



SADTU HIV & AIDS POLICY

(Final Draft)

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1. PREAMBLE

SADTU acknowledges the seriousness of HIV and AIDS pandemic. The pandemic impact negatively on the socio-economic aspect of the country. SADTU also acknowledges the ignorance, prejudice, stigmatization and the ignorance that goes with the virus. Educators and staff members are not immune from these atrocities. SADTU has the moral obligation to destigmatize the pandemic. The state has made a call to all institutions, sectors, organizations and **society** to play an active role in the HIV and AIDS campaign. SADTU has heeded to the call and signed the pledge to take up the campaign against HIV and AIDS in the union and education institutions. This has made it imperative for SADTU to develop a guiding document or a policy on HIV and AIDS.

2. VISION

SADTU as a mass-based democratic movement recognizes its centrality in providing a strategic approach in understanding, managing, caring and supporting for its members, staff, and society at large in dealing with chronic illnesses such as HIV and AIDS, stroke, diabetes, etc.

3. MISSION STATEMENT

Our mission is: To realize our vision, we will:

- ❖ Decrease the crippling effect that the spread of HIV and AIDS pandemic has on the union, the education institutions and the society in general.
- ❖ **decrease the infection rate and eradicate stigma and discrimination**
- ❖ provide a caring and supportive atmosphere for the infected and affected members, learners and employees
- ❖ Decrease the debilitating effects and spread of the HIV and AIDS phenomenon in the union, the education system and society in general by effecting change in lifestyles and ensuring care and support for People living with HIV and AIDS. (PLWHAs).

4. AIMS AND OBJECTIVES

- 4.1 To increase awareness of the effects of HIV and AIDS
- 4.2. To campaign for a change in lifestyles of SADTU membership and the community at large
- 4.3. To ensure that educators, learners and employees embrace a caring and supportive attitude towards PLWHAs
- 4.4. To work towards curbing the spread of HIV and AIDS in our communities
- 4.5 To defend on members, staff **and learners** against all forms of prejudice
- 4.6 To campaign for the provision of affordable treatment in the public health sectors

5. PRINCIPLES

This Policy is guided by the following principles:

- Confidentiality
- Equality
- Care and support
- Non-discrimination
- Privacy
- Voluntary Counseling and Testing (VCT)
- Voluntary disclosure
- **Empathy**
- **Honesty**

6. STRATEGIES/INTERVENTIONS

6.1. In the union.

6.1.1. To raise awareness of members and employees of the union by developing an implementable and measurable programmes.

6.1.2 To create favourable conditions of service for employees and members through compliance with the legislation.

6.1.3 To monitor and evaluate the Department of Education (DoE)'s HIV and AIDS Policy.

6.1.4 To ensure that HIV+ members and staff are entitled to the same benefits as who are HIV-

6.1.5 SADTU needs to ensure that it creates its own workplace policy and programmes which are inline with the National HIV and AIDS Policy.

6.1.6 To provide universal precautionary materials for both men and women at union meetings

6.1.7 To run an advocacy and ongoing campaigns through union publications, sports, art and culture and be budgeted for at all levels of the union.

6.1.8 To campaign against the discrimination of PLWHAs

6.1.9 To ensure the establishment **and sustainability** of support groups at all levels and not be limited to SADTU members only.

6.1.10 To avail resources for the training of members as counselors

6.1.11 To make sure that Medical Aid Companies cover HIV+ members

6.1.12 To encourage members to do VCT

6.1.13 To advocate for more **basic** education for our members on **antiretroviral therapy and** Parent-Mother to Child Transmission (PMTCT)

6.1.14 To secure sufficient funding for the implementation of HIV and AIDS programme at all levels

6.1.15 To ensure the debriefing sessions for counselors are sitting regularly

6.1.16 SADTU should provide more information on generics medication as they are of much help.

6.1.17 **To advocate for member assistance programmes (MAP)**

6.1.18. **To advocate for programmes for men as partners**

6.2. In the education system

6.2.1. To educate educators, learners (in & out of school) and other stakeholders on HIV and AIDS.

6.2.2. To inculcate HIV and AIDS education into the curriculum of the school **including all** learning areas.

6.2.3. To ensure that the management of education institutions is conscientised about the epidemic.

6.2.4. To ensure that conditions of service are adjusted to cater for educators and non-teaching staff who are living with HIV and AIDS.

6.2.5. To step up the implementation of sexuality education programmes in particular STIs, HIV and AIDS and establishes Health and Safety Committees in every school.

6.2.6. To actively campaign for the increased role of school governing bodies in the campaign against HIV and AIDS in the schools and education institutions

6.2.7. To work jointly with SGBs **and student/learner formations** in popularizing or providing measures that can prevent the spread of the virus or the disease.

6.2.8. Ensure the establishment of workplace policies in every school and education institutions.

6.2.9. **To advocate for employee assistance programmes at every sector of the education system**

6.2.10. **To campaign for increase in number of learners completing quality basic education**

6.2.11. **To mitigate the negative effects of AIDS and other illnesses on achieving education for all (EFA) goals**

6.2.12. **To carry out campaigns to prevent new HIV infection among educators and learners.**

6.3. In the society

6.3.1. To network with partners such as CBOs, NGOs, FBOs, government departments etc.

6.3.2. To encourage our membership, learners and parents to volunteer to hospitals and hospices to run care programmes for PLWAs

6.3.3. To campaign for the mobilization of resources for education care, support and research

6.3.4. To work towards eliminating prejudice, stigma and discrimination attached to HIV and AIDS contraction

6.3.5. To encourage membership and parents to volunteer for counseling of PLWHAs

6.3.6. To step up SADTU's involvement with sexual rights campaign

6.3.7. To work towards the eradication of gender oppression **and gender based violence** which renders women particularly vulnerable to HIV and AIDS?

6.3.8. To campaign for more preventive measures to be provided free in government institutions for both men and women

6.3.9. To have joint ventures with partners on ongoing media campaigns

6.3.10. To establish/participate in community youth, adult projects, which promote behavioural change

6.3.11. **To advocate for poverty alleviation programmes**

7. HIV & AIDS IMPLEMENTATION STRATEGY

7.1. Introduction

SADTU is dealing urgently and purposefully with the HIV & AIDS emergency in and throughout the education and training system. The education sector represents the greatest concentration of understanding, knowledge and skill in the country. SADTU is making greater use of this in the response of HIV & AIDS. Every sub-sector within the union, and every educator, from the village must become aware that they have a role to play in creating a cycle of preventive education and care and support that goes out from schools to communities and back again to school. SADTU is one part of interventions that help our beloved country find its way into a world without AIDS. Even more, every one of SADTU member in the Union, is working together, and leads our country into a future without AIDS. Her own HIV and AIDS Programme, is located within the Gender Desk but is driven by four departments: Gender, Media, Research, and Education. SADTU has appointed the HIV & AIDS Coordinator who works with the above mentioned departments to implement the union HIV and AIDS Programme.

7.2. PRIMARY OBJECTIVES

- To provide to all our comrades with a basic knowledge of HIV and AIDS and how they impact on all aspects of our schooling and society
- To develop competences in the teaching approaches and styles appropriate to teaching about HIV and AIDS to learners and communities
- To develop the personal capacities and confidence needed by our comrades in coping with HIV and AIDS responsibly in their daily lives in schools and communities
- To develop appropriate collegial attitudes and values to contribute to the maintenance of caring and compassionate climate in the school and other settings of their professional activities,

7.3. OUTLINE OF THE HIV & AIDS PROGRAMME

All SADTU members at all levels are to be capacitated and empowered to include all of the following matters:

7.3.1 Understanding HIV and AIDS in a broader context

All comrades should develop an understanding of the economical, psychosocial, political, and cultural and community factors that have facilitated the spread of HIV, as well as the impact of the pandemic on society.

7.3.2. Gender equity and respect for persons

All comrades need to explore and understand gender inequality, gender-based discrimination, gender identities and gender stereotypes, which have contributed and continue to contribute to the spread of STIs, and HIV&AIDS. They need to be able to challenge dominant stereotypes of masculinity and femininity. They should also be made aware of various forms of abuse, gender-related or not.

7.3.3. Knowing basic facts about HIV and AIDS

All our comrades should know how HIV is transmitted, the role of risky behaviour, how to ameliorate its spread, and the standard universal precautions which can be adapted, especially in institutional settings such as schools. In addition they know what the symptoms and stages of the disease are, its impact on the body and about Voluntary Confidential Counselling and Testing (VCCT) and treatment options. Opportunistic infections should be addressed.

7.3.4. Knowing key relevant policies and laws

Our comrades should have sound knowledge of the following policies and how they adhered to in their own professional practice:

National HIV/AIDS Policy, 1999

HIV/AIDS & STIs- Strategic Plan for South Africa, 2007-2011

SACE Code of Professional Ethics

SADTU HIV and AIDS Policy

SADTU HIV and AIDS programme

SADTU HIV and AIDS Training Manual

They should also have basic knowledge of those laws that regulate professional teacher behaviour and relationships.

7.3.5. Responding to HIV and AIDS in the classroom, school and community

a. Personal development

Our comrades need to explore and understand their own inhibitions, anxieties, prejudices, vulnerability and fears related to HIV and AIDS. They should be able to adopt non-judgmental attitudes in addressing issues related to HIV and AIDS in classrooms and other contexts.

b. Competence in developing an appropriate response to the local HIV and AIDS epidemic

Comrades need to be able to analyze the context within which the school exists, the possible determinants of HIV and AIDS epidemic in the community and develop an appropriate comprehensive response on the basis of this context.

This is to ensure that the response is specific and relevant to the issues driving the epidemic in that particular school and community.

c. Care and support competences

Our comrades need to identify people (particularly learners- who might be at risk, be aware of the problems faced by learners and colleagues infected and affected by HIV and AIDS, and how do these impact on learning, teaching and community life. They need to develop competences to deal with these matters as one defining aspect of their role as educators.

d. Educators need to know:

What resources are available in their context, how and when to access such resources, how to develop partnerships within their schools and within the community (including referral and support structures)

How to deal sensitively with those affected and infected by the disease. This includes bereavement, learners who no longer have parents or those are from child headed families

e. Competence in methods and approaches in teaching about HIV & AIDS

All comrades should be competent in using interactive and participatory models of teaching about HIV and AIDS, particularly in relation to those dimensions likely to be sensitive and intimate to learners.

f. Curriculum and lesson planning

Comrades must plan a series of lessons appropriate for their specialist phase and learning areas, which integrates aspects of HIV and AIDS.

7.3.6. ADDRESSING STIGMA & DISCRIMINATION

All comrades must demonstrate a capacity to foster positive attitudes and values of caring and non-discrimination towards and between learners and colleagues and to contribute to the creation of the school as a compassionate and inclusive community

7.3.7. LINKS TO HEALTH-PROMOTING AND INCLUSIVE EDUCATION

All comrades should understand current policies of “Inclusive Education” and “Health-Promoting Schools” and their significant links with HIV and AIDS.

7.3.8. OTHER INTERVENTIONS

The following are possible direct interventions that all SADTU comrades can do without any formal training:

- Condom distribution
- Voluntary Confidential Testing and Counselling (VCCT)
- Treatment of Sexual Transmitted Infections (STIs)
- Identification of Orphans and Vulnerable children (OVCs)
- Home based care services
- Greenery projects at school level to support needy learners

- Referrals to relevant institutions
- Peer education

7.4. Programme focus areas

SADTU HIV and AIDS Programme focuses on the following aspects:

7.4.1. TRAINING

SADTU believes that education still remains the most effective tool to fight HIV and AIDS. This aspect is very important because it make it possible for members to play a role in curbing the pandemic. Members look up to the unions to provide directions on issues that affect them both in the work and the society at large.

Content of the Training

- ❖ Reproductive health issues

SADTU recognizes that by having knowledge on issues of reproductive health, members will deal with the promotion of sexual health, which requires specific information and attitudes to avoid unwanted results of sexual behaviour.

- Wellness management (Prevention and stigma)

There is no cure for AIDS, and adhering to prevention strategies that work is the only way to avoid HIV infection. Stigma often leads to discrimination and this, in turn leads to human rights violations for people living with HIV & AIDS (PLWHAs) and their families. Stigma and discrimination fuel the HIV and AIDS epidemic. They hamper prevention and care efforts by sustaining silence and denial about HIV and AIDS as well as reinforcing the marginalization of PLWHAs and those who are particularly vulnerable to HIV infection.

- ❖ Care and Support

Access to care and support continues to elude many people, especially those in the under served communities. With the help of NAPWA SADTU managed to form support groups for teachers who are infected and affected in KwaZulu- Natal. SADTU is planning to extend this project to other provinces. This provides a platform for members to discuss their feelings with people who have a first hand experience of HIV/AIDS.

- Voluntary Confidential Counseling and Testing (VCCT)

We believe in the argument that is advanced by the virologists that the earlier you detect the disease the better. That is why the SADTU/COSATU President embarked on a campaign to encourage members to test so that they can know their status and seek help. Voluntary Confidential Counseling and Testing (VCCT) services is recognized as vital in the efforts to prevent new HIV infections, provide adequate care, support and treatment for those who have tested positive.

- **Parent/Mother to Child Transmission (PMTCT)**

Comrades should have the knowledge about PMTCT, so that they will be able to take care about their babies as they would have done to VCT.

❖ **Treatment and management of the disease**

The quality of treatment has a direct effect on the outcome of the epidemic. Over time, HIV related life threatening infections and conditions must be accurately diagnosed and quickly treated. PLWHAs often do not receive the same level of access to treatment especially the access to the antiretroviral (ARV) therapies due to the high prices of these drugs and the lack of medical infrastructure in our country to deliver good quality medical care. There is currently an agreement that the government will roll out ARVs. Therefore, it is essential that PLWHAs have access to health care providers who can successfully address the complex needs of their HIV positive status.

❖ **HIV & AIDS in work place (HIV and AIDS and the Law)**

SADTU recognizes that the AIDS epidemic is very likely to have far-reaching economic effects on employers, employees and South Africa as a whole. AIDS will affect workplaces because of its impact on productivity, costs and the national economy. Absenteeism and loss of morale will reduce productivity. Costs will increase if the employer has to pay additional employee benefits; the loss of skilled workers to AIDS means there will be a need to train new employees. As the result of the impact of the pandemic in the education sector SADTU should also be prepared to address HIV and AIDS issues pertaining to the workplace.

Objectives of the training programme

- **To develop and build a well-coordinated training programme that will provide members with the first hand information in terms of awareness, progression of the diseased, management and treatment of the disease.**

- **To develop and strengthen the members skills in dealing with issues pertaining to HIV & AIDS both in their personal and professional lives.**
- **Ensure that the training of members has an impact in the classroom and in the community.**
- **To ensure that each and every SADTU branch has the person who is well trained on HIV & AIDS.**
- **To ensure that the union leaders and members are not only at the forefront of advocating for voluntary testing and counseling but that they actually lead the processes by testing themselves.**
- **To create a conducive environment for the members who want to know their status.**
- **To create a support structure for those members who want to disclose their status.**
- **To create a conducive environment where members who are infected and affected can meet without fear of discrimination.**
- **To mitigate the disease**
- **To destigmatise the disease.**

7.4.2. ADVOCACY

- **SADTU use its print media, the Educators' Voice, which is has 10 addition per year and has a print run of 220 000 copies. All the Educators Voice editions cover a topic on HIV/AIDS. Topics range from prevention, healthy living, treatment, and other issues pertaining to HIV/AIDS. We have also produced a video with the help of the American Teachers Federation to educate our members. SADTU has also developed a policy on HIV/AIDS that has been distributed amongst members.**

Objectives of the advocacy aspect:

- **To make available via the educators voice, posters, flyers, information, statistics, contact numbers of relevant organizations that are working on HIV & AIDS**
- **To promote healthy living to educators who are infected**

- **To support other lobbying groups such TAC, NAPWA and other NGOs, CBOs, FBOs who are fighting for the rights of people who are infected.**
- **To ensure that SADTU is represented in al all avenues of media address discussions and those issues specifically related to teachers.**
- **To make sure that SADTU is present in networking meetings, conferences etc**

7.4.3. COLLABORATION/ PARTNERSHIPS WITH OTHER ORGANISATIONS

SADTU will continue to enter into and/or strengthen partnerships with government departments/ Non-Governmental, Faith Based, Community based organizations, and People Living with HIV and AIDS organizations and other organizations that are working in the HIV & AIDS area to maximize the impact its HIV and AIDS programme. SADTU has collaborative relations with organizations such as Solidarity Center, AFT-TF, NAPWA, TAC, Soul City, Men as Partners (MAP), UNSECO, ILO, Education International and Umtapo.

7.4.4. RESEARCH

So far SADTU has conducted a small-scale research, based on the death certificates of its members. This study confirmed that teachers are dying and are dying young. SADTU also motivated for the Education Labour Relations Council led study on Teacher Demand and Supply, which has proved that 12,7 % of South African educators are HIV+ and this Study serves as a point of departure of our HIV and AIDS interventions. Other areas of research that we believe are crucial and relevant to the union and the education sector that we intend to conduct are on the issue of vulnerable children and the decline of learners' enrollment

Research objectives.

- **To investigate the good practices in other unions in South Africa and in other countries to inform the processes and strategies in SADTU.**
- **To deal with the issues of supply and demand in education.**
- **To deal with the issues of orphans and the decline in leaner enrollment.**

- To evaluate the impact of difference intervention strategies and programmes implemented by the union in addressing the pandemic
- To investigate the best practices in other unions in South Africa and in other countries to inform the processes and strategies in SADTU.
- To deal with the issues of supply and demand in education.
- To deal with the issues of orphans and the decline in leaner enrollment.
- To evaluate the impact of difference intervention strategies and programmes implemented by the union in addressing the pandemic.

7.5. GLOSSARY

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS): A disease of the body's immune system caused by the human immuno-difficiency virus (HIV). AIDS is characterized by the death of CD4 cells (an important part of the body's immune system), which leaves the body vulnerable to life threatening conditions such as infections and cancers.

ADHRENCE: the extent to which you take your medication, according to the rules of how it should be taken explained to you by your health practitioner (Compliance)

ANTIBODY: a natural substance made by a type of white blood cell in your body called B cells. They are specifically designed to fight against any germ that threatens your body

ANTI-RETROVIRAL (ARV): a type of drug that stops or weakens the strengths of the virus in your body

ANTI-RETROVIRAL THERAPY (ART): treatment with drugs that inhibit the ability of the retroviruses (such as HIV) to multiply in the body. The antiretroviral therapy recommended for HIV infection is referred to as highly active antiretroviral therapy (HAART), which uses a combination of medications to attack HIV at different points in its life cycle.

BODILY FLUIDS: liquid produced by the body, such as urine, saliva and tears. The bodily fluids that have a high risk for catching or passing on HIV are blood, semen, vaginal fluids and breast milk.

CD4 CELL: also known as helper T cell or CD4 lymphocyte. A type of infection-fighting white blood cell that carries the CD4 receptor on its surface. CD4 cells coordinate the immune response, signaling other cells in the immune system to perform their special functions. The number of CD4 cells in a sample of blood is an indicator of the health of the immune system. HIV infects and kills CD4 cells, leading to a weakened immune system.

CD4 CELL COUNT: a measurement of the number of CD4 cells in a sample cell count is used to determine when to begin, interrupt, or halt anti-HIV therapy; when to give preventive treatment for opportunistic infections; and to measure response to treatment. A normal CD4 count ranges from 500 – 1400 cells/m³

COTRIMOXAZOLE: an antibiotic used to prevent and treat the opportunistic infection pneumocystis carinii pneumonia (PCP), as well as other infections

ENZYME: this is a molecule made by cells that allows the body to speed up chemical reactions

ENZYME-LINKED IMMUNO-SORBENT ASSAY (ELISA): a highly sensitive laboratory test used to determine the presence of antibodies to HIV in the blood or saliva. Positive ELISA test results indicate that the person is HIV infected, but these results should be confirmed with a highly specific laboratory test called a Western Blot.

HUMAN IMMUNO-DEFICIENCY VIRUS (HIV): the virus that causes AIDS

IMMUNO-COMPROMISED, IMMUNO-SUPPRESSED: this is when you have damaged immune system, and so can easily fall ill.

LACTOSE INTOLERANCE: the inability to digest lactose, a type of sugar found in milk and other dairy products.

METABOLIC RATE: this is a measure of the rate of your body's metabolism. Your metabolism refers to all chemical processes in your body, especially those that cause food to be used for energy and growth.

MULTIPLE DRUG-RESISTANT TUBERCULOSIS (MDR-TB): a tuberculosis (TB) infection that does not respond to two or more standard anti-TB drugs. MDR-TB usually occurs when inadequate or improper treatment allows the bacteria that cause TB to continue multiplying and become drug resistant

OPPORTUNISTIC INFECTIONS (OIs): illnesses caused by different organisms that occur in people with AIDS, which include: TB, pneumocystis carinii pneumonia (PCP), cryptosporidiosis, histoplasmosis, toxoplasmosis, other parasitic, viral, and fungal infections and some other types of cancers.

PLACEBO: a pill or other treatment that looks like the treatment being tested in a clinical trial but does not actually contain the active ingredient. Placebos are used in some clinical trials to control for what is called “placebo effect”: an effect that is caused by the power of suggestion alone. The effects of the placebo are then compared to the effects of the active ingredient to determine if the ingredient is truly effective.

PMTCT (Prevention of mother- to- child transmission): this is a commonly used term for programmes and interventions designed to reduce the risk of mother-to-child transmission (MTCT) of HIV

PROPHYLAXIS: treatment to prevent the onset of a particular disease or to prevent recurrence of symptoms of an existing infection that has been brought under control.

POST-EXPOSURE PROPHYLAXIS (PEP): administration of anti-HIV drugs within 72 hours of a high risk exposure, including unprotected sex, needle sharing, or occupational needle stick injury, to help prevent development of HIV infection

REGIMEN: this describes the specific doses and specified times at which you must take your medicine.

SEROCONVERSION: the process by which a newly infected person develops antibodies to HIV. These antibodies are then detectable by an HIV test. Seroconversion may occur anywhere from days to weeks or months following HIV infection.

TOXICITY: the side-effects of a drug treatment. Some of these are mild and only make you feel irritable, but others can threaten your life

UNIVERSAL PRECAUTIONS: these are infection control guidelines designed to protect workers from exposure to diseases spread by blood and certain body fluids

VACCINE: a substance that stimulates the body’s immune system response in order to prevent or control an infection. A vaccine is typically made up of some part of a bacteria or virus that cannot itself cause an infection.

VIRAL LOAD TEST: test that measures the quantity of HIV in the blood. Results are reported as the number of copies of HIV per ml of blood plasma

VIRAL LOAD: the amount of HIV in a blood sample, reported as number of HIV copies per ml of blood plasma. The viral load provides information about the number of cells infected with HIV and is an important indicator of HIV progression and how well treatment is working

VIRUS: this is a particle which contains genetic information, so it can easily multiply. A virus is not actually a living organism because it cannot multiply by itself. It must first infect living cells. It is very difficult to design drugs to treat viruses effectively.

WINDOW PERIOD: the time period between a person's infection with HIV and the appearance of detectable anti-HIV antibodies. Because antibodies to HIV take some time to form, an HIV antibody test will not be positive immediately after a person is infected. The time delay typically ranges from 14 to 21 days, but varies for different people. Nearly everyone infected with HIV will have detectable antibodies by 3 months.

Acknowledgement:

SADTU welcomes the step taken by Metropolitan/Old Mutual/Education International/ PEPFAR approach to join hands with us in the fight against HIV and AIDS. SADTU believes that with adequate funds the HIV and AIDS Programme will remain sustainable and addressing the scourge in the education sector.

Amended on the Gender/ HIV and AIDS Policy Conference on 22-24 August 200 at the Booyens Hotel, Johannesburg chaired by Nomboniso Mbunquka- Eastern Cape Provincial Gender convener

- 1. Winile Stanner Chairperson - Northern Cape- NEC member*
- 2. Mamotsau Thipe - Ethekwini North Regional Gender Convener- KZN*
- 3. Nnana Ngoasheng-Capricorn Region-Limpopo*
- 4. Margaret Magagula- Enhlazeni- Mpumalanga*
- 5. Thembeke Mabongo-Karoo Region-Western Cape*
- 6. Nosipho Mdedetyana-Central region- Eastern cape*
- 7. Fikile Rakhulu - North Coast-KZN*

- 8. Jeanette Matshediso-Mtimkulu-Northern-Freestate**
- 9. Luzenga Sibongile-Southern-Mpumalanga**
- 10. Menke Ngungu-Kgalakgadi –Northern Cape**
- 11. Goitsemanang Pharasi-Southern-North West**
- 12. Ouma Masiza South West- Gauteng**

(Compiled by Dr. DJ Mbetse-National Administrator/Wellness Special)