

RAPID REVIEW OF THE SELECTED RETAILERS IN IMPLEMENTING HIV AND AIDS WORKPLACE AND OUTREACH PROGRAMME

By

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¹ "It is important to protect the confidentiality of the 9 retailers that participated in the study for ethical reasons. Hence their names have been replaced by a code name, from Retailer 1 to Retailer 9."

Table of Contents

Acknowledgements	2
Acronyms.....	6
Executive Summary	8
1.1 Overview of HIV and AIDS in the context of the World of Work	13
1.2 The United Nations Support for HIV and AIDS.....	16
1.4 Alignments with National Frameworks	19
1.5 Workplace response in the retail industry.....	20
1.6 Aims and objectives of the study	21
2 Methodology	22
2.1 Study setting and sample.....	22
2.2 Study Design.....	22
2.2.1 Qualitative approach	22
2.2.2 Quantitative approach	23
2.3 Ethical Considerations.....	23
2.4 Data analysis	24
2.4.1 Qualitative data analysis	24
2.4.2 Quantitative data analysis	24
3 Findings.....	25
3.1 Basic details about the retailer	25
3.2 Workplace responses.....	27
3.2.1 Management commitment.....	27
3.2.2 HIV and AIDS Awareness and education.....	33
3.3 Access to Treatment Services.....	37
3.3.1 Access to treatment.....	39
3.3.2 Type of treatment available.....	40
3.4 Access to Voluntary Counseling and Testing.....	41
3.4.1 Employees have access to VCT services in the workplace, alternatively, a list of referrals is available on services rendered by NGOs or public health clinics.....	42
3.4.2 Employees have onsite care and support (i.e. access to support groups) or alternatively, a list of referrals is available on NGO-sponsored support groups and other community based services	

3.4.3	Creating an environment that is conducive to openness, disclosure and acceptance of HIV and AIDS among all staff.....	44
3.5	Measures to reduce occupational risk	46
3.5.1	Application of infection control measures to ensure HIV is not acquired in the workplace.....	46
3.5.2	Wellness programme.....	47
3.6	Community relations: partnerships and outreach.....	48
3.6.1	The company requests a community representative to serve as a liaison between the company and the community to strengthen communication and cooperation in the fight against HIV and AIDS	50
3.6.2	HIV coordinator who liaise with partners	50
3.6.3	The company embarks on HIV and AIDS activities beyond its own walls	50
3.6.4	Community outreach.....	51
3.6.5	Partnerships.....	52
3.7	Monitoring and evaluation	53
4	Conclusions and Recommendations	56
4.1	Management Commitment.....	Error! Bookmark not defined. 56
4.2	HIV and AIDS Awareness and Education	Error! Bookmark not defined. 57
4.3	Access to Treatment Services	Error! Bookmark not defined. 57
4.4	Access to Voluntary Counselling and Testing	Error! Bookmark not defined. 58
4.5	Measures to reduce occupational risk	Error! Bookmark not defined. 59
4.6	Community relations: partnerships and outreach.....	Error! Bookmark not defined. 59
4.7	Monitoring and evaluation	Error! Bookmark not defined. 60
5	Propositions arising out of the study	Error! Bookmark not defined. 60
6	Final Remark.....	Error! Bookmark not defined. 64
	References.....	65

List of Figures

Figure 1	Composition of the Retail Trade Sales, South Africa, 2011	14
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List of Tables

Table 1:	Financial cost of HIV and AIDS, by sector (2007).....	15
Table 2	Description of Retailers	25
Table 3	Positive responses in terms of Management support for the workplace programme.....	27
Table 4	Positive responses on HIV and AIDS awareness and education	33
Table 5	Positive responses on access to services	37
Table 6	Access to VCT	41
Table 7	Positive responses on measures to reduce risk of HIV infection in case of occupational injury 46	
Table 8	Community relations: partnerships and outreach.....	48
Table 9	Monitoring and evaluation	53

Acronyms

TERM	DEFINATION
AIDS	Acquired Immune Deficiency Syndrome
ALRN	African Labour Researchers Network
ART	Anti – Retroviral Treatment
ARV	Anti- Retroviral
AZT	Zidovudine
ASSA	Actuarial Society of South Africa
BER	Bureau of Education and Research
CD4	Cluster of designation
CEO	Chief Executive Officer
CHAMP	Community HIV/AIDS M monitoring Project
CAN	Central News Agency
CO-Pretoria	ILO Country Office Pretoria
COSATU	Congress of South African Trade Unions
ECOSOC	The Economic and Social Council
DoL	Department of Labour
EAP	Employee Assistance Programme
FEDUSA	The Federation of Unions of South Africa
GDP	Gross Domestic Product
GPT	Gauteng Provincial Treasury
HAST	HIV and AIDS and Sexually transmitted Infections and TB
HCT	HIC counselling and testing
HIV	Human Immunodeficiency Virus
HR	Human Resource
HSRC	Human Sciences Research Council
IDI	In-Depth Interview
IEC	Information, Education and Communication
ILO	International Labour Organization
ILOAIDS	HIV and AIDS and the world of work branch of ILO
ITUC	International Trade Union council
JSE	Johannesburg Stock Exchange
KAPB	Knowledge, Attitudes, Practices And Beliefs
M & E	Monitoring and Evaluation
MC	Male Circumcision
Merseta	Manufacturing, Engineering and Related Services Sector Education and Training Authority
MD	Managing Director

MNCs	Multinational Corporations
NGO	Non-governmental Organization
NSP	National Strategic Plan on HIV, STIs and TB
OI	Opportunistic Infections
PEP	Post-exposure prophylaxis
PLHIV	People Living With HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
QUALSA	Qualsa Healthcare (Pty) Ltd
R	Rand
REC	Research Ethics Committee
RSA	Republic of South Africa
SABCOHA	South African Business Coalition On Health and AIDS
SACCAU	South African Commercial, Catering and Allied Workers Union
SAHARA	Social Aspect of HIV and AIDS Research Alliance
SANAC	South African National AIDS Council
SAQ	Self – Administered Questionnaire
SARB	South African Reserve Bank
SOE	State Owned Entities
Stats SA	Statistics South Africa
STIs	Sexually Transmitted Infections
TAG	Technical Assistance Guidelines
TB	Tuberculosis
TFG	The Foschini Group
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV and AIDS
UN-NGLS	United Nations-non-Governmental Liaison Services
USAID	United States Agency for International Development
USD	United States Dollar
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
WP	Workplace
WPP	Workplace Programme
W&R SETA	Wholesale and Retail Sector Education and Training Authority
ZAR	South African Rand

Executive Summary

Background

The prevalence of HIV in South Africa remains relatively high (Shisana et al., 2014) affecting all spheres of life including the world of work. In the world of work, HIV and AIDS affect the productivity, effectiveness or success in a number of ways including increased absenteeism, increased costs, increased employee turnover and increased loss of workers, among others (Ilon et al., 2007: 9). The National Strategic Plan on HIV, STIs and TB (NSP) 2012-2016, calls for all sectors to mount their efforts towards reduction of new HIV infection, related deaths, and stigma as well as increasing access to treatment and care (South African National AIDS Council (SANAC), 2011). The key economic sectors contributing to the Gross Domestic Product (GDP) in South Africa include: mining, agriculture, tourism, manufacturing, financial services and retail (Media club South Africa, 2014). Of greatest concern is the fact that there have been limited studies, if any, solely focusing on some of the economic sectors, including studies exploring HIV and AIDS responses by the retail sector in South Africa. Against this background, the International Labour Office (ILO) in South Africa (CO-Pretoria) commissioned the Human Sciences Research Council (HSRC) in 2013 to conduct a rapid review or situational analysis of the selected retailers in order to ascertain their responses to HIV and AIDS in their workplaces and communities.

Aims and objectives of the study

There have been limited studies, if any, solely focusing on HIV and AIDS responses by the retail sector in spite of the fact that this sector is considered medium risk for HIV and AIDS, labour intensive and growing.

The aim of this study was to conduct a rapid review of the existing HIV and AIDS Wellness Workplace and Community Outreach programmes (workplace responses) among selected retailers with a view to ensuring that the sector efforts were documented, promoted, supported and were possibly improved upon. The objectives of this study were to:

- Review literature on workplace responses in the retail industry, their alignment to national frameworks and existing UN support for HIV
- Explore the nature of existing workplace responses currently being implemented by the selected Retailers
- Describe perceived successes and good practices of workplace responses in contributing to good outcomes.

- Make propositions and recommendations to guide the development of effective model to address HIV in the Retail Sector.

Methodology

A mixed-method exploratory descriptive study which employed both qualitative and quantitative approaches was used. The qualitative approach involved reviewing existing literature as well as conducting in-depth interviews (IDIs) with key retail personnel in order to explore the nature of existing workplace responses currently being implemented by the selected retailers. The quantitative approach involved sending out a self-administered questionnaire to the relevant section, department, division or centre of each of the selected retailers in order to elicit information on perceived successes of workplace responses in contributing to good outcomes.

The study involved a targeted sample of 11 retail enterprises (retailers) which were pre-selected across clothing, food, health and beauty supplies by CO-Pretoria, in the four-provinces of South Africa, namely: Eastern Cape; Kwa-Zulu Natal; Western Cape; and Mpumalanga. Of the 11 targeted retailers, a purposive sample of nine (9) was realized. In addition, a retailer workshop, involving the nine retailers that participated in the study and eight other retail stakeholders was conducted to validate the data.

Key Findings

Management commitment

Management in the participating retailers is generally aware and demonstrating leadership in relation to HIV and AIDS as part of a broader wellness approach. There is perhaps room for some retailers to become more strategic in perceiving HIV as a business issue, particularly in relation to ensuring coverage of the entire workforce and exploring extension of strategies into service providers to the business and surrounding communities. The constraints in this regard relate to resources, both human and financial in order to extend and customize current HIV programmes and activities within the company to further stakeholders.

Recommendation: Develop support for retailers to further embed HIV and AIDS into retail governance structures such as Risk, Social and Ethics Committees of the Board and general business reporting.

HIV and AIDS Awareness and Education

Retailers have progressed from providing narrow HIV and AIDS education and awareness to a more general approach of employee wellness which includes HIV and AIDS. Innovative and varied forms of communication are used by different retailers. Retailers appear to have established communication channels which are adapted to the particular tools used within a business for communication and awareness, and also training. Challenges were encountered

with peer education, with some participating retailers reporting that peer education did not deliver sufficient results and others indicating that their store format was too small for peer education to be feasible. Not all retailers reported being aware of, or accessing HIV and AIDS education for employees through the Wholesale and Retail Sector Education and Training Authority (W&RSETA). Very few of the participating retailers reported receipt of extended awareness and education interventions beyond their permanent (full time and part time) employees.

Recommendation: ILO to facilitate an engagement with W&RSETA to determine the extent of support within the sector. Explore and support mechanisms with the W&RSETA for support for the extension of HIV and AIDS related training into wellness education that is customized to retailer specific formats and challenges, and consider extension into supply chains. The W&RSETA could also consider options for access by smaller retailers to awareness and education and support access to education and training by all employees regardless of employment type.

Access to Treatment Services

Some retailers ensure employees' access to treatment for HIV and AIDS, sexually transmitted infections and opportunistic infections (except TB) through providing treatment onsite. Others provide access to treatment through referrals to other service providers such as public facilities and NGOs, but this requires time away from work and supplies of medication are not always available. TB screening can also be promoted at the workplace to promote treatment.

Recommendation: Access to treatment services should be encouraged amongst all retailers and for all employees as this will have multiplier effects in managing HIV and AIDS and its impact to the business by reducing absenteeism, sickness and deaths. There is an opportunity to leverage shopping centre locations and the Retailers Unite against HIV and AIDS concept in order to share information on the availability of local treatment providers, improve access to treatment for all employees and bring down costs of treatment.

Access to Voluntary Counseling and Testing

VCT services were offered onsite or referred to nearby facilities and in limited locations through a collaborative project between retailers at shopping centres called Retailers Unite against HIV and AIDS. The findings in this regard to retail VCT are commendable as it is the cornerstone for HIV prevention services.

Recommendation: ILO could assist in scaling the Retailers Unite against HIV and AIDS programme so that it is available for all employees in shopping centres throughout South Africa. This could be run in collaboration with shopping centres, banks or major retailers, but be

accessible to employees of smaller retailers and other shopping centre tenants. Initial VCT could be targeted at employees, with this extending to families, customers and communities with time. An alternative option could be for ILO to assist in consolidating a list of local VCT service providers for each area.

Measures to reduce occupation risk

Almost all retailers reported that they enforced HIV infection control measures which included PEP as part of Occupational Health and Safety (OHS) measures. Integration of HIV and AIDS into wellness programmes help in reducing stigma and discrimination.

Recommendation: OHS should be constantly reviewed on all sites to ensure that HIV infection control measures are in place and employees are aware thereof.

Community relations: partnerships and outreach

Partnerships in relation to HIV and AIDS services for participating retailers were generally applicable in relation to national service providers or where organizations can combine their resources to carry out a specific set of activities that address HIV and AIDS challenges. Community interaction in relation to HIV and AIDS was generally effected through company specific Corporate Social Responsibility (CSR) programmes focused on general health, wellbeing, education and poverty alleviation. The establishment of network structures such as Retail Unite against HIV and AIDS may assist in addressing this limitation. Given the dispersement of geographical locations, variation in store sizes and the variation of CSR programmes applicable in particular companies there do not appear to be many new opportunities in this regard.

Recommendation: Linkages with communities and local partnerships can be explored as part of the scaling up of Retailers Unite against HIV and AIDS.

Monitoring and evaluation

Participating retailers monitor different elements of HIV and AIDS prevention and treatment in different parts of their business and they rely on different providers to support monitoring and evaluation (M&E) of HIV and AIDS. There is no single source of information.

Recommendation: Standardized monitoring and reporting to a central point, either directly or indirectly through providers could benefit retailers by lifting the reputation of the sector and also identifying key areas of intervention for the future. Building on current systems that are already in place, the ILO could work with the South African Business Coalition on HIV/AIDS (SABCOHA) and the Metropolitan to develop a strategic framework for an effective, accessible, low-cost tool that could be used in conjunction with service providers to the sector to improve

sector M&E. It would be essential that such tools are adaptable to different business reporting systems and that the resource requirements are minimized. These monitoring tools could be built into reporting at a company level under the Social and Ethics committee.

Conclusion

This study provides responses of diverse retail companies to HIV and AIDS. It describes perceived success and good practices of workplace responses contributing to good outcomes. The study provides sector-specific HIV-related programming propositions and recommendations.

It provides an opportunity to promote the good work being done by retailers in the field of HIV and AIDS prevention and treatment. There is positive work being done on HIV and AIDS in the retail sector. A number of large retailers are taking proactive steps and have made noticeable progress in the implementation of workplace responses although there is still room for improvement. The results of this study should be interpreted with caution. Although a lot of effort has been made to make sure that the information provided in this study is as accurate as possible, some of the sources used in determining retailer HIV and AIDS responses may be slightly dated due to ongoing engagements in HIV and AIDS activities by the retailers. The results of this study cannot be applied to the entire retail sector due to the limited sample size of nine retailers which does not represent the entire industry's response to HIV and AIDS. But the validation workshop involving the nine retailers and eight other retail stakeholders addressed this shortcoming. The study did not include small and medium retail responses to HIV and AIDS as there were no small and medium retailers that participated in the study. The literature review demonstrates a general overview of the work on HIV and AIDS in South Africa due to that fact that there is limited retail sector specific literature. There was inadequate coverage of TB in the study and retail specific insight was lacking in this regard. The findings of this study can be used to strengthen the implementation of HIV and TB Workplace Programmes in the Retail Industry.

1 Background

1.1 Overview of HIV and AIDS in the context of the World of Work

The prevalence of HIV in South Africa remains relatively high with about 6.4 million adults (18%) living with HIV (Shisana et al., 2014). HIV and AIDS affect the effectiveness, success and productivity of businesses in a number of ways including: increased absenteeism, increased costs, increased employee turnover and increased loss of workers, among others (Ilon et al., 2007: 9).

The current South African National Strategic Plan (NSP) on HIV, STIs and TB (2012-2016) calls for all sectors (including the private sector) to work together in (South African National AIDS Commission (SANAC), 2011:34)

- a) Tackling the economic, social, cultural and structural drivers of HIV, STI and TB prevention and care;
- b) Averting the spread of HIV, STI and TB (new) infections;
- c) Maintaining health and wellbeing; and
- d) “Ascertaining the safeguarding of human rights and improving access to justice.

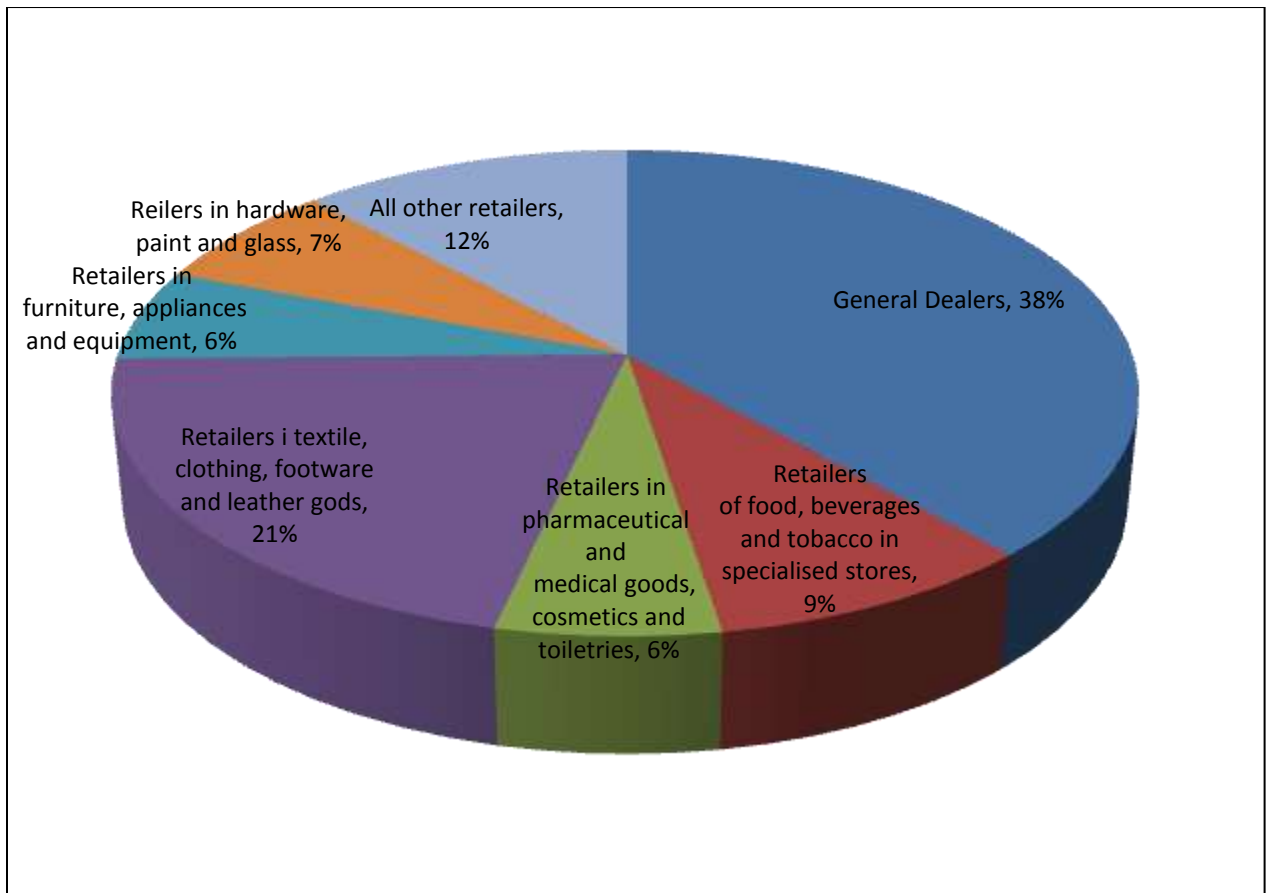
Conventionally, the mining and agricultural sectors have been the main sectors contributing to South Africa's economy (Media Club South Africa, 2014). However, since the early 1990s this has been gradually changing with the mining, agriculture, manufacturing, communications, financial services, retail, and tourism being the key economic sectors contributing to the Gross Domestic Product (GDP) in South Africa (Media Club South Africa, 2014). Statistics South Africa (Stats SA, 2014) survey showed that South Africa's retail industry is booming with increased retail space and increased number of shopping malls (even in peri-urban areas) covering various types of retailers specialised in food, clothing, toiletries, cosmetics, leather goods, beverages, footwear, tobacco, pharmaceutical and medical goods, textiles, general dealers, textiles, appliances, household furniture, and equipment, hardware, paint, glass, as well as other miscellaneous goods. Further the survey revealed that retail trade sales at constant (2012) prices, for the year 2014, showed an increase of 2.4% from 2013 (Stats SA, 2014). Stats SA (2014: 2) attributed the 2.4% increase to the contribution made by the general dealers (contributing 1.0 %), as well as retailers in clothing, textiles, footwear and leather goods (contributing 0.9 %).”

The Gauteng Provincial Treasury (GPT, 2012) estimated an average yearly increase of 29% in online retail sales and estimated a further escalation in total retail trade sales. The trade sector, “... made a significant contribution to growth in the fourth quarter (of 2013) as rising retail and wholesale sales more than fully countered a decline in motor trade activity” (South African Reserve Bank (SARB), 2014: 1, 18). In addition, the *Retail Survey* of The Bureau of Education

and Research (BER) for the fourth quarter of 2013 showed an improvement in employment in that quarter. The Manufacturing, Engineering and related Services Sector Education and Training Authority (MerSeta) (2010: 30) indicates that “the trade sector, which includes both wholesale and retail trade, has remained the largest employer in the South African economy; in 2010, the sector employed 2.8 million workers (down nearly 700 000 workers from its 2006 peak), representing 23.3% of total employment”.

The South African retail industry, according the Gauteng Provincial Treasury (GPT, 2012: 10) is dominated by general dealers,(contribute about 38% to total retail trade sales) ; followed by retailers in the clothing, footwear, textiles, and leather goods (21%); and lastly other retailers contribute 12% to total retail trade sales. Figure 1 illustrates the composition of 2011 retail trade sales by type of retailer.

Figure 1 Composition of the Retail Trade Sales, South Africa, 2011



Source: Stats South Africa, 2012 (as in Gauteng Provincial Treasury, 2012: 10).

A 2009 United States Agency for International Development (USAID) report, according to MerSeta (2010: 30) and MerSeta (2012: 27), states that “...the prevalence of HIV and AIDS

within the manufacturing sector in South Africa is considerably lower than in sectors such as mining and agribusiness, but somewhat higher than in sectors such as retail, utilities, and media”. The ING Barings (2000) Report (cited in MerSeta, 2010: 65) purport that there is sector differentiated pattern in terms of projected HIV prevalence rates and AIDS death ratios. The study found that there were high risk sectors such as agriculture, mining, transport, general government, construction, accommodation, and catering. . Metals, retail and chemicals were considered as medium risk sectors whilst business services, financial, and communication were regarded as low risk sectors.

The loss of investment as a result of the estimated HIV and AIDS death rate (in 2007) is depicted in Table 1 by George et al (2014). The authors reported that the death rate was expected to impact the most on the mining sector (R2,818,247), followed by the financial (R2,617,144) and manufacturing (R1,914,900) sectors. They estimated the loss of investment for retail and wholesale sector to be R1.055.601, 21. It was estimated that the overall loss for all sectors was about R10 million (R9, 871,732) during the year of study, which is about USD1, 183,661. Further, George et al (2014: 114) purport that businesses will lose about 0.73% (0.59% and 0.86%) on average per year, of the amount they invest in capacitating employees mainly because of AIDS-related deaths. While these figures may not seem very high in relation to the amount of money invested, it should be borne in mind that the actual year-on-year loss due to HIV and AIDS will be far greater when absenteeism, productivity losses and benefit pay-outs are accounted for”. Hence, there is a need to conduct studies that determine HIV and AIDS responses by the retail sector.

Table 1: Financial cost of HIV and AIDS, by sector (2007)

Sector	Estimated no. of employees lost due to AIDS (using mean death rate of 0.69 per annum)	Annual cost due to AIDS deaths (ZAR)	Total cost after new employees are trained in 2007 (6% inflation) (ZAR)	Total cost after new employees are trained in 2007 (USD)
Manufacturing	84	R1,806,509.22	R1,914,899.77	229,609.20
Community & personal social services	42	R76,340.05	R80,920,46	9,702.64
Mining	169	R2,658,723.36	R2,818,246.76	337,919.18
Financial	147	R2,469,004.22	R2,617,144.47	313.806.24
Construction	8	R154,228.48	R163,482.18	19.602.16
Wholesale and rental	187	R995,850.20	R1,055,601.21	126,570.86
SOE	88	R1,152,300.00	R1,221,438.00	146,455.40
Total	726	R9,312,955.52	R9,871,732.85	USD1,183,660.91

Source: George et al (2014: 114)

1.2 The United Nations Support for HIV and AIDS

The United Nations (UN) established the Control Programme on AIDS within the World Health Organization (WHO) in 1986 with Halfdan Mahler, the then Director-General of the WHO announcing soon after that “We stand nakedly in front of a pandemic as mortal as any pandemic there has ever been. In the same spirit that WHO addressed smallpox eradication, WHO will dedicate its energy, commitment and creativity to the even more urgent, difficult, and complex task of global AIDS prevention” (McLaughlin, 2013:15). Since then, the response from the UN has evolved beyond the WHO and into nearly every UN agency, including those that are involved with workplaces, but has always been strong and committed (Bertozzi, Martz & Piot, 2009).

In 1994, the Economic and Social Council (ECOSOC) formally endorsed the setting up of the Joint United Nations Programme on HIV and AIDS (UNAIDS) as the key coordinating mechanism for quick and comprehensive action on the HIV and AIDS epidemic (ECOSOC, 1994). The UNAIDS engages with several partners from various sectors including the public sector, private sector and civil society in its response to the epidemic. It believes that every business can make play its role to the AIDS response based on its size, type of workforce, geographical range, financial strength, and core capabilities. Through joint programming, the UNAIDS and its co-sponsors support the public and private sectors to uphold HIV workplace policies and programmes as well as provides leadership and guidance on their implementation and monitoring. In an unprecedented directive to the whole UN system in 2005, the then Secretary-General of the UN, Kofi Annan, challenged the UN Resident Coordinators to establish a Joint UN Team on AIDS. This became a starting point of for various partners seeking technical assistance from the UN system and described the commitment of the UN to support country responses to HIV and AIDS”. Through assistance from the Joint Team on AIDS, many workplaces have been able to develop HIV and AIDS workplace programmes and are supported throughout (UN, 2007). The ILO Programme on HIV and AIDS (ILOAIDS) is instrumental in the global response to HIV and AIDS in the world of work. ILO considers HIV and AIDS as part of its decent work agenda.

1.3 The role of trade unions in tackling HIV and AIDS

An assessment of the role of trade unions in addressing HIV and AIDS showed that South African unions have fought for labour legislation that protects workers (Guliwe, 2007). The labour unions that have taken a bold position in the response to HIV and AIDS and embarked on joint campaigns to reduce the impact of HIV and AIDS on the world of work are: The Congress of South African Trade Unions (COSATU), 2006; and The Federation of Unions of South Africa (FEDUSA), 2012). However, a lot still needs to be done to make sure that workers are protected by workplace interventions across all sectors. Incidents of HIV and AIDS related stigma and discrimination are still being reported (FEDUSA, 2012). Many bargaining councils still do not

have specific policies on HIV and AIDS and those that have them lack proper mechanisms to monitor their compliance (Guliwe, 2007). Workplace HIV and AIDS prevention interventions are either ineffective or nonexistent in most sectors that are characterized by high levels of casualization. “Enforcing HIV and AIDS agreements in such sectors remains a major challenge for business and labour, according to ILO” (2009: 14-15). For instance, COSATU, by far the largest worker federation in the country, had noted the outcry from scientists that government’s response to the epidemic was inadequate in that almost 20% of South Africans were living with HIV, and that there was a high number of new infections and AIDS-related deaths daily (COSATU, 2006). COSATU noted that, despite the programme as envisaged in the then Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa of 2003. In planning for the National Congress of 18-21 September 2006, COSATU identified the HIV and AIDS pandemic as a matter requiring special attention, indicating that it required mobilization of its members to collectively call for government to provide the necessary leadership required for the ART programme (COSATU, 2006). COSATU is also involved in HIV awareness programmes, such as issuing a booklet on the HIV and AIDS campaign as well as providing educational materials on this subject. COSATU identified that those who are at higher risk of acquiring HIV are the youths, the women, migrant workers and long-distant truck drivers as well as sex workers (COSATU, 2006). COSATU has had continuous national level campaigns on budget processes, social security for the poor, job-creation, HIV / AIDS, Multinational Corporations (MNCs) and against privatization. All these programmes are carried out in conjunction with other partners such as NGOs and churches (African Labour Researchers Network (ALRN), 2003).

On the 15th February 2012, FEDUSA issued a statement in its newsletter that its members will be picketing in Johannesburg against HIV and AIDS related discrimination in the workplace in accordance with a call by the International Trade Union Council (ITUC), to admonish Qatar in its fight against HIV and AIDS related discrimination, after an incident where a journalist from South Africa who worked in that country was detained and deported back to South Africa due to his HIV status. In its National Congress of 2008, FEDUSA adopted an HIV and AIDS WP policy which, among other things, indicated that discrimination due to HIV status is unfair. Thus, the federation committed its members to promote equality and non-discrimination among infected individuals (FEDUSA, 2012)

The South African Commercial, Catering and Allied Workers’ Union (SACCAWU) is the largest union that retailers such as Retailers 1, 2,4,5,6, 7 and 9, are affiliated with. SACCAWU, according to Abrahams (2010) and Fin24 (2010), demanded the establishment of a National Sectoral Bargaining Forum within the retail sector with the aim of addressing the need for social dialogue at sectoral level and to address common developmental challenges within the sector. SACCAWU’s demands were premised on its continuous campaign to advance the decent

work agenda in organized sectors. SACCAWU according to Abrahams (2010) believes that the National Sectoral Bargaining Forum should amongst others, establish and administer schemes that address the plight of workers within the retail sector, i.e. HIV and AIDS.

UNI-Africa (UNI Global Union, 2014) has been actively organizing workers in multinational companies across Africa in order to uphold workers' rights and the ILO decent work agenda. UNI-Africa seeks to ensure that all workers in the service industry are protected by a collective agreement through multinational union alliances. UNI-Africa is assisting its affiliates to have a common platform to share experiences, strategies and solutions to common problems such as HIV and AIDS (UNI Global Union, 2014).

To date, Retailer 3 Union Alliance is one of the multinational union alliances that has successfully created and promoted active networking among shop stewards. The union alliances are considered as one step towards negotiating global agreements with multinational companies to guarantee the protection of the ILO core labour standards.

HIV is considered by UNI-Africa as a serious social, health, economic and development challenge in Africa and has programmes geared towards the prevention of Mother to Child Transmission of HIV (PMTCT). In line with the 2003 UNI-Africa Congress resolution on HIV, by UNI Global Union (2014), the region has launched a number of HIV and AIDS projects in Africa. UNI-Africa has achieved many successes, including, HIV and AIDS training of coordinators across Africa, shop stewards have been trained on HIV and AIDS policy formulation, training materials developed, affiliates are now involved in HIV prevention, awareness and community outreach programmes, and HIV and AIDS workplace policies launched in South Africa, amongst others. However, UNI-Africa acknowledges that a number of challenges still persist, including: stigma, discrimination and victimization fewer workplace policies in companies, policies are not negotiated, but are an initiative of management, fewer or no Voluntary Counseling and Testing (VCT) services at workplaces; and no provision of Antiretroviral (ARVs) at workplaces.

The ILO (Essa,2005), identified HIV and AIDS as a trade union issue since workers and their families and communities are bearing the brunt of the epidemic. From the South African perspective, trade unions are intermittently prominent in the fight against HIV and AIDS for workers and the larger society. Benjamin (2008: 21) writes: “where HIV and AIDS have reached pandemic proportions we see very little evidence of practical measures to provide treatment in the workplace”. He (2008: 21) further notes “ that only 1.6% of bargaining councils and 1% of enterprise level agreements show practical measures to provide treatment for HIV and AIDS and ...where HIV and AIDS programmes are in place, it is the company management who lead these programmes and not the union”. From interviews with union officials it would seem that

even where unions are negotiating HIV and AIDS related issues in companies, there is ironically very little in place to protect union employees (Benjamin, 2008).

Accessing resources by unions remains a challenge (2008) as companies have marketed themselves as being in the forefront of dealing with the epidemic in the workplace. Consequently, unions have been overlooked and much of the existing funds have been channeled directly into company programmes. Without clear intervention strategies to address HIV stigma and discrimination, and with a culture of silence still very prevalent in the unions, raising resources to deal with HIV and AIDS continues to remain a challenge” (Benjamin, 2008:23). In the absence of a union taking the lead in developing proposals to address HIV and AIDS in the workplace, workers continue to find individual solutions, solutions that might seem viable in the short term but can undo many of the gains unions have won (Benjamin, 2008).

Benjamin (2008: 27) notes several challenges in responding to company-initiated HIV and AIDS programmes: “bosses have an attitude that they own the policies; in some companies there is a policy but no agreement on a programme; some companies give the appearance of caring, such as giving time off for peer educators, but there is no treatment programme; and unions are not involved in the planning, monitoring or evaluation of company HIV and AIDS programmes”. Unions (Benjamin, 2008:27) need to actively engage with workplace policies and programmes as there are some discrepancies and contradictions in them. Generally policies are not proactive in creating an environment for preventing discrimination. In other instances policies are well-written but barely implemented.

Although many large and multinational companies have been externally pressurized to provide HIV and AIDS services to employees by regulatory bodies, shareholders, activists and unions, few small companies seem to have the same pressure (BER, 2005: 26). They tend to conduct no forward planning and respond only when there is a crisis (BER, 2005).

The gap between the “high profile” HIV and AIDS programmes of some large companies and the almost nonexistent HIV and AIDS programmes as well as for the more vulnerable casual or outsourced employees is widening. These challenges make this an important focus area “for the unions and for a collective bargaining

Strategy that needs to take into account the needs of all workers including the most vulnerable sectors” (Benjamin, 2008: 18).

1.4 Alignments with National Frameworks

South Africa’s response to HIV and AIDS/TB/STI continues to receive the highest political leadership in the country (SANAC, 2011). The country established a comprehensive regulatory framework to respond to the AIDS epidemic (SANAC 2011). The NSP has four strategic objectives:

a) Tackling the economic, social, cultural and structural drivers of HIV, STI and TB prevention and care; b) Averting the spread of HIV, STI and TB (new) infections; c) Maintaining health and wellbeing; and d) “Ascertaining the safeguarding of human rights and improving access to justice.

(SANAC, 2011: 14-16). The last two objectives concern HIV and AIDS and the World of Work. Other legislative frameworks in the World of Work in South Africa are (Department of labour, 2012):

- The codes of Good Practice on HIV and AIDS and the World of Work Technical Assistance Guidelines (TAG).
- Labour Relations Act, No. 66 of 1995 (Schedule 7, Part B – Unfair Labour Practices, Section 2)
- Occupational Health and Safety Act, No. 85 of 1993 (Sections 9-12)
- Compensation for Occupational Injuries and Diseases Act, No. 130 of 1993
- Basic Conditions of Employment Act, No. 75 of 1997 (Sections 22 and 23, 78 and 79)
- Medical Schemes Act, No. 131 of 1998 (Section 24(2)(e))
- Promotion of Equality and Prevention of Unfair Discrimination Act, No. 4 of 2000 (chapter 2 – Sections 6 and 9, Chapter 5)
- Employment Equity Act, No. 55 of 1998 (Chapter 2)
- Constitution of the Republic of South Africa, Act No. 108 of 1996 (Bill of Rights, Section 14 – relating to privacy)
- Decent Work Country Programme for South Africa (2010 – 2014)

1.5 Workplace response in the retail industry

“The private sector response to the HIV and AIDS epidemic has been coordinated mainly by the South African Business Coalition on HIV and AIDS (SABCOHA)” whose aim is to strengthen the capacity of the private business` sector to respond more effectively to the epidemic (ILO, 2010: 14). Previous studies on the responses to HIV and AIDS in South Africa have mainly focused on the building, construction, mining, transport, and manufacturing sectors for a variety of reasons (Lurie et al 2003:149-56; Ellis, 2007: 29-52). The mining, construction, building and manufacturing sectors were considered the most vulnerable due to the fact that they generally employ labour intensive, high risk low, semi and unskilled workers (Ellis, 2007: 2-22) having a significant number of migrant workers (Lurie et al, 2003: 152; Ellis 2007: 2-22; World Bank, 2009) and the industries are largely male dominated (Lurie et al 2003: 152). The transport sector was considered very susceptible to contracting and transmitting HIV and AIDS because of the fact that long distance drivers (e.g. truck drivers) spend a long time away from their families (Ellis 2007: 3 & 16; World Bank. 2009). The risk of infection is not only to the workers, but also to their families and the people living near construction or mining sites and those living along the main transportation routes (Ellis, 2007: 2-22; Delany-Morletwe et al, 2014). Although a significant number of economic sectors have successfully responded to the impact of the HIV

and AIDS epidemic, according to ILO (Ellis, 2007), “there are still many sectors of the economy that have not been able to develop and implement effective HIV and AIDS policies and programmes. Some of the challenges to the effective implementation of programmes and policies result from a lack of strong management structures/ plans to oversee workplace interventions, inadequate capacity and dependence on fully occupied employee volunteers for peer education, and a small number of personnel for specialized care and support services. Cases of stigmatization, prejudice and exclusions have been endemic in the workplace, which have hampered the effective roll-out of ARV treatment workplace interventions” (ILO, 2010: 14).

Various economic sectors (i.e. mining, financial services, transport, and manufacturing are dealing with the HIV epidemic in an integrated and proactive manner, however of great concern is the slow response by certain sectors, in particular, retail and wholesale. It is further noted that many companies in these sectors are already experiencing a moderate to severe impact, and anticipate it to worsen (BER, 2005). A survey conducted by BER (2005: i) showed “less than a third of the retailers, amongst other, have implemented an HIV and AIDS policy. *The 2006 Progress Report on Declaration of Commitment on HIV and AIDS* (Republic of South Africa (RSA), 2006) stated that after intra-sector analysis, implementation of workplace policies was found to be highest in the financial services companies (81%) and lowest in the retail sector (12%). The labour intensive sectors in particular transport, building and construction, and retail seem to be poorly implementing workplace HIV and AIDS policies. Retailers, according to BER (2005: iii), Benjamin (2008) and Vass and Phakathi (2006), appear to be significantly less affected by HIV and AIDS with about 40% or less of the participants in this sector indicating that they have had to face any of the implications of the epidemic. Those who have been affected generally rated the impact as “small”. It is further noted that only about 17% of the retailers are of the opinion that HIV and AIDS has constrained their profits however retailers expect the impact to worsen in the future.

1.6 Aims and objectives of the study

There have been limited studies, if any, solely focusing on HIV and AIDS responses by the retail sector in spite of the fact that this sector is considered medium risk for HIV and AIDS, labour intensive and growing.

The aim of this study was to conduct a rapid review of the existing HIV and AIDS Wellness Workplace and Community Outreach programmes (workplace responses) among selected retailers with a view to ensuring that the sector efforts were documented, promoted, supported and were possibly improved upon. The objectives of this study were to:

- Review literature on workplace responses in the retail industry, their alignment to national frameworks and existing UN support for HIV

- Explore the nature of existing workplace responses currently being implemented by the selected Retailers
- Describe perceived successes and good practices of workplace responses in contributing to good outcomes.
- Make propositions and recommendations to guide the development of effective model to address HIV in the Retail Sector.

The findings of this study will be used to strengthen the implementation of HIV and TB Workplace Programmes in the Retail Industry.

2 Methodology

2.1 Study setting and sample

The study involved a targeted sample of 11 retail enterprises (retailers) which were pre-selected across clothing, food, and health and beauty supplies by CO-Pretoria, in the four-provinces of South Africa, namely: Eastern Cape; Kwa-Zulu Natal; Mpumalanga; and Western Cape; . Of the 11 targeted retailers, a purposive sample of eight was realized. Their names have not been disclosed to retain anonymity. Of the 11 targeted retailers, a purposive sample of nine was realized. In addition, a retailer workshop, involving the nine retailers that participated in the study and eight other retail stakeholders was conducted to validate the data.

2.2 Study Design

A mixed method exploratory descriptive study which employed both qualitative and quantitative approaches was used.

The 11 retail companies were approached for participation in the study. They were assured that information will be kept anonymous in order to allay the fear that research findings might prove to be damaging to the company or allay fears of negative publicity. Informed consent was obtained to ensure that all participants willingly participated in the study. Emphasis of the fact that their information will be kept confidential was made in order to allay fears in part by the sensitive nature of HIV and AIDS and emphasized the need to know what the company was doing in response to HIV and AIDS. It was emphasized that the research could be of wider benefit in terms of informing HIV and AIDS workplace programming in the sector. Efforts were made to obtain company buy in and cooperation as this was critical for the success of the project.

2.2.1 Qualitative approach

The qualitative approach involved conducting IDIs with nine key retail personnel in order to explore the nature of existing workplace responses currently being implemented by the selected

retailers. These included HIV and AIDS Coordinators, senior human resources manager of divisions or business units or employees most involved with the workplace's response to HIV and AIDS in each workplace aged 18 years and above. These key informants were interviewed by trained researchers to determine the nature of their programmes. The qualitative approach was critical because it provided in-depth information about the nature of the workplace programmes being implemented by the respective retailers. Data from the questionnaire and interviews was supplemented by documentary information. This included: HIV/ AIDS and TB Policies; Workplace Programme Outlines; Activity reports; M&E records; Documented evidence; Evaluation reports; Organizational Profiles (with organograms, staff compliments); and other relevant documents.

2.2.2 Quantitative approach

The quantitative approach involved sending out a self-administered to divisions or centers of each of the 11 retailers in order to describe perceived successes of workplace responses in contributing to good outcomes.

The questionnaire requested for basic details on the workplace (e.g. name of retailer, years of operation, number of employees, etc.). It also focused on description of the workplace programme or workplace response mounted to HIV and AIDS. Further, retailers were asked to evaluate their implementation (rapid appraisal) of the aspects of the programmes in terms of good outcomes achieved.

Nine (9) questionnaires were completed by the respective retailers that agreed to participate in the study. Each questionnaire was completed by the most suitable person, i.e. Wellness Manager or Focal Person responsible for workplace Wellness Programme who in turn solicited relevant input from other appropriate persons in the workplace that were involved in the programme and submitted the completed questionnaire to the HSRC for further processing.

2.3 Ethical Considerations

Before data collection could take place, the study obtained approval from the HSRC Research Ethics Committee, REC 6/24/04/13. Study interviewers were trained on the consenting process and the vitality of reassuring participants of confidentiality and how their privacy would be kept. Prior to the participation of the potential respondents in the study, the interviewers provided respondents with a detailed explanation of the study and its purpose. Further, informed consent was obtained from the respondents in writing before fully participating in the study. The respondents were made aware of their rights and their voluntary participation was emphasized throughout the study. The researchers upheld good ethical conduct and confidentiality of both participants and the data shared and participants were reassured throughout the study.

The confidentiality of participants was strictly maintained as no identifying information such as names were used in both self-administering questionnaires, during interviews and in reports. Interviews conducted were audio-recorded in order for researchers to listen to and identify main issues. Respondents were rightfully offered the option of listening to their audio. If during the interview, there were identifying information shared, the researchers ensured this was not recorded in the transcripts. Audio recordings as well as questionnaires and interview notes were stored and locked in an HSRC room that was accessible only to the study Principle Investigator and project manager.

2.4 Data analysis

Appropriate data analytical procedures were applied for both quantitative and qualitative data collected using appropriate statistical software.

2.4.1 Qualitative data analysis

- Thematic content analysis was utilized in analyzing qualitative data. This involved identifying, merging themes and sub-themes in answering the research question (Banister et al, 1994).
- After each IDI was completed, the research assistants transcribed and translated the information which was digitally recorded as well as wrote a brief summary of the key themes that emerged from each IDI and submitted it to the project manager.
- Research team members who are qualified in qualitative research methodology carried out qualitative analysis.

A number of strategies suggested by Miles and Huberman (1994) were employed to ensure trustworthiness of the data, namely:

- The interviewers conducted telephonic follow up sessions to verify with participants whether the data had been accurately captured (participant checking)
- Once the data was analysed, we conducted a validation workshop to determine the accurateness of the data and the contextualization thereof. This enhanced the credibility of the data (data validation or cross-checking).
- The interviewers conducted a series of meetings following interviews to verify the relevance and quality of own data compared with that of other interviewers (interviewer reviews).
- Data analysis and data collection were conducted simultaneously so as to determine emerging hypotheses as the study unfolded.

2.4.2 Quantitative data analysis

For quantitative data, we conducted descriptive analysis given the size of the sample. Inferential statistics could not be done as these would not make sense. We triangulated data from various *sources* of information described above in order to strengthen the credibility of the findings.

3 Findings

This section presents retail company responses to HIV and AIDS.

3.1 Basic details about the retailer

This involved determining year of existence, coverage, number of employees, gender and nature of business of each retailer.

Table 2 Description of Retailers

Name of retailer	Item	Brief Description
Retailer 1		Retailer 1, franchised due to financial constraints. By 1995, there were 237 stores in South Africa. Presently, retailer 1 has about 1000 corporate owned stores in Southern Africa and 24 franchised stores abroad. <u>(Retailer 1, Annual Report 2013)</u>
Year of existence	1968	
Coverage	National	
Number of employees	8285	
Gender	Male – 26% Female – 74%	
Nature of business	Food/Clothing	
Retailer 2		Retailer 2, established in 1965, is an investment holding South African company which does business in 11 African countries as well as two international ones, namely: Australia and Poland (Ehlers, 2004). Retailer 2 sells clothing, footwear and textiles (Ehlers, 2004).
Year of existence	1965	
Coverage	National	
Number of employees	13654	
Gender	Male - 18% Female -82%	
Nature of business	Clothing	
Retailer 3		Retailer 3 Group of companies started from South Africa in 1979 when they purchased a chain of 8 supermarkets in Cape Town for R1 million. They have since improved to the level where they are now, with a R72 billion businesses. They now own more than 1200 corporate outlets under various names (Retailer 3 Holdings Limited, 2014).
Year of existence	1979	
Coverage	National	
Number of employees		
Gender	Male – 34% Female – 66%	
Nature of business	Food/Clothing	
Retailer 4		Adriaan Van Well was inspired by a powerful philosophy that independent wholesalers and retailers can achieve more by working together. Retailer 4 was launched in 1932 (Retailer 4, web reference)
Year of existence	1932	
Coverage	National	

Number of employees		
Gender	Male – 80% Female – 20%	
Nature of business	Food/Clothing	
Retailer 5		This JSE listed company commenced trading in 1924 and is viewed as one of the foremost independent chain store groups in the country. The company has a portfolio of 18 retail brands. In addition they have a sizeable financial services business as well as a controlling interest in the RCS Group. (Retailer 5, web reference)
Year of existence	1924	
Coverage	National	
Number of employees	15000	
Gender	Male – 25% Female – 75%	
Nature of business	Food/Clothing	
Retailer 6		Retailer 6 holdings is a South African based retail group operating a chain of retail clothing, food, beauty, financial services and home ware stores. They are listed on the Australian stock exchange. (Retailer 6, web reference)
Year of existence	1931	
Coverage	National	
Number of employees	23536	
Gender	Male – 34,42% Female – 65.5%	
Nature of business	Food/Clothing	
Retailer 7		Retailer 7 is JSE listed company (since 1996) which focuses on supplying health and beauty products. It has >600 stores within the Southern Africa region and the largest retail pharmacy chain with more than 320 dispensaries (Retailer 7 Limited, 2014).
Year of existence	1966	
Coverage	National	
Number of employees	8453	
Gender	Male - 39.92% Female - 63.08%	
Nature of business	clothing	
Retailer 8		Retailer 8 is a non-food retailer in South Africa, which started its operations more than 80 years ago. Over the years, Retailer 8 has expanded drastically, and presently owns over 1400 stores with nine different store formats, (Retailer 8, web reference)
Year of existence	1929	
Coverage	National	
Number of employees	45 000	
Gender	Male Female	
Nature of business	Non-food retailer	
Retailer 9		Retailer 9 is investment holding companies listed on the JSE since 1968. They operate in the retail sector in Africa, where they strive to address the socio-economic challenges through the supply of high quality food for their clients (Retailer 9, 2014).
Year of existence	1967	
Coverage	National	
Number of employees	38360	
Gender	Male – 37% Female -63%	
Nature of business	Food/Clothing	

Table 1 show that the range of existence of the retailers is from 1924 to 1979. All of the nine retailers have a national coverage across all the nine provinces of South Africa. The majority of the retailers were in the food and clothing sector, (with the exception of two that were food and health and beauty supplies. More than 50% of the retailers were female dominated with exception of one food retailer. The average age group of employees ranged from 25-40 years.

3.2 Workplace responses

This section involves information derived from structured questionnaire, IDIs, and extracts from existing retailer reports where available and applicable.

3.2.1 Management commitment

This involved determining HIV and AIDS responses by selected retailers in terms of perception of HIV and AIDS as much of a problem in their business; whether they currently have any HIV and AIDS activities in the WP; whether senior management supports the HIV and AIDS WP; whether a Focal Point / Coordinator is selected and appointed; whether there is an AIDS Steering committee established, HIV and AIDS policy adopted, HIV and AIDS Policy circulated at all levels in the workplace and budget allocated.

Table 3 Positive responses in terms of Management support for the workplace programme

Description of Action/Activity	R1	R2	R3	R4	R5	R6	R7	R8	R9	Total
Do you think HIV and AIDS much of a problem in your business	√	√	√		√	√	√	√	√	8
Do you currently have any HIV and AIDS activities in the WP	√	√	√		√	√	√	√	√	8
Senior Management supports the HIV and AIDS Workplace Programme	√	√	√		√	√	√	√	√	8
Focal Point / Coordinator is selected and appointed	√	√	√		√	√	√	√	√	8
AIDS Steering committee established	√		√				√	√	√	5
HIV and AIDS policy is adopted	√	√	√	√	√	√	√	√	√	9
HIV and AIDS Policy is circulated at all levels in the workplace	√	√	√		√	√	√	√	√	8
Budget allocated to ensure that HIV programs run effectively and efficiently?	√	√	√		√	√	√	√	√	8
Total	8	7	8	1	7	7	8	8	8	63

3.2.1.1 HIV as a business issue

All participating retailers regarded HIV and AIDS as having an impact on their business. Participating retailers do not, however, regard it as a main business priority. Participating retailers indicated that HIV and AIDS is managed and monitored as part of business strategy on health, safety and wellness. Some participating retailers indicated that the risk of HIV and AIDS is being actively managed and mitigated in their businesses through formal risk management processes. Others indicated that HIV and AIDS matters are dealt with as part of Social and Ethics or Sustainability Committees of the Board. Smaller retailers are perceived to be less focused on the impact of HIV and AIDS to their businesses.

Quotations on Perceptions of HIV and AIDS as a WP problem

<i>"We have had three deaths in the past year, one of which was a confirmed HIV death and the other two were TB. This is an issue and we are trying to monitor it and not let it become a bigger issue which we cannot" - Female, Wellness Coordinator; Retailer 1</i>
<i>"We know HIV is an issue and we are just trying to monitor it so it doesn't grow any larger. Outside of our company it's an issue, but inside we have not really come across any major cases. If I go back now and look at it, we have a lot of people dying from cancer and pneumonia. At the moment, those are our focus points, cancer especially. We are trying to monitor it - and also make people aware of HIV and AIDS - whether it could be AIDS or HIV related or just a normal TB phase." - Female, Wellness Coordinator, Retailer 1</i>
<i>"I'm saying that it is not really a priority. [Management does]. I think we have started in a small way, but I don't think enough has been done yet. It's not one of the main pillars." - Female, Middle Management; Retailer 3</i>
<i>"It is certainly a priority issue in our workplace I mean I think it affects every level of work. Individuals obviously get to be relieved from work when sick and it increases our temporary disability benefit. Recruitment is expensive when people leave us because they are too sick or they die. Absconding is expensive and ultimately we've got deaths which affects our pension fund etc." - Female, Middle Manager, Retailer 6</i>

Paraphrased extracts from retailer reports reflecting that HIV and AIDS is perceived as business issue

Extract	Reference
Retailer 1 developed a comprehensive HIV and AIDS policy in recognition of HIV and AIDS as a serious business issue. The policy seeks to ensure that their employees and associates are well educated about HIV transmission and infection as well as how HIV and aids can be managed. Retailer 1 also conducts regular communication campaigns through own intranet, point of sale system and printed media.	Retailer 1 2013: 43.
"Retailer 5 focused their corporate social investment programme on supporting non-governmental organizations that work with communities in mitigating the impact of HIV and AIDS. They did this in recognition of	Retailer 5, 2010: 119

the fact that HIV and AIDS not only affects their workforce but also their families, their customers and communities nationwide.	
Retailer 5 conducts on-going initiatives that are geared towards reducing the transmission and mitigating the impact of HIV and AIDS in the workplace. This ensures that HIV and AIDS does not become a material risk. However, provision of HIV and AIDS services such as involving employees in ongoing testing, counselling and treatment, presents a challenge. Retailer 5 also has a formal HIV and AIDS policy in place on the intranet, which is used as a resource that communicates to all existing and new employees. Further, confidential and free HIV counseling and testing is offered to all their employees whom they link with an external network of pharmacies. Employees who test HIV-negative are encouraged to remain negative by adopting safe sexual behaviours while those testing HIV-positive are supported to enroll on the company’s disease management programme. Treatment (ARVs) is offered confidentially for free to all permanent staff.	Retailer 5, 2010: 118
Retailer 8 is proactively involved in tackling the HIV and AIDS epidemic in own workplace utilizing a non-discriminatory approach. They engage in ongoing reviews of their workplace response to HIV and AIDS in order to constantly align themselves with the government’s treatment programme given the unaffordability of drugs. The capacity of the company is taken into consideration when making plans to address HIV and AIDS in a holistic manner.	Retailer 8, 2004: 4
Retailer 9 decided to step in to support employees given the intensity and scale of HIV and AIDS	Niyonzima, 2003: 4

3.2.1.2 Current HIV activities

All participating retailers confirmed that they have a number of activities pertaining to HIV and AIDS.

Quotations on Current HIV activities

“Our stores are bombarded with information all sorts of information so the frequency with which you can deliver regular awareness of let’s say HIV & AIDS treatment benefits that are available to staff unlimited you can’t send out something every month so you send it out once a year but the number of people that communication reaches is fairly limited so those are some of the barriers that we have”- Female, Senior manager, Retailer 5

“...so, we do in-store training sessions, where we will give ... normal staff training, we will give them programmes to actually run, so that there’s personal interaction and people don’t have to do their own reading.”- Female, Middle Manager, RETAILER 2

Paraphrased extracts on current HIV and AIDS activities

Extracts	Reference
<p>“There are several aspects to Retailer 9 HIV and AIDS programme. HIV and AIDS activities in Retailer 9 includes training on how to avoid contracting HIV and AIDS; provision of website information on nutrition, food safety and methods that could be used in addressing common symptoms of HIV and AIDS. The company also offers fact sheets referred to as ‘Straight Talk’ that provide factual information HIV and AIDS, how it can be prevented, treated and the latest developments. It is remarkable that Retailer 9 spent more than R 2 million on employee training by December 2001.</p>	<p>Niyonzima, 2003: 4</p>
<p>Furthermore, Retailer 9 offers education and information on HIV and AIDS throughout its stores countrywide. They organize training workshops, awareness campaigns and oral presentations. For example, peer educators have been trained in various branches and sections of the company. They also distribute condoms, pamphlets, leaflets and posters to everyone. This material is also distributed at their customer services desk to ensure that the information is also, accessible to the public.</p>	<p>Niyonzima, 2003: 4</p>
<p>Retailer 7 offers an HIV/AIDS management programme which focuses on HIV prevention through information, education, treatment and support. Employees are encouraged to undergo VCT in order to know their HIV status. VCT campaigns are conducted across head office, distribution centres, regional offices and in-stores on a yearly basis. They utilize Metropolitan Health, an independent services provider, who offers the following services: patient counseling and support; counselling on prevention of mother to child transmission; free ARVs and certain HIV related medication; 5 free HIV-related doctor consultations and blood tests per year; and Post Exposure Prophylaxis (PEP)</p>	<p>Retailer 7, 2014a</p>
<p>Retailer 4 group has an HIV and AIDS policy and management framework and also provides HIV-positive employees with counselling and support. The company also provides HIV and AIDS awareness campaigns and training on an ongoing basis. This also includes training of peer counsellors to assist employees in dealing with HIV related challenges in the workplace.</p>	<p>Retailer 4, 2013: 36</p>
<p>Retailer 9 offers a range of services through their clinic sisters in each store at an affordable price. The sisters are kept abreast of new developments through attendance of various courses on new HIV related innovations about four times a year and also participate in diabetic marathons and awareness days to help communities in diagnosing the disease early and offering advice. The clinic services offered are comprehensive and include: baby care, i.e. baby immunizations; baby wellness and milestones; chronic disease prevention and management, i.e. glucose tests; Blood pressure</p>	<p>Retailer 9, 2014a</p>

tests; Cholesterol tests; and dietary advice; reproductive health services, i.e. Family planning; Vitamin B injections; Pregnancy test; and HIV related services, i.e. HIV tests and counseling..	

3.2.1.3 Involvement of management at all levels

Leadership involvement in HIV and AIDS is regarded as critical in driving a strategic response, obtaining resourcing, awareness and buy-in. In a few the participating retailers, management actively advocated being tested for HIV, and in others this did not happen as one's status is regarded as confidential. Participating retailers involve management in their response to HIV and AIDS at all different levels of management relative to their structures. The majority of participating retailers have senior management support.

Quotations on involvement of management at all levels

<i>"We need management to be involved on all levels, to actively engage in the program, we trying to make people aware and teach them about HIV but I feel we need to adopt and make people aware of it, as I said before especially a program that involves management on all level." - Female, Middle Management – Female Middle Manager, Retailer 3</i>
<i>"If you look at the first testing we did to the testing we are doing now, I see attendance has grown. It really helps to get store management involved. Whenever there is a testing, I pick up the phone and tell store managers that you are the leader of this group, so do your testing early in the morning and let your employees see and they know that they can follow. The main thing is that attendance has grown and that is especially because we got managers involved." - Female, Wellness Coordinator</i>
<i>"...I recently found is that the managers, somebody disclosed to him and he did not know how to handle it. We specifically try to target the manager to assist the employee with problem" – Female, Middle Manager, Occupational health practitioner for the Western Cape – Retailer 9</i>
<i>"The biggest partnership now is dealing with area managers who are at stores. They have travelled with the stores and they have been tracking. Basically we just pick up the phone and chat with them. I think the biggest partnership right now is internal with our area managers and other retailers." - Female, Wellness Coordinator—Retailer 1</i>
<i>"Our management support is very important and we have already identified the issues at hand and we have been given the go ahead by my director to pursue that, in fact in a meeting with all our divisional managers about a month ago and they agreed for us to do this." - Female, Middle Management—Retailer 3</i>
<i>"Well sustainability is the right way. We've got a programme, we don't have any plans to cancel the programme and the CEO is passionate about it. We are getting people to know what their status is and how to take care of themselves. Whether they are positive or negative as long as you know for instance that practicing safe sex and stuff like that." Senior Manager, Retailer 8</i>
<i>"My recommendations for a model would be that we all get on board. Around where we've got retailers outlets in the other areas. Where there is opportunity for wellness centre we may be</i>

able to leverage that.” Senior Manager, Retailer 8

3.2.1.4 AIDS Steering committee established

A steering committee with responsibility only for HIV and AIDS is in place at a limited number of the participating retailers with shop steward representation and sometimes union representatives also being involved. Other participating retailers reported that they had embedded HIV and AIDS into other committees such as employment equity, health and safety and workplace engagement structures. Some retailers surveyed indicated that they no longer had a dedicated HIV and AIDS steering committee in place as the response was now embedded in normal business operations.

Quotations on Steering committee established

“We started a steering committee which was cheered by our then Director that’s a setup to oversee all aspects of the HIV AIDS program and it got Board approval at that stage and they also approved Voluntarily Counselling and Testing and that’s when our Anti-retroviral treatment for all permanent Retailer 6 employees was implemented staff as it became more and more affordable the disease management program was kind an efficient were getting further we were being able to do more with our money 2007”- Female, Middle Manager, Retailer 6

3.2.1.5 Focal Point / Coordinator is selected and appointed

The majority of selected retailers have a dedicated workplace programme focal person who deals with HIV and AIDS as part of the wellness strategy of the business. This person could be an HR executive, HR manager employee wellness facilitator or occupational health practitioner.

Quotations on Availability of a Focal point

“My role ... I am the Employee Wellness Facilitator, so I am looking after our employee wellness programme”-Female, Junior Manager, Employee Wellness facilitator– Retailer 7

“Well, I’m the occupational practitioner in the Western Cape, because, remember in every Province we have an occupational health practitioner that looks after the region...but HIV is my portfolio...” - Female, Occupational Practitioner, Western Cape– Retailer 9

“I’m the HR Executive responsible for employee relations and employee wellness”- Female, Senior Manager– Retailer 5

“I’m going to say partially a peer educator as well as a HIV&AIDS programme manager”-Female, Middle Manager– RETAILER 2

“We have, we have our shop steward sitting as part of the committee, but obviously you know that it is a bit difficult in such a large company to implement and you need a lot of time to do it.” - Female, Middle Management, Retailer 3

3.2.1.6 Policy adopted and circulated

Almost all the selected retailers have adopted an HIV WP policy. There are also policies in place on non-discrimination. The policies are aligned to the HIV AIDS code of Good Practice. The policies are regularly reviewed.

Quotations on availability of HIV Policy

<i>"We do have an HIV policy and I believe our policy is in line with the other retailers as well." - Female, Wellness Coordinator, Mr. Price</i>
<i>"We look at our policy on a yearly basis; it has to go to the unions on a yearly basis. It is continuously being looked at and for me that's how we're going to sustain it by continuously looking and making changes if necessary." - Female, Middle Manager, Retailer 6</i>

3.2.1.7 Availability of Budget for HIV and AIDS activities

Most of the participating retailers allocated budget to HIV and AIDS activities and general support in their workplaces. This budget was either directly for HIV and AIDS or incorporated as part of the social benefits or occupational health or wellness budget. Some of the participating retailers have specific HIV AIDS funds for dependents of employees who have died from AIDS or for dependent education funds. Some of the retailers have set aside budget for HIV and AIDS care or group life insurance. Some retailers subsidize medical aid to provide care for employees and others include subsidization for dependents as well. Some of the participating retailers carry the cost of participation in Retailers Unite against HIV and AIDS.

Quotations on availability of Budget for HIV and AIDS activities

<i>"I think the major thing [for sustainability] is the budget issue - having enough money. For next year, we did propose more money and we are dealing with Retailers Unite to try to do more advertising and printing - Female, Wellness Coordinator, Mr. Price</i>
<i>We need money for the newsletters for HIV stuff and at the moment we are kind of stuck with the budget. I think the thing is, we need to negotiate the budget and another thing is the communication." - Female, Wellness Coordinator, Mr. Price</i>

3.2.2 HIV and AIDS Awareness and education

We asked whether there were Small group information sessions are taking place with all employees , Management sensitization session, Promotional materials, e.g. posters and pamphlets are available (IEC materials), talks by PLHIV (people living with HIV and AIDS) are taking place, videos and drama, Special event days planned: AIDS Day, Women's da, Condom promotion week, and HIV and AIDS Corner.

Table 4 Positive responses on HIV and AIDS awareness and education

Description of	Retail	Ret	Retailer	Ret	Retailer	Retailer 6	Retail	Retail	Retail	Total
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Action/Activity	er 1	aile r 2	3	aile r 4	5		er 7	er 8	er 9	
Small group information sessions are taking place with all employees	√	√	√	√		√	√	√	√	8
Management sensitization session		√	√		√	√	√	√	√	7
Promotional materials, e.g. posters and pamphlets are available (IEC materials)	√	√	√	√	√	√	√	√	√	9
Talks by PLHIV (people living with HIV and AIDS) are taking place, videos and drama	√	√	√		√	√	√	√	√	8
Special event days planned: a) AIDS Day b) Women's day c) Condom promotion week,	√	√	√	√	√	√	√	√	√	9
HIV and AIDS Corner		√	√							2
Total	4	6	6	3	4	5	5	5	5	43

3.2.2.1 Small group information sessions

All but one of the participating retailers conducted small group information sessions at their premises. These included in-store sessions with communication materials being distributed to participants. The one participating retailer that does not use this methodology indicated that this was because many of its stores only have one or two staff members and small group information sessions were therefore not feasible. Electronic media in the form of a wellness portal and video sensitization was used by this retailer as an alternative form of sensitization.

Quotations on small group information sessions

"...so, we do in-store training sessions, where we will give ... normal staff training, we will give them programmes to actually run, so that there's personal interaction and people don't have to do their own reading." - Female, Middle Manager, RETAILER 2

"Our stores are bombarded with information all sorts of information. So, the frequency with which you can deliver regular awareness of let's say HIV and AIDS treatment services available to staff is limited. You can't send out something every month, but once a year. As a result, the number of people reached is fairly limited. So, those are some of the barriers that we have"- Female, Senior manager, Retailer 5

3.2.2.2 Management sensitization sessions

Almost all selected retailers have formal programmes to sensitize management to HIV and AIDS in the workplace.

3.2.2.3 Material Promotional material for education, information and communication

Participating retailers distribute C materials such as posters, booklets, newsletters and visuals, such as cartoons to educate and share information on HIV and AIDS. Two selected retailers run in-house radio stations where HIV and AIDS matters are raised from time to time to promote awareness and education. Industrial theatre and in-house newsletters are also used for educational purposes

Quotations on IEC materials

"We communicate with the line managers. A lot we do obviously has to do with training sessions, when we have opportunity. We have special time on a Tuesday; we focus on training in the morning..." Female, Middle manager, Retailer 8

"We outsource to do our communication and we use newsletters that we give and give lots of reading material. The posters seem to have an impact, as they read when they walk by it. Now, we changed our style of communication. Instead of having newsletters with like a whole page full of text, we are now doing it in a visual way, which we do it now, like in a cartoon style." - Female, Middle Management, WPC

"... in the beginning we used to do a little booklet and it gave a little bit of HIV information and you know every year on World Aids Day for example"- Female, Middle Manager, RETAILER 2

3.2.2.4 Involvement of PLHIV

All participating retailers invite people living with HIV to give input during their HIV awareness sessions for their employees. This is done as a way to de-stigmatize HIV in the workplace and build capacity to address HIV.

Quotations on talks by PLHIV

"but then what we actually addressed or trying to address, is we've got a [name of radio station] in all [name of retailer] across the country"- Female, Junior Manager, Employee Wellness facilitator– Retailer 7

"...every Thursday, I'm [name of radio station] with an expert speaker, depending on our topic, but the last few minutes of the interview, I say something to remind the employees about the HIV benefits,..." - Female, Junior Manager, Employee Wellness facilitator– Retailer 7

Paraphrased extracts from reports

<p>The company has a policy to ensure that PLHIV are not discriminated against. The policy ensures that PLHIV have the same rights as employees who suffer from other chronic or life threatening diseases as well as those employees who are healthy. The policy stipulates the grievances and disciplinary procedures for anyone who has been discriminated against due to HIV and AIDS.</p>	<p>Niyonzima, 2003: 4</p>
<p>Employees who are not registered with a medical aid scheme are supported through the group-funded HIV workplace programme. The programme focuses on the provision of education, awareness and support of all permanent staff not registered with any medical aid.</p>	<p>Retailer 7 Group 2007: 53</p>
<p>On the World AIDS Day of 1st December 2009, World AIDS Day, the Retailer 3 Group launched a new wellness and HIV and AIDS programme for its staff (>74 000) and their immediate families. Called Retailer 3 Health Link, the service will provide professional advice to acquire better health. “The group has been providing HIV/Aids education and awareness to its staff for a number of years and we felt it was time to give them more tangible benefits that will assist not only them but the people who depend on them – their families” Retailer 3 employees will have access to a 24-hour Health Line where they will be assisted by healthcare professionals from the wellness company, Kaelo Consulting, who will provide counselling, support and advice. In addition, monthly interactive educational materials will also be available to staff with vital information on various chronic diseases and general tips to better and healthier living habits.</p>	<p>Retailer 3 2014a:</p>
<p>Retailer 5 has made remarkable progress in increasing the number of HIV-related visits to the clinic as a result of the VCT awareness campaign.</p>	<p>Retailer 5, 2010: 91</p>
<p>Retailer 6 is involved in HIV and AIDS awareness in own stores and Head Office. Some of the individual stores have established their own HIV and AIDS committees responsible for overseeing HIV and AIDS related activities. Retailer 6 also conducts one-on-one education that takes place during the HIV screening test. Further, Retailer 6 supports national HIV and AIDS campaigns such as World AIDS Day and the 16 Days of Activism Campaign for no Violence Against Women and Children, breast cancer and substance abuse awareness.</p>	<p>Retailer 6 2010:</p>

3.2.2.5 Special events

Most of the selected retailers hold special events on World AIDS day, Women’s Day and

Condom promotion week. Some of the selected retailers have wellness days at their workplaces which also highlight HIV and AIDS awareness.

Quotations on Special events

“We have 15 nursing sisters across the country and they will be on the store when the Wellness Day is taking place or Wellness week depending on the size of the site and they will do education. They walk around to people and I have personally found the best way to get to people is on one on one.” - Female, Middle Manager, WPF

“... in the beginning we used to do a little booklet with a little bit of HIV information every year on World Aids Day for example” - Female, Middle Manager, WPB

3.2.2.6 HIV and AIDS corner

Very few of the participating retailers have a dedicated HIV and AIDS corner available for employees and customers. Retailers tend not to set up an HIV and AIDS corner, as this may stigmatize people with HIV. They, however, opt for a broader wellness approach which included HIV and AIDS

Quotations for setting up an HIV and AIDS corner

“...we started not only doing VCT but also the wellness screening, and it seems to work better because it is not only concentrating on HIV”. Female, Middle manager, Occupational Health Practitioner, WPI

3.3 Access to Treatment Services

We explored several indicators of access to treatment services, namely: employee’s access to treatment in the workplace; list of referrals available and those rendered by NGOs or public health clinics. Others include HIV and AIDS treatment and care for employees and their spouses; encouragement of STIs and treatment of opportunistic infections (OIs); provision of antiretroviral drugs (ARVs) and TB treatment. The study also explore whether the employees were given paid time or leave to access HIV treatment services; and referral to available ARVs services.

Table 5 Positive responses on access to services

Description of Action/Activity	Retailer 1	Retailer 2	Retailer 3	Retailer 4	Retailer 5	Retailer 6	Retailer 7	Retailer 8	Retailer 9	Total

Employees have access to treatment in the workplace; alternatively, a list of referrals is available on services rendered by NGOs or public health clinics	√	√	√	√	√	√	√	√	√	9
HIV and AIDS treatment for employees and spouses	√	√	√		√	√	√	√	√	8
Encourage treatment of sexually transmitted infections (STIs)		√	√	√	√	√	√	√	√	8
Treatment of Opportunistic Infections (OIs)			√		√	√	√	√	√	6
Provision of antiretroviral drugs (ARVs) via NGO or public service	√	√	√						√	4
Treatment of TB										0
Retailer pays for an ARV provider					√	√	√	√		4
Employees given paid time or leave to access HIV treatment services	√	√	√	√	√	√	√	√	√	9
Referral services available	√	√	√	√	√	√	√	√	√	9

Total	5	6	7	4	7	7	7	7	7	57
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3.3.1 Access to treatment

All of the selected retailers provide access to treatment in the workplace , or, alternatively, there is a list of referrals to services which are rendered by NGOs or to public facilities.

A few of the participating retailers provide free access to treatment on site through doctors, nurses, OHS or other medical support as part of the wellness programme. A number of the participating retailers also provide access to treatment to their employees and their spouses. Retailers that pay for in-house treatment include: Retailer 8, Retailer 5, Retailer 7 and Retailer 6. Retailer 6 provides treatment for all permanent employees, including part-time workers. Retailers that secure alternative providers (NGO and Government services) for employees to access treatment include Retailer 2, Retailer 1, Retailer 9, and Retailer 3. These retailers include time off for treatment as part of sick leave.

Quotations on Availability of treatment onsite or by referral

<p><i>“We have treatment programs in place and we have a lot of stuff available.” Retailer 6</i></p> <p><i>“We have a full treatment program offered to everyone in the business.” Retailer 6</i></p>
<p><i>“...we have our program in place all our staff have access to treatment” Retailer 5</i></p>
<p><i>“....we do not provide medication, because the government already does, you know so we do encourage people to go to the clinics, they can use some time to go to the clinic and things like that.” – RETAILER 2</i></p>
<p><i>“We actually as a company, provide that free of charge to them through Metropolitan...” Retailer 7.</i></p>
<p><i>"As part of the testing program, there is a special helpline where people can call in 24 hours a day with any problems relating to HIV such as where they can get tested or get medication. This company will actually go and find the nearest facility that they know will have ARV's so in that way we giving them access to medication." - Female, Middle Management, Retailer 3</i></p>
<p><i>"We are looking at a possible EAP that does testing and counselling. It's like a call centre. If employees phone and say they want to get tested, we can look up a venue for them. If an</i></p>

employee needs counselling over the phone or any other issue, we can assist them." - Female, Junior Manager and Wellness Coordinator, Mr. Price

3.3.2 Type of treatment available

Most of the selected retailers encourage treatment of sexually transmitted infections. TB is treated by the State and none of the participating retailers take responsibility for treatment in this regard. HIV and AIDS treatment is either sourced directly, through the State or via NGOs. Many of the participating retailers provide treatment as part of a comprehensive wellness approach or medical aid benefit.

Paraphrased extracts from reports

<p>Since 2000, Retailer 9 has been providing free ART to HIV+ victims of rape and pregnant women. It is remarkable that this initiative was introduced before the South African government introduced the plan to ensure free access to the drugs in November 2003.</p> <p>Retailer 9 ensure free access to ART was implemented through establishing and launching a fund of R2 million towards this initiative</p>	<p>Niyonzima, 2003: 4</p>
<p>Retailer 6 provides all its employees with free treatment and care. They have a Clinical Management Program which is 100% Company-funded offering treatment and related benefits to all HIV-positive employees who do not qualify for membership with the Healthcare scheme. Those belonging to the Healthcare Fund can access treatment through the fund.</p>	<p>Retailer 6 2010:</p>
<p>Retailer 4 offers employees voluntary membership of the Tiger Brands Medical Aid Scheme. Members of the scheme and their families have access to cost effective comprehensive health cover and related benefits. The Tiger Brands Medical Aid Scheme offers a low cost option in order to deal with the issue of affordability as well as to extend accessibility of the scheme to as many employees as possible.</p>	<p>Retailer 4, 2012: 33</p>
<p>Retailer 6, Retailer 9 and SA Breweries initiated HIV and AIDS workplace programmes in the mid-1980s and have started to see real breakthroughs only recently. One of the directors of Retailer 9 reported at a business breakfast that her group made a video on PMTCT which was flighted in the company. Following this, a significant number of women came forward and responded to the treatment being offered.</p>	<p>Mathews, 2001</p>

Upon realization of the fact that the company was losing at least two employees per month from HIV and AIDS related diseases, Retailer 6 CEO strengthened its HIV and AIDS programme and broadened it to the community. It distributed thousands of condoms a year, and trained 143 peer educators per year. The risk-management committee was given the responsibility to oversee the programme. Quarterly reports were given. Therefore, HIV and AIDS was made a strategic issue for the company and adequate resources were devoted to it.	
Retailer 7 reported that they are currently offering ART to 52 employees through their HIV management and medical aid programmes, translating into approximately 7% of the employees living with HIV and AIDS.	Retailer 7, 2007: 53
All Retailer 6 HIV+ employees have access to free treatment and care offered through the Clinical Management Program, (100% Company-funded) for those who do not qualify for membership of the Wooltru Healthcare Fund. Employees that belong to the Healthcare Fund access treatment through the fund.	Retailer 6 2010:
Retailer 5 provides ART to 43 staff members through the group's disease management programme (2010:117).	Retailer 5, 2010: 117

3.4 Access to Voluntary Counseling and Testing

We sought the views of retailers on whether their staff had access to VCT by asking questions on whether: Employees have access to VCT services in the workplace, alternatively, a list of referrals is available on services rendered by NGOs or public health clinics; Employees have onsite care and support (i.e. access to support groups) or alternatively, a list of referrals is available on NGO-sponsored support groups and other community based services; and Creating an environment that is conducive to openness, disclosure and acceptance of HIV and AIDS among all staff.

Table 6 Access to VCT

Description of Action/Activity	Retailer 1	RETAILER 2	Retailer 3	Retailer 4	RETAILER 5 (Retailer 5)	Retailer 6	Retailer 7	Retailer 8	Retailer 9	Total
Employees have access to VCT services in the workplace,	√	√	√	√	√	√	√	√	√	9

alternatively, a list of referrals is available on services rendered by NGOs or public health clinics										
Employees have onsite care and support (i.e. access to support groups) or alternatively, a list of referrals is available on NGO-sponsored support groups and other community based services	√	√	√		√	√	√	√	√	8
Creating an environment that is conducive to openness, disclosure and acceptance of HIV and AIDS among all staff	√	√	√		√	√	√	√	√	8
TOTAL	3	3	3	1	3	3	3	3	3	25

3.4.1 Employees have access to VCT services in the workplace, alternatively, a list of referrals is available on services rendered by NGOs or public health clinics

Almost all participating retailers provided access to VCT onsite. Some provided this through a fixed health clinic facility (usually in Head Office), and others via mobile roving clinics or dedicated spaces in a shopping centre through Retailers Unite on HIV and AIDS. The following participating retailers provide on-site VCT: RETAILER 5, Retailer 6, Retailer 1, Retailer 8, Retailer 3 and Retailer 7.

Most participating retailers also provided employees with an alternative list of referrals to access VCT services through NGOs or public health clinics. For example Life Assist is used by one of the participating retailers. VCT services are aligned to Government's VCT/HCT campaign.

Quotations on employees having access to VCT services in the workplace

"About three years ago our company engaged on mobile VCT for our staff which was done via our HIV committee--because we do have meetings, this gave us the opportunity to carry out a testing roll-out as part of our program. We have been very successful in that, currently this is the third year now with more and more employees responding by phoning and asking the HIV committee when they will be at our branches, for the mobile testing. They find it easier and quicker than going to the clinics to get tested," Female, Middle manager, Retailer 3.

"We've got a programme where we do voluntary testing and once employees are diagnosed as being HIV positive we then enroll them on HIV treatment programme...referral systems available to clinics where we've doctors that confirm cases by carrying out CD4 analysis. Depending on where they are with the disease we've got HAART programme...some so of them are given vitamins as part of our treatment plan with follow-up regular blood tests for monitoring purposes which become a continuous process in that regard," Senior Manager, Retailer 8

"The general Impression that I have is that people are willing to openly talk about it if they are hungry for knowledge and information around the disease however, they need help and motivation to go for diagnoses and support. When we started there were people that resisted going for diagnoses but today a majority now go for the programme and a successful management of their illness" Middle manager, Retailer 6.

The impact of management commitment in support can be observed in increased VCT up take, increase ARVs uptake and productivity (ref). For example Retailer 3 management commitment and regular update of favorable environment, a total of 8,627 staff have voluntary tested, for HIV having a prevalence of 6.7% to date in 295 Retailer 3 facilities (Retailer 3, 2012: 1).

3.4.2 Employees have onsite care and support (i.e. access to support groups) or alternatively, a list of referrals is available on NGO-sponsored support groups and other community based services

Most of the selected retailers have HIV care and support on-site or alternatively provide a list of referrals to NGO including community HIV based services.

Quotations on employees having onsite care and support

"When people are tested positive with the mobile testing, there is a special program by the health companywe phone and follow -up on the consent of the staff with loving messages including their, eating, their diets and if they are having problems with their medication." Female, Middle management, Retailer 3.

“...we have VCT program in place for all our staff as well as access to treatment, ...”Middle manager, Retailer 9

3.4.3 Creating an environment that is conducive to openness, disclosure and acceptance of HIV and AIDS among all staff

Most participating retailers had taken steps to ensure that there is an appropriate and friendly conducive environment that enables employees, including senior staff, to openly disclose issues relating to HIV and AIDS. This was supported by efforts to de-stigmatize HIV and AIDS through policies of non-discrimination and building awareness.

Quotation on creating an environment that is conducive to openness, disclosure and acceptance of HIV and AIDS among all staff

“The general Impression that I have is that people are willing to openly talk about it if they are hungry for knowledge and information around the disease however, they need help and motivation to go for diagnoses and support. When we started there were people that resisted going for diagnoses but today a majority now go for the programme and a successful management of their illness” Middle manager, Retailer 6

*“We are still faced with people coming out too late when they too sick and we cannot reject them.”
“They come to us too late and their CD4 count is too low and they invariably got TB already and so they are dying and our numbers of deaths are still too high.” Senior Manager, Retailer 8*

Paraphrased extracts on increased VCT uptake

Extracts	Reference
Retailer 5 has an occupational health nursing practitioner, a medical doctor and a social worker who work in its on-site occupational health facility. . Retailer 5 reported that more than three quarters (78%) of clinic visits were for primary health purposes while the rest were for occupational health related. Retailer 5 noted remarkable increase in the number of HIV-related clinic visits in 2010 which is attributed to increased VCT awareness campaign. Almost half of Retailer 5 employees know their HIV status. The company offers free ART for employees testing HIV positive. VCT is conducted at their centrally located clinic in Cape Town and onsite testing is provided during annual Health Days and on World AIDS Day.	Retailer 5, 2010: 93
By 2010, Retailer 5 had tested 1 046 employees with 79 testing positive. Treatment is being provided to 43 of these employees via the group’s disease management programme. Other employees chose to receive	Retailer 5, 2010: 119

<p>treatment through their independent medical schemes or through the government. The annual risk assessments revealed that the HIV prevalence is about 7%. The direct measurable cost to the Retailer due to HIV infection was R302 528 in 2010 down from R325 900 in 2009. Combined with the cost of benefits provided in Namibia, the combined cost for 2010 was R458 115.</p>	
<p>Retailer 8 conducted an AIDS impact study in 2003 which was repeated in 2004. Using the ASSA model 200, it was found that the prevalence of HIV amongst was estimated at 8, 5%, up from the 7, 4% disclosed in the previous year. The report also predicted that the average cost of HIV and AIDS will be approximately 0, 6% of the gross payroll for the 2004 calendar year. The report further estimated that HIV prevalence will increase to 9% by 2005.</p>	<p>Retailer 8, 2004: 4</p>
<p>Retailer 5 tested 1056 employees through the “Retailers Uniting Against HIV and AIDS” campaign which was launched in collaboration with four leading retailers in South Africa in 2007</p>	<p>Retailer 5 Limited (2010): 119</p>
<p>Retailer 8 introduced a voluntary peer counsellor and peer educator training programme in acknowledgement of the fact that peer education is key to HIV and AIDS awareness. Peer educators are equipped with counselling and educational support to empower other employees and their community. Retailer 8 distributes free condoms for employees in all its outlets. Retailer 8 ensure ongoing communication on HIV and AIDS through posters, videos, industrial theatres and own in-house newsletter</p>	<p>Retailer 8, 2004: 4</p>
<p>The company provides free, and voluntary, and confidential HIV testing services as well as free counseling services to employees who test HIV+. Further, free voluntary pre-employment testing is provided but not used for consideration of employment.</p>	<p>Niyonzima, 2003: 4</p>
<p>“The workplace provides VCT project through an external service provider, Life Assist, to whom the service has been out-sourced. The workplace reported that, free VCT has been provided in 163 of their shops in South Africa and a total of 4801 employees have been reached with VCT services in 2012. The number of branches reached with VCT services increased from 132 in 2011 to 250 in 2013, and the services are provided on site. 3826 employees were tested for HIV in 2011, and in 2012, 4801 were tested, giving a total of 8627 employees tested by the end of 2012”</p>	<p>Van Niekert G. (2012). Retailer 3 Group’s HIV and AIDS Programme</p>
<p>“Retailer 6 launched a testing campaign in 2010 in line with the Government's National HCT (HIV counselling and Testing) campaign. This</p>	<p>Retailer 6 2010:</p>

included a Wellness component whereby testing was also provided on: Diabetes, Cholesterol, Body Mass Index and Blood Pressure Screening.	
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3.5 Measures to reduce occupational risk

We explored whether retailers had infection control measures in place, and their perceived risk of contracting of HIV in the WP as well as whether they had an integrated HIV in a Wellness programme.

Table 7 Positive responses on measures to reduce risk of HIV infection in case of occupational injury

Description of Action/Activity	Retailer 1	RETAILER 2	Retailer 3	Retailer 4	Retailer 5	Retailer 6	Retailer 7	Retailer 8	Retailer 9	Total
Enforcing the use of infection control measures to ensure HIV is not acquired in the workplace	√	√	√	√	√	√	√	√	√	9
A 'wellness' programme for employees	√	√	√	√	√	√	√	√	√	9
Total	2	2	2	2	1	2	2	2	2	18

3.5.1 Application of infection control measures to ensure HIV is not acquired in the workplace

All participating retailers apply infection control measures to ensure that HIV is not acquired in the workplace. They also provide PEP to their employees in an event of blood spillage or injury. This is provided free of charge, or via NGO or government referrals. All participating retailers

adopted a wellness approach as a strategy to reduce infection and de-stigmatize HIV along with confidential help lines and access to wellness support. First aid workers are trained in dealing with workplace injuries so as to avoid acquiring HIV and AIDS.

Quotations on measures to reduced risk of acquiring HIV in case of injury in the WP

<i>"We also have RETAILER 2 that we offer to staff members. If in a case of an accident, or if blood has spilt. If they are involved in a case of rape, they can call the call centre. If it happens to anyone in the house or a staff member, they will then put them immediately on Retailer 2 and we will then pay for that"- Female, Middle Management, Retailer 3</i>
<i>"We offer [our employees free] post exposure prophylaxis, and on-going counselling and support to the infected" Junior Manager, Employee wellness facilitator, Retailer 7.</i>

3.5.2 Wellness programme

All participating retailers have a wellness programme in place for employees. Due to stigma pertaining to HIV and AIDS, as well as in the interests of general employee wellbeing, wellness programmes cover broad health checks as part of an integrated wellness programme, and the uptake by employees has increased.

Quotations on Wellness programme

<i>I think in the beginning we used to do VCT separately, you had to make an appointment. You were shown a little room in the basement in our medical suite. . I decided this is not actually working for me or anyone because the uptake is too low .Talking about right now we've got about 12 people done a day for the rest you went to another area where you had your wellness screening done which is your diabetes and cholesterol, we just do everything, offered under one roof." – Retailer 6</i>
<i>"With wellness, we have just started growing now, there was no one in my position before, and so I created the role. We are going through those stepping stones, trying to grow and we are trying to provide better treatment for our employees as well with regards to HIV and AIDS." - Female, Wellness Coordinator, Retailer 1.</i>

Paraphrased extracts on Wellness programme

Extracts	Reference
Retailer 2 provides an integrated Employee Assistance Programmes for HIV-related emergencies, among others.	Retailer 2 2014:

Retailer 5 promoted employee wellbeing by ensuring employee health and safety in the workplace through the employee wellness programme. The programme promotes a broader sense of employee good health and wellbeing beyond HIV and AIDS. The programmer includes a free and confidential help line, managed by the occupational health service provider who is a qualified social worker. Employees are offered psycho-social support irrespective of where they are located. Employees receive financial advice; receive counseling on family matters, inter-personal conflict, legal issues, substance abuse and HIV and AIDS. Retailer 5 makes community-based referrals to specialist networks where appropriate and all help line cases are followed up until satisfactorily resolved. It is commendable that since its launch in 2008, the help line has recorded 1 356 cases.	Retailer 5, 2010: 119
Retailer 7 acknowledges that HIV and AIDS should not be looked at in isolation as there is a range of social issues that employees struggle with on a day to day basis and these issues impact negatively on their work. Some of these issues include substance abuse, domestic violence, tuberculosis etc.	Retailer 7 2014a:

3.6 Community relations: partnerships and outreach

In terms of community partnerships and outreach, we explored: The company request a community representative to serve as a liaison between the company and the community to strengthen communication and cooperation in the fight against HIV and AIDS; The AIDS Coordinator /Focal Point may conduct a thorough assessment of all the services available within the specific community (for example, NGOs and the public health sector); HIV and AIDS activities beyond its own walls; for example, peer educators may be assigned to assist in community projects. These interactions, not only identify community-related opportunities more readily, but also encourage joint planning on specific projects; Company participates in community outreach projects e.g. Family Day events, peer educators cooperate with communities of HIV activities; Partnerships - organization combine their resources to carry out a specific set of activities that address the HIV and AIDS epidemic, e.g. the company invites a diverse array of community members to a workshop to investigate the possibility of establishing an HIV and AIDS forum for that community.

Table 8 Community relations: partnerships and outreach

Description of Action/Activity	Retailer 1	RETAILER 2	Retailer 3	Retailer 4	Retailer 5	Retailer 6	Retailer 7	Retailer 8	Retailer 9	Total
The company requests a community representati										0

ve to serve as a liaison between the company and the community										
The AIDS Coordinator /Focal Point conducts an assessment of all the services available within the specific community		√		√			√			3
The company embarks on HIV and AIDS activities in the community and on special projects	√	√	√			√			√	5
Company participates in community outreach projects with communities of HIV activities.		√	√	√						3
Partnerships - company	√				√	√	√	√	√	6

combines their resources to carry out specific activities that address HIV and AIDS in the community										
Total	2	3	2	2	1	2	2	1	2	17

3.6.1 The company requests a community representative to serve as a liaison between the company and the community to strengthen communication and cooperation in the fight against HIV and AIDS

No participating retailers had a community representative liaison. Community liaison is challenging for retailers who operate in multiple sites and in multiple communities. There is a preference to partner or strengthen cooperation with bodies that operate nationally.

Quotations on collaborations

"We have thought of that type of collaboration and working together; I think government needs to get on board because HIV & AIDS require a lot of work. There was a huge spike in it but for some strange reason a lot has now changed." Senior Manager, Retailer 8

3.6.2 HIV coordinator who liaise with partners

Few of the participating retailers have a specific HIV coordinator who has responsibility for liaising with external partners exclusively on HIV and AIDS. Where partners are secured, this is generally to provide a more comprehensive wellness service that includes HIV and AIDS. Generally, a less localised approach is taken and retailers secure services nationally.

Quotation on AIDS Coordinator /Focal Point

"Well we have started engaging with the local clinic and we want to formalize that in terms of getting the sisters out there to go out and support our staff and testing real coordinate and trying to get people in this who are positive as far as possible on the program" Senior Manager, Retailer 8

3.6.3 The company embarks on HIV and AIDS activities beyond its own walls

A wide variety of activities were reported on by the participating retailers:

- Some of the participating retailers have programmes that support employee dependents when the employee has passed away.
- Some of the participating retailers promote awareness through securing and selling products made by HIV positive people.
- Some retailers embark on HIV and AIDS activities as part of their CSR strategies.
- Some retailers communicate with customers on HIV and AIDS and health matters.
- A number of selected retailers are part of the Retailers Unite against HIV and AIDS initiative where retailers conduct VCT at shopping centres. This promotes awareness, access and confidentiality.

Quotations on Company embarking on HIV and AIDS activities beyond its own walls

“There are instances, when employee dies we feeling as supporting the children especially those who are really in need. We ask our social workers to go and have a look for possible areas where the company can assist, but if the dependents are above 17 or 18 years of age we may go an extra miles to employed some of them as variable time employees (VTE)” Junior management, Retailer 9

“...Yes, we have a million rand fund in the bank that we use to support children of employees when they do die. We help in the area of schooling including provision of uniforms and those taking care of them. But about two years ago, it was exhausted, you can just imagine, if we have 43 stores, you can just imagine Gauteng and all the other stores also having” Junior management, Retailer 9

“On the part of our employee we do have a wellness programme that focuses on two components, one is the counselling advisory services where permanent employees and their household dependents can call in to a toll 24hour toll free number... with any personal challenge they do face. Telephonically it’s unlimited and if there’s a need for face to face counselling sessions, where they can get up to six sessions per incident with a psychologist.” Retailer 7

3.6.4 Community outreach

Some of the participating retailers engage in community outreach programmes that indirectly support HIV and AIDS people and their families. Most of the community outreach focuses on poverty alleviation, address vulnerability or enhancing education. This is in preference to support focused exclusively on HIV and AIDS. This support can range from supporting aftercare facilities for orphans or vulnerable children; development of food gardens, education, food and clothing donations for people in need. A number of retailers support the Clothing Bank which collects surplus clothing for people in need and also trains selected single parents in how to establish a and run a micro-enterprise to sell clothing.

Quotations on community outreach

"We have a partnership with Retailer 5 and the others on the Retailers Unite. We are always tracking what they are doing so that we can also be in line with what they are doing." - Female, Wellness Coordinator Retailer 1

3.6.5 Partnerships

A number of participating retailers are part of the Retailers Unite against HIV and AIDS initiative where retailers conduct VCT at shopping centres. This promotes awareness, access and confidentiality. A number of the participating retailers have partnered with external providers to provide HIV related services.

"I think the biggest opportunity is for us to partner with government. You see, our company has a very wide reach in terms of rural regions like where we have Jet in Vryheid ... there's a huge opportunity in terms of us being able to partner. The other opportunity is again around trying to get the medication at a more affordable rate which will really help in terms of the sustainability of the programme". Female, Middle Management, Retailer 8

"Retailer environment is a challenging one and having a relationship with other companies and knowing how they operations work, I think to me that is very important." - Female, Middle Management, Retailer 8.

"I think the biggest opportunity is for us to partner with government. You see, our company has a very wide reach in terms of rural regions like where we have Jet in Vryheid ... there's a huge opportunity in terms of us being able to partner. The other opportunity is again around trying to get the medication at a more affordable rate which will really help in terms of the sustainability of the programme". Female, Middle Management, Retailer 8

"We want to partner with government so that they can help us in trainings. We do have self-trainings but they are not enough to enable the staff more palatable in getting the HIOV and AIDS message across" Female, Middle Management, Retailer 8

Paraphrased extracts on partnerships from reports

<p>Retailer 8 extends its internal HIV and AIDS awareness campaign to the communities. They empower communities with life skills that would contribute to behavioral change. Retailer 8 dedicates 64% of their healthcare donations to HIV and AIDS as well as support dedicated health institutions that manage HIV and AIDS. For example, they support programmes aimed at caring for the orphans and vulnerable children who are HIV and AIDS victims. They also help those suffering from AIDS to anticipate a dignified death.</p>	<p>Retailer 8, 2004: 4</p>
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<p>Partnerships</p> <p>Retailers 1, 6, 7 and 9 have joined the Retailers Unite Against HIV Group which enabled them to have access to free HIV testing and counselling.</p>	Retailer 1 2013: 43
<p>Retailer 5 has been contributing to under-resourced programmes aimed at mitigating the impact of HIV and AIDS in impoverished communities. A budget of R540 000 was committed over three years (2009 – 2011) to Ikamvu Labantu, to support orphans and vulnerable children affected and infected by HIV. The programmatic activities are aimed at ensuring that OVC receive adequate care within their own communities. Home-based care and specific support for child-headed households is also provided to ensure access to healthcare.</p>	Retailer5, 2010: 152
<p>“Retailer 8 also partners with organizations dealing with other pressing health conditions. They donated nutritional pack to HIV and AIDS orphans</p>	Retailer 8, 2004: 4.
<p>Retailer 9 established a R1 Million Trust Fund in 2001 to care for the children of any employees who die of AIDS. T</p>	Niyonzima, 2003: 4

3.7 Monitoring and evaluation

We explored whether retailers had monitoring and evaluation tools in place, i.e. whether they had records on: number of condoms distributed (monthly); number of education sessions; number of employees formally trained; KAPB etc.

Table 9 Monitoring and evaluation

Description of Action/Activity	Retailer 1	RETAILER 2	Retailer 3	Retailer 4	RETAILER 5	Retailer 6	Retailer 7	Retailer 8	Retailer 9	Total
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M&E tools are in place to assess the effects and impact of the HIV and AIDS initiatives, e.g. a) number of condoms distributed(monthly) b) number of education sessions c) number of employees formally trained d) KAPB etc.	√	√	√		√	√	√	√	√	8
TOTAL	1	1	1		1	1	1	1	1	8

All the participating retailers have some form of monitoring and evaluation in place, but this varies depending on the business structure, reporting line and services provided in relation to HIV and AIDS in a particular business. For example:

- Most of the participating retailers monitor the education and training on HIV and AIDS through normal skills development reporting.
- The annual cost and take up of VCT is monitored by all participating retailers.
- Those retailers financing treatment monitor the take up and quality of care.
- Those retailers who refer employees to external treatment monitor the number of referrals, but are generally unable to access further details due to confidentiality requirements.
- Temporary disability is monitored.
- Retailer 9, Retailer 7, Retailer 5, Retailer 8 and Retailer 6 monitor condom replenishment and distribution.
- Some of the participating retailers, such as Retailer 8 and Retailer 9, monitor and report on HIV and AIDS through their EE committees.
- All of the participating retailers monitor the prevalence of HIV and AIDS in the company from time to time, but this is no longer regarded as a key priority.
- A few of the participating retailers indicated that it had conducted impact studies e.g. one retailer used the ASSA 2000 HIV and AIDS projection model
- Retailer 6 reported that SABCOHA' Bizwell tool was particularly effective. SABCOHA representatives indicated that they were considering how to sign up more retailers.

Currently, membership of SABCOHA is required to utilize the tool and it is often completed by populated by third parties on behalf of the retailer.

- A number of participating retailers reported that they report through Metropolitan.
- One retailer also participates in an international health and productivity survey.

Quotations on Monitoring and evaluation

<p><i>“We did HIV prevalence study we did in 2002 we did KAP study 2004 and that’s when we realized our Peer Education Programme was not actually getting to the people it was meant to get to and it was costing us an enormous amount of money to get these people trained and we just went Peer Educators were extremely educated that came out very clearly In our KAP study but our people below that would information is not faltering down and we decided to pull out that programme and use that money to enhance our treatment programme and enhance our awareness training which changed by then anyway we moving into more treatment training education on treatment and so on which was just getting a bit complicated for our Peer Educators then we did another we did an HIV impact analysis in 2011.”- Retailer 6</i></p>
<p><i>“We also measure on Bizworld which I think it was fantastic tool that was put in place because there were challenges of getting the stats through to a government programme. I think Bizworld in my opinion is probably the best way of doing it and our external service provider loaded it to Bizworld for us. We can go in at any time and see what’s going on there.”- Female, Middle Manager, Retailer 6</i></p>
<p><i>“We are at our third year now, so we planning to do an impact analysis on at year end, what we do on a regular basis is a survey to our peer educators and our branches to find out whether they do receive the material, that mostly got to do with communication, whether they are aware of the programme, whether they aware of the PEP insurance. There is a questionnaire on the one side that got to do with communication, when the guys do the testing they also do a little questionnaire, where they look at behaviour patterns, like risk and all that stuff and for the first year this year we obviously included in the questionnaire TB and stuff and looking at the probability of them having the disease.” - Female, Middle Management, Retailer 3</i></p>

Paraphrased extracts on monitoring and evaluation

Extract	Reference
Retailer 7 evaluated its own past and current approaches before initiating HIV activities so as to determine what worked and did not work in their previous initiatives. They also explored HIV programmes provided by other organizations in order to learn more about what they were doing that they can use to strengthen their programme.	Retailer 7 2014a:
Retailer 7 commissioned an actuarial study (risk impact assessment) so that they can estimate the demographic and financial impact of HIV and AIDS in their workplace and compare it against the benefits and estimate costs of an	Retailer 7 2014a:

HIV Disease Management Programme.	
“We believe that by taking a proactive approach through regular management and monitoring, we can help reduce the impact of the HIV/Aids epidemic. Retailer 6 continuously reviews its HIV and AIDS strategy using a proactive approach that helps reduce the impact of the epidemic.	Retailer 6 2014:
Retailer 7 relies on published national and provincial HIV and AIDS prevalence rates. An HIV and AIDS employee risk assessment was carried out by Metropolitan Life. Further, surveys were conducted to determine the priority areas in the management of HIV and AIDS for employees. These studies revealed the need for a more holistic approach to HIV and AIDS management rather than a limited focus on HIV through prevention education and condom distribution.	Retailer 7, 2007
Retailer 8’s response to HIV and AIDS is being reviewed continuously to ensure that it is in line with the government’s ART programme. T	Retailer 8, 2004:

4 Conclusions and Recommendations

The purpose of this original research was to appraise the HIV and AIDS situation and nature of the response within a number of participating companies in the retail sector. Various factors were explored which included: management commitment; HIV and AIDS Awareness and education; Access to Treatment Services; access to VCT; measures to reduce occupational risk; community relations, partnerships and outreach; and monitoring and evaluation. A number of recommendations arising from the study findings and the discussion with the retailers at the validation workshop held in October 2014 were made and are set out below.

4.1 Management Commitment

This involved determining HIV and AIDS responses by selected retailers in terms of perception of HIV and AIDS as much of a problem in their business; whether they currently have any HIV and AIDS activities in the WP; whether senior management supports the HIV and AIDS WP; whether a Focal Point / Coordinator is selected and appointed; whether there is an AIDS Steering committee established, HIV and AIDS policy adopted, HIV and AIDS Policy circulated at all levels in the workplace and budget allocated.

Management in the participating retailers are generally aware and demonstrating leadership in relation to HIV and AIDS as part of a broader wellness approach. There is perhaps room for some retailers to be more strategic in perceiving HIV as a business issue, particularly in relation to ensuring coverage of the entire workforce and exploring extension of strategies into service

providers to the business and surrounding communities. The constraints in this regard relate to resources, both human and financial in order to extend and customise current HIV programmes and activities within the company to further stakeholders.

Recommendation: Develop support for retailers to further embed HIV and AIDS into retail governance structures such as risk, Social and Ethics Committees of the Board and general business reporting. There is also the need to strengthen the establishment of workplace structures (e.g. steering committees) that can work with focal points to drive HIV and AIDS activities in the workplace.

4.2 HIV and AIDS Awareness and Education

This involved determining whether there were small group educational and informational sessions taking place with all employees at the workplace; management sensitization sessions; promotional materials (e.g. posters, videos, drama and pamphlets); talks by PLHIV as well as special event days planned (e.g. AIDS Day, Women's day, Condom promotion week, and HIV and AIDS Corner).

Retailers have progressed from providing narrow HIV and AIDS education and awareness to a more general approach to employee wellness which includes HIV and AIDS. Innovative and varied forms of communication are used by different retailers. Retailers appear to have established communication channels which are adapted to the particular tools used within a business for communication and awareness, and also training. Challenges were encountered with peer education, with some participating retailers reporting that peer education did not deliver sufficient results and others indicating that their store format was too small for peer education to be feasible. Not all retailers reported being aware of, or accessing HIV and AIDS support for education for employees through the W&RSETA. Very few of the participating retailers reported that that extended awareness and education interventions beyond their permanent (full time and part time) employees.

Recommendation: ILO to facilitate an engagement with W&RSETA to determine the extent of support within the sector. Explore and support mechanisms with the W&RSETA for support for the extension of HIV and AIDS related training into wellness education that is customised to retailer specific formats and challenges, and consider extension into supply chains. The W&RSETA could also consider options for access by smaller retailers to awareness and education and support access to education and training by all employees regardless of employment type.

4.3 Access to Treatment Services

This involved exploring several indicators of access to treatment services, namely: whether treatment services were accessible to employees in the workplace; alternatively, whether a list of referrals is available on services rendered by NGOs or public health clinics; HIV and AIDS treatment for employees and spouses; encouragement of treatment of STIs; Treatment of Opportunistic Infections (OIs); provision of antiretroviral drugs (ARVs); treatment of TB; Employees given paid time or leave to access HIV treatment services; and referral services available.

Some retailers ensure employees' access to treatment for HIV and AIDS, sexually transmitted infections and opportunistic infections (except TB) through providing treatment onsite. Others provide access to treatment through referrals to other service providers such as public facilities and NGOs, but this requires time away from work and supplies of medication are not always available. TB screening can also be promoted at the workplace to promote treatment.

Recommendation: Access to treatment services should be encouraged amongst all retailers and for all employees as this will have multiplier effects in managing HIV and AIDS and its impact to the business by reducing absenteeism, sickness and deaths. There is an opportunity to leverage shopping centre locations and the Retailers Unite against HIV and AIDS concept in order to share information on the availability of local treatment providers, improve access to treatment for all employees and bring down costs of treatment.

4.4 Access to Voluntary Counselling and Testing

The study sought the views of retailers on whether their staff had access to VCT by asking questions on whether: Employees have access to VCT services in the workplace, alternatively, a list of referrals is available on services rendered by NGOs or public health clinics; Employees have onsite care and support (i.e. access to support groups) or alternatively, a list of referrals is available on NGO-sponsored support groups and other community based services; and creating a friendly environment that promotes openness, self-disclosure and acceptance of HIV and AIDS among all staff.

VCT services were offered onsite or referred to nearby facilities and in limited locations through a collaborative project between retailers at shopping centres called Retailers Unite against HIV and AIDS. Retailers sought to create a conducive environment for openness, disclosure and acceptance of HIV and AIDS. The findings in this regard to retail VCT are commendable as it is the cornerstone for HIV prevention services.

Recommendation: ILO could assist in scaling the Retailers Unite against HIV and AIDS programme so that it was available for all employees in shopping centres throughout South Africa. This could be run in collaboration with shopping centres, banks or major retailers, but be accessible to employees of smaller retailers and other shopping centre tenants. Initial VCT could

be targeted at employees, with this extending to families, customers and communities with time. An alternative option could be for ILO to assist in consolidating a list of local VCT service providers for each area.

4.5 Measures to reduce occupational risk

The study explored whether retailers had infection control measures in place, and their self-perceived risk of being infected with HIV in the WP as well as whether they had an integrated HIV in a Wellness programme. Almost all retailers reported that they enforced HIV infection control measures which included PEP as part of occupational health and safety measures. Integration of HIV and AIDS into wellness programmes help in reducing stigma and discrimination.

Recommendation: OHS should be constantly reviewed on all sites to ensure that HIV infection control measures are in place and employees are aware thereof.

4.6 Community relations: partnerships and outreach

In terms of community partnerships and outreach, we explored: The company request a community representative to serve as a liaison between the company and the community to strengthen communication and cooperation in the fight against HIV and AIDS; The AIDS Coordinator /Focal Point may conduct a thorough assessment of all the services available within the specific community (for example, NGOs and the public health sector); HIV and AIDS activities beyond its own walls; for example, peer educators may be assigned to assist in community projects. These interactions, not only identify community-related opportunities more readily, but also encourage joint planning on specific projects; Company participates in community outreach projects e.g. Family Day events, peer educators cooperate with communities of HIV activities; Partnerships - organization combine their resources to carry out a specific set of activities that address the HIV and AIDS epidemic, e.g. the company invites a diverse array of community members to a workshop to investigate the possibility of establishing an HIV and AIDS forum for that community.

Partnerships in relation to HIV and AIDS services for participating retailers were generally applicable in relation to national service providers or where organizations can combine their resources to carry out a specific set of activities that address HIV and AIDS challenges. Community interaction in relation to HIV and AIDS was generally effected through company specific CSR programmes focused on general health, wellbeing, education and poverty alleviation. The establishment of network structures such as Retail Unite against HIV and AIDS may assist in addressing this limitation. Given the dispersement of geographical locations, variation in store sizes and the variation of CSR programmes applicable in particular companies it does not appear that there are many new opportunities in this regard.

Recommendation: Linkages with communities and local partnerships can be explored as part of the scaling up of Retailers Unite against HIV and AIDS.

4.7 Monitoring and evaluation

We explored whether retailers had monitoring and evaluation tools in place, i.e. whether they had records on: number of condoms distributed (monthly); number of education sessions; number of employees formally trained; KAPB (Knowledge, Attitude, Practices and Behavior Studies), etc. Participating retailers monitor different elements of HIV and AIDS prevention and treatment in different parts of their business and they rely on different providers to support monitoring and evaluation of HIV and AIDS. There is no single source of information.

Recommendation: Standardised monitoring and reporting to a central point, either directly or indirectly through providers could benefit retailers by lifting the reputation of the sector and also identifying key areas of intervention for the future. Building on current systems that are already in place, the ILO could work with SABCOHA and Metropolitan to develop a strategic framework for an effective, accessible, low-cost tool that could be used in conjunction with service providers to the sector to improve sector monitoring and evaluation. It would be essential that such tools are adaptable to different business reporting systems and that the resource requirements are minimised. These monitoring tools could be built into reporting at a company level under Board Social and Ethics committee.

5 Propositions arising out of the study

A workshop was held on 28 October 2014 in Cape Town in order to validate the report and determine propositions that could arise out of the study. Participants were provided in advance of the workshop with a copy of the draft report. The retailers and professionals who had an interest in the retail sector's response to HIV and AIDS participated in the workshop.

Participants were requested to validate a number of propositions that had emerged out of the literature review and findings of the study.

Below are a number of propositions that emerged out of the findings of the study and the literature review which were validated by the Retailers at a validation workshop – *“Workshop Validation Rapid Review of the selected Retailers in implementing HIV and AIDS Workplace and Outreach Programme 28 October 2014, Cape Town”*

Proposition 1: HIV and AIDS affects the Retail sector negatively

HIV and AIDS affect the productivity, profitability, viability and competitiveness of the business sector including the retail one. It increases the rate of absenteeism; reduces employee morale;

increases costs for the employer; increased employee turnover, and disability (Ilon et al., 2007: 9).

Proposition 2: Retail is a medium risk sector in relation to HIV and AIDS

The retail sector is viewed as a medium risk sector in relation to HIV with retailers estimating the prevalence to be between 7 and 9.6 %. This demonstrates the importance of coordinating efforts towards the prevention and treatment of HIV and AIDS.

Proposition 3: UNAIDS is involved in HIV and AIDS related activities in the Retail sector

UNAIDS engages with several partners from the private sector, civil society and government in its response to the epidemic, and the retail sector is not an exception. The UNAIDS engages with the retail sector in South Africa through its partners as it recognizes and respects the designated roles and mandates of its partners, existing structures and process. For example, the UNAIDS interacts very closely with ILO AIDS in coining strategies around responding to HIV and AIDS in the retail sector.

Proposition 4: Trade Union involvement in responses to HIV and AIDS within the Retail sector seems to be limited

The study points out that generally management took responsibility for implementation of HIV and AIDS initiatives in all of the participating retailers without the involvement of trade unions. Retailers indicated that few trade unions play an on-going proactive role in the retail sector's response to HIV and AIDS. For example, the South African Commercial, Catering and Allied Workers' Union (SACCAWU) as well as UNI-Africa have initiatives on HIV and AIDS nationally and continentally as demonstrated in the literature (UNI Global Union, 2014). Retailers indicated that there have been no specific interventions strategies aimed at addressing stigma and discrimination, a lack of pro-activeness in HIV and AIDS initiatives, limited capacity and a culture of silence on HIV and AIDS issues among trade unions in the sector. The management in the retail sector had to take proactive steps on their own in implementing HIV and AIDS initiatives. The limited involvement of trade unions contributes to retailers having difficulty in accessing resources for HIV and AIDS responses. Therefore, it has remained a challenge to raise adequate resources to deal with HIV and AIDS within the retail sector. The role played by trade unions in the negotiation of laws on HIV and AIDS and in addressing matters of discrimination is very crucial. It is therefore recommended that trade unions should become more proactive in fighting the scourge of HIV and AIDS in the retail sector.

Proposition 5: Management drives HIV responses in the retail sector

Management has variously driven HIV responses in the sector whilst employees have been receptive and responded positively to such responses. Few employees have been involved in policy development and implementation. There is however a need for the improvement of policies to be implemented fully within the sector especially in the light of the South African Code of Good Practice on HIV and AIDS and the World of Work and the Employment Equity Act, No 55 of 1998 (Department of Labour, 2012).

Proposition 6: Small and medium sized retailers are incapacitated in HIV and AIDS resources

Despite huge support and motivation by large and multinational companies in providing HIV and AIDS services to employee; small retailers remain incapacitated in resources and capacity to provide HIV and AIDS services (BER, 2005: 26). HIV and AIDS has a negative impact on small and medium sized retailers who are highly constrained by limited resources and capacity to address this as their resources are focused on enterprise operations and survival.

Proposition 7: The retail industry employs vulnerable groups

The retail sector is making a significant contribution to the economy as it mainly employs young or middle-aged females. For example, the workforce of nearly all retailers participating in this study, with the exception of one food retailer, was female dominated. The majority of both male and female employees were of ages 25-40 years. HIV/AIDS is rampant among females and affects employees in their productive years. Hence, the sector needs to enforce workplace responses to the HIV and AIDS epidemic.

Proposition 8: Certain categories of work and types of workers are most at risk of contracting HIV in the Retail sector

The literature points out that one of the biggest factors indicating HIV risk is socio-economic status with lower paid, lower skilled and less secure employees being on the whole more susceptible to HIV and AIDS (Lurie et al, 2003: 152; Ellis 2007: 2-22; World Bank, 2009). Furthermore, some retailers claimed to have very secure, well paid and permanent part time employment relationships. Little is known, however, as to what risks are associated with temporary employment service employees as these employment relationships are limited and managed through other employers (ILO, 2014a). More research is needed to deepen understanding of the above-mentioned. Lastly, fixed-term employees are generally not comprehensively covered by company strategies/Codes of Conduct on HIV and AIDS (DoL, 2012).

Proposition 9: Implementation of HIV and AIDS policies and programmes in the Retail Sector requires extensive resources

The study findings and literature corroborate that the impediments to the implementation of effective HIV and AIDS policies and programmes emanates from; a lack of leadership at management levels to oversee and guide workplace interventions; lack of capacity and reliance on full time employee volunteer as peer educators, with a small number of staff providing specialised care and support services (ILO, 2010: 14). Retailers, however, indicated that it is difficult to implement HIV and AIDS policies and strategies due to the nature of the retail industry, i.e.: dispersed over a multiple of sites, with limited number of employees, requiring mobilization of extensive resources, coordination and regular reviews. Peer education has not been regarded as an effective methodology for on-going education on HIV and AIDS by retailers.

Proposition 10: The Retail Sector does not have an integrated and proactive HIV and AIDS sector strategy

The literature indicates that various economic sectors, such as mining, manufacturing, transport and financial services are proactive and effectively dealing with the HIV epidemic in an integrated manner (MerSeta, 2010). However, of great concern is the slow response and poor implementation by certain sectors, in particular, the retail and wholesale sectors which are largely labour (MerSeta, 2010). The retailers agreed that there is no integrated sector strategy or framework to respond to HIV and AIDS in the sector. This did not, however, mean that the responses by individual retailers had not been significant, sustained and leading edge. There was also the innovative and successful Retailers Unite against HIV and AIDS project which had been running for some time and had been extended take place in all provinces, but which was still limited in size reaching approximately eight shopping centres a year.

Proposition 11: Generally, Retailers do not extend their HIV and AIDS services to their communities

The retailers do not extend their HIV and AIDS programmes and initiatives to their surrounding communities, smaller retailers or their supply chains due to a lack of capacity, resources and the dispersed geographical locations where retailers operate. Community responses were limited due to the geographical locations in which retailers operate across. In relation to the supply chain, one participant indicated that they raise awareness on HIV and AIDS through their business relationships in the supply chain, but that they are unable to do more by virtue of resource and capacity constraints. A number of retailers concurred that extending initiatives on HIV and AIDS in the local supply chain made sense from a sustainability perspective; however, it was resource heavy and beyond their sphere of control, thus unlikely to take centre stage.

6 Final Remark

This study provides responses of diverse retail companies to HIV and AIDS. It describes perceived success and good practices of workplace responses contributing to good outcomes. The study provides sector-specific HIV-related programming propositions and recommendations.

It provides an opportunity to promote the good work being done by retailers in the field of HIV and AIDS prevention and treatment. There is positive work being done on HIV and AIDS in the retail sector. A number of large retailers are taking proactive steps and have made noticeable progress in the implementation of workplace responses although there is still room for improvement. The results of this study should be interpreted with caution. Although every effort has been made to ensure that the information provided in this study is as accurate as possible, some of the sources used in determining retailer HIV and AIDS responses may be slightly dated due to ongoing engagements in HIV and AIDS activities by the retailers. The findings of this study cannot be generalized to the entire retail sector due to the limited sample size of nine retailers which does not represent the entire industry's response to HIV and AIDS. But the validation workshop involving the nine retailers and eight other retail stakeholders addressed this shortcoming. The study did not include small and medium retail responses to HIV and AIDS as there were no small and medium retailers that participated in the study. The literature review demonstrates a general overview of the work on HIV and AIDS in South Africa due to that fact that there is limited retail sector specific literature. There was inadequate coverage of TB in the study and retail specific insight was lacking in this regard. The findings of this study can be used to strengthen the implementation of HIV and TB Workplace Programmes in the Retail Industry.

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