



*Good Practices In  
Promoting  
Workplace Wellness*

*Staying positive and healthy in the workplace*



Knowledge for action. The power to make a difference!



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# Summary

When organisations first responded to HIV they generally did so by focusing on HIV and AIDS. Over time, however, as effective and affordable treatment has become available, there has been a shift in perception from regarding HIV as something exceptional to regarding it as one problem among many. This has resulted in a movement towards the holistic concept of workplace wellness.

SAfAIDS has been implementing *Walking the Talk in the Workplace: A Regional Programme Addressing HIV in the CSO World of Work* since 2011. This document shares four cases of promising practices by CSOs with regard to workplace wellness programmes. They include: collective self-improvement efforts in a small workplace; efforts to improve staff members' health and communicate the initiative to a large membership; and work with staff members, volunteers and community members in programmes that are not limited to the workplace.

All four organisations report positive outcomes, including higher staff morale and reduced absenteeism. Their experiences show that HIV is better dealt with under the banner of wellness in general, as a holistic wellness approach, which attends to issues of stigma and confidentiality, is more efficient and effective.



ART	Antiretroviral Therapy
CSO	Civil Society Organisation
HTC	HIV Testing & Counselling
IEC	Information Education and Communication
IGA	Income Generating Activity
ILO	International Labour Organization
NAC	National AIDS Commission
NGO	Non-Governmental Organisation
RUMPs	Re-usable Menstrual Products
STIs	Sexually Transmitted Infections
SWHAP	Swedish Workplace HIV/AIDS Programme
WWP	Workplace Wellness Programme

# Introduction

This booklet outlines the positive development of workplace wellness programmes, which have grown out of the need for organisations to mitigate the impact of HIV on their performance. It provides an overview of some good practices in Zimbabwe and South Africa that demonstrate the range of approaches and possibilities in establishing workplace wellness programmes, whether in formal enterprises or in community-based organisations working with grassroots members.

It is of interest that the shift towards workplace wellness is occurring in the context of global debates about the rising cost of health systems and what our priorities should be. Worldwide, expenditure on responding to ill health has been increasing, while prevention efforts on long-standing problems such as malaria, and emerging problems related to lifestyle, such as obesity, diabetes, heart disease and cancers, referred as non-communicable diseases have been largely ignored. Hopefully, the pragmatic choice workplaces are making to focus on wellness is a sign of things to come in wider health systems.

# Overview of Workplace Wellness Initiatives in southern Africa

This section gives an overview of workplace responses to HIV and wellness in southern Africa. As there has been a lot of variation in the action taken by governments, businesses and civil society in the region, this can only be a very general description.

## Focusing on HIV and AIDS

Businesses were among the earliest responders to HIV during the 1990s; because they were able to track their employees' sick leave, funeral attendance and deaths, they could see the impact AIDS was having on their productivity and bottom lines and were therefore relatively quick to react.

Some larger businesses already supported their staff to access health care. For them, beginning programmes of HIV education, peer support and treatment was an extension of something they already believed: that it is good business sense to take care of your workforce.

Other businesses had not previously helped their staff to get health care but began to respond to the severe effects of HIV. While some took action independently, others were supported by donor-funded programmes that encouraged workplaces to take action<sup>1</sup>.

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1 For example, DIFD support to companies in Zambia in 2000 <http://www.afyamzuri.org/timeline>; USAID funding to FACEAIDS workplace programme in Zambia around the same time <http://www.iasociety.org/Abstracts/A9702.aspx>, now the share programme; SIDA's on-going support to Swedish-related companies in East and Southern Africa, which began in 2004 <http://www.swhap.org/>. International NGOs have also funded workplace responses, such as the Dutch donors supporting SAN! <http://www.stopaidsnow.org/hiv-and-workplace>, and Oxfam <http://www.oxfam.org/sites/www.oxfam.org/files/hiv.pdf>.

In the first decade of the twenty-first century, the push for workplace responses to HIV increased. Data from organisations' own experiences<sup>2</sup> and from models<sup>3</sup>, showed that the benefits of responding to HIV were higher than the costs. During this time many governments and civil society organisations (CSOs) woke up to the impact of HIV on their staff and productivity.

Throughout this period, the problem and the need to act was generally framed in terms of HIV and AIDS; although organisations recognised that HIV was one among many health issues affecting their staff and their families, the emerging AIDS crisis meant that they tended to create specific HIV policies and programmes<sup>4</sup>.

This focus on HIV was a result of the exceptional features of the HIV pandemic: its sudden appearance and the initial devastation it wrought – especially in southern Africa; its greater impact on sick leave and deaths and particularly the fact that it affected the younger, more productive age groups; the very high levels of stigma associated with HIV infection and therefore, the need to uphold confidentiality and protect staff from discrimination; and the later emerging link to gender inequity. These features made it simpler to promote a focus on HIV: it was easier to talk about and to get funding for responding to HIV and AIDS than to include malaria, cancers and other diseases.

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2 For example, a 2007 study of 7 mining and agricultural companies in Zambia found that the financial benefits of running a workplace wellness programme outweighed programme costs for 6 of the organisations. The mean benefit for all 7 companies was three times the cost (CHAMP, 2007, *Cost Benefit Analysis of HIV Workplace Programmes in Zambia*, [http://pdf.usaid.gov/pdf\\_docs/PNADK430.pdf](http://pdf.usaid.gov/pdf_docs/PNADK430.pdf)).

3 For example, modelling the costs and benefits of a South African mining company providing ART to its workforce <http://pag.aids2012.org/abstracts.aspx?aid=16160>

4 For example, Oxfam GB first drafted a Critical Illness Policy, covering all critical and chronic health conditions, believing that an HIV-specific policy might increase stigma. However, it ended up adopting a policy that was specific to HIV and AIDS, having decided that a very clear statement and position on HIV was needed (S Holden, 2003 *AIDS on the Agenda*, p136 <http://policy-practice.oxfam.org.uk/publications/aids-on-the-agenda-adapting-development-and-humanitarian-programmes-to-meet-the-115409>).

However, not all organisations focussed on HIV alone. For example, during the 1990s, peer educators in a Namibian mining company found it difficult to keep staff interested in repeated sessions on HIV; their solution was to include sessions on TB (tuberculosis), family planning, healthy lifestyles, child abuse, malaria, alcohol and drug abuse, and stress, discussed within the context of workplaces and the HIV epidemic.

## **HIV as one issue among many**

Over time, and with the advent of effective treatments for HIV, a wider view of HIV as only one among many serious health problems, has emerged:

- We can see this in, for example, Millennium Development Goal 6 ‘to combat HIV/AIDS, malaria and other diseases’, and the Global Fund’s remit (established in 2002) to address HIV, TB and malaria.
- In terms of service delivery, there is a gradual shift that is still gaining momentum, from vertical programming of HIV services to integrating them with other health services, especially sexual and reproductive health (SRH) services.
- Access to antiretroviral therapy (ART) has altered how HIV is perceived (at least among the better educated), shifting it from a fatal disease to one which can, with the right inputs, be managed, like other chronic illnesses.

It could be argued that the ability to manage HIV infection effectively and at decreasing cost, undermines the need for workplace responses. The greater availability of ART through public health systems and the fact that HIV is now being seen as a chronic illness mean that HIV has become less exceptional and more ‘normal’. However, it is clear that stigma and discrimination persist and there are still negative impacts for individual staff and their families and for organisation. Most importantly, it is still preferable to prevent HIV infections than to treat them, but these factors explain why, in recent years, the trend has been to shift from focussing on HIV alone, towards addressing and preventing a range of common illnesses in the workplace, or the more positive framing of promoting wellness<sup>5</sup>.

## Promoting Wellness

Wellness programmes aim to support staff members who have health problems, but they also aim to prevent ill health happening in the first place. This applies not only to physical health but to mental health and sometimes to spiritual aspects of wellbeing too. Typically, the overall theme is one of valuing our health, of being empowered to preserve it and to respond appropriately to any ill health.

Although the wellness approach is more complex to implement, by focusing on good health it is proactive and can include and motivate all members of staff, rather than focusing only on those who are HIV positive or suffering from another health condition, and reacting by supporting those who become ill.

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<sup>5</sup> For example, the long-running Swedish Workplace HIV and AIDS Programme is now shifting to promoting a broader wellness strategy [http://www.sida.se/Global/Development%20and%20cooperation/Results/\(SWHAP\)\\_Annual\\_Report\\_2012.pdf](http://www.sida.se/Global/Development%20and%20cooperation/Results/(SWHAP)_Annual_Report_2012.pdf), and one of nine recommendations in the 2008 report *The State of Business and HIV/AIDS, Tuberculosis and Malaria* was to develop a comprehensive wellness approach [http://www.gbchealth.org/system/documents/category\\_13/91/Fighting-HIVAIDS-in-Workplace.pdf?1315342567](http://www.gbchealth.org/system/documents/category_13/91/Fighting-HIVAIDS-in-Workplace.pdf?1315342567).

## SaFAIDS Approach

SaFAIDS own journey of supporting organisations to respond to HIV follows the trend outlined above. Beginning in 1995, following the death of a staff member from AIDS, the organisation realised that stigma was an issue even among their own staff and in response, developed its own workplace HIV programme to encourage open discussion about the infection and provide moral support to staff infected and affected by HIV. SaFAIDS carried out a knowledge attitudes, practice and behaviour survey to identify the gaps between staff knowledge and their actual behaviour. The HIV programme aimed to address those gaps.

Following the success of its own workplace initiative and to meet the rising demand in the region, SaFAIDS established a Workplace Policy desk in 2002, and later obtained HIVOS funding to support businesses and other civil society organisations (CSOs) to develop workplace HIV policies and programmes<sup>6</sup>. This led to work under the Global Fund to assist other organisations to develop HIV policies and, importantly, to implement them, since companies commonly rubber-stamped the policy but lacked the necessary management commitment to actually roll out the programme. Later still, SaFAIDS collaborated with the International Labour Organisation to produce materials to guide organisations in developing and implementing their HIV and AIDS policies<sup>7</sup>.

After 2005, as treatment programmes were being rolled out, other key issues of wellness interventions came to light since treatment came as a complete package, including testing and counselling, CD4 counts, viral load, stress management, good hygiene and physical and mental health.

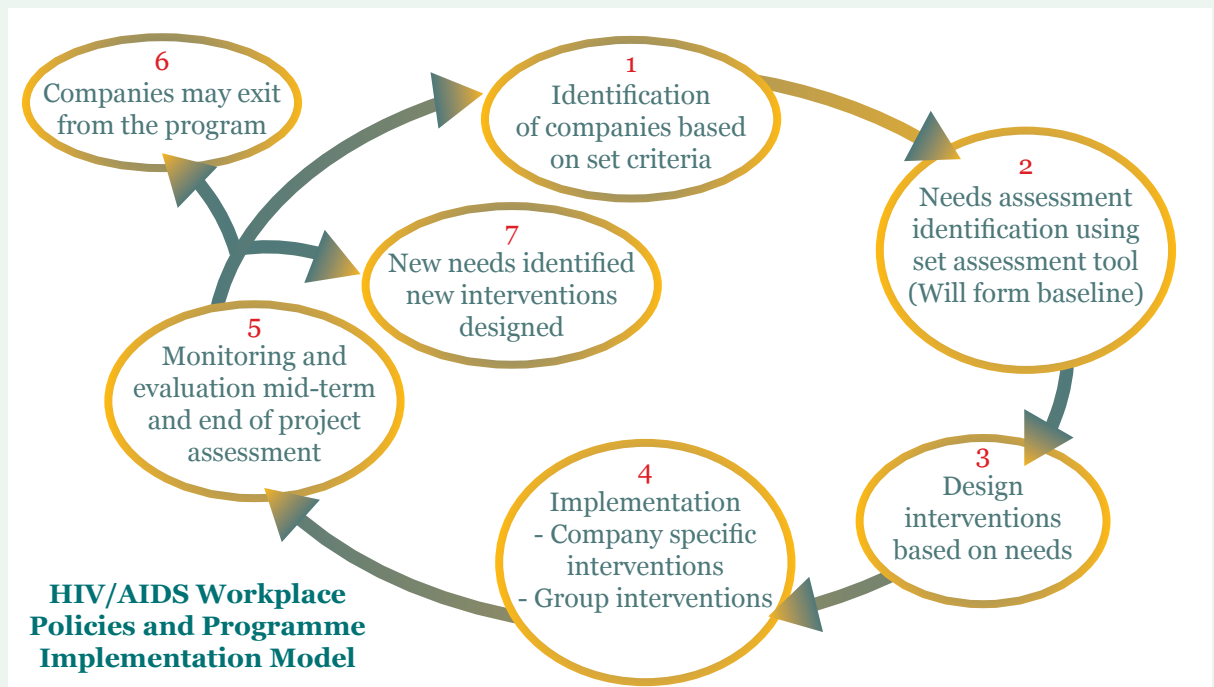
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<sup>6</sup> Key aspects of this work were shared at regional symposiums in 2004 and 2007, and gathered together in the SaFAIDS & HIVOS 2007 publication *Managing HIV and AIDS in The World of Work: Experiences from Southern Africa*, [http://www.safaids.net/files/HIVOS\\_SaFAIDS\\_Workplace\\_symposium\\_Book.pdf](http://www.safaids.net/files/HIVOS_SaFAIDS_Workplace_symposium_Book.pdf)

<sup>7</sup> ILO & SaFAIDS, 2010, *Workplace HIV and AIDS policy and programme development training manual and Workplace HIV programmes: implementation guide*, <http://catalogue.safaids.net/publications/>

By 2012, SAfAIDS had shifted towards a wellness strategy, including a new *Wellness@work* newsletter. The rationale for seeking wellness in the workplace was explained as follows:

*Work occupies a lot of our time and should be safe, positive and rewarding. Wellness shares the responsibility for good health. Wellness at work helps us take up our responsibilities to our own and our families' good health. Employers also have a commitment to their workforce. Helping employees reach their potential and promoting wellness at work is both better for business, and supports critical human rights and labour rights<sup>8</sup>.*





The second edition of *Wellness@work*<sup>9</sup>, published in 2013, included articles on non-communicable diseases, cervical cancer, TB and the health of executives, along with a personality quiz and promoting dance as a way to gain a healthy heart. From this we can see that SAfAIDS focus – at least in relation to workplaces – is broad, and not limited by the organisation’s original remit. During this period, the organisation also ceased using the name Southern Africa HIV and AIDS Information Dissemination Service for which SAfAIDS was the acronym, to simply calling itself SAfAIDS.

SAfAIDS explains its workplace wellness programmes as needing to include the following points:

- Work-life balance;
- Wellness programme options;
- Stress management;
- Occupational health and safety legislation (ensuring the development and implementation of policies);
- Documentation of promising practices.

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<sup>9</sup> [http://catalogue.saf aids.net/sites/default/files/publications/SAfAIDS\\_WellnessAtWork\\_Newsletter\\_Issue2\\_2013.pdf](http://catalogue.saf aids.net/sites/default/files/publications/SAfAIDS_WellnessAtWork_Newsletter_Issue2_2013.pdf)

# The 'Walking the Talk in the Workplace' Project

*Walking the Talk in the Workplace: A Regional Programme Addressing HIV in the CSO World of Work*, is a SAfAIDS project funded by HIVOS, that started in 2010. The overall objective is to support CSOs to create a supportive and conducive workplace environment that enables them to maintain their effectiveness in the context of HIV.

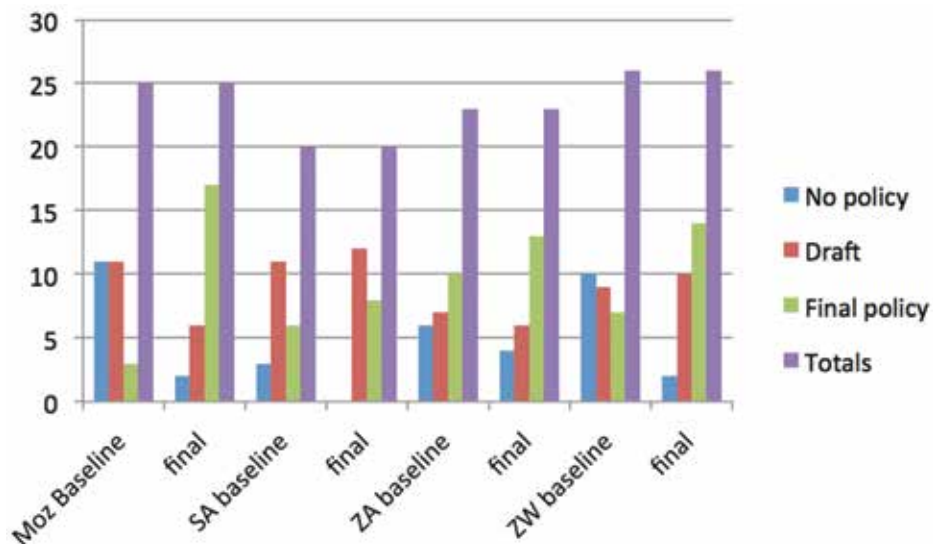
The first phase of the project focused on policy development and programme implementation among 80 CSOs in Mozambique, South Africa, Zambia and Zimbabwe.

In the second and on-going phase, which began in 2012, SAfAIDS has supported partners in South Africa, Zambia and Zimbabwe<sup>10</sup> to develop workplace wellness policies and implementation plans. The partners are primarily CSOs, but also include several private companies, NGOs and embassies. To date, notable achievements include:

- Recruitment of 100 programme partners who are actively involved in the programme;
- Conducting baseline surveys in all the countries and production of country-specific reports;
- Conducting eight workshops for 100 focal persons to build their capacity to develop and implement wellness policies and programmes;
- Currently, 92% of the partners have policies in place. This exceeds the target of 75%, and shows great progress against the baseline rate of between 2%-10% with policies before the programme began, as indicated in the graph below.

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<sup>10</sup> SAfAIDS Mozambique office was reluctantly closed due to limited resources.



- Recruitment of eight focal persons, two per country, who support organisational partners one-on-one, in their programme implementation;
- Establishing strong linkages with National AIDS Commissions (NACs) and networks of people living with HIV, as part of the linking and learning pillar of the programme;
- Publishing and sharing a sexual and reproductive health and HIV prevention workplace toolkit<sup>11</sup> and production of two editions of the *Wellness@work* newsletter.

<sup>11</sup> SAfAIDS, 2012, *HIV in the Workplace Toolkit: staying positive and healthy in the workplace* <http://www.safaid.net/content/hiv-in-the-workplace-toolkit>. Four separate publications make up the toolkit, covering topics of: HIV and wellness in the workplace; sexual and reproductive health; men and preventing HIV and gender-based violence; and the process of advocating for wellness policies in the workplace.

- Successful provision of training on gender equality and the rights of women and men to organisations' employees and their dependents, to improve their awareness of gender and rights at both organisational and community level. The training included the production and distribution of a supporting booklet, *Men as Protectors*.

SAfAIDS seeks the following outcomes by the end of the project in 2014:

- At least 75 CSOs have functional policies and programmes that are gender sensitive;
- Seventy-five percent of partners' staff are satisfied with their workplace programme;
- At least 75 CSOs have established a partnership with a PLHIV group;
- A 75% reduction in staff absenteeism, sickness and mortality;
- A 75% reduction in costs incurred by the partners due to HIV (comprising health care costs, recruitment and training).

# Good Practice Case Studies

In order to document some of the partners' practices in the *Walking the Talk in the Workplace* project, SAfAIDS hosted a high level event in each country, where partners shared their experiences. For each of these events a selection committee, comprised of representatives from the ILO, SWHAP, business coalitions and NACs, participated in the process of identifying the qualifying case studies. The SADC best practice criteria (below) were used, to identify the two best case studies from the participating countries.

Best Practice Criteria for HIV Programmes	
<b>Effective</b>	Does the programme have objectives based on needs in the community, and is it fulfilling these needs?
<b>Ethically sound</b>	Does the programme respect human rights, confidentiality, informed consent?
<b>Cost-effective</b>	Does the programme achieve results using time and resources wisely and effectively?
<b>Relevant</b>	Does the programme take into consideration the cultural, social and economic situation of the community and risk behaviours of community members?
<b>Replicable</b>	Can the programme be set up or adapted easily elsewhere?
<b>Innovative</b>	Does the programme bring to the table ways of working that are unique or new?
<b>Sustainable</b>	Can the programme continue into the medium to long term? Do those involved in the programme have a sense of ownership to continue?

Source: SAfAIDS, 2011, *Turning the Tide on Gender Based Violence*, p17, [http://www.safaid.net/files/Turning\\_the\\_Tide\\_on\\_gender\\_based\\_violence.pdf](http://www.safaid.net/files/Turning_the_Tide_on_gender_based_violence.pdf)

Owing to the limited nature of the available data, particularly with regard to impact, we are referring to these case studies as good or promising practices rather than best practice.

## Jhpiego South Africa

### About the organisation

Jhpiego South Africa (Jhpiego SA) is a non-profit company based in Pretoria, affiliated to the Jhpiego Corporation. Its mission is to empower health professionals and communities to build and sustain quality in healthcare services through innovative research, policy development and cutting-edge programmes, in collaboration with its partners.

Jhpiego SA works on the continuum of care from prevention through to treatment and care. It seeks to ensure that the most vulnerable populations receive comprehensive and integrated health services.

From 2007 to 2012, Jhpiego SA implemented the *Siyazi* Project, which sought to increase access to and the quality of HIV counselling and testing services in the workplace. It established counselling and testing sites in 135 workplaces, which led to around 60,000 people using the services in their workplace. The project also sought to encourage workplaces to screen for TB and other health problems and to integrate services for these into their wellness programmes.

Its current major activity is supporting a programme to prevent HIV infection by scaling up safe, voluntary medical male circumcision services for underserved districts in South Africa.

## About the wellness programme

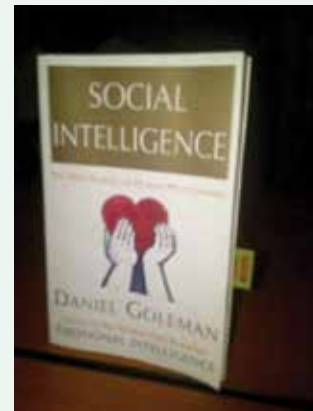
Jhpiego SA implemented a wellness project with the theme “*Normal to healthy: a challenge for the Jhpiego SA Staff*”, from November 2012 to October 2013. The project targeted all 15 employees based at the Pretoria office and their families. Participation was voluntary and all the staff opted to take part.

The goal of the project was “*to create a climate within Jhpiego South Africa that fosters employees’ general health and wellbeing*”<sup>12</sup>. Its main objectives were:

- To improve the health of individual staff members, and to improve staff morale;
- To gain support from senior management and staff for wellness programmes in the workplace;
- To establish a Wellness Team;
- To collect baseline data to drive the health efforts;
- To create a supportive work environment.

The project’s main activities were:

- Identifying wellness activities with staff to ensure their buy-in and participation;
- Determining employee needs and interest by carrying out a knowledge, attitudes and practice survey;



<sup>12</sup> Jhpiego SA wellness policy: 2012

- Conducting a baseline health assessment for each member of staff (blood sugar, blood pressure, weight and body mass index. Individuals' results were kept confidential by the monitoring and evaluation officer;
- HIV testing, if wanted;
- Breakfasts, accompanied by a health talk;
- Providing personal development 'mind and soul' books, which employees rotated amongst themselves, and discussed;
- Morale building workshops, which included healthy body, mind and soul roundtable discussions;
- Purchase of a blood pressure monitor for each member of staff, enabling self-monitoring by staff, and weekly report back;
- Encouraging staff to do a 'health watch' of what, when and where they eat;
- Lunchtime walks;
- A session called *Nature's Gift – Water*, learning about water intake, how it affects body functions, and how much we need to drink to enhance health, especially mental performance;
- Purchase of a water dispenser for the office.



The total cost of the project was €2,860 for 11 months for 15 direct beneficiaries, the Jhpiego SA employees.



## Outcomes

Jhpiego SA reports a wide range of outcomes, as follows:

- a) Four staff members (two men and two women) were found to have health problems and were **referred** for help, which they accessed<sup>13</sup>. The referrals were for blood pressure monitoring, treatment for diabetes, treatment for hypertension and treatment for hypertension and a low pulse rate.
- b) Staff gained more commitment to **staying hydrated** for their health, and some staff members and their families adopted the ‘water exercise’ as part of their daily routine.
- c) There was a general improvement in the diets of staff member **and loss of excess weight** for some.
- d) Staff and relatives were able to **self-monitor their blood pressure**, and use the measurement as a tool for maintaining healthy levels, or to take action to combat rising high blood pressure.
- e) Staff took the wellness messages home to their families, spreading the effects of the project to their relatives. One staff member’s child said *“I ride the bicycle daily, I now feel energetic, always awake at school than before. We carry water instead of juice at school.”*

*“My husband lost weight and we drink water regularly here at home. We bought a blood pressure monitor for my mother so that she can check her BP...the project didn’t help me alone, it also helped my sisters and my parents. We are now leaving a healthy life”.*

**Jhpiego SA staff member**

<sup>13</sup> It is compulsory for staff members to have medical insurance and to be able to access private health care. Jhpiego SA makes a monthly contribution towards the medical aid fund.

- f) The project created a **supportive and conducive workplace environment** as evidenced by staff members agreeing to be tested by fellow colleagues, getting their health indicators recorded, discussing and having fun about sensitive health topics (like HIV), and getting feedback and advice on how to best manage any conditions.
- g) Staff also gained a better understanding of how **physical health links to mental health**, both of which are important for performance in the workplace and for quality of life.
- h) The **personal development** books and book sessions assisted most of the employees in a variety of ways, depending on the topic and the staff members' response to the stimulation. For example, one employee indicated how he had benefited socially from advice about how to interact with others, applying it to his interactions in the workplace and outside. He said "*Nourishing relationships benefits the impacts on our health, while toxic ones can act like slow poison on our bodies*". Within the workplace the book sessions enhanced a **healthy corporate culture**, changing employees' outlook to recognise the difference each individual can make to the team and organisation.
- i) Managers believe that the project made staff more aware of their behaviour, developing their ability **to think positively** and to interact effectively with others both socially and professionally. This was a shift from before when staff tended to lack confidence and doubt their ability to achieve tasks.
- j) Overall, Jhpiego SA believes that the project enabled them to **work more effectively**, as shown by the huge increase in the number of circumcisions they carried out compared to the previous year. The Director stated "*By having a healthy workforce we were able to provide high quality service to the people we served for the year implementing the programme*". Better health and better morale and team spirit led to

the team exceeding their targets, despite operating in communities that are resistant to circumcision.

The organisation concludes as follows: *“When the organisation invests in its workers, it is not money lost but a gain to the organisation. The project was implemented for 11 months and it yielded amazing results.”*

## Strengths

This is an interesting case in several ways. Most of the staff at Jhpiego SA are health care workers who already knew the facts about healthy living but did not necessarily act on that knowledge. There is a possibility, in such a setting, that staff members would not be receptive to a wellness initiative: ‘we already know this’, ‘don’t lecture to us’ and so on. But the wellness project was built on the success of the *Siyazi* programme, only this time turning the focus on the staff themselves, as beneficiaries. Because the staff were involved in planning and implementing the project they made it relevant to their own needs and were able to benefit both personally and professionally.

One feature of the project is the powerful (and low-cost) effect of peer support and peer learning. This did not involve any formal intervention such as training ‘peer educators’; it was simply that staff who were motivated to, for example, lose weight, supported each other to do so. In general people like to have something in common (e.g. swapping recipes for healthy meals) and to feel they are achieving something together. In this project, staff positively influenced each other. As one member of staff said, *“Personally when I felt stigmatised of being overweight it was done so in a positive manner and I felt that I have to do something about it, and when my indicators were measured, the blood pressure was high, and my BMI was very high... Of course I have tried to defend it to say this BMI thing was an American thing... but in the back of my mind I felt that the point was made”*.

The peer effect was also felt through reading and discussing the personal development books. A positive cycle of reinforcement is generated if several members of staff read and are excited by, the same book, talk about it and support each other to act on the advice. If one out of 15 learns better ways to, for example, give and receive criticism, then the effect will be positive but small; if all staff learn the same new skills, then they can develop an enhanced culture in which employees relate in better and more effective ways. This shared peer learning is perhaps at the heart of why Jhpiego SA witnessed a rise in staff morale and productivity as a result of the wellness project.

In looking to the future, it seems that the project is sustainable, as it has been incorporated into the organisation's budget for 2014. Jhpiego SA plans to consolidate the gains that have been made by continuing with health talks, book discussions and walks. There are also plans to monitor blood pressure to see if stressors in the organisation's calendar are evident in staff's blood pressure, and if so, to explore if workplace practices can be altered to reduce the stressors. Individuals will also be encouraged to develop their own personal wellness plans.

In summary, this seems to be a successful project, which engaged staff and achieved change without becoming a burden. One could see it as a collective self-improvement programme which could be replicated in other workplaces, particularly in those with small numbers of staff that are not too 'top-down' in management style.

# DENOSA

## About the organisation

The Democratic Nursing Organisation of South Africa (DENOSA) was established in 1996, after the transition to democracy. It is the largest nurses' trade union in the country, with around 87,800 members and a presence in all nine provinces.

DENOSA acts both as a trade union - ensuring that the role of nurses is recognised, and that their conditions of service are improved– and as a professional association offering its members opportunities for professional and personal development.

DENOSA's head office is in Pretoria, with a workforce of 94 people. Its organisational structure includes both elected officials and full-time staff.

## About the wellness programme

The programme worked directly with the staff in DENOSA's head office and indirectly reached members through DENOSA's monthly magazine *Nursing Update*.

Within the head office the activities included:

- Conducting a needs assessment exercise with staff and involving staff in planning the programme;
- Engaging a specialist provider, ICAS Southern Africa, for clinical support to the wellness programme, providing counselling and health monitoring services to staff and their family members;

- Running awareness and information sharing sessions on positive living, sexual concurrency, condom use, cervical cancer, gender-based violence and prevention of mother-to-child transmission. The programme also incorporated elements of women's empowerment by including issues on sexual and reproductive health and rights.
- Two workshops were held on reducing HIV-related stigma;
- Sharing information on HIV and AIDS with managers during management meetings, after noticing that managers were not attending the awareness sessions.
- Sourcing campaign materials for the 2013 World AIDS Day and 16 days of activism campaign.



DENOSA received €2,200 from SAfAIDS for the programme and also contributed its own funds.

## Outcomes

- a) Eighteen members of staff (eight men and ten women) were **referred** by ICAS for health services. Almost all of them disclosed their health condition to DENOSA's human resources department. Only two are known by DENOSA to have accessed the service that they were referred to, but others are thought to have obtained treatment through their preferred provider, without informing DENOSA.
- b) Some staff members developed their own **individual wellness plans**.
- c) HIV-related stigma and discrimination was found to be high among the employees. However, staff who attended the workshops found they were able to **correct myths and misconceptions** around HIV and AIDS and to reflect on their own attitudes. As one stated, "It taught me how to amend my behaviour... because of lack of knowledge on how to accommodate people living with HIV (PLHIV)... it taught me to be mature and know how the disease is transmitted..."
- d) The workshops and awareness sessions helped staff – and men in particular – to become **more at ease talking about sensitive issues**, whereas previously they had been shy to talk about sex and sexuality. DENOSA was pleased that male staff attended at the same rate as female staff.
- e) One member of staff **shared what he had learned** on condom use after taking part in the condom session, by writing an article which was published in *Nursing Update*.



## Strengths

During the year of the project, DENOSA experienced quite high staff turnover amongst employees involved in implementing the wellness project. The fact that they managed to keep the project going is testament to the commitment of some individuals and to the shared responsibility for implementing the programme. Although it was managed by the Co-ordinator for HIV and Gender, others, particularly from the Human Resources department, were also actively involved.

The strategy of sharing key messages through *Nursing Update* was a cost-effective way of indirectly involving other DENOSA members in the project. We cannot say what effect the articles had on the nurses who read them but it is hoped that they conveyed useful information, and perhaps planted seeds of change. For example, it is possible that some nurses might be inspired to make changes in their own lives, or even to push for a wellness project in their own workplace.

In terms of sustainability, the costs of ICAS services have been included in DENOSA's human resources budget for 2014.

With regard to replication, DENOSA believes that their provincial office can start its own wellness project, while head office continues to share regularly with DENOSA's members through *Nursing Update*.



# FACT Rusape

## About the organisation

FACT Rusape was established in 1994, and is part of the FACT family of community-based organisations in Zimbabwe<sup>14</sup>. It operates in the districts of Makoni, Murewa, Mudzi, Marondera and Rusape and focuses its work on two themes: sustainable livelihoods and community health and development. Guiding all its work is the desire to help communities to create sustainable holistic interventions that improve their quality of life, based on humanitarian principles and Christian values.

FACT Rusape currently has 25 Project Officers who oversee programme activities. It also has a team of professionals who volunteer their services to help FACT Rusape (with partial remuneration). In all, two doctors, six nurses and eight counsellors help implement FACT Rusape's health-related activities, including training and monitoring the work of community health volunteers, who carry out project activities.

## About the wellness programme

In devising its wellness programme, FACT Rusape extends its programme to include the development of income generating projects for its volunteers who live in the community of Vhengere, a densely populated area that is home to around 20,000 people and where FACT Rusape's office is located.

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<sup>14</sup> FACT stands for Family AIDS Caring Trust. The 'mother' organisation was established in 1987, when it was the country's first AIDS service organisation. Since then it has broadened its work and now aims to facilitate community development programmes which improve livelihoods, deliver primary health care, reduce new HIV infections and mitigate the impacts of HIV and AIDS.

The wellness programme is funded by a consortium of partners<sup>15</sup> who pool resources to support FACT Rusape's food security and health initiatives. A Wellness Programme Officer has responsibility for the overall programme.

Within FACT Rusape's workplace, the wellness programme is led by a Wellness Committee (that includes the Wellness Programme Officer), which is responsible for its co-ordination, implementation and monitoring. The activities include:

- Contributions to medical expenses for staff members, their spouses and children; this includes help with consultation and transport costs, X-rays and buying drugs in instances where an employee cannot afford them. However, in the interests of helping employees, assistance may also be extended to other family members from time to time;
- Under its community health and development arm, FACT Rusape provides its employees with sensitive, accurate and up-to-date information to support them to protect themselves from HIV and other sexually transmitted infections (STIs);
- Free access to HIV testing and counselling services from PSI, and screening for TB;
- A regular and consistent supply of free condoms;
- Facilitation of provision of post-exposure prophylaxis (PEP) to staff;
- Psychosocial support is provided by volunteer peer educators (who work in the community projects, but are based in FACT Rusape's buildings), and through workplace dialogues;

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<sup>15</sup> They are National Blood Transfusion Services, Population Services International, Goal Zimbabwe, Zimbabwe Ahead, Diocese of Mutare Community Care Program (DOMCCP), Batanai HIV/AIDS Support Group (BHASO), and Save the Children.

- Giving staff breakfast and lunch in order to support them to have a healthy diet– the food served includes traditional foods such as *nyevhe*, *munyemba*, *tsenza*, *madora* and other basics that constitute a balanced diet;
- Growing vegetables and other crops in FACT Rusape’s nutrition and herbal garden; these are sold to staff, or, during droughts, given to them.
- Twice a year FACT Rusape holds family fun days; the last one was attended by 400 employees and their family members. It promoted healthy lifestyles, offered HIV testing and TB screening, and included soccer, netball and athletics in its sporting gala;
- Allowing new fathers paternity leave days to spend time with new babies and share the workload in their households.



FACT Rusape received €2,200 for one year of wellness activities for staff and their families, comprising 40 direct beneficiaries (staff and in-house volunteers) and 280 family members.

## Outcomes

- a) Contributing to the medical expenses of staff and their families supports them to **get treatment** and so addresses issues of ill health. This is important, since the staff members do not have health insurance and have to pay for all their medical expenses.

- b) Providing a nutritional breakfast and lunch to employees supports good **staff health and productivity** in the workplace, as does the supply of vegetables to staff from the organisation's garden. This has helped staff who are on ART to **adhere to their treatment and to maintain their health**. As one person reported, *“The food that we are offered has been helpful because my medication is strong and needs proper food. Sometimes I faint and grow weak if I do not eat the essential food necessary for my pills.”*
- c) Staff living with HIV also benefit from receiving herbal plants from the organisation's garden to **boost their immune systems**.
- d) The family fun days help maintain good relations between junior and senior members of staff, **build staff morale** and create a sense of belonging.
- e) Use of Post-exposure prophylaxis (PEP) may have **prevented HIV infection**: *“Last year, one of our employees was sexually assaulted and we reported the matter to the police. Fortunately, she was initiated on PEP, for we had requested that the medical body provide her with such.”* Equally, uptake of HIV prevention and treatment services is likely to have prevented HIV infection among staff members and their families.
- f) By providing counselling sessions for its employees, the programme has helped create a **safe environment** for HIV disclosure. FACT Rusape's volunteer nurses and counsellors are known to uphold confidentiality and to be good people to share problems with.
- g) FACT Rusape reports that the programme helps **reduce stigma and discrimination** against people living with HIV. One respondent noted that, *“many people in the community feel free to come for HIV testing at FACT rather than at the hospital where there is no confidentiality and where they are ill-treated if they are found to be HIV positive.”*

- h) Overall, FACT Rusape believes that the workplace wellness programme has led to **lower absenteeism and greater resilience** among staff. The programme demonstrates concern for employees, improves productivity and increases employee satisfaction.
- i) Community volunteers who manage the income generating projects have been able to **get medical attention without having to sell assets or go to moneylenders**. In effect, each group is creating its own little medical insurance scheme, whereby they create a pot of money for members to draw when they or they family members fall ill. Household health is also improved through being able to buy more nutritious foods with their share of the profits.
- j) Orphans and vulnerable children in the community have benefitted from having their school fees paid, an investment by the FACT Rusape volunteers in the children's **education, health and well-being**. In 2012, for example, profits from the chicken project were used to assist 11 primary school children, 24 secondary school students and 8 tertiary level students with school fees.
- k) The income generating activities also benefit the wider community in that they support the livelihoods of FACT Rusape's volunteers, enabling them to **sustain their voluntary community work**.
- l) FACT Rusape benefits from **reduced costs** for workshops and other gatherings by using chickens from the chicken rearing project for lunches instead of purchasing meat from other sources.
- m) The training for women in Marondera has resulted in the women providing **psychosocial support** counselling to nearly 800 children over the past two years. This has led to a decrease in child violence, child-crime and gender-based violence. It has also led to the formation

of peer-educator groups, including groups of children and youths aged from 12 to 23, who provide peer education lessons at hospitals and in-school platforms.

## Strengths

FACT Rusape has linked livelihoods to health in a powerful way. We know that the proceeds from income generating activities may be used in more and less productive ways. Sometimes they are used in ways that are harmful. For example, when profits are spent on alcohol, which is bad for health and often links to violence and unsafe sex. FACT Rusape is enabling the productive use of profits through three steps:

- First, it supports groups of committed volunteers to set up income generating projects. These are people who will work together and who have a social conscience and a desire to help themselves and others.
- Secondly, it trains and supports those groups in wise business practices and gives them financial and technical support.
- Thirdly, it supports them to establish rules and systems concerning social uses of a proportion of profits. Each project has a health or welfare committee that makes the relevant decisions.

The outcome is that FACT's investment of physical inputs and time generates self-sustaining projects that help improve the wellbeing of its volunteers', and of their families, as well as giving assistance to orphans and vulnerable children.

Income generating activities (IGAs) have also been used to partly fund the medical costs of staff members and their families, the main source being the organisation's garden. Funds generated through agreed IGAs are administered by a selected health committee.

Another strength is that there is good sense in utilising organisational skills such as counselling, for the benefit of community members *and* staff. There is also a logical consistency in attempting to improve wellness for both groups. Sometimes health-based NGOs put all their focus on their projects, to the neglect of their staff.

FACT Rusape's approach to promoting wellness has been replicated by private sector companies including National Breweries and GMB in Rusape and Marondera, Proton Bakery, Dairiboard, and the schools of St Faith and Christi Mambo. At National Breweries, for example, they have copied the strategies of appointing a Wellness Programme Officer, conducting sporting activities for employees and giving them regular medical checks. At St Faith Mission, the school has started to incorporate volunteers as part of providing medical assistance to students and three voluntary medical nurses are now based at the school.

## Lupane Women's Centre

### About the organisation

Lupane Women's Center (LWC) is a community-based organisation, founded in 1997 and officially opened in 2007. Its mission is to facilitate the unleashing of an entrepreneurial spirit among the women of Lupane and other marginalised groups, to engage in economic and social development activities in a bid to alleviate poverty.



LWC has 21 members of staff and is based in the provincial capital of Matabeleland North. It works with approximately 3,560 women spread across all 28 wards of Lupane district. It also has around 1,000 male members, since, while its focus is on empowering women, LWC also recognises the benefits of involving men.

Primarily, LWC supports women to use locally available resources to set up their own businesses. For example, groups collect *ilala* reeds at no cost, and then meet in their clubs to weave them into baskets. The centre also advises groups to have three or more projects, spreading the risk should one fail. Common activities include goat and chicken rearing, and vegetable gardening.

### About the wellness programme

The LWC already had an HIV policy and was supported by SAfAIDS to make the transition to a programme encompassing all aspects of wellness, that is, physical, spiritual and mental health. At the outset of the project, LWC staff



voted for colleagues to become members of a Wellness Committee, which is comprised of the Capacity Building Manager, a Security Guard, a Cleaner and a Field Officer. Between them the committee members represent all levels of worker within LWC, as well as men and women.

However, it did not restrict itself to staff; the LWC has also sought to cascade the wellness programme down to its members, through its 56 ward representatives – two for each ward – who are the link between the LWC office and the members. This decision was based on the realisation that empowerment needs to include valuing and caring for health: as their report states *“empowerment which does not address wellness is not empowerment at all... of what benefit is a skilled woman who is bedridden due to illness that can be prevented or treated?”*

Activities for LWC staff included:

- A situational analysis to find out staff attitudes and knowledge on HIV and other health issues;
- Monthly health education sessions led by staff from the local clinic, on a variety of topics including HIV testing and counselling (HTC), TB, cancer, sexual and reproductive health and rights, HIV, sexually transmitted infections (STIs), male circumcision, use of male and female condoms and blood pressure checks. Time for discussion was also catered for;
- Supporting staff to access health care by providing transport to hospital and, if needed, a loan to cover medical costs;



- Monthly sports days that begin with discussion on a health topic. Staff and their family members come together to play netball, soccer and volleyball;
- Stress management sessions and individual counselling for staff who are, for example, anxious, or experiencing partner violence;
- Workshops on gender-based violence, rape and sexual harassment, including discussion on how to challenge harmful cultural practices;
- Talks by a local pastor on spiritual issues without bias towards his beliefs and based on the idea that it is psychologically beneficial for people to believe in a higher power, whether it be God, spirit-mediums, *sangomas* or prophets;
- Provision of free teas for staff, and a healthy lunch for \$4 (or -\$2 for those staff known to be living with HIV);
- On-site HTC, carried out by nurses from the local clinic, with those testing positive accessing free treatment as necessary;
- Informal education and advocacy around HIV by LWC staff members who are living with HIV;
- Provision of condoms in the rest rooms, guest houses and Wellness Corner;
- Quarterly anonymous self-monitoring of how many staff know their HIV status, whereby staff are simply asked to write on a slip of paper '1' if they do know their status, and 'o' if they do not;



- To uphold confidentiality, all staff members have signed a confidentiality oath stating that they will not share information about colleagues' disclosures within LWC , outside of the organisation;
- A 'Drink Water' campaign, requiring each member of staff to drink six glasses of water a day, with colleagues monitoring each other's consumption;
- Provision of a range of books and leaflets in the Wellness Corner on topics including HIV, TB, malaria, stress and cancer, for staff to borrow and share with their families;
- Holding of regular clean-up campaigns where LWC staff and members publically tidy up their local environment and share IEC materials with those who pass by.



The cost of beginning the workplace wellness programme was \$717 (mainly for the purchase of first aid kits, balls, and T-shirts). Each workshop costs approximately \$110 to run.

Activities for LWC members were:

- LWC ward representatives attended the health education sessions and other workshops alongside LWC staff. The ward representatives then held sessions in their wards to share the information with their club colleagues;
- Supporting LWC members to maintain 54 nutrition gardens, and to use solar driers to preserve their harvest to provide food in the dry season;

- Delivery of health education using an edutainment approach, particularly singing and dancing, which are important in Ndebele culture;
- When they meet and work together, members regularly discuss issues they are interested in concerning gender and health, particularly when weaving baskets, as this is a stationary activity;
- Making RUMPs (Reusable menstrual products) for members to buy and use. LWC's marketing officer explained, *"We made a decision to make RUMPS after the discovery that some of our club members were not turning up for workshops when they were menstruating. They cited that they could not afford to buy sanitary wear and as such they did not feel comfortable attending public gatherings at that time."*



## Outcomes

- a) Health education sessions have led to **better health knowledge and health seeking intentions** among staff and ward representatives. For example, the misconception that a persistent cough is the only symptom of TB was corrected; they now know the various symptoms and that it is wise to seek treatment early. As another example, one male member of staff said *“Sometimes as men we feel ashamed to go to the clinic when we have STIs and we spread it to our partners, but now we know that we are putting our lives at risk and see the need to use protection to prevent STIs as well as seeking treatment early when we suspect having an STI.”*
- b) The sporting activities have had a **team-building effect and improved communication** in the workplace; previously the most junior staff could not interact with managers but now there is a more relaxed atmosphere where different cadres appreciate each other’s strengths and are better able to discuss issues that are affecting them. Staff members also appreciate the events – one said *“These matches have helped me regain physical fitness and I have become more efficient at work besides that I came back to work refreshed and free from stress.”*
- c) The stress management sessions have enabled some employees to identify stressors in their lives and to **find effective ways of coping** with them.
- d) Individual counselling on all topics, not only in relation to HIV, has had a range of **positive effects** for those who accessed it. The impact for one woman is evident from her story: *“I was having problems with my husband at home and it was affecting my performance at work.”*

*My supervisor asked me the reason behind my poor performance and I explained. I was referred to a counsellor - both my husband and I. Had it not been for our WWP, we would have divorced. Now I perform my duties well as I have peace of mind.”*

- e) Some staff members have benefited from the pastor’s visits, as expressed here: *“Sometimes I experienced a certain hollowness that even when I tried to explain to my family and friends they would not understand it. But the pastor hit the nail on the head – that space needed to be occupied by a force stronger than me, and now that I have that force in my life I am content and at peace.”*
- f) The combination of health sessions, the confidentiality oath and HTC enabled members of staff living with HIV to **disclose their status**. Those who have disclosed feel accepted, and are no longer ashamed of being HIV positive. One employee living with HIV explained the impacts of the wellness project like this *“Through reading books from our workplace wellness corner and from the health sessions, I learnt the importance of not defaulting on my medication and of a healthy diet. Thanks to management I get subsidised meals in the canteen. This WWP has given me a new lease on life. I feel very much alive and healthy.”*
- g) Some members of staff living with HIV have been motivated to **influence others**: *“Through our WWP, I learnt that I can actually teach others to engage in safe sexual behaviour so that they will not contract the virus. With what I went through, I can now advise others who have the symptoms to go and get tested and I tell them that there is life after testing HIV positive”*. Their willingness to be open has helped foster better attitudes among staff, and a non-discriminatory workplace.

- h) All the staff members at the LWC offices have voluntarily undergone **HIV counselling and testing**. The practice of asking them to anonymously report each quarter if they know their status or not is a way of keeping the issue fresh in their minds and reflecting on whether they should re-test.
- i) There has been an increase in the quantities of **condoms** taken by staff, from a very low level, to the point where the Wellness Committee gets requests to replenish the stocks.
- j) Two male members of staff opted to be **circumcised**; others said they intend to be circumcised in winter, when they believe the wound will heal faster.
- k) The ‘Drink Water’ campaign was successful in significantly **reducing the incidence of headaches**, which are common during the heat waves often experienced in Matabeleland North. Staff now understand the importance of being properly hydrated.
- l) LWC reports that there is **less absenteeism** as staff are better informed and are taking measures to safeguard their health. One of LWC’s project officers summed up the changes, saying *“Since the programme’s inception, the rate of taking sick leave has significantly gone down and there is higher productivity. Also because of the non-discriminatory environment, we now feel like a family and look out after each other’s interests.”*
- m) LWC’s 3,560 members have benefitted from better **all-year-round nutrition**, through eating crops from their nutrition gardens and using the solar driers to preserve food in a way that does not destroy their nutrients. They and their families also benefit from having chicken and goat in their diets, the result of their animal rearing projects and, of course, from their share of any profits from these businesses.

- n) A nurse from the Lupane clinic reports an **increased uptake in counselling and testing** among community members: *“Before LWC implemented its WWP the number of people who came for HTC was very low, usually those who had fallen critically ill. But now the number of people taking up HTC services has skyrocketed. We usually ask clients who referred them for HTC and most of them acknowledge that the awareness raising on HIV in the community by LWC has opened their eyes to the importance of knowing one’s status.”*
- o) It is assumed that the **sharing of information** including IEC materials with LWC members has some spill over effect into their families and friends.

## Strengths

A strong feature of LWC’s programme is its low-cost approach. In all aspects of the programme efforts are made to keep costs down. These include:

- Establishing and maintaining good working relationships with staff from the local clinic and so being able to engage them as facilitators at no cost;
- Using their own conference room as the venue for all workshops and their own grounds for sporting activities;
- Procuring condoms in bulk to get a lower per unit cost;
- Getting IEC materials from SAfAIDS;
- Using produce from LWC gardens, poultry and goat rearing projects to make meals at minimal cost;



- Ensuring that the members' projects are low-risk ones which do not require expensive inputs: reeds for craft work are collected for free, chickens are fed from their farm produce and the goats feed on natural pastureland.

LWC has also established two sources of finance for the wellness programme from within the organisation. Part of the income generated from hiring out LWC's conference hall and guesthouses goes to the wellness programme. Also, each income-generating project run by members contributes a stipulated percentage of profits to the wellness budget. These two ways of generating income should ensure that the programme is sustainable without outside funding.

The transition from a focus on HIV to wider health is not necessarily an easy one to make. Although LWC's wellness programme still has a strong element of HIV response, it is commendable that it has embraced other aspects of wellness. In particular, the use of general counselling to support staff with any issues they have is a strength, along with less obvious but positive interventions, such as making RUMPs, conducting community clean-ups, and offering spiritual advice. It is also interesting that a women's centre has purposely involved men as members. LWC believes if had not done so, there would have been resistance from the communities and a disparaging view of their work as 'women's affairs'.

These four case studies show that organisations can move from responding to HIV to wellness, and that employees can be motivated to take better care of their health. All the organisations report positive outcomes, including higher staff morale and less absenteeism.

The stories of Jhpiego SA and DENOSA illustrate good practice in promoting wellness in a conventional way, restricted to the workplace in question. Jhpiego SA in particular shows how a small team of colleagues can influence and support each other through peer pressure and peer learning for better health. Their approach could be replicated in larger organisations by encouraging the formation of smaller groups among the workforce (for example, colleagues who work together), or by forming teams to introduce an element of competition.

The cases of FACT Rusape and Lupane Women's Centre demonstrate a different ambition – to extend wellness programmes to community members. In both cases, benefits are felt beyond the staff members, particularly among the organisation's volunteers and members. This is because the organisations' support to livelihood projects fits, to some extent, with the wellness agenda. Both organisations have managed to include an element of financial sustainability by channelling a proportion of profits from income generating projects into paying for medical costs and funding wellness programming. This is a replicable approach for those organisations with a strong community base of committed volunteers or members.

In conclusion, these promising practices show that HIV does not need to be dealt with alone and that a holistic wellness approach that attends to issues of stigma and confidentiality is more relevant, and probably more efficient and effective too.



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