



the dr&pw

Department:
Roads and Public Works
NORTHERN CAPE PROVINCE
REPUBLIC OF SOUTH AFRICA

DEPARTMENTAL POLICY ON HEALTH AND WELLNESS

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1. DEFINITIONS AND ACRONYMS

“AIDS”	Means Acquired Immune Deficiency Syndrome.
“BCEA”	Means Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997), as amended.
“Care”	Refers to the steps taken to promote a person's well-being through medical, psychosocial, spiritual and other means.
“CODIA”	Means Compensation for Occupational Diseases and Injuries Act, 1993 (Act No. 130 of 1993), as amended.
“Department / DR&PW”	Means Department of Roads and Public Works, Province of the Northern Cape.
“EAPA-SA”	Means Employee Assistance Professionals Association of South Africa.
“EEA”	Means Employment Equity Act, 1998 (Act No. 55 of 1998), as amended.
“EHWP”	Means Employee Health and Wellness Programme, which is defined as a work-based programme designed to assist in the early identification and resolution of productivity problems associated with employees impaired by personal concerns which include, but are not limited to, health, marital, drug, alcohol, financial, emotional, stress, work-related and other concerns which may adversely affect the job performance of employees.
“EHWP Committee”	Means Employee Health and Wellness Programme Committee, a departmental committee of the DR&PW. The EHWP Committee is appointed by the Accounting Officer to, amongst others; review, monitor and evaluate the DR&PW's policies, strategies, plans and initiatives regarding Employee Health and Wellness.
“Employee”	Refers to any person employed in terms of the Public Service Act, 1994, as amended, regardless of rank or position.

“External Service Provider”	Refers to an external person or group that offers services to employees either for free or at an agreed fee. The external service provider may or may not have a working agreement with DR&PW.
“FAMSA”	Means Family and Marriage Association of South Africa.
“RMC”	Means Risk Management Committee, a departmental committee of the DR&PW, which replaces the previous Joint Risk Management Committee (JRMC). The RMC is appointed by the HOD to, amongst others; review the Department’s system of risk management.
“HAART”	Means Highly Active Anti-retroviral Therapy, which refers to a medication regimen used to manage and treat human immunodeficiency virus type 1 (HIV-1). It is composed of several drugs in the antiretroviral classes of medications. This activity outlines the indications, mechanism of action, and contraindications for various HAART medications in the management of HIV. This activity will highlight the mechanism of action, adverse event profile, and other key factors pertinent to the inter-professional healthcare team members in the care of patients with HIV-1 and related conditions.
“HIV”	Means Human Immunodeficiency Virus.
“HOD”	Means Head of Department, referring to the HOD of the DR&PW. The HOD is also called the Accounting Officer, which refers to a person mentioned in section 36 of the Public Finance Management Act (PFMA), 1999 (Act No. 1 of 1999), as amended.
“HRM”	Means Human Resource Management.
“INDS”	Means Integrated National Disability Strategy.
“LRA”	Means Labour Relations Act, 1995 (Act No. 66 of 1995), as amended.
“M&E”	Means Monitoring and Evaluation.
“MMS”	Means Middle Management Service.

"NGO"	Means Non-governmental Organisation.
"OHSA"	Means Occupational Health and Safety Act, 1993 (Act No. 85 of 1993), as amended.
"PAMA"	Means Public Administration Management Act, 2014 (Act No. 11 of 2014).
"PEPUDA"	Means Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000), as amended.
"PFMA"	Means Public Finance Management Act, 1999 (Act No.1 of 1999), as amended.
"PILIR"	Means Policy on Incapacity Leave and Ill-health Retirement of November 2005. The objective of PILIR is to set up structures and processes to ensure the management of incapacity leave to accommodate temporary or permanently incapacitated employees as well as to facilitate rehabilitation, re-skilling re-alignment and retirement as deemed appropriate.
"PMDS"	Means Performance Management and Development System.
"POPIA"	Means Protection of Personal Information Act, 2013 (Act No. 4 of 2013).
"PRECCA"	Means Prevention and Combating of Corrupt Activities Act, 2004 (Act No. 2 of 2004).
"PSA"	Means Public Service Act, 1994 (Act No. 103 of 1994), as amended.
"PSCBC"	Means Public Service Co-ordinating Bargaining Council.
"PSR"	Means Public Service Regulations.
"PTDDA"	Means Prevention and Treatment of Drug Dependency Act, 1992 (Act No. 20 of 1992), as amended.

“SAMDC”	Means South African Medical and Dental Council.
“SDA”	Means Skills Development Act, 1998 (Act No. 97 of 1998), as amended.
“SMS”	Means Senior Management Service.
“Support”	Refers to services and assistance that could be provided to help a person deal with difficult situations and challenges.
“TB”	Means Tubercles Bacillus (Tuberculosis).
“TPCA”	Means Tobacco Products Control Act, 1993 (Act No. 83 of 1993), as amended.
“Treatment”	A medical term describing the steps taken to manage an illness or injury.

2. INTRODUCTION

- 2.1 This policy formally conveys the value the Northern Cape Department of Roads and Public Works (DR&PW) places on the health and wellbeing of its staff members and states its intentions regarding the proper management of health and wellness in the Department.
- 2.2 The DR&PW hereby acknowledge that challenges and difficulties both within the context of the working environment and external to it can affect employee health, wellness, work performance and safety.
- 2.3 The DR&PW also recognises that health and wellness related matters and issues poses risks to the Department that has to be taken into account in the risk management approach of the DR&PW.
- 2.4 The Department furthermore recognizes the fact that it is to the benefit of the DR&PW to assist employees and their dependants with their various predicaments affecting their health and wellness, which will in turn support and advance the department's overall performance and productivity.
- 2.5 The foregoing will be addressed by means of the departmental Employee Health and Wellness Programme (EHWP), which is designed to assist employees with personal, work-related and other concerns, which may negatively affect their job performance.
- 2.6 The most effective health and wellness initiatives share common characteristics: active engagement of management, employees and unions; commitment to tailored, equitable and appropriately

resourced actions; and a long term focus on achieving employee health and wellbeing. These characteristics must be considered throughout the implementation of this policy.

3. PRINCIPLES, VALUES AND PHILOSOPHY

3.1 This policy is intended to reflect the Department's commitment to the principles, goals and ideals described in the DR&PW'S vision and core values.

3.2 The successful implementation of this policy depends on the degree to which management, unions and employees uphold, support and promote the implementation and maintenance of the following policy principles:

- a) **Confidentiality:** Confidentiality underpins consultation processes in the EHWP programme. Personal information of employees utilizing the programme will be dealt with in a confidential manner to ensure that employees have no concerns that participating in the programme will in any way affect their privacy, dignity or standing in the DR&PW. There will be no victimization or dismissals arising from the information divulged at an EHWP session. Whilst the DR&PW remains committed to upholding the employee's right to confidentiality, this right may be limited by law.
- b) **Accessibility:** All employees of the DR&PW will have access to the EHWP programme, as well as other relevant employee assistance programmes, regardless of their position or rank.
- c) **Neutrality:** The programme will be run in such a way that it remains neutral and provides an equitable service to both employees and employer. The EHWP shall remain outside the conflict areas between management and trade unions, and must not clash with existing administrative procedures and contractual agreements.
- d) **Professional Standards and Ethics:** Consultations will be created in a professional manner and within the acceptable ethics. To establish principles and guidelines as to what would constitute normal and acceptable behaviour in relation to gifts and entertainment; and as to what would be regarded as unethical, criminal or contrary to good corporate governance and behaviour.
- e) **Impartiality:** Participation in the EHWP programme will not prejudice an employee's job security or chances of promotion.
- f) **Voluntarism:** Participation in the EHWP is voluntary without, however, denying management the prerogative of recommending employees for assistance. Employees who voluntarily seek help

from the programme are taking responsibility for their problems. Voluntarism should therefore be encouraged. Employees cannot be forced to participate in the EHWP, even though the DR&PW acknowledges that it is a strong motivating lever, as the consequences of not seeking help could ultimately result in more severe action.

- g) **Constructive Coercion:** Managers and supervisors are to formally refer employees whose performance, capacity or conduct requires intervention, for assistance as an alternative to, or in conjunction with, job action, but preferable before any punitive action is taken against any employee.
- h) **Diversity:** The absence of subgroup variability and discrepancy.
- i) **Timely Intervention:** Reasonable efforts will be made to ensure the early identification and treatment of problems thus facilitating a good prognosis.
- j) **Equal and Dignified Treatment:** Service providers will treat all employees making use of this service equally and with dignity.
- k) **Equity:** The EHWP will make reasonable accommodation for persons from designated groups.
- l) **Respect for Preferences:** Employees' preference in terms of language and gender will be respected when counselling arrangements are made.
- m) **Prevention of Abuse:** The programme must not be abused by any employee or participating party.
- n) **A Balanced Programme:** A healthy balance between rehabilitative and preventative services should be maintained.

3.3 When applying this policy, the DR&PW will operate according to the following supplementary principles:

- a) Recognition that health is more than just the absence of illness and injury.
- b) Recognition that a supportive and engaging work environment has benefits for individuals, families and wider society, beyond chronic disease risk reduction.
- c) Recognition that the workplace culture and environment contributes significantly to individuals' ability to make healthy lifestyle choices, including emotional wellbeing.

- d) The departmental management and leadership are committed to providing all employees with a safe, healthy, clean and hygienic environment, which is supportive to work in.
- e) Senior Management Service (SMS) managers are well positioned and will act as advocates and role models of workplace health and wellness.
- f) A commitment to providing a supportive workplace culture where healthy lifestyle choices are valued and encouraged.
- g) Recognition of the voluntary nature of participation within health and wellness related activities.
- h) A commitment to providing employees with access to safe and appropriate health and wellness information, activities and services; following recommended standards of good practice, quality service provision and in line with relevant legislation.

4. REGULATORY FRAMEWORK

- 4.1 The Constitution of South Africa has certain implications for the health, safety and wellness of employees. The Constitution of the Republic of South Africa, 1996, specifically Chapter 1, number 1(a), Chapter 2, number 7(1),(2),(3), number 8(1) and number 10, which enshrine the right to human dignity, as well as section 215, in terms of provincial budgets and section 217 regarding procurement. In Section 23, dealing with Labour relations, subsection (1) it states the following: *"Everyone has the right to fair labour practices."* The aforementioned constitutional provisions are applicable to this policy in terms of their relation to matters of health and wellness management in the Public Service.
- 4.2 The Public Finance Management Act (PFMA), 1999 (Act No.1 of 1999), as amended by PFMA Amendment Act, 1999 (Act No. 29 of 1999), specifically sections 38, 39, 40, 41 and 45, as it applies to matters of health and wellness management in the Public Service.
- 4.3 The Public Service Act (PSA), 1994 (Act No. 103 of 1994), as amended.
The PSA provides for the organisation and administration of the Public Service of the Republic, the regulation of the conditions of employment, in terms of the office, discipline, retirement and discharge of members of the Public Service and matters connected therewith.
- 4.4 The Public Service Amendment Act, 1996 (Act No. 13 of 1996).
The PSA Amendment Act provides for the removal of unjust differentiation between "officers" and "employees" as defined in the Public Service Act, 1994; in order to amend the Public Service Act, 1994, so as to further regulate the appointment of Heads of Department and to protect the existing retirement age of serving employees, notwithstanding the removal of such differentiation.

4.5 The Public Service Regulations (PSR), 2001, as amended in 2002 and 2016.

The PSR provides for a policy framework on the management of HIV and AIDS in the Public Service work environment. The current EHWP provides for a framework for the development and implementation of a comprehensive employee health and well-being programme as outlined in the Public Service Regulations. In addition, the PSR also regulates the following:

- a) delegations, authorizations and responsibilities;
- b) job evaluation;
- c) compensation for employees;
- d) working environment;
- e) procedures for appointment, promotions and termination of service;
- f) performance management and development;
- g) training and education;
- h) labour relations;
- i) a code of conduct;
- j) financial disclosure by heads of department and certain other employees;
- k) the Senior Management Service (SMS);
- l) recruitment, selection and appointment;
- m) performance management and development;
- n) conditions of service, mobility and career progression;
- o) training and development;
- p) ethics and conduct;
- q) employer-employee relations; and
- r) exit management.

4.6 The Code of Conduct for the Public Service, as contained in the Public Service Regulations, 2016.

4.7 The Public Administration Management Act (PAMA), 2014 (Act No. 11 of 2014).

4.8 The Occupational Health and Safety Act (OHSA), 1993 (Act No. 85 of 1993), as amended.

This Act provides for the health and safety of persons at work and for the health and safety of persons in connection with the use of plant and machinery, the protection of persons other than persons at work against hazards to health and safety arising out of or in connection with the activities of persons at work; and to provide for matters connected herewith. The Act imposes a general duty on employers to provide a reasonably safe and healthy working environment, to provide information, training and supervision as is necessary to ensure health and safety, and to report to an inspector any incident in which an employee dies or is injured or when dangerous situations arise.

4.9 The Labour Relations Act (LRA), 1995 (Act No. 66 of 1995), as amended.

The LRA aims to encourage collective bargaining and the settlement of disputes by enhancing the powers of forums designed to facilitate these objectives. The purpose of the Act is to advance economic development, social justice, labour peace and democratization of the workplace by fulfilling the primary object of this Act.

4.10 The Basic Conditions of Employment Act (BCEA), 1997 (Act No. 75 of 1997), as amended.

The BCEA regulates working conditions, e.g. it ensures that working hours do not exceed certain maxima; employees are granted adequate breaks during a working day; they are given prescribed annual and sick leave; and they are remunerated for overtime and work on Sundays and public holidays.

4.11 The Code of Good Practice on the Arrangement of Working Time.

This Code of Practice was issued by the Department of Labour in terms of the BCEA and concerns the arrangement of working time and the impact of working time on the health, safety and family responsibilities of employees.

4.12 The Compensation for Occupational Diseases and Injuries Act (CODIA), 1993 (Act No. 130 of 1993), as amended.

The CODIA ensures that employees or their dependants who have suffered injury, illness or death arising from the performance of work are compensated. It specifies that compensation is payable only if the accident which caused the injury, illness or death occurred within the scope of the employee's employment and was not predictable.

4.13 The Prevention and Combating of Corrupt Activities (PRECCA) Act, 2004 (Act No. 2 of 2004).

4.14 The Employment Equity Act (EEA), 1998 (Act No. 55 of 1998), as amended.

The EEA aims to eliminate unfair discrimination in the workplace and promotes affirmative action.

4.15 The Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA), 2000 (Act No. 4 of 2000), as amended.

The PEPUDA gives effect to the spirit of the South African Constitution, 1996, in particular the equal enjoyment of all rights and freedoms by every person, the promotion of equality and the prevention of unfair discrimination and protection of human dignity.

- 4.16 The Skills Development Act (SDA), 1998 (Act No. 97 of 1998), as amended.
- The SDA provides for an institutional framework to devise and implement national, sector and workplace strategies to develop and improve the skills of the South African workforce, as well as to integrate those strategies in line with the National Qualifications Framework Act (NQFA), 2008 (Act No. 67 of 2008).
- 4.17 The Tobacco Products Control Act (TPCA), 1993 (Act No. 83 of 1993), as amended.
- The TPCA prohibits the use of tobacco products in public places, including workplaces. The Act defines “workplaces” and regulates the general use of such products.
- 4.18 The Prevention and Treatment of Drug Dependency Act (PTDDA), 1992 (Act No. 20 of 1992), as amended.
- 4.19 The Protection of Personal Information Act (POPIA), 2013 (Act No. 4 of 2013).
- 4.20 The Disciplinary Code and Procedure for the Public Service (PSCBC Resolution 2 of 1999).
- 4.21 The Batho Pele Principles.
- 4.22 The Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR) of November 2005.
- The objective of PILIR is to set up structures and processes to ensure the management of incapacity leave to accommodate temporary or permanently incapacitated employees as well as to facilitate rehabilitation, re-skilling re-alignment and retirement as deemed appropriate.
- 4.23 The White Paper on the Transformation of the Public Service, Notice 1459 of 1997.
- The purpose of the White Paper on Transforming Public Service Delivery (Batho Pele White Paper) is to provide a policy framework and a practical implementation strategy for the transformation of Public Service Delivery.
- 4.24 The Employee Assistance Professionals Association of South Africa (EAPA-SA) Code of Ethics and Standards.
- The purpose of the EAPA-SA Code of Ethics and Standards is to promote the highest ethical practice among Employee Assistance Professionals and the EAPA-SA members.
- 4.25 The White Paper on Human Resource Management, Notice 16594 of 1997.

The White Paper acknowledges that the post-1994 Public Service faces enormous challenges, both in terms of its own transformation, and in terms of the transformation of the services which it provides to the people of South Africa. These challenges are being tackled through a comprehensive programme of policy initiatives underpinned by progressive legislative changes. The initiatives will achieve a fundamental managerial shift from a centrally controlled, process driven Public Service to a service which:

- a) is representative of all the people of South Africa;
- b) treats all public servants as a valuable resource;
- c) is focused on service delivery outcomes;
- d) assigns managerial responsibility for results, and for the resources consumed in producing them, to the lowest practicable level;
- e) holds public servants accountable for their actions; and
- f) conducts its business professionally, transparently and ethically.

4.26 The Integrated National Disability Strategy (INDS) White Paper of 1997.

The INDS White Paper moves from a premise that people with disabilities are excluded from the mainstream of society and experience difficulty in accessing fundamental rights and that there is a strong relationship between disability and poverty. Due to the broad scope of the EHWP and its impact on various other aspects of employee management, this strategy has been integrated with the following other policy documents, namely the:

- a) Code of Conduct for the Public Service.
- b) Public Service Disciplinary Code and Procedures.
- c) Education and Training Policy.
- d) HIV/AIDS Policy.
- e) Performance Management and Development System (PMDS) Policy.
- f) Sexual Harassment Policy.
- g) Smoking Policy.
- h) Alcohol and Substance Abuse Policy.
- i) Exit Interview Policy.
- j) Leave Policy.
- k) Equity Policy.
- l) Disability Policy/PILIR/The Incapacity Code and Procedures for the Public Service in respect of ill health and the PSCBC Resolution 8 of 2001.

4.27 The following associated departmental regulatory frameworks, amongst others, and as they relate to health and wellness, apply:

- a) The DR&PW Annual Health and Wellness Action Plan.

- b) The DR&PW Policy on Occupational Health and Safety.
- c) The DR&PW Health and Productivity Management Policy.
- d) The DR&PW Policy on Risk Management.
- e) The DR&PW Risk Management Strategy.
- f) The DR&PW Monitoring and Evaluation (M&E) Policy Framework.
- g) The Plan: DR&PW Compilation of Policies on Fraud, Corruption and Ethics Management, specifically the following:
 - (i) the DR&PW Anti-Fraud and Corruption Implementation Plan;
 - (ii) the DR&PW Anti-Fraud and Corruption Charter;
 - (iii) the DR&PW Code of Ethics and Conduct;
 - (iv) the DR&PW Anti-Fraud and Corruption Policy and Response Plan;
 - (v) the DR&PW Anti-Fraud, Anti-Corruption and Ethics Strategy;
 - (vi) the DR&PW Terms of Reference of the departmental Risk Management Committee (RMC);
 - (vii) the DR&PW Policy on Whistle Blowing / Protected Disclosures; and
 - (viii) the DR&PW Whistle Blowing / Protected Disclosures Guidelines.

5. SCOPE OF APPLICATION

- 5.1 This policy shall apply to all employees of the DR&PW, appointed in terms of the Public Service Act, 1994, as amended and other relevant acts, as well as to interns and contract workers.
- 5.2 Assistance to family members will be limited to the extent that the problem experienced by the employee has a direct bearing on the particular employee's performance.

6. OBJECTIVES

- 6.1 The objective of this policy is the effective and efficient safeguarding of employee health and wellbeing and to affirm the fact that this is part of our departmental organisational culture and identity. This policy will therefore address our workplace culture, day-to-day practices, increased access to health and wellness assistance initiatives and the creation of an environment that supports and encourages healthy alternatives every day.
- 6.2 This policy and its ensuing guidelines and directives are also intended to actualize the DR&PW's commitment to a healthy and effective workforce, by outlining the departmental principles and practices for employee health and wellness and the manner in which it functions.
- 6.3 In addition, the objective of this policy is to provide a consistent and constructive set of guidelines on how the EHWP will function, as well as how specifically assistance will be offered and provided to troubled employees through the provision of confidential and professional counselling services.

- 6.4 In addition the objective of this policy is to provide the management of the DR&PW with a clear system for the early identification and referral of troubled employees to appropriate programmes for employee assistance.
- 6.5 Another objective of this policy is increased employee awareness in the DR&PW of health and wellness by providing the necessary education and access to relevant information and training to improve health outcomes for individual employees but also for the Employee Health and Wellness Practitioners of the Department.
- 6.6 It is furthermore the objective of this policy to provide for well planned and adequately resourced (in terms of financial and human resources), health and wellness initiatives and programmes in the DR&PW that are tailored to the needs of the workplace and can, amongst others, achieve the following:
- a) improved departmental morale and job satisfaction;
 - b) an engaged workforce that is committed to the DR&PW;
 - c) reduced absenteeism and increased performance and productivity;
 - d) reduced injuries and illness in the Department;
 - e) enhanced departmental employee recruitment and retention; and
 - f) affirmatively contribute to the creation and maintenance of a positive external image of the Department by the public, communities, contractors and other stakeholders.

7. PROCEDURES

The EHWP process involves internal referrals and external referrals.

7.1 Internal Referrals

There are three (3) internal referral systems:

- voluntary referral;
- informal referral; and
- formal manager/supervisor referral.

7.1.1 Voluntary Referrals

The employee has the right to seek assistance or information for his/her concern through self-motivation or self-recognition.

- a) Procedure for voluntary referral:

The employee in this category may arrange for the appointment and notification of whereabouts related to the EHWP intervention (which need not disclose confidential information) with her/his immediate supervisor in advance.

7.1.2 Informal Referrals

This is a referral where personal and work-related problems affect job performance. Motivation and referral is by managers/supervisors and colleagues.

a) Procedure for informal referral:

When an employee's performance or conduct is unsatisfactory, the supervisor/manager/shop steward will call it to his/her attention per regular procedure. The client is advised out of concern to utilize the EHWP service. If performance/conduct improves no further, action is required.

7.1.3 Formal Manager / Supervisor Referrals

This is a referral where a personal or a work related problem has affected job performance and disciplinary action is pending. With reference to this form of referral, the EHWP does not aim to replace discipline but it is an alternative method of correcting poor performance at the workplace.

a) Procedure for formal referral:

- i. If poor performance conduct problems continue, the supervisor/manager will constructively discuss the problem privately with the employee and refer the employee to the EHWP. Provided the employee accepts referral and its consequent conditions, no further disciplinary action are necessary.
- ii. The supervisor should focus on the employee's deficient job performance/ conduct; he / she must not make a diagnosis or give personal opinions and judgment.
- iii. If it appears that the employee cannot or will not improve her/his job performance/ conduct, he/she will be dealt with by means of the normal disciplinary procedures in terms of poor job performance.
- iv. The DR&PW recognises alcohol and drug dependence as a condition, which definitely and repeatedly interferes with the health and job performance of employees suffering from this illness. In such cases, all the above conditions apply. In the event of the first two relapses, management must inform the EHWP immediately. In the event of a third relapse, management must exercise discretion in deciding whether to enforce disciplinary procedures or to allow the employee to continue with treatment.
- v. If the employee accepts the offer of help or completes the treatment satisfactorily and job performance or conduct problems improve, no further action will be taken, nor will he/she be

discriminated against in any way because of her/his utilisation of the programme.

7.2 External Referrals

7.2.1 Out-patient Treatment of Alcohol/Drug Dependency

A duly appointed service provider may be appointed for employees experiencing drug and alcohol dependency problems. The EHWP will be responsible for arranging appointments and providing feedback to managers/supervisors. Employees can be given time off to attend both medical and social work therapy.

7.2.2 In-patient Treatment of Alcohol/Drug Dependency

Where in-patient treatment is required, be it for alcohol/drug dependency or other psychosocial problems, time-off can be treated in terms of sick leave as these are regarded as illnesses. The employee arranges medical expenses privately and through the medical aid (where medical aids are prepared to pay for such treatments). The EHWP practitioner's and/or professionals will provide appropriate feedback to managers/supervisors.

7.3 Consultations and Referrals

- 7.3.1 The EHWP practitioner or professional will see the employee for consultation when approached either voluntarily by members themselves or through referrals by supervisors, colleagues and family.
- 7.3.2 The EHWP practitioner is responsible for the intake of clients, the initial screening of clients and determination of appropriate courses of action. This may include the referral of clients to an external service provider who offers professional services.
- 7.3.3 When a client is referred to the external service provider, the EHWP practitioner and/or professional must inform the client's supervisor.
- 7.3.4 Any cost that may result from the use of an external service provider will be met by the DR&PW (this may include consultations, hospitalisation and cost of medication).
- 7.3.5 The EHWP practitioner and/or professional shall keep confidential records of all members who were treated by either themselves or by external service providers for a period of three (3) years, after which those records will be destroyed.
- 7.3.6 A participant will be allowed a maximum of ten (10) sessions at the end of which a report will be sought from the service provider.
- 7.3.7 After each session, participants will be required to complete an evaluation form in order that problems between them and the service provider can be brought to the attention of the EHWP practitioner and/or professional in a timely fashion, to allow for proper interventions.

7.3.8 Allowance must be made for cases where a longer or more extensive treatment is required as it is recognized that people respond differently to treatment.

7.3.9 In instances where a client needs to be booked off from work for treatment purposes for a period longer than two (2) months. The EHWP office will have to arrange for a second opinion through another psychiatrist/psychologist/therapist before the client is granted leave.

7.4 EHWP Consultation and Case Supervision

Consultation and supervision will follow a structured approach under the guidance of a well-experienced case manager. Staff from geographically isolated regions should regularly discuss cases.

7.5 Professional Ethics

EHWP service providers, practitioners and/or professionals will be registered with their respective professional boards and adhere to the codes of practice of such bodies.

7.6 Policy Implementation Guidelines

7.6.1 The EHWP officer will be responsible for the development, implementation and review of policy on the EHWP. This office must also develop/identify and purchase needs-based EHWP programmes.

7.6.2 Consultations with the Employee Assistance Practitioner and/or professional (who must be registered with EAPA-SA) will be treated in the strictest confidence.

7.6.3 The EHWP practitioner and/or professional will be bound by the Code of Conduct for the Public Service, the EAPA-SA Code of Ethics and Standards, as well as the DR&PW Code of Ethics and Conduct.

7.6.4 Every request for service will be addressed with prompt and respectful practices.

7.6.5 The EHWP will seek to facilitate optimal development, but the power to effect beneficial change lies within each individual employee.

7.6.6 Contact with the EHWP practitioner and/or professional may be therapeutic; however the practitioners and/or professionals will only provide primary therapy.

7.6.7 The EHWP will focus on prevention, assessment and referral.

7.6.8 Every client/employee is entitled to a conscientious and efficient assessment.

7.6.9 Client/employee health education is a fundamental EHWP responsibility.

7.6.10 The EHWP delivers comprehensive and quality services to five (5) target groups:

- a) The DR&PW as a whole.
- b) Management.
- c) Supervisors.

- d) Organized labour representatives.
- e) Employees and their family members.

7.7 EHWP Services

In order to provide the services mentioned below, the DR&PW will establish and maintain links with other government institutions/departments at national, provincial and local level, non-governmental organisations (NGO's) and service providers like universities, FAMSA and EAPA-SA. The services provided by the EHWP practitioners within the DR&PW are classified into three (3) broad categories, namely:

- information;
- prevention; and
- primary therapeutic.

7.7.1 Information (Resource Centre) Services

- a) The EHWP office will establish and utilise the DR&PW EHWP Central Resource Centre that will contain information on various themes such as information on HIV/AIDS, mental, physical and spiritual health, financial management and other matters related to the EHWP.

7.7.2 Preventative (Proactive) Services

- a) This category deals with the development and conducting of proactive, preventative and needs-based programmes.
- b) Such Programmes will focus on the inculcation of healthy lifestyles by addressing issues such as personal financial and stress management, suicide prevention, physical health, sexual harassment, depression, substance abuse and conflict management.

7.7.3 Primary Therapeutic Services

- a) Individual and group consultations will be conducted as therapeutic exercises.
- b) The primary therapeutic programmes are aimed at providing coping skills to affected members.
- c) This category of services is focused on crisis intervention, which entails initial screening, referral of employees to professionals and/or practitioners, provision of debriefing and trauma services.

7.8 Limitation on Services Rendered

- 7.8.1 Whilst the DR&PW takes the utmost care and precautions against liability arising out of any of the services provided as part of the EHWP it remains the responsibility of the employee to source the access to the appropriate intervention with the EHWP.

7.8.2 The DR&PW may not be liable for any losses that may have been caused by the employee or by the employee's failure to access any of the interventions provided by the EHWP.

7.9 Key Needs of People Infected with and Affected by HIV/AIDS

TARGET GROUP	NEEDS
<i>All employees.</i>	<ul style="list-style-type: none"> a) General life skills and HIV prevention. b) Sexually transmitted infection (STI) prevention and care. c) Promotion of voluntary counselling and testing (VCT). d) Access to VCT.
<i>Infected employees.</i>	<ul style="list-style-type: none"> a) Access to HIV testing. b) Counselling and psychosocial support. c) Support groups and networks of people living with HIV.
<i>Infected employees - early HIV disease.</i>	<ul style="list-style-type: none"> a) Wellness management (including protecting the immune system, safer sex and harm reduction, and improved lifestyles). b) Prophylaxis for opportunistic infections.
<i>Infected employees - late stage HIV disease or AIDS.</i>	<ul style="list-style-type: none"> a) Treatment of opportunistic infections. b) Effective pain relief. c) Management of symptoms. d) HAART medication regimen. e) Support with succession planning.
<i>Affected employees and affected families.</i>	<ul style="list-style-type: none"> a) Assistance with material needs and household tasks. b) Spiritual and emotional support and bereavement support. c) Advice about wills and inheritance. d) Preparation for death and the funeral. e) Support for children orphaned by AIDS.

7.10 Disciplinary Procedure

- 7.10.1 Should any employee of the DR&PW act in any way that infringes the terms of this policy, she/he/they may face disciplinary action.
- 7.10.2 In cases of serious violations involving deception, this may lead to the matter being dealt with through the formal departmental grievance and disputes procedure.

7.11 Grievance Procedure

- 7.11.1 In cases where an employee(s) of the DR&PW is of the opinion that this policy has not been applied fairly or correctly, he/she/they should raise the matter initially with the relevant immediate supervisor.
- 7.11.2 If an employee(s) subsequently remain dissatisfied by any response(s) received, the said employees may escalate this matter with an employee representative, the Directorate Human Resource Management (HRM), or the relevant Senior Management Service (SMS) member.
- 7.11.3 Serious grievances may also ultimately be escalated by means of the formal departmental grievance and disputes procedure.

8. ROLES AND RESPONSIBILITIES

8.1 The Senior Management Service (SMS)

- 8.1.1 The Senior Management's role will be one of facilitating policy development and review, resource allocation as well as monitoring and evaluation of the EHWP within its planning, performance and reporting cycles. The specific issues include the following:
 - a) Establishing appropriate structures and mechanisms for complying with minimum standards for the set by EAPA-SA.
 - b) The DR&PW will utilise an advisory committee or other equivalent structure for this purpose. The structure to be utilised for supporting the EHWP and complying with the minimum standards will have terms of reference covering at least the following:
 - i. Advising on EHWP design, development, planning and implementation. >Supporting EHWP confidentiality safeguards.
 - ii. Provide appropriate training and orientation of supervisors on identifying and referring troubled employees.
 - iii. Promote harmonious and collegial relationships among the different structures and levels within the DR&PW.
 - iv. Assist directly with the marketing and promotion of the EHWP.
 - v. Developing ongoing needs assessment.
 - vi. Contribute to programme evaluation procedure.

- vii. Since the DR&PW has a vested interest in the well-being of its employees and their development, Senior Management is committed to assist employees in identifying the nature of their problems and providing means or services to resolve them.

8.1.2 The Senior Management will also see to it that the role-players are briefed on/or receive basic training to fulfil their responsibilities and/or exercise their rights. Senior Management shall endorse the programme and give it visible support. The onus is on Senior Management to ensure its implementation in their programmes.

8.2 The Middle Management Service (MMS)

8.2.1 Middle Managers have a key role in the DR&PWs EHWP. In order to ensure the effective functioning and implementation of the programme, the Middle Management Service should therefore:

- a) Ensure that employees clearly understand what is expected of them in terms of job performance and behaviour.
- b) Make sure that they are aware of and understand the services available from the EHWP.
- c) Be alert to changes in the work performance and/or behaviour of employees.
- d) Recommend appropriate corrective action, which may include an offer of assistance through the EHWP, if problems are thought to be personal. The EHWP is designed to assist managers in addressing employees' personal problems.
- e) Recommend the EHWP to employees and stress that all information is treated as confidential.
- f) Inform the EHWP office of a referral.
- g) Allow the employee reasonable paid time off to attend EHWP intervention and/or therapeutic resources.
- h) Arrange for the employee to adjust working arrangements where practicable in order to facilitate the completion of and participation in the appropriate treatment counselling programme.
- i) Supervisors must refrain from attempting to diagnose the employee's personal problem or pass a judgment.
- j) Under no circumstances may an employee be prevented from receiving assistance.
- k) Supervisors should fulfil a supportive role towards the employee while treatment/ counselling is continuing. During and after treatment, the supervisor should assist in reintegrating the employee into the work environment.
- l) The supervisor should give feedback to the practitioner concerning work performance during treatment/counselling.

8.3 Employees

8.3.1 All employees of the DR&PW have the following roles and responsibilities as far as the EHWP is concerned:

- a) The employee is obliged to maintain satisfactory work performance and conduct on the job. If the employee recognises the need for assistance, she/he should contact the EHWP office prior to his/her work performance being adversely affected.
- b) Contact with either of the above will be treated confidentially.
- c) Participation is voluntary.
- d) The employee need not identify the exact nature of her/his problem to the EHWP practitioner. However, it would be helpful in order to select the most appropriate resource for referral.
- e) It is requested but not mandatory that the outcome of the referral be discussed briefly with the EHWP practitioner (i.e. it was helpful, satisfactory, poor etc.). This will assist in ensuring that the service is adequate for other employees requiring assistance in the future or to make alternative arrangements.
- f) If the referral for such a programme was a formal referral, the employee will be requested to sign a release of information form notifying the EHWP Office and Manager that the treatment has been completed satisfactorily or not, and also allowing the therapist to provide periodic progress reports to the EHWP Office/Supervisor.
- g) With the exception of the initial assessment interview, it is possible for consultations to be made outside of normal working hours on a date and time agreed between the employee and the service provider.

8.4 EHWP Practitioners

8.4.1 EHWP Practitioners will be trained and registered as social workers or counsellors with at least one (1) year of EHWP training and experience. The responsibilities of an EHWP Practitioner are as follows:

- a) Management of the EHWP in the most efficient and cost-effective way.
- b) Co-ordinate with employees, employee representatives and management and make referrals to the service providers.
- c) Publicize the intent and purpose of the EHWP programme.
- d) Utilize any other personnel designated by management to accomplish the EHWP goals.
- e) Monitor referrals and provide assistance to service providers if requested.
- f) Provide assistance to supervisors and management in the identification of employees with performance and behaviour related problems.
- g) Act as Chairperson for the EHWP Committee.
- h) Ensure the confidentiality of information obtained about employees and their dependents.

8.4.2 Also note the following:

- a) Departmental EHWP Coordinators may not perform counselling but must facilitate the most appropriate access to EHWP resources.
- b) EHWP Coordinators must provide support to employees.

8.5 EHWP Professionals

EHWP Professionals will be qualified psychologists or equivalently appropriately qualified Health or Wellbeing professionals, with at least one (1) year of experience in the EHWP field.

8.6 Support Staff

In order to properly address the EHWP's administrative needs, appropriate levels of administrative support staff must be assigned, who are sensitive to the confidential and ethical issues of the EHWP.

9. RESOURCE IMPLICATIONS

9.1 An Enabling Environment

- 9.1.1 In the implementation of the EHWP the DR&PW shall direct the managed wellness care approach by ensuring performance indicators, fair and transparent monitoring activities, and benchmarked feedback.
- 9.1.2 The Director: HRM shall ensure that employee health and wellbeing is reflected in departmental strategic and operational plans and as a key performance area of all relevant managers, accompanied by specific indicators. The EHWP strategy shall form part of the overall human resource management strategy.
- 9.1.3 It is the responsibility of the Director: HRM to ensure that managers are trained in the functional pillars of employee health and wellness, the principles of managed wellness care, and the legal aspects of employee health and wellness.
- 9.1.4 The Director: HRM shall ensure that the necessary resources are available for the implementation of the departmental EHWP.
- 9.1.5 The Director: HRM shall ensure that the DR&PW has all the necessary policies, processes and procedures in place to create an environment which is conducive for all employees to function and perform optimally. This includes, but is not limited to:
 - a) Managing change and diversity.
 - b) Ensuring sound labour relations and management practices to reduce stress.

9.2 Human Resource Requirements

- 9.2.1 The HOD shall delegate the responsibility for the EHWP to the Director: HCM within the DR&PW to steer the EHWP, including the provisions contained in the Public Service Regulations VI E, and ensure that the member so designated is held accountable by means of his or her performance agreement.
- 9.2.2 The Director: HRM, to whom the responsibility is delegated, shall ensure the establishment of all relevant committees and structures as prescribed in the relevant legal and policy frameworks.
- 9.2.3 The DR&PW shall appoint qualified and skilled practitioners to ensure the implementation of all the components of the EHWP.
- 9.2.4 The EHWP practitioners of the DR&PW shall have performance agreements embracing relevant and specific key performance activities and performance indicators.
- 9.2.5 Where applicable, the Director: HRM responsible for the EHWP shall ensure that all practitioners requiring registration with professional bodies maintain their membership of such bodies to ensure their ethical, professional and legal functioning.
- 9.2.6 Relevant Managers/Supervisors shall promote health and wellness and provide support to employees in their immediate environment to ensure the effective implementation of the EHWP.
- 9.2.7 Suitable employees shall be recruited and trained as Peer Educators to support the implementation of the EHWP. In this regard, a ratio of no less than 1:50 (Peer Educator: Employees) shall be applied.
- 9.2.8 The Directorate HRM shall ensure that employees with disabilities are suitably recruited and placed in so far as matching their physical capacity/mobility with the requirements of a particular post/position in the staff establishment (synergy between the placement and the matching of job responsibilities).
- 9.2.9 When determining the ideal staffing levels for the EHWP, factors such as the following will be considered:
 - a) Geographic location of the workforce.
 - b) Racial, ethnic and cultural mix of the employee population.

9.3 Financial Resources

- 9.3.1 The Director: HRM shall ensure that the Departmental EHWP is adequately funded, with a dedicated budget to ensure the sustainability of the programme.
- 9.3.2 The EHWP Manager shall in turn defend this expenditure by demonstrating its contribution to organisational outcomes by means of managed wellness care principles.
- 9.3.3 Department-wide health promotion medical services such as health assessments shall only be procured through departmental EHWP funds in adherence with all related policies and procedures.

- 9.3.4 Only suitably qualified and registered providers shall be used to provide all aspects of the EHWP as required.
- 9.3.5 All medical aspects of the programme for individual employees shall be financed through the medical aid benefit of employees.
- 9.3.6 If the affected employee has no/inadequate cover for the condition she/he needs to be referred for, the HOD shall, applying the Constitutional principle of equity and retain the discretion regarding the use of the departmental EHWP funds for such medical services.
- 9.3.7 In deciding whether to provide services on-site or through outsourcing arrangements, the EHWP Manager shall conduct a thorough feasibility study to support such a decision.

9.4 EHWP Information Management

- 9.4.1 All staff members shall adhere to ethical standards of information management. Confidentiality of records shall be ensured at all times.
- 9.4.2 A reliable information management system that links relevant human resource information and other relevant information shall be developed by the DR&PW.
- 9.4.3 The data that shall be collected and analysed periodically to provide the necessary management information. The data to be collated at least quarterly includes, but is not limited to:
 - a) Absenteeism and sick leave data.
 - b) Injuries on duty data.
 - c) Incapacity data.
 - d) Turnover data.
 - e) Medical aid utilisation data.
 - f) EHWP data, which includes risk assessment data, disease management data, referral data, utilisation data and expenses.

9.5 Health Management

- 9.5.1 The employer (DR&PW) shall provide general health promotion and awareness programmes pertaining to reducing risks related to communicable (e.g. HIV and AIDS, TB) and non-communicable diseases (e.g. coronary heart disease, diabetes, mental health) in the workplace.
- 9.5.2 The actual management of health conditions shall not form part of the EHWP.
- 9.5.3 Sick and incapacity leave, as well as ill health retirement shall be managed in accordance with the provisions of PILIR as determined in terms of section 3(3) of the Public Service Act of 1994, as amended.

9.6 Wellness Management

9.6.1 The employer (DR&PW) shall develop and implement Interventions to promote the following:

- a) Physical wellness: Promote healthy behaviours, awareness, and behavioural regulation towards healthy lifestyles and assisting employees in need through the EHWP infrastructure. Social wellness: Promote the ability to interact successfully and to live up to the expectations and demands of personal roles, by teaming good communication and financial skill, creating support networks with colleagues, friends and family, and showing respect for others and self.
- b) Emotional wellness: Promote the emotional intelligence, self-esteem, optimism, sense of coherence, and resilience of employees.
- c) Occupational wellness: Assist employees in making use of their gifts, skills and talents in order to gain purpose, enrichment and happiness in life. Reasonable accommodation of employees with special needs like employees with a disability will be provided for, not only in the workplace, for example in terms of office accommodation, accessibility and general ergonomics, but also regarding the provision of assistive devices, software and software updates, provided that such reasonable accommodation is satisfactorily motivated.
- d) Spiritual wellness: Promote a set of guiding beliefs, principles or values that help give direction to life.
- e) Intellectual wellness: Promote the ability to make sound decisions, to think critically, to be open to new ideas, to master new skills, and to be creative and curious.

9.7 Hospitalised/Institutionalised Employees

9.7.1 The employer (DR&PW) shall implement the following with regards to hospitalised employees or employees that have been institutionalised in a public or private Wellness/Rehabilitation Centre:

- a) A gift in the form of a fruit-basket and flower bouquet will be sent to the hospitalised/institutionalised employee.
- b) A particular employee qualifies for one gift/fruit basket and flower bouquet in a financial year in case of hospitalisation/institutionalisation.
- c) The budget to be utilised will be from the Unit/Directorate of the hospitalised/institutionalised employee.
- d) The arrangements must be done through the EHWP Unit.
- e) The gift/fruit basket and flower bouquet, not exceeding the total amount of R800,00 must be sent to the hospitalised/institutionalised employee.
- f) The aforementioned amount of R800,00 will escalate annually on 1 April with 8%.

10. MONITORING AND EVALUATION (M&E)

- 10.1 The Directorate Human Resource Management (HRM) and the departmental EHWP Committee, supported by the departmental Monitoring and Evaluation (M&E) Unit shall, on behalf of the HOD/AO, ensure amongst others, the following:
- a) Efficient and effective implementation of this policy.
 - b) The accessibility of this policy to the intended stakeholders.
 - c) The implementation of measures to limit the possible abuse of this policy.
 - d) Submission of the required Monitoring and Evaluation (M&E) Reports related to the implementation of this policy.
 - e) Development of the necessary tools and processes to assess the outcome of the policy implications by all the stakeholders.
- 10.2 Monitoring and evaluation of the EHWP will be based on the following criteria:
- a) feedback and effectiveness;
 - b) programme utilisation trends;
 - c) quality of interventions;
 - d) measured improvement of performance, conduct and capacity;
 - e) standards and ethics; and
 - f) efficiency and cost effectiveness.
- 10.3 EHWP reports will be treated as confidential, with de-identified feedback limited to the relevant managers/supervisors, should it be necessary and with the concerned employee's consent to such an agreement. No document will be put on the employee's personal file.

11. POLICY REVIEW AND AMENDMENT

- 11.1 This policy is effective from date of signature.
- 11.2 The assessment to determine the effectiveness and appropriateness of this policy will be done five (5) years after its effective date. The assessment could be performed earlier than five (5) years to accommodate any substantial structural or other organizational changes at the DR&PW or any change required by law.
- 11.3 If and when any provision of this policy is amended, the amended provision will supersede the previous one.
- 11.4 Deviations from this policy must be approved by the HOD of the DR&PW.

12. VIOLATION AND ENFORCEMENT

- 12.1 Any failure to comply with this policy will be viewed as a serious disciplinary transgression and could lead to disciplinary action taken against the offending employee(s) in terms of the Public Service Regulations and Code of Conduct, as well as the DR&PW Compilation of Policies on Fraud, Corruption and Ethics Management, 2020, called *The Plan*.
- 12.2 Any employee that contravenes the provisions of this policy shall be charged with misconduct and/or fraud and corruption and will be held liable for any damages suffered by the state as a result of non-compliance.
- 12.3 Furthermore, those employees found to have connived or committed irregularities, including fraud and/or corruption and related matters, may be summarily dismissed from the public service.
- 12.4 Individuals who have been found guilty of violating this policy shall be prohibited from conducting any future business with the state; and, depending on the severity of the offence, legal action may be taken against the perpetrator(s); and if it is discovered that fraud and/or corruption was involved, the case will be reported to the SAPS for investigation and prosecution.

13. APPROVAL OF THE POLICY AND DATE OF EFFECT

This policy is Approved / Not Approved

Comments:

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DR. J. MAC KAY

ACCOUNTING OFFICER

23/06/2025
DATE



the dr&pw

Department:
Roads and Public Works
NORTHERN CAPE PROVINCE
REPUBLIC OF SOUTH AFRICA

INTERNAL MEMO

DATE:	04 APRIL 2025	REF. NO.	
TO:	THE DIRECTOR: STRATEGIC PLANNING MANAGEMENT		
FROM:	THE DEPUTY DIRECTOR: POLICY AND RESEARCH MANAGEMENT SERVICES		
SUBJECT:	RE-SUBMISSION FOR APPROVAL OF THE REVIEWED DEPARTMENTAL POLICY ON HEALTH AND WELLNESS, VERSION 4		

Dear Ms. Bekebeke

Please find attached the final draft of the reviewed departmental Policy on Health and Wellness, version 4, for your perusal and consideration. This policy document was originally submitted for approval on 21 October 2024, together with the reviewed departmental Policy on Leave of Absence. The said Policy on Leave of Absence has since been subjected to another round of reviewing processes. Therefore the DR&PW Policy on Health and Wellness is hereby submitted on its own. The aforementioned draft departmental Health and Wellness policy document has been circulated departmentally for consultation and inputs and it is hereby re-submitted for approval by the Head of Department (HOD).

Regards,

Mr. T. Ferreira
Deputy Director: Policy and Research Management Services



the dr&pw

Department:
Roads and Public Works
NORTHERN CAPE PROVINCE
REPUBLIC OF SOUTH AFRICA

INTERNAL MEMO

DATE:	04 APRIL 2025	REF. NO.	
TO:	THE HEAD OF DEPARTMENT (HOD)		
FROM:	THE DIRECTOR: STRATEGIC PLANNING MANAGEMENT		
COPY:	THE CHIEF DIRECTOR: CORPORATE AND MANAGEMENT SERVICES		
SUBJECT:	RE-SUBMISSION FOR APPROVAL OF THE REVIEWED DEPARTMENTAL POLICY ON HEALTH AND WELLNESS, VERSION 4		

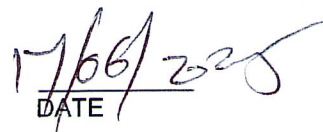
Purpose

1. The purpose of this re-submission is to obtain approval from the Head of Department (HOD) for the operationalization within the Department of the reviewed departmental Policy on Health and Wellness, version 4.

Recommendations

1. The above mentioned policy document has been circulated departmentally by the Communication and Marketing Unit to consult the staff members in order to provide opportunities for inputs toward the review of the said policy.
2. It is therefore recommended that the HOD approve this policy as departmental policy.
3. Please see e-mail attached of the Evidence of Departmental Consultation.


MS. B. BEKEBEKE
DIRECTOR: STRATEGIC PLANNING MANAGEMENT
Recommended / Not Recommended


DATE


RE-SUBMISSION FOR APPROVAL OF THE
DEPARTMENTAL POLICY ON HEALTH AND WELLNESS (VERSION 4)



MS. A. MPOTSANG
CHIEF DIRECTOR: CORPORATE AND MANAGEMENT SERVICES
Recommended / Not Recommended

2025-06-18

DATE



DR. J. MAC KAY
HEAD OF DEPARTMENT
Policy Approved / Policy Not Approved

23/06/2025

DATE



the dr&pw

Department:
Roads and Public Works
NORTHERN CAPE PROVINCE
REPUBLIC OF SOUTH AFRICA

**EVIDENCE OF CONSULTATION WITH
DEPARTMENTAL STAKEHOLDERS**

**REVIEWED DEPARTMENTAL POLICY
ON HEALTH AND WELLNESS**

**RE-SUBMISSION FOR APPROVAL
04 APRIL 2025**

(4/4/2025) TFerreira - POLICY REVIEW: DR&PW POLICY ON HEALTH AND WELLNESS

From: DRPW-Info
To: A van Staden; ABrand; ACLouw; Adele Louw; AFemblers; AKula; ALesoth...
Date: 10/4/2024 1:48 PM
Subject: POLICY REVIEW: DR&PW POLICY ON HEALTH AND WELLNESS
Attachments: DR&PW Final Draft Health & Wellness Policy - Ver 4, Oct 2024.docx

Good day Colleagues,

Please find attached the latest draft of the departmental Policy on Health and Wellness, Version 4, which is currently under review.

You are welcome to e-mail your inputs/comments to tferreira@ncpg.gov.za and the due date for said inputs/comments is **Monday, 14 October 2024**.

Thank you

COMMUNICATION AND MARKETING SERVICES