



WELLNESS MANAGEMENT
POLICY FOR THE PUBLIC SERVICE

ANNEXURE A



TABLE OF CONTENTS

ABBREVIATIONS	4
PART A: GENERAL	
1. INTRODUCTION	4
2. SCOPE	5
3. OBJECTIVE	5
4. MISSION	5
5. PRINCIPLES	5
6. LEGAL FRAMEWORK	6
7. DEFINITIONS	7
8. ROLE PLAYERS	11
9. FINANCIAL IMPLICATIONS	11
10. IMPLEMENTATION	11
11. MONITORING AND EVALUATION	11
12. REVIEWS	11
PART B: IMPLEMENTATION OF POLICY OBJECTIVES: PHYSICAL WELLNESS	
1. AIM	12
2. POLICY PRINCIPLES	12
3. POLICY MEASURES	12
4. PROCEDURAL ARRANGEMENT	12
PART C: IMPLEMENTATION OF POLICY OBJECTIVES: PSYCHO-SOCIAL WELLNESS	
1. AIM	13
2. POLICY PRINCIPLES	13
3. POLICY MEASURES	13
4. PROCEDURAL ARRANGEMENTS	13
PART D: IMPLEMENTATION OF POLICY OBJECTIVES: ORGANIZATIONAL WELLNESS	
1. AIM	14
2. POLICY PRINCIPLES	14
3. POLICY MEASURES	14
4. PROCEDURAL ARRANGEMENTS	14
PART E: IMPLEMENTATION OF POLICY OBJECTIVES: WORK-LIFE BALANCE	
1. AIM	15
2. POLICY PRINCIPLES	15
3. POLICY MEASURES	15
4. PROCEDURAL ARRANGEMENTS	15
ANNEXURE B: GENERIC IMPLEMENTATION PLAN	
ANNEXURE C: STEP-BY-STEP GUIDE FOR POLICY IMPLEMENTATION	
ANNEXURE D: SYSTEMS MONITORING TOOL	



ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
COIDA	Compensation for Occupational Injuries and Diseases Act
DG	Director General
DoH	Department of Health
DoL	Department of Labour
DPSA	Department of Public Service and Administration
EAP	Employee Assistant Programme
EH&W	Employee Health and Wellness
EH&WSF	Employee Health & Wellness Strategic Framework
HR	Human Resource
ILO	International Labour Organisation
IR	Industrial Relations
ISO	International Standardization Organisation
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HPM	Health and Productivity Management
HR	Human Resources
HRD	Human Resource Development
MDG's	Millennium Development Goals
M&E	Monitoring and Evaluation
NEPAD	New Partnership for Africa's Development
OD	Organisational Development
OHS	Occupational Health and Safety
PILIR	Policy and Procedure on Incapacity Leave & Ill-Health Retirement
QWL	Quality of Work Life
ROI	Return on Investment
SABS	South African Bureau of Standards
WEF	World Economic Forum
WLB	Work Life Balance
WHO	World Health Organisation

PART A: GENERAL

1. INTRODUCTION

Wellness Management emerged as a priority due to increasing recognition that the health and wellbeing of employees directly impacts on productivity of the entire organization. As employees are the life-blood of the organization it is vital to help them produce at their optimum levels. The World Health Organization's Global Plan of Action on Workers Health 2008-2017 states that workers represent half the world's population and they



are major contributors to economic development. It calls for effective interventions to prevent occupational hazards and to protect and promote health at the workplace and access to occupational health services.

Work is central to people's well-being, in addition to providing income; work can pave the way for broader social and economic advancement, strengthening individuals, their families and communities. The Public Service seeks to contribute to the Decent Work Agenda to achieve sustainable development that is centred on people. Decent Work is a key element to build fair, equitable and inclusive societies being based around the principles of employment creation, workers' rights, equality between women and men, social protection and social dialogue. This Agenda addresses the four priority areas of tackling unemployment, underemployment and poverty; the role of social protection in poverty-reducing development; social exclusion and the effects of HIV & AIDS; and tackling HIV & AIDS in the world of work.

The ILO Promotional Framework for Occupational Safety Convention No.187 June 2006, provides for the creation of a National Policy on occupational safety and health; National System for Occupational safety and health; National Programme on Occupational safety and health; and National Preventive safety and health culture in which the right to a healthy and safe environment is respected at all levels. In accordance with the ILO Promotional Framework, the Public Service seeks to develop policies, systems, programmes and a preventative culture to promote the wellbeing of Public Servants.

The development of this policy is also based on the ILO SOLVE Program which was launched by the ILO's SafeWork Programme in 2001 to address psychosocial problems at work. The SOLVE program addresses nine psychosocial factors, namely: ***Stress, Tobacco, Alcohol, HIV&AIDS, Violence, Nutrition, Physical Activity, Healthy Sleep, and Economic Stress***. SOLVE is an interactive educational programme designed to assist in the development of policy and action to address health promotion issues at the workplace. It is based on the recognition of the interdependent relationships between psychosocial factors and other health-related behaviours and their underlying causes in the workplace.

Both personal and workplace factors influence overall wellness and employee performance. Individual wellness in this policy is viewed as the promotion of the physical, social, emotional, occupational, spiritual, financial, and intellectual wellness of individuals. This is attained by creating an organisational climate and culture that is conducive to wellness and comprehensive identification of psycho-social health risk.

The development of this policy, based on the EHW Strategic Framework for the Public Service (2008) was a departure from the Employee Assistance Programme (EAP), which was limited in scope and practice and was more reactive than proactive. This Wellness Management programme is largely preventative in nature focusing on both primary (avoid the risk or condition) and secondary (minimize the effects of the condition) prevention. This is against the analysis done by many epidemiological and health information and medical aid cost driver trend reports such as the Key Health Trends from the Government Employee Medical Scheme (GEMS) and other medical aid schemes. It confirms the trends of psychosocial problems, organisational climate assessments of hostile physical and psychosocial working environments.

This policy serves as a broad guide for government Public Service organisations in responding to Wellness in the Public Service world of work. It specifically provides line departments with guidelines on how to implement Wellness Management programmes in the workplace. Practically, the policy seeks to strengthen and improve the efficiency of existing services, programmes and infrastructure and introduce additional interventions based on recent advances in knowledge. The policy should be read in conjunction with the EH&W Strategic Framework (2008), Step-by-Step Implementation Guide and the Systems M&E Tool.



2. SCOPE

This policy is applicable to all National and Provincial Departments as contemplated in the Public Service Act 1994.

3. OBJECTIVES

The objectives of this policy are to:

Promote physical wellbeing of individual employees.

3.2 Promote psycho-social wellbeing of individual employees.

3.3 Create an organizational climate and culture that is conducive to wellness.

3.4 Promote Work-Life Balance through flexible policies in the workplace to accommodate work, personal and family needs.

4. MISSION

The Public Service is committed to the promotion of health and wellbeing of Public Servants and their dependants through comprehensive wellness programmes.

5. PRINCIPLES

The Wellness Management programme is underpinned by the following principles:

5.1 Employees utilizing the Wellness Management programme are assured of confidentiality, except in cases of risk to self and others or in terms of legislation.

5.2 Only registered professionals will be allowed to provide therapeutic interventions.

5.3 As far as possible the generic principles of respect for autonomy, non-maleficence, beneficence, and distributive justice will guide the actions of all professionals working in the field of Wellness Management.

5.4 Focus on all levels of employment.

5.5 Cohesiveness with HRD processes.

5.6 **Policy coherence:** policy measures should not contradict the measures of other related policies in the Public Service, e.g Department of Health, Social Development etc.

5.7 **Coherence of models:** the service delivery models should offer the same package to Public Servants in spite of it being in-house, outsourced or Departments of Health collaboration.

5.8 **Programme coherence:** The programme/ protocols that are offered should not contradict each other in various Departments.

5.9 Flexibility and adaptability.

5.10 Maintaining a performance focus.

5.11 Responding to the needs of designated employees (e.g people with disabilities and women).

5.12 **Voluntary Participation:** Employees participation in the programme is voluntary.



6. LEGAL FRAMEWORK

This policy should be read in conjunction with the following instruments:

6.1 INTERNATIONAL INSTRUMENTS UNDERPINNING WELLNESS MANAGEMENT WITHIN THE PUBLIC SERVICE

- 6.1.1 WHO Global Strategy on Occupational Health for All (1996)
- 6.1.2 Global Plan of Action on Workers (2008-2017)
- 6.1.3 Decent Work Country Programme (2010-2014)
- 6.1.4 ILO Promotional Framework for Occupational Safety Convention (2006)
- 6.1.5 United Nations Millennium Declaration and its Development Goals (MDGs)
- 6.1.6 World Summit on Sustainable Development, Johannesburg (2002)
- 6.1.7 WHO Commission on social determinants of health (2005)
- 6.1.8 WHO Framework Convention on Tobacco Control (2005)
- 6.1.9 Global Strategy on Infant and Young Child Feeding (WHO-UNICEF 2003)
- 6.1.10 Innocenti Declaration on Infant and Young Child Feeding (2005)
- 6.1.11 International Code of Marketing of Breast-milk Substitutes (WHO 1981)

6.2 LEGAL FRAMEWORK FOR WELLNESS MANAGEMENT WITHIN THE PUBLIC SERVICE

- 6.2.1 Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)
- 6.2.2 Labour Relations Act, 1995 (Act No. 66 of 1995)
- 6.2.3 Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997)
- 6.2.4 Compensation for Occupational Diseases and Injuries Act, 1993 (Act No.130 of 1993)
- 6.2.5 Employment Equity Act, 1998 (Act No.55 of 1998)
- 6.2.6 Disaster Management Act, 2002 (Act No. 57 of 2002) and National Disaster Management Framework
- 6.2.7 Tobacco Products Control Amendment Act, 1999 (Act No. 12 of 1999)
- 6.2.8 The Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000)
- 6.2.9 Mental Health Care Act, 2002 (Act No.17 of 2002)
- 6.2.10 National Sports and Recreation Act, 1998 (Act No. 110 of 1998)
- 6.2.11 National Health Act (No.61 of 2003)
- 6.2.12 Infant and Young Child Feeding Policy (2007)

6.3 STRATEGIC FRAMEWORKS APPLICABLE TO WELLNESS MANAGEMENT WITHIN THE PUBLIC SERVICE

- 6.3.1 National Strategic Plan on HIV&AIDS, STI and TB (2012-2016)
- 6.3.2 EAPA-SA Standards (2002)
- 6.3.3 Mental Health Care Regulations (2003)
- 6.3.4 The Public Service Regulations as amended (2012)
- 6.3.5 Public Health (Tobacco) Regulation (2009)



- 6.3.6 Sexual Harassment Policy for the Public Service (2012)
- 6.3.7 Tshwane Declaration (August 2011)
- 6.3.8 South African Green Paper on Family (Department of Social Development: 2011)
- 6.3.9 Code of Good practice on the protection of employees during pregnancy and after birth of a child (1997)
- 6.3.10 Code of good Practice on the Integration of Employment Equity into Human resource Policies and practices (1998)
- 6.3.11 Code of Good Practice on Arrangement of Working Time (1997)
- 6.3.12 Change Management Strategic Framework for the Public Service (2010)
- 6.3.13 Policy on Incapacity Leave and Ill-Health Retirement (2005)
- 6.3.14 Tobacco Regulations (2012)
- 6.3.15 Public Sector summit (2011)
- 6.3.16 Accelerated School Infrastructure Development Initiative (2010)
- 6.3.17 Auditor General Report (2011)

6.4 ECONOMIC AND SOCIAL POLICY, PROGRAMMES AND STRATEGY

- 6.4.1 Presidential, Provincial Pronouncements and Budget Speech
- 6.4.2 Integrated Development Plans (IDPs)
- 6.4.3 Medium Term Strategic Framework
- 6.4.4 National Spatial Development Strategies
- 6.4.5 Provincial Growth and Development Strategies
- 6.4.6 National Development Plan 2030
- 6.4.7 New Growth Path
- 6.4.8 National Infrastructure Development Plan
- 6.4.9 National Disaster Management Framework
- 6.4.10 Decent Work Country Programme
- 6.4.11 Gender mainstreaming framework
- 6.4.12 Occupational Health and Safety Programme Local Government
- 6.4.13 Social Security Framework

7. DEFINITIONS

In this policy any term to which a meaning has been assigned in the Public Service Act bears that meaning, unless the context otherwise indicates-

7.1 **“Wellness”** is an active process through which organizations become aware of, and make choices towards a more successful existence. For both the individual and the organization, the concept of wellness is one where active steps can be taken to reduce chronic disease and mitigate its debilitating impact on personal lives and organizational productivity (World Economic Forum).

7.2 **“Physical Wellness”** promotes taking care of your body for optimal health and functioning.

7.3 **“Social Wellness”** emphasizes the positive and interdependent relationship with others and nature.



7.4 **“Psychological Wellness”** is a dynamic state that is influenced by and influences our physical, intellectual, spiritual and social lives.

7.5 **“Spiritual Wellness”** refers to integrating our beliefs and values with our actions; it enhances the connection between mind, body and spirit.

7.6 **“Intellectual Wellness”** is the utilization of human resources and learning resources to expand knowledge and improve skills.

7.2 **“Financial Wellness”** is the ability to maintain a fully developed and well balanced plan for managing one's financial life that is integrated with personal values and goals.

7.8 **“The Health and Wellness Coordinator”** is an employee tasked with the responsibility to coordinate the implementation of wellness programmes. The Wellness Coordinator can be professionally trained and registered with a relevant statutory body to perform therapeutic interventions, if not, such cases should be referred.

7.9 **“The Head of Department”** means head of a national department, the office of the premier, a provincial department, or a head of a national or provincial component, and includes any employee acting in such post.

7.10 **“The Designated Senior Manager”** means a member of the Senior Management Services (SMS) who is tasked with championing the Wellness Management programme within the Public Service workplace.

7.11 **“The Employee”** means a person appointed in terms of the Public Service Act 1994 and Employment of Educators Act No. 76 of 1998.

7.12 **“The Health and Wellness Committee”** is a committee that is established by the HOD to initiate, develop, promote, maintain and review measures to ensure the wellness of employees at the workplace. This is a multi-disciplinary team consisting of relevant representatives as indicated by different Departments.

7.13 **“The peer Educator”** is an employee who is trained in working with his/her peers, sharing information and guiding a discussion using his/her peer experience and knowledge.

7.14 **“The Steering Committee”** is a committee established by DPSA, for all components of Human Resource Management and Development at provincial and national levels. This Committee serves as a vehicle of coordination, communication, collaboration, and consultation of the EH&W programmes.

7.15 **“Immediate Family”** means spouse and children or as determined by the Department.

7.16 **“Work-Life Balance”** the achievement of equality between time spent working and one's personal life (Webster).

7.17 **“SOLVE”** is the International Labour Organization (ILO) programme dealing with management of psychosocial factors (Stress, Tobacco, Alcohol and Drugs, HIV & AIDS, Violence, Nutrition, Physical Activity, Healthy Sleep, Economic Stress) in the workplace. Its focus is on the recognition of the interrelated relationship between these psychosocial factors.



8. ROLE PLAYERS

This policy involves the following role players:

8.1 The Head of Department:

- 8.1.1 Ensures development and implementation of a written policy on managing the wellbeing of both the employees and the organization
- 8.1.2 Appoints a designated Senior Manager to champion the Wellness Management programmes in the workplace
- 8.1.3 Ensures the provision of resources for the implementation of Wellness programmes in the Department.
- 8.1.4 Establishes a Wellness Management committee that will oversee the implementation of Wellness programmes in the workplace and consult with the committee with a view of initiating, developing, promoting, maintaining and reviewing measures to ensure the wellbeing of employees at work.

8.2 The Designated Senior Manager:

- 8.2.1 Structures, strategize, plan and develops holistic employee wellness programmes
- 8.2.2 Manages employee wellness strategies and policies, e.g. wellness promotion and wellness facilities within budgetary guidelines
- 8.2.3 Aligns and interface organizational wellness policy with other relevant policies and procedures
- 8.2.4 Liaises with, manage and monitor external employee wellness service providers
- 8.2.5 Plans interventions based on risk and needs analysis
- 8.2.6 Monitors and evaluates implementation of wellness interventions
- 8.2.7 Establishes a Peer Education programme
- 8.2.8 Promotes capacity development Initiatives to:
 - a) Promote competence development of practitioners
 - b) Improve capacity development of auxiliary functions (OD, HR, IR, Change Management etc.) to assist with wellness promotion at an organizational level
 - c) Establish e-Health and Wellness information systems
- 8.2.9 Establishes organizational support initiatives to:
 - a) Establish an appropriate organization structure for Wellness Management
 - b) Ensure Human Resource planning and management
 - c) Develop integrated wellness information management system
 - d) Provide physical resources and facilities
 - e) Ensure financial planning and budgeting
 - f) Mobilize management support
 - g) **Ensure the Systematic Review Process for Operational Planning**
- 8.2.10 Establishes governance and institutional development initiatives to:



- a) Ensure the functioning of a Wellness Management Committee
- b) Obtain Stakeholder commitment and development
- c) Develop and implement an ethical framework for Wellness Management
- d) Develop and implement management standards for wellness
- e) Develop and maintain an effective communication system
- f) Develop and implement a system for monitoring, evaluation, and impact analysis.

8.2.11 Establish economic growth and development initiatives to:

- a) Mitigate the impact of unhealthy employees on the economy
- b) Ensure responsiveness to the Government's Programme of Action
- c) Ensure Responsiveness to Millennium Development Goals
- d) Integrating NEPAD, AU and Global programmes for the economic sector.

8.3 The Wellness Coordinator:

- 8.3.1 Coordinates the implementation of wellness programmes, projects and interventions
- 8.3.2 Plans, monitors and manages Wellness programmes according to strategies, policies and budgetary guidelines
- 8.3.3 Makes provision for counseling to individual employees and to their dependants.
- 8.3.4 Analyzes and evaluates data and communicate information, statistics and results to various stakeholders and management
- 8.3.5 Coordinates activities of Peer Educators
- 8.3.6 Promotes work-life balance for employees
- 8.3.7 Provides information regarding nutrition and monitors canteen services
- 8.3.8 Oversees the functioning of the gymnasium and other physical and recreational activities at the workplace (if applicable).

8.4 The Peer Educator:

- 8.4.1 Acts as a focal point for the distribution of evidence-based and generic health and wellness promotional material at the workplace (all functions shall be performed as far as possible during normal working hours and shall be included in their performance agreement).
- 8.4.2 Takes initiative to implement awareness activities, or to communicate health and wellness information at the workplace
- 8.4.3 Acts as a referral agent of employees to relevant internal or external health support programmes
- 8.4.4 Be involved with the identification of employees needs and health risks at the workplace
- 8.4.5 Initiates and arrange staff training with regard to employee health and wellness
- 8.4.6 Submits monthly reports of activities to the Wellness coordinator.

8.5 The **Intradepartmental Committee on Wellness:**

- 8.5.1 Oversees the implementation of the wellness policy and programmes in the workplace
- 8.5.2 Makes recommendations to the employer regarding any policy matter and implementation procedures including any matters affecting the wellness of employees



- 8.5.3 Keeps record of each recommendation made to an employer
- 8.5.4 Discusses any incident or condition at the workplace which might have a negative impact on the wellbeing of employees
- 8.5.5 Serves as a vehicle of communication to promote wellness initiatives within the workplace.

8.6 The Interdepartmental Committee on Wellness:

- 8.6.1 Establishes harmonised communication of the Wellness Management Policy at provincial and national levels
- 8.6.2 Serves as a vehicle of coordination, communication, collaboration, consultation of issues pertaining employee wellness with other stakeholders and Departments.
- 8.6.3 Creates avenues through which collaborative initiatives can be forged; meets quarterly to discuss employee wellness policy matters.

8.7 The Employee should:

- 8.7.1 Apply his/her knowledge, motivation, commitment, behaviour, self-management, attitude and skills toward achieving personal fitness, health and organizational goals
- 8.7.2 Look after his/her body by following a nutritionally balanced diet and maintaining his/her body mass within a healthy range
- 8.7.3 Take an active part in improving the world of work by encouraging a healthy living environment and
initiating better communication with those around him/her
- 8.7.4 Make use of wellness facilities and services provided at the workplace.

8.8 The Labour Representatives:

- 8.8.1 Represent employees in the workplace
- 8.8.2 Ensure that the employer fulfill mandates of Wellness legislation and regulations in order to optimize wellness in the workplace
- 8.8.3 Attend the Wellness committee meetings and make representation to the employer on agreed issues affecting the wellness of employees at the work place.

9. FINANCIAL IMPLICATIONS

The **expenditure** associated with the implementation of this policy shall be borne by the individual department.

10. IMPLEMENTATION

Implementation of this policy will follow a result-based management system as according to the outcomes based management model of the South African Government as approved by DPME and the SOLVE Guideline as approved by MPSA in 2012, outlining Wellness Management programme inputs, process, outputs, outcomes and impact indicators. The pillars for implementation should comprise the four functional pillars as reflected in the EHW Strategic Framework, namely Physical Wellness; Psycho-social Wellness; Organizational Wellness and Work life Balance. The process pillars for implementation which are the primary responsibility of



the Designated Senior Manager will include Capacity Development; Organizational Support; Governance; and Economic Growth and Development. These four process pillars are to operationalize each functional pillar and its related activities to achieve the intended annual outputs and intermediate outcomes leading to the desired impact.

11. MONITORING AND EVALUATION

Implementation of this policy needs departments to work together to develop an efficient and effective M&E system to monitor and review progress and results of the implementation. The 12 components of an effective Wellness Management M&E System are indicated below:

- 11.1 Organisational structures with Wellness M&E functions
- 11.2 Human capacity for Wellness M&E
- 11.3 Partnerships to plan, coordinate, and manage the M&E system
- 11.4 National multisectoral Wellness M&E plan
- 11.5 Annual costed national Wellness M&E workplan
- 11.6 Advocacy, communications, and culture for Wellness M&E
- 11.7 Routine Wellness programme monitoring
- 11.8 Surveys and surveillance
- 11.9 National and sub-national Wellness Databases
- 11.10 Supportive supervision and data auditing
- 11.11 Wellness evaluation and research
- 11.12 Data dissemination and use.

Regular monitoring of progress on Wellness Management programmes should be conducted quarterly through reports submitted to the DPSA by all departments. These reports will inform implementation, monitoring and evaluation, and future planning. An effective, efficient and implementable monitoring and evaluation system is required if this Wellness Management Policy is to be successful in measuring achievements of the policy objectives. Departments would be expected to develop indicators as appropriate for micro and meso levels of governance.

12. REVIEW

This policy shall be reviewed as and when there are new developments or after every three years.



PART B: IMPLEMENTATION OF OBJECTIVES: PHYSICAL WELLNESS

1. AIM

The physical dimension of wellness aims to promote physical wellbeing for optimal health and functioning. Attending to health education and health promotion to sustain physical fitness and boosting of morale through sports and wellness interventions.

2. POLICY PRINCIPLES

See Part A, paragraph 5.

3. POLICY MEASURES

The following are policy measures for Physical Wellness:

3.1 Promotion of **Physical Activity** through establishment of infrastructure and activities e.g. gym facilities and sporting codes.

3.2 Promotion of **Good Nutrition** through education/awareness and providing access to healthy meals in canteens and work functions.

3.3 Promotion of **Healthy Sleep** through management of shift work.

3.4 Management of **Tobacco** use through promotion of tobacco free workplaces.

3.5 Provision of access to Health Screening

4. PROCEDURAL ARRANGEMENTS

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in PART A paragraph 8.2 of this policy. These are the four Process Pillars, specifically the Systematic Review as part of Organizational Support Initiatives, Generic Implementation Guide and the Operational Plan template.



PART C: IMPLEMENTATION OF OBJECTIVES: PSYCHO-SOCIAL WELLNESS

1. AIM

The Psycho-social dimension of wellness aims to promote the ability of employees to interact successfully and to live up to the expectations and demands of personal roles; to promote emotional intelligence, self-esteem, optimism, sense of coherence, and resilience of employees. It also aims to promote a set of guiding beliefs, principles or values that help give direction to life; the ability to make sound decisions; and to promote financial fitness.

2. POLICY PRINCIPLES

See Part A, paragraph 5.

3. POLICY MEASURES

- 3.1 Management of stress through workplace **stress** Management Programmes.
- 3.2 Management of **economic stress** through workplace Financial Wellness Programmes.
- 3.3 Management of **alcohol and drugs** through workplace Alcohol and Drug Programmes.
- 3.4 Management of **HIV&AIDS related psychosocial stressors** (self directed stigma and discrimination)
- 3.5 Availability and accessibility of counseling services to all employees.

4. PROCEDURAL ARRANGEMENTS

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in PART A paragraph 8.2 of this policy. These are the four Process Pillars, specifically the Systematic Review as part of Organizational Support Initiatives, Generic Implementation Guide and the Operational Plan template.



PART D: IMPLEMENTATION OF OBJECTIVES: ORGANIZATIONAL WELLNESS

1. AIM

Organisational wellness aims to promote an organizational culture that is conducive to individual and organizational wellness in order to enhance the effectiveness and efficiency of the Public Service. The intended outcome of Organizational Wellness is to maximize and sustain the potential of human capital and an effective and efficient Public Service that is positively responsive to the needs of the public.

2. POLICY PRINCIPLES

See Part A, paragraph 5.

3. POLICY MEASURES

3.1 Management of workplace **violence** is through workplace violence programme.

3.2 Change in the organization is managed through **change management programme**.

3.3 **Wellness Communication** (dissemination of wellness information).

3.4 Manage human factors that impact on **organizational wellness** (e.g. Ergonomics and Diversity Management).

4. PROCEDURAL ARRANGEMENTS

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in PART A paragraph 8.2 of this policy. These are the four Process Pillars, specifically the Systematic Review as part of Organizational Support Initiatives, Generic Implementation Guide and the Operational Plan template.



PART E: IMPLEMENTATION OF OBJECTIVES: WORK-LIFE BALANCE

1. AIM

The Work- Life Balance Program promotes flexibility in the workplace to accommodate work, personal and family needs; which can result in benefits to organizations due to higher levels of employee satisfaction and motivation.

2. POLICY PRINCIPLES

See Part A, paragraph 5.

3. POLICY MEASURES

3.1 Development and implementation of **flexible working hour policies** that address work-life balance.

3.2 Establishment of **child care facilities** in the workplace.

3.3 Development and implementation of **retirement programmes** in the workplace.

4. PROCEDURAL ARRANGEMENTS

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in PART A paragraph 8.2 of this policy. These are the four Process Pillars, specifically the Systematic Review as part of Organizational Support Initiatives, Generic Implementation Guide and the Operational Plan template.