, the message across both days was that ‘we as management don’t want to know your status, but it is important that you know in order to be able to manage it regardless of what it is’.

Sharon Richards, HR Executive at NCS Resin, says that prior to their involvement in the programme the company had tried a few initiatives which had no continuity. She feels that ‘in order for a programme of this nature to be sustainable, on-going conversations must be happening outside of formal workplace structures. This programme is an excellent initiative which the country has needed for a long time.’
Background and activities

Project Promote is a condom distribution project aimed at strengthening Government’s implementation capacity and delivery of services to fight the spread of HIV and AIDS and other sexually transmitted infections. Its main focus is on widening distribution of condoms to sites not traditionally reached by the Department of Health and also ensuring a consistent supply to these sites.

Project Promote began in 2006 with six pilot sites as a unique public-private partnership between SABCOHA, the national Department of Health and key players within the contract cleaning industry (Prestige, Fidelity Supercare, the Steiner Group and BidAir). In 2009, the project expanded when a number of higher education institutions were brought on board as primary distribution sites and the project moved outside of the cleaning sector to incorporate key players from the petrochemical sector – Sasol and SAPREF (a joint venture between Shell SA Refining and BP Southern Africa).

2010 saw further expansion of Project Promote, with a pilot project being implemented through three depots of SABMiller. It is envisaged that this pilot will be extended to all SABMiller depots throughout the country in the near future and that Project Promote will continue to identify future partners to further increase condom distribution throughout the country.

‘Prestige has been a strategic partner with Project Promote since its inception in 2006 when four Prestige sites were first registered. We now have 28 registered sites with the project and are proud to be a part of a project that supports the fight against HIV and AIDS in South Africa. The project has added value to the company in that we are able to offer free condom distribution to our clients with other services.

Furthermore, through a partnership with Project Promote, we also have the unique opportunity to partner with Government in a Public Partnership initiative that has had a tremendous impact on various communities throughout the country.”

(Paul Roux, Group Director, Human Resources, Prestige)

- Presence throughout South Africa
- More than 45 million condoms distributed
- 60 primary distribution sites are part of the programme.
Steiner Group
At the outset, Project Promote’s reason for focusing on the cleaning industry was twofold – firstly, the employees in this sector were found to be particularly vulnerable to HIV and, secondly, cleaners had access to toilets and ablution facilities at client sites where they could play a significant role in dispensing and monitoring condoms.

Steiner’s initial involvement in Project Promote started as a staff health and wellness initiative, as they saw the benefit of trying to limit the spread of STIs within their workforce. Anli Moller explains that

‘It makes a difference to staff to know that management cares about their health – to be able to supply this to staff has an effect on morale’.

After seeing positive results at a company level, they expanded the scope of their involvement to include their clients as well.

SABMiller Denver Depot
The aim of the SABMiller partnership is to distribute condoms nationally through existing SABMiller infrastructure, with a specific focus on taverns. The pilot programme, which ran from August to October 2010, was in line with SABMiller’s ‘Safe sex campaign’ and fulfils one of their 10 sustainability priorities, namely, ‘contributing to the reduction of HIV and AIDS within our sphere of influence’.

The supply of condoms to taverns is done in exactly the same way as the supply of liquor – sales representatives have certain targets as part of their performance agreements and condoms are coded as a ‘free beer issue’ in order to ensure there are no costs to the client. Ticino Lorenzen states that

‘This is a strategic way to reach people and is our way of giving back to society’.

It would appear that the partnership is working as taverns are increasingly making condoms a part of their regular order from the depot.
Achievements
The success of a public-private partnership lies in the benefits derived by each partner. For Project Promote, these benefits are clear, lying at the heart of expansion of the programme:

- The Department of Health procures and delivers condoms, increasing distribution and access beyond the traditional sites of their health facilities.
- The private sector companies are able to add condom supply and monitoring to their service offering as well as boost their Corporate Social Investment profiles.
- SABCOHA, as programme manager, is also able to add to the services that they provide to the private sector.

Challenges
- Price variations and sufficient stock levels remain an ongoing challenge to the programme
- Suppliers struggle to meet the increased demand
- Stock supply to outlying areas is poor and is difficult to facilitate
- Rotation/turnover of staff at primary sites requires ongoing training to ensure they operate and report appropriately

At a glance
The numbers

![Total condom distribution chart](chart.png)

Sectors covered
- Services (cleaning)
- Food and beverage
- Higher education.

Partnerships
- Bidair
- Department of Health
- Fidelity Supercare
- Higher learning institutions
- Prestige
- SAB Miller
- SAPREF
- Sasol
- Steiner Group

Funders
CDC, USAID, PEPFAR, Global Fund for TB, AIDS and Malaria
University of Johannesburg
As one of the primary distribution sites, the University of Johannesburg’s Institutional Office for HIV and AIDS (IOHA) operates across the four campuses, dealing with a student population of almost 50,000 and a staff component of over 7,500.

While managed by IOHA, condom distribution at the various campuses is undertaken by the cleaning companies. They are currently exceeding their monthly distribution target of 60,000 condoms, but feel they can distribute more. The partnership with Project Promote is a very important one to IOHA, as it provides leverage and helps foster buy-in as the office seeks to lobby for providing condoms throughout the campuses and the various hostels. Claudia Da Rocha-Kustner (HIV and AIDS coordinator on campus) makes the following important point:

“We are a small office – that’s why we depend on our partnerships like the one we have with Project Promote”.

Project Promote is continually involved in new initiatives to research promotion of condom use. Materials have been produced for a pilot project in KwaZulu - Natal.
Background

In November 2009, SABCOHA and Mercedes-Benz South Africa (MBSA) entered into a partnership with Corridor Empowerment (CEP) managing Trucking Wellness, a non-governmental organisation launched in 1999 by the National Bargaining Council for the Road Freight and Logistics Industry (NBCRFLI) to promote employee wellness and provide HIV and AIDS services in the road freight and logistics industry. The project is an important aspect of MBSA’s Corporate Social Investment (CSI) strategy, while SABCOHA provides expert HIV and AIDS Programme Management, Monitoring and Evaluation and Project Management skills.

At the outset it was envisaged that SABCOHA, through its membership base and networks within the public and private sectors, could provide a platform to promote the project in order to extend its reach and encourage new partners to come on board. Truck drivers spend much of their time away from home working long hours and covering great distances. Their working conditions can create loneliness, which unfortunately leave drivers, married or single, at high risk to engage in sexual relationships with sex workers or community members. As a result, sexually transmitted infections (STI’S) and HIV have been widely spread amongst the most vulnerable communities along the national routes. The trucking industry faces a severe predicament due to the impact of HIV and AIDS.

Key objectives of the project include:

1. Providing health services to employees within the trucking industry, commercial sex workers and the general community around key hubs in the transport network countrywide through wellness centres and mobile vehicle units.

2. Raising awareness and advocating testing, prevention and treatment of HIV and AIDS.

3. Providing risk management advice and other services for participating companies through various activities and training of employees, managers and owners in the sector.

“Health Minister Dr Aaron Motsoaledi: “My vision is that all the major roads and routes in South Africa will be covered by this intervention and also that we ensure that we work with our neighbours in the SADC. We must ensure that wellness centres are established at every border post and port.”

Ngoako Bopape from the NBCRFLI believes that the success of the project stems from the fact that the partnerships which make up the initiative are based on “well-defined stakeholder interest in the delivery of the project” and he says one of the key lessons has been the need for persistence in sustaining relationships to ensure that partners “work side-by-side”.

“I’ve been driving trucks for twenty-five years, and I’ve been driving since I was eleven, especially tractors on the farms,” says Petrus Tamle, veteran driver of 25 years. “I decided to start visiting the clinics because the last medical test I had was in the 80s for diabetes and high blood pressure; things like that. I’m 63 years old and happy to be healthy, and happy that the clinics can tell me that I’m healthy.”
Activities

The once stable industry of some 70,000 drivers is under threat from the impact of poor health and shortened life span of its driving workforce. The effects of HIV and AIDS can be seen in the constant search to replace drivers lost through high absenteeism, disability or death. Concerned by this situation, parties of the NBCRFLI negotiated an agreement to provide anti-retroviral treatment to road freight and logistics industry employees and partners who fall within the Council’s registered scope.

CEP has established more than 20 Trucking Wellness Centres along the national routes in all provinces of South Africa operating after hours when truck drivers take time to refuel, eat and rest. A typical roadside wellness centre consists of a modified six-meter container. Half of the container is fully equipped with medication and staffed by a qualified nursing sister while the second half is equipped for use as an awareness, education and training facility which is run by a coordinator/peer educator. The wellness centres provide a holistic approach to health and wellness, encompassing a wide range of free primary care services. The main focus areas are as follows:

- Condom distribution
- STI diagnosing, treatment and education
- HIV awareness, information, education, counselling and testing
- Referrals to appropriate service providers for ART and HIV and AIDS treatment and care
- TB awareness, information, education, screening and referrals for treatment and care
- Malaria awareness, information, education, screening and referrals for treatment and care
- Screening tests for blood pressure, blood sugar, cholesterol and body mass index
- Diagnosing, treatment, care and support of any primary health care problem or concern.

The project has also equipped 5 mobile clinics which perform HCT services for all employees at workplaces in the road freight and logistics industry. Mobile clinics testing include:

- Condom distribution
- STI diagnosing, treatment and education
- HIV awareness, information, education, counselling and testing
- Referrals to appropriate service providers for ART and HIV and AIDS treatment and care
- TB awareness, information, education, screening and referrals for treatment and care
- Screening tests for blood pressure, blood sugar, cholesterol and body mass index.

Nobuzwe Mangcu, Divisional Manager, Group Corporate Affairs, at Mercedes-Benz South Africa, praised the project: “We are proud to be linked to such a successful initiative... The road freight industry is the lifeblood of our commercial vehicle business. We are committed to contributing in a manner that benefits this important cog in the wheel of our country’s economy, but more importantly we are able to help make a difference in the lives of hundreds of individuals and their families. For me the significance of this milestone that we are celebrating today is that it demonstrates how a well-run private public partnership can successfully deliver essential support and benefit for our country’s truck drivers.”

Cape Argus, May 2011
Achievements

- The formal opening of the first Wellness Centre in the Western Cape, Epping with the Honourable National Minister of Health as the guest of honour.
- Participating in the opening of five more Wellness Centres to a total of 22 nationwide.
- Since 1999 more than 500,000 people have received HIV and AIDS awareness information and education.
- Since 1999 more than 13 million condoms have been distributed.
- Since 1999 more than 65,000 people have received treatment for STI’s.
- 1300 people are receiving ART treatment, care and support.
- The project effectively brings together parties from all sectors of society working together for the betterment of those in the road freight and logistics industry. These partners include government, business, trade unions, civil society and international funders.

Challenges

- Living a life away from home, coupled with rejection by their communities often results in patients discontinuing their treatment.
- The relationship with the Department of Health – both at a national level and with certain provincial departments – was not well established from the outset and thus not well utilized.
- The development of an appropriate monitoring and evaluation tool/system for the Trucking Wellness clinics.

At a glance

Partnerships

- Sida
- National Bargaining Council for the Road Freight Industry
- South African National and Provincial Departments of Health
- SABCOHA
- Mercedes-Benz South Africa
- The Road Freight Association
- CareWorks
- Imperial Logistics
- N3TC
- UTi
- Shell
- CMRA
- Engen
- IOM
- Motor Transport Workers Union (MTWU)
- South African Transport and Allied Workers Union (SATAWU)
- Transport and Allied Workers Union of South Africa (TAWUSA)
- Regent
- Arrive Alive

Geographic location

Source: Truckingwellness, February 2012
MBSA – raising the profile of health in the trucking industry

Dr Clifford Panter, Health & Safety Advisor for Mercedes-Benz South Africa (MBSA) explains that their support for Trucking Wellness is a natural extension of MBSA’s continued work on HIV. MBSA has been involved in HIV work in the road freight and trucking industry for the past ten years. MBSA contributed R3.5 million over three years (2009 – 2011) to Trucking Wellness.

MBSA’s commitment to this work is underscored by two factors. First, the road freight and logistics industry is severely impacted by HIV. Trucking plays an important role in the SADC economy and also drives the South African economy as goods and services arrive predominantly by sea and are transported predominantly by road. Trucking is therefore a vulnerable part of the South African economy.

Secondly, MBSA has the largest market share in the trucking industry. Part of the value added services that MBSA offer the sector is active involvement in promoting the health of truckers and other road freight and logistics workers. MBSA has been a long-standing member of SABCOHA and believed it was vitally important to raise the profile of Trucking Wellness amongst SABCOHA members.

TRUCKING WELLNESS PRESS RELEASE

Truck drivers benefit from roadside wellness clinics

Trucking Wellness - 17 August 2010

Driving a truck for a living is not easy for some. This overlooked profession is fraught with abuse, where workers have to work long hours enduring extended periods of time away from their families, and with little or no health care provided by employers. While this is not necessarily a deliberate oversight on the part of road freight operators themselves, the lifestyles and working conditions of truck drivers are not conducive to conventional methods of medical treatment.

Too often the employed driver cannot make use of provided healthcare because he is too busy doing his job – constantly on the road hundreds of kilometres from home or head office.

In an effort to reduce operational downtime and driver absenteeism linked to poor health, Corridor Empowerment Project, a non-profit organisation and the project manager for Trucking Wellness, set up a number of Trucking Wellness Centres on major trucking routes to improve the health of road freight drivers.

Initially launched as a joint effort called ‘Trucking Against Aids’, the project was run by several South African road freight companies, trade unions and government agencies, and co-funded by the Swedish International Development Cooperation Agency (SIDA) and Mercedes-Benz through SABCOHA.

From these initial efforts, Trucking Wellness has grown dramatically, establishing 22 wellness centres situated along major trucking routes in South Africa, with an additional five mobile wellness units able to visit the premises of trucking companies for on-site consultations and treatment.

The lifestyle of the average truck driver does not lend itself to good health – poor nutrition, inadequate sleep and poor hygiene on the road contribute to a number of adverse health conditions. But the most damaging factor is the consequences of drivers using commercial sex workers picked up on the side of the road or at truck stops.

Petrus Tamle from Westonaria in Gauteng, a veteran driver of 25 years, says that prostitutes are almost a part of the culture of truck driving. “The younger ones can’t seem to settle down. They say things like ‘I can’t sleep alone’. Some use prostitutes five or six times a day.”

This has introduced a swath of health problems for drivers in the form of sexually transmitted infections. “There are many drivers that get sick from the prostitutes and some of them have died from AIDS,” adds Tamle. “My company has twelve big trucks, and all the drivers there are new. Five years back, three younger colleagues died from HIV/AIDS.”

Trucking Wellness has evolved to address this primary issue within the trucking industry, and the project is designed to create HIV/AIDS and STI awareness not only among the drivers themselves but also among commercial sex workers and the communities around the various truck stops. The centres also provide counselling and treatment.

Built into specially adapted 12-metre freight containers with electricity and air-conditioning, these comfortable and homely clinics operate mostly after hours and at night when drivers are off duty. Each centre employs a professional nurse and a peer educator, who are able to treat drivers for a variety of health problems from backache and flu to high blood pressure. More importantly, drivers are encouraged to be counselled and tested for HIV and other sexually transmitted infections. The CareWorks organisation provides confidential counselling, pathology tests and appropriate anti-retroviral treatment for HIV positive drivers if necessary through the Wellness Fund of the National Bargaining Council for the Road freight Industry (NBCRFI).

Since the project was launched by the NBCRFI in 1999, the clinic services have expanded to provide education, primary healthcare, STI testing and treatment, food supplements, condom distribution, voluntary HIV testing, as well as referrals to treatment service provider CareWorks.

However, in order for these services to benefit the wider trucking industry, it’s vital that drivers be encouraged to make use of the centres – no mean feat according to Tamle: “The drivers are often afraid of knowing what is wrong with them,” he says. “But someone needs to send a message to them that they need to know their status, and know about their health.”

And it seems the battle would be half won if drivers could be persuaded to use the clinics. Tsangeng Mathane, peer educator and co-ordinator at the Villiers Wellness Centre, finds it encouraging that drivers are often willing to be completely open about their sexual activities. “Although it might be hard to get them to visit the clinic, once they are here they are not afraid to tell me their secrets and they are open to being tested for HIV,” he says. “Also, most of the patients participate in the education sessions. Sometimes I even go to the truck myself and explain the benefits of visiting the clinic – it’s there for them, the medication is free, the testing is free, but it is up to them to go and make use of the services.”
Background
During 2010, South Africa was abuzz with excitement about the first football World Cup™ to be held on African soil, hosted right here in South Africa. The FIFA World Cup™ ran from 11 June – 11 July and brought more than one million foreign visitors to the country.

With about 18 million children in South Africa, Government and stakeholders focused on strengthening child protection during the World Cup™. There was concern that child trafficking would increase with the influx of tourists as many children would be left unattended because schools would be closed and parents and care-givers would be at work.

With about 18 million children in South Africa, Government and stakeholders focused on strengthening child protection during the World Cup™. There was concern that child trafficking would increase with the influx of tourists as many children would be left unattended because schools would be closed and parents and care-givers would be at work.

The School Holiday Program (SHP) ran for 19 of the 22 days that children were out of school. The SHP’s goal was to provide children (between the ages of 6 and 13) in selected catchment areas with fun activities and education about HIV prevention and other life skills, while they were in a safe environment.

Activities
The SHP ran across five programme sites:
- Bram Fischer Multi-Purpose Centre, Soweto, Gauteng
- Chaneng Primary School, Chaneng Village, North West Province
- Ukukhanya Kwelanga Junior Primary School, Chesterville, KwaZulu-Natal
- Dickson Dyani SP School, Mdantsane, Eastern Cape
- Spine Road and High School, Mitchell’s Plain, Western Cape

The SHP comprised of a day camp for children and followed a structured programme that included HIV prevention information and life skills; executed in dance, sport and participative learning.

From the parents:
“The thing that I like most is the fact that the children are being kept safe. We the parents aren’t worried about where they are and they are free from child trafficking”. Parent, Mdantsane

“The thing I like most about this camp...it help[s] our children to communicate with other children about the HIV and AIDS”. Parent Bram Fischerville

“[The most important thing we learnt was]...being an alcohol free child. We never knew that it is possible to be an alcohol free child if you are living with a family who abuses alcohol”. 9 – 11 years, Chesterville

“The most important thing we learned is about to care for yourself and use your wishes and goals to be something in life and take care of your responsibilities”. (Mdantsane, 12 – 13 years)

“The most important thing that I learned was “Say No”. I think this is important because if someone is calling you, you can say no to that person because you don’t know that person - you have a right to saying no”. 11 years, Chesterville.

“We find it easier now to talk to our parents about everything, especially the physical changes in our bodies”. 9 – 11 years, Bram Fischerville
At a glance

The numbers

- A total of 1,433 children attended the SHP
- 701 girls and 732 boys attended
- 198 children were chaperoned to attend four FIFA World Cup™ matches
- Adults in most communities in which the SHP operated received financial literacy classes
- The SHP supported the employment and mentorship of 197 individuals.

Sectors covered

The programme activity themes included:

- Uniqueness, self image, values, and education to deal with challenges related to HIV and sexual and reproductive health (dance4Life)
- Personal values, qualities, etc. for building self; knowing your body; HIV information (loveLife)
- “I Am an alcohol-free child”, part of the Violence Prevention Through Alcohol Reduction campaign (Soul City)
- Economic literacy and dignity (Operation HOPE)
- Soccer rules and building a foundation of teamwork, fairness and character that can be generated from sports (PlaySoccer).

Partnerships

- dance4Life
- loveLife
- Soul City
- PlaySoccer
- Operation HOPE
- SA Rugby Legends

Challenges

- Backend problems occurred (e.g. untimely payments and meals)
- Not having a specialist (e.g. counsellor) on site as children opened up and shared their issues and concerns
- Managing communities’ expectations about the monetary benefits of the World Cup™ and the SHP.

Mail & Guardian online, September 2010

Funders

BMW SA, Dow, Edcon, Mercedes-Benz SA, Sasol, Unilever SA, Woolworths, Xstrata Alloys.
Peer Education Support Programme

Creating effective HIV and AIDS workplace programmes through strengthening peer education

Counsellors on call

011 447 3175

Peer educators now have a dedicated HIV and AIDS helpline for telephonic counselling, information and any other support relating to HIV and AIDS. Activated on the 1st of February 2011, the helpline provides peer educators who are on the SABCOHA peer educator database with support, counselling and information in all South African languages.

Background

It is estimated that there are approximately 150,000 trained peer educators in companies around South Africa as a part of workplace programmes established to assist in the response to HIV and AIDS. While much of their work takes place in the work setting, peer educators are also important resources to their communities where they provide support, advice and information. Given their important role, SABCOHA has identified the need for peer educators to be supported in order for them to contribute effectively and efficiently over the long term.

To explore the kind of support required, SABCOHA undertook a survey of peer educators from numerous member companies in 2009. Key findings from this survey included:

- High turnover/short tenure of peer educators
- The need for high-level support from companies for peer education
- The lack of managerial structures within some corporate HIV and AIDS programmes, with particular emphasis on the monitoring of peer educators and their activities.

Activities

In response to the findings of the Peer Educator Support Survey conducted in 2009, SABCOHA has developed a programme to establish a national support network for peer educators. The programme seeks to build on the existing base of peer educators, focusing on:

- Leadership skills among key educators in a company
- Horizontal networking to allow for direct communication and skills sharing
- More complex skills development amongst peer educators
- Increased levels and quality of informal activities by peer educators.

Key activities include:

1. On-going research amongst peer educators
2. The establishment of a Task Team
3. Information dissemination through newsletters, SMS and other materials
4. Call Centre Support for peer educators
5. National and provincial workshops
6. Mentoring of peer educators at district level
7. Establishing a National Peer Educators Association
8. Monitoring, reporting and database management
At a glance

The numbers

- 1008 peer educators attended skills building workshops
- 211 peer educators attended mentorship sessions
- 1954 peer educators receive information sms’s
- Call centre up and running with 8 counsellors
- 3 newsletters produced and distributed

Sectors covered

- Peer educators reached represent more than 300 different companies and organisations across a wide range of sectors

Partnerships

- Service providers in call centre management and HIV and AIDS workplace programmes
- Universities, local municipalities

Funders

CDC, USAID, PEPFAR, Global Fund for TB, AIDS and Malaria

Challenges

- Limited access to a phone within their company can prevent peer educators from using the support line
- Many peer educators are demoralised due to the lack of support received from middle managers and supervisors within their companies
- Peer educators often are not given time to conduct their peer educator activities
Launch of the South African Peer Educators Association

A conference held in Johannesburg in October 2011 heralded the launch of SAPEA, the South African Peer Educators Association. The conference was a resounding success, attracting more delegates than expected and resulting in vibrant participation. The following mandate was approved with overwhelming support:

- To advocate and lobby private and public sector leaders to acknowledge the value of peer educators in the workplace
- Working closer or building better relationships with Captains of Industry in order to increase support and ensure success of peer educators
- To maximise the current public-private partnership model in order to increase access to Government services for our colleagues especially onsite treatment for shift workers to increase adherence to treatment
- To unify all 150,000 peer educators across the 9 provinces and across public and private sectors into one body being SAPEA
- To lobby finance and insurance houses in providing better affordable services for HIV positive people.
Conclusion

At the time of writing the conclusion to this report, SABCOHA had turned 10 years old, and the world would have responded to HIV and AIDS for over thirty years. I am convinced now, more than ever that the efforts undertaken by SABCOHA along with the affiliate organizations with who we worked, have intrinsic value. The benefit of what SABCOHA has achieved will be enjoyed by businesses and the country as a whole for many years to come.

If anything the projects described in this report are evidence of the courage and tenacity of people in the ‘HIV Community’. The work carried out by the managers and staff of SABCOHA and our partners, must not only continue, but continue to evolve. The rate at which the disease has developed, must be met with pragmatic responses, and a perpetual re-evaluation of the impact of our efforts in the response to HIV and AIDS.

As we enter into the mature stages of the epidemic, many of you will be feeling fatigued. I hope that this retrospective journey has given you respite, renewed hope, and more energy in carrying this response forward. I also hope that in reading the report you have learned, as much from the mistakes we made, as you have from our successes.
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