



**MINISTRY: PUBLIC SERVICE AND ADMINISTRATION  
REPUBLIC OF SOUTH AFRICA**

Private Bag X884, Pretoria, 0001, Tel: (012) 314 7911, Fax: (012) 328 6529  
Private Bag X9148, Cape Town, 8000, Tel: (021) 465 5491/2/3, Fax: (021) 465 5484

**Inquiries: Mr Foromo**

**Telephone: (012) 3361579**

**Email: Robert.foromo@dpsa.gov.za**

**MINISTERIAL DETERMINATION AND DIRECTIVE: IMPLEMENTATION OF EMPLOYEE HEALTH AND WELLNESS (EH&W) STRATEGIC FRAMEWORK 2008, AND RELATED REPORTING REQUIREMENTS: 1 APRIL 2017**

**Introduction**

1. This determination and directive replaces the EHW directive dated 18 May 2009, and deals with the following determinations by the Minister for the Public Service and Administration (MPSA):
  - a. The implementation of the EH&W Strategic Framework launched by MPSA in November 2008, effective from 1 April 2009.
  - b. Reporting, monitoring, evaluation and compliance to the prescribed standards and criteria for implementation of the EHW Strategic Framework, with effect from 1 April 2017.

**Source of Authority**

2. This determination and directive is issued in terms of Section 3(2) of the Public Service Act, 1994 (No. 103 of 1994) (PSA), to give effect to Section 3 (1)(e) of the same Act, dealing with the norms and standards relating to health and wellness of employees, and Regulation 9(1) of the Public Service Regulations, 2016 (the Regulations).

**Scope of applicability**

3. This determination and directive applies to all employees who are appointed in National and Provincial Departments and Government Components, provided that, in respect of members of the services, educators and members of the Intelligence Services, this determination and directive applies in so far as it is not contrary to the laws governing their employment.

**Determination and Directive by the MPSA**

4. The MPSA has determined and directed the following in terms of legislation:
  - a. Section 24(a) in the Bill of Rights, states, among others, that everyone has the right to an environment that is not harmful to their health or well-being. Section 27(l) further states that everyone has the right to health care services.

The Employee Health and Wellness Strategic Framework (2008) is one of the measures, developed to promote these rights.

- b. Regulation 53 of the Regulations indicates that a Head of Department shall establish and maintain a safe and healthy work environment for employees of the department and a safe and healthy service delivery environment for members of the public. The EH&W Strategic Framework is aimed to ensure that a uniform framework is developed and implemented in line with the regulations.
- c. Based on the Occupational Health and Safety Act, 1993 the following objectives should be realized:
  - i) To improve occupational health and safety by controlling health hazards in the workplace;
  - ii) To have a Public Service environment that is safe for both public servants and the community at large; and
  - iii) To have a Public Service that can manage risks and improve quality of services.
- d. Regulation 54 of the Regulations indicates that every department shall have a policy that promotes the health and well-being of employees. Four policies were developed by the DPSA in 2009, effective from 1 April 2010, to operationalize the four pillars of the EH&W Strategic Framework. The four policies are:
  - i) HIV&AIDS, STI and TB Management;
  - ii) Safety, Health, Environment, Risk and Quality (SHERQ) Management;
  - iii) Health and Productivity Management; and
  - iv) Wellness Management.

All government departments should customise the four policies to their own local contexts, while ensuring that the policy measures in each policy remain aligned to the DPSA policy objectives and goals.
- e. Based on Regulation 9(1) of the Regulations, for reporting on and assessing compliance with the Act or reviewing the appropriateness and effectiveness of any regulations, determination or directive under the Act, the executive authority will submit to the Minister for the Public Service and Administration, information and data on such matters with respect to the Act, in such format and on such date as directed by the Minister.
- f. The Minister hereby directs that the **DPSA** should provide ongoing monitoring and evaluation on the implementation of the EH&W policies by means of the following standards, which are effective from 1 April 2017:
  - i) Annual EH&W Operational Plans are to be submitted by all departments to the DPSA on or before 31 March every financial year (Annexure A);
  - ii) Annual EH&W implementation review reports at the end of every financial year, are to be submitted by all departments to the DPSA on or before 31 May ( Annexure C);
  - iii) Annual Reports on departmental EH&W Systems monitoring and review (SMT) at the end of every financial year, are to be submitted to the DPSA by all departments on or before 30 June (Annexure B); and
  - iv) The DPSA standard reporting tools, formats and templates shall be used by departments to submit plans and reports attached as annexures to the directive.

- g. All National and Provincial departments and government components are required to comply with the prescribed submission dates and the use of standard reporting tools, formats and templates when they submit their EH&W plans and reports.

5. This determination and directive shall be effective from 1 April 2017.

#### General

6. In accordance with the provisions of Regulation 55(6) (c) of the Regulations, in respect of the health promotion programmes, a head of department shall allocate adequate human and financial resources to implement the provisions of this regulation, and where appropriate form partnerships with other departments, organisations or individuals who are able to assist with the health promotion programmes.
7. The expenditure emanating from the MPSA determination has to be defrayed from the funds included in departmental annual budget for the health and wellness of employees and improvement of the working environment. The financial implications will differ from department to the department, in relation to the size and partnerships formed by the department.
8. Departments are requested to ensure that the MPSA's determinations and measures contained in this Directive are implemented correctly. Departments are welcome to approach the DPSA for assistance.

#### Annexures

- a) Annexure A – EH&W Annual Operational Plan Template
- b) Annexure B- System Monitoring Tool (SMT) Reporting Format
- c) Annexure C- Integrated Employee Health and Wellness Reporting Tool

Yours sincerely,



ADV. NGOAKO RAMATLHODI, (DR) MP  
MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION  
DATE: 24/03/2017

ANNEXURE A.



**NB. REPLACE WITH DEPARTMENTAL LOGO: ABOVE**

**[NAME OF DEPARTMENT]**

**EH&W MANAGEMENT OPERATIONAL PLAN**

**PLEASE SPECIFY THE PILLAR (HIV&AIDS, SHERQ,  
HPM / WELLNESS)**

**FOR THE PERIOD 01 APRIL 2017 - 31 MARCH 2018**

**Submission date effect from: 31 MARCH 2017**

## ANNEXURE A.

### PURPOSE OF THE DOCUMENT

#### Title of the Document

The [Name of Department] EH&W PILLAR SPECIFIC (Specify) Operational Plan for the period 01 April 2017 -31 March 2018

#### Goal of the Document

It is for the [Name of Department] Department to internally consult, assess and plan the departmental response to EH&W and thereafter; communicate the Department Specific Operational Plans (DSOPs) to EH&W Departmental Committees, Inter-Departmental Committees (IDCs) coordinating Government Departments, Office of the Premier (where relevant), and to the DPSA.

The implementation of this document will be accounted for within the Department by the Head of the Departments (HODs) and delegated senior officials.

#### Rationale and Justification

In November 2009 The Minister for Public Service approved Four EH&W Policies (Wellness Management, HPM, SHERQ, HIV&AIDS,STI and TB) for the Public Service for implementation with effect from 1 April 2010. Accordingly, DPSA is leading and supporting the process of development and enhancement of Departments specific EH&W Operational Plans in the Public Service.

These leadership and support provisions are to ensure a comprehensive and improved implementation of EH&W Operational Plans at national, provincial, and local levels. The leadership are also to ensure improved accountability and monitoring and evaluation of the implementation of the Operational Plans at all levels of Government.

The leadership and support provisions to Departments are specifically meant to ensure better coordination, accountability, monitoring and evaluation across the National and Provincial departments

#### Targeted Audience

The target audiences are individual and specific Departments, EHW Departmental Committees, EHW IDCs, Coordinating Government Departments and Coordinating Structures.

#### Structure of the Document

This document comprises of various district sections. Each section describes a key element of the DSOP:

- Introduction

ANNEXURE A.

- Objectives and Implementation EH&W for the Public Service
- Department Specific Operational Plan
  - Detailed Work Plan
    - Costing
    - Budget
    - Additional Funding Requirement and Sources of Funding
  - Performance Monitoring (Routine Monitoring)
    - Baseline
    - Targets
    - Indicators and measurements
    - Annual Implementation Reviews
- Management, Coordination and Implementation Arrangements (Departmental EHW Committee, IDC, Coordinating Government Department and Coordinating Structures)
- Annexure 1: Detailed Work Plan Template of the Operational Plan

**Consultative Process**

The Office of the HOD should coordinate the establishment of the Departmental EH&W Committee to facilitate development of the Operational Plans in accordance to the Systematic Review Process as described in the Policy Guidelines, and the identified gaps in the Systems Monitoring Tool (SMT). The process should include consultation with all relevant policy implementation Stakeholders such as contracted EH&W Service Providers, HR and Monitoring and Evaluation Officials.

The EH&W Pillar specific (Wellness, SHERQ, HPM and HIV&AIDS, STI and TB Management) Implementation Guides, Policy Measures and identified reporting indicators in the Integrated EH&W Reporting tool should be used to guide planned interventions for the specific financial year. The indicators in the Integrated EH&W Reporting Tool should further be used as the measurement to review the Operational Plan implementation progress on quarterly and annual basis.

**Enquiries**

- Designated Senior Manager(s): EH&W Policy Specific Manager /Coordinator in the HR unit

Name & Surname	Telephone & Email
1. Etc.	

- Members of the Departmental EH&W Committee

Name & Surname	Telephone & Email
1. Etc.	

- Other Representatives /Coordinator, Labour Representative, M&E Directorates and EH&W specialists for other Pillars

Name & Surname	Telephone & Email
1. Etc.	

## SECTION 1

### 1.1. Introduction

The Operational Plan communicate the [Name of the Department]'s effort to implement the EH&W Strategic Plan and related policies in line with the Public Service Regulation 2016 as amended. The latter is a determination by the Minister for Public Service and Administration for the provision for the implementation of the EH&W Policies and integration into core mandates of Government Departments and to ensure the productivity of the [Name of the Department] to reach its allocated outcome and constitutional mandates. The Operational Plan provides for what will be done in the current financial year towards achieving the overall strategic intents of the EHW Strategic Framework (health and safety of public servants as individuals and the public, Productivity of the Public Service, and the integration of WELLNESS MANAGEMENT into the core business of every government department.

The DPSA identified systematic weaknesses in all EH&W Policy Specific Operational Planning and M & E in the Public Service. As such, the approach of this Operational Plan is a transformation from the past approach with lack of clarity in the content of EH&W Operational Planning as identified by the DPSA wherein:

- objectives were not specific, measurable, achievable, realistic and time-bound (SMART);
- it was based on the assumption that all activities to achieve the end-objective were known; and
- there was lack of accountability for results.

The Annual EH&W Operational Planning is meant to clarify roles and responsibilities of [Name of Department] and its related stakeholders [which include Occupational Hygienist, Ergonomist, Occupational Health Practitioners/Specialists, Environmental Management Practitioners. Medical Aid Schemes, Health Risk Assessment Companies, EHW Service providers, PILIR Coordinators, Labour, Civil Society Organizations (CBOs, WELLNESS MANAGEMENT experts)]. Also, it is meant to strengthen ownership and accountability, improve measurement of program achievements, strengthen resources mobilization, improve implementation and enhance performance.

The Operational Plan shall specifically covers the following components:

- identifying high-level results indicated in the M&E Plan
- aligning the EH&W response of the [Name of the Department] to contribute towards the achievement of the high-level service delivery improvement results identified;
- prioritization and sequencing of activities to achieve outputs that contribute towards achieving high-level results **(outcome and impact to be determined)**;
- determining the operational **cost of EH&W interventions** and related budget and addressing gaps between the two (cost and budget) when mobilizing external support (extra support including funding). These exercise should be done using the costing model aligned with Treasury requirements of planning and budgeting;
- managing **actual implementation challenges** at all levels within all spheres of Government especially with collaboration from all relevant stakeholders associated with the [Name of the Department];

## ANNEXURE A.

- identifying specific mechanisms to manage EH&W coordination with Provinces, districts and local levels where possible and
- improving performance through better use of strategic information.

### **1.2. Objectives and Implementation Priorities of EH&W Policy Specific for the [Name of the Department]**

#### **1.2.1. Wellness Management Strategic Objectives**

#### **1.2.2. Health and Productivity Management Strategic Objectives**

#### **1.2.3. SHERQ Management Strategic Objectives**

#### **1.2.4. HIV&AIDS,STI and TB Management Strategic Objectives (these changes in line with any current National Strategic Plan (NSP) at the time of Operational Planning)**

## **2. MANAGEMENT, CO-ORDINATION AND IMPLEMENTATION ARRANGEMENTS**

The Governance and Coordination Framework follows that of the National EHW Strategic Framework Implementation. It will assist with determining:

- coordination of implementers;
- implementers;
- trackers of progress and
- the rate of progress review.

The Employee health and Wellness Strategic Framework, Generic Implementation Guide, M&E Plan for Healthy and Productivity Management are all documents to be considered to facilitate implementation of the Operational Plan for [Name of the Department]

**ANNEXURE 1: Detailed Work Plan Template of the EH&W Operational Plan**

<b>Strategic Objective 1:</b>									
<b>Sub-Objective 1.1:</b>									
<b>Background and Justification:</b>									
<b>Targeted Strategic interventions monitored through defined set of output indicators:</b>									
<b>EH&amp;W Pillar Specific Indicator(s)/Output indicators monitored and reported quarterly and annually</b>									
<b>Additional Indicator(s):</b>									
Activities	Time Frame	Responsibility	Indicator	Baseline Data	Targets for current financial year 2017-2018	MTEF TARGETS	Cost	Budget	
								Voted Funds	Other Sources
	2017-2018								
	Q1								
	Q2								
	Q3								
	Q4								

ANNEXURE A.

<b>Sub-Objective 1.2:</b>										
<b>Background and Justification :</b>										
<b>Targeted Strategic Interventions monitored through defined set of output indicators:</b>										
<b>EH&amp;W Pillar specific Indicator(s)/Output indicators monitored and reported quarterly and annually:</b>										
<b>Additional Indicator(s):</b>										
Activities	Time Frame	Respo nsibilit y	Indicator	Baseline Data	Targets current financial year.e.g. 2017- 2018	MTEF TARGET where (applicable )	Cost	Budget		
								Voted Funds	Other Sources	
	2012-2013									
	Q1									
	Q2									
	Q3									
	Q4									

ANNEXURE A.

**Strategic Objective 2:**

**Sub-Objective 2.1:**

**Background and Justification:**

**Targeted Strategic Interventions monitored through defined set of output indicators:**

**EH&W Core Pillar Specific Indicator(s)/Output indicators monitored and reported quarterly and annually:**

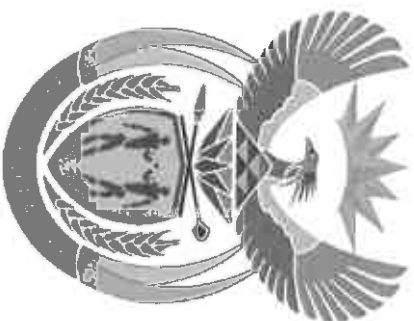
**Additional Indicator(s):**

Activities	Time Frame	Responsibility	Indicator or	Baseline Data	Targets for 2012-2013	WELLNESS MANAGEMENT 2012-2016 Target for 2016	Budget		
							Cost	Voted Funds	Other Sources
	2012-2013								
	Q1								
	Q2								
	Q3								
	Q4								

ANNEXURE A.

<b>Sub-Objective 2.2:</b>										
<b>Background and Justification:</b>										
<b>Targeted Strategic Interventions monitored through defined set of output indicators:</b>										
<b>Core EH&amp;W Pillar Indicator(s)/Output indicators monitored and reported quarterly and annually:</b>										
<b>Additional Indicator(s):</b>										
Activities	Time Frame	Responsibility	Indicator or	Baseline Data	Targets for the current financial year, e.g. 2017-2018	MTEF TARGET	Cost	Budget		
								Voted Funds	Other Sources	
	e.g.2017-2018									
	Q1									
	Q2									
	Q3									
	Q4									





**EHW MANAGEMENT SYSTEMS  
MONITORING AND READINESS ASSESSMENT TOOL  
FOR THE PUBLIC SERVICE  
ANNEXURE**

Submission date effect from 30 June 2017

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## DEFINITIONS

<p><b>Situational Analysis</b></p>	<p>Systematic collection and evaluation of past and present economical, political, social and technological data. It is aimed at:</p> <ul style="list-style-type: none"> <li>• Identification of internal and external forces that may influence the organization's performance and choice of strategies, and</li> <li>• Assessment of the organization's current and future strengths, weaknesses, and opportunities.</li> </ul>
<p><b>Integrated needs analysis</b> (Also called needs assessment.)</p>	<p>Technique for determining the steps to be taken in moving from a current state to a desired future-state. It begins with:</p> <ul style="list-style-type: none"> <li>• Listing of characteristic factors (such as attributes, competencies, performance levels) of the present situation ("<i>what is</i>"),</li> <li>• Cross-lists factors required to achieve the future objectives ("<i>what should be</i>"), and then</li> <li>• Highlights the 'gaps' that exist and need to be 'filled'.</li> </ul>
<p><b>Impact assessment (IA)</b></p>	<p>Means of measuring the effectiveness of organizational activities and judging the significance of changes brought about by those activities.</p>
<p><b>Standard Operating Procedure</b></p>	<p>Established procedure to be followed in carrying out a given operation or in a given situation. The purpose of a SOP is to carry out the operations correctly and always in the same manner. A SOP should be available at the place where the work is done".</p>
<p><b>Ill-health determinants</b></p>	<p>The range of personal, social, economic and environmental factors which determine the health status of individuals or populations. The factors which influence health are multiple and interactive. They are related to the actions of individuals, such as health behaviors and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environments.</p>

<b>Operational controls</b>	Operational control systems are designed to ensure that day-to-day actions are consistent with established plans and objectives. It focuses on activities in a recent period. Operational control systems are derived from the requirements of the departmental operational plans.
<b>Pillar</b>	Refers to the four functional pillars of the EHW strategic framework. They are: <ul style="list-style-type: none"> <li>• HIV&amp;AIDS, STI and TB Management</li> <li>• Health and Productivity Management</li> <li>• SHERQ Management</li> <li>• Wellness Management</li> </ul>
<b>Integrated Health Risk Assessment</b>	A systematic procedure to identify potential health hazards, evaluate the extend of exposure subjectively and/or objectively, and to establish the need for, and effectiveness of existing control measures. (Schoeman, 1994:7). Furthermore it facilitates the drafting of occupational exposure monitoring, medical surveillance and occupational health education programs. (Goede 1998; Van Der Merwe 1998:14)

### ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
COID	Compensation for Occupational Injuries and Diseases
EHW	Employee Health and Wellness
GEMS	Government Employee Pension Fund
HCT	HIV Counseling and Testing
HIRA	Hazard Identification and Risk Assessment
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HR	Human Resource(s)
HPM	Health and Productivity Management
IAA	Inspection Approved Authority
IEC	Information, Education and Communication
IHRA	Integrated Health Risk Assessment
M&E	Monitoring and Evaluation
OHS ACT	Occupational Health and Safety Act
PEP	Post-exposure prophylaxes
PLHIV	People living with HIV
SHERQ	Safety, Health, Environment, Risk and Quality

SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TB	Tuberculosis
TOR	Terms of Reference

## 1. INTRODUCTION

DPSA has developed several policy documents in 2007/8 for EHW in the Public Service to coordinate the programmes and services that are offered in a unified manner. These documents are the following:

- EHW Strategic Framework
- EHW Policies:
  - HIV and AIDS, STI & TB Management
  - Health and Productivity Management
  - SHERQ Management (Safety, Health, Environment, Risk, and Quality)
  - Wellness Management
- The following tools:
  - Generic Implementation Guides
  - Step-by-Step System Implementation Guides
  - Systems Monitoring / Self Assessment Tool

The intention with this EHW Management Systems Monitoring / Self Assessment Tool is to provide a framework within which Government Departments can develop and maintain an EHW Management System. It is based on the AMS management system standard (AMS 16001: 2003).

This EHW Management System Monitoring / Self Assessment Tool has been developed to be compatible with the ISO 9001:2000 and the ISO 14001:1996 management systems standards as well as the OHSAS 18001:1999, in order to facilitate the integration of quality, environmental and occupational health and safety management systems of department, should they wish to do so. This Monitoring Tool will be reviewed or amended when considered appropriate. Reviews will be conducted when new editions of AMS 16001, ISO 9001, ISO 14001 or OHSAS 18001 are published, to ensure continuing compatibility.

## **1.1. PURPOSE, OBJECTIVES AND EXPECTED OUTCOMES**

### **1.1.1. PURPOSE**

The purpose of the organizational Systems Monitoring Tool (SMT) is to enable departmental officials in EHW to conduct a self-assessment of their readiness to implement the EHW policies for the Public Service. The SMT explores many aspects of organizational performance in respect of EHW, and provides EHW officials with the opportunity to reflect on their level of implementation the four EHW policies (HIV&AIDS and TB Management, Health and Productivity Management, SHERQ and Wellness Management). EHW coordinators and managers should use these guidelines to conduct the self assessment.

The tool will further establish the basic commitment of every department to document and sustain an EHW Management system. The system must include a clearly mapped out departmental structure and documentation covering planning activities, responsibilities, practices, procedures and processes for achieving the requirements of the EHW Management system. Resources must also be provided for developing, implementing, achieving, reviewing and maintaining the EHW Management policies.

### **1.1.2. OBJECTIVES OF THE SYSTEMS MONITORING TOOL IS FOR:**

- Assessment of organization's level of implementation and proficiency
- Identification of gaps in capacity to implement EHW initiatives
- Promotion of discussion on EHW matters as a means of fostering shared understanding
- Helping to nurture commitment among stakeholders regarding the implementation of EHW Policies

### **1.1.3. EXPECTED OUTCOMES FROM THE SMT ARE:**

- Assessment scores on 5 elements of EHW system
- More in-depth understanding about the basic requirements for a successful system for the implementation of EHW initiatives
- Operational Plan

## **1.2. GENERIC ELEMENTS OF AN EFFECTIVE EHW MANAGEMENT SYSTEM**

For departments to establish an effective EHW Management System they should have the following five elements contained within the AMS 16001, ISO 9001, ISO 14001 or OHSAS 18001 standards and guidelines. These elements are:

- Commitment to EHW Management policies
- Planning of the EHW Management system
- Implementation and operation of the EHW Management system
- EHW Management system evaluation, corrective and preventive action
- EHW Management review

## **1.3. SIGNIFICANCE OF THE GENERIC ELEMENTS ON THE EHW POLICY IMPLEMENTATION**

### **1.3.1. Commitment to EHW Management policies**

The elements intention is to ensure ongoing commitment to EHW management system by establishing an appropriate EHW Management Strategy, Plan and Policies which address all four pillars of the EHW Strategic Framework 2008.

The EHW management strategy should be determined by Senior Management, and be informed by relevant evidence of needs and risk assessments conducted (initial review).

The ideal for realization of this element would be for departments to develop departmental strategic plans that reflects Employee Health and Wellness as one of its inherent priorities, and commitment to address such priorities through policy measures and principles outlined in the four EHW policies (HIV&AIDS, STI and TB, HPM, SHERQ and Wellness Management)

The EHW policies act as the foundation for the entire EH&W management system. Therefore, the structure of the system should be designed to deliver the strategy of the Department. The policy should be a documented statement of how the organization is committed to reduce the impact

of Workplace-based ill-health and incidents on its employees, their families and the Department, prevention of ill-health, legislative compliance, continual improvement and organization sustainability.

### **1.3.2. Planning of EHW Management System**

Realization of this element allows departments to identify, evaluate and understand how it and its clients impinge on the wellness of the work force and their families. The element is intended to guide the organization on how to identify and assess risks and hazards through a dynamic, formal, structured and holistic process to facilitate effective risk reduction plans and actions.

Planning of the EHW Management System should seek to facilitate compliance with applicable legislative and regulatory frameworks as well as to identify and assess EHW Management Objectives and Targets. Clearly documented Standard Operating Procedures (SOP'S) for assessment of ill-health determinants and related impact and significant risks. *As well as SOP's for identification of applicable legislative and regulatory requirements/standards should guide implementation of this element in the organization.*

The element will be verified by availability of a mainstreamed, costed EHW operational plan which specifies strategic objectives and targets to address strategic EHW issues as well as specific activities and time frames to attain set objectives. Financial and operational controls should be specified in the plan, as well as mechanisms for tracking and measurements for attainment of set objectives and EHW management systems outcomes.

### **1.3.3. Implementation and operation of EHW Management System**

This element refers to the department's obligations to develop capabilities and support mechanisms necessary to achieve its EHW Management policies, objectives and targets. The organization should identify and provide the appropriate specialized human and technological skills, and financial resources to implement the EHW Management system.

A Mainstreamed and costed operational plan should be developed to reflect key structures and responsibilities (champions and subordinates), activities for organizational support and capacity development with clearly defined objectives and targets for the EHW Management system. Clear communication strategy, document control, system control and emergency preparedness are key components of this element.

#### **1.3.4. EHW Management System Evaluation and Corrective Action**

This element refers to monitoring and measurement of the EHW Management System efficiency and effectiveness with focus on documentation and analysis of indicators for incidents rate, non-conformance and corrective actions, reports, effects and outcomes of workplace education, as well as EHW Management system audits.

EHW indicators and reporting system will be informed by, among others, the Policy Implementation Guides, HIV Counseling and Testing (HCT) campaign and the Government Sector M&E Plan for HIV&AIDS response.

#### **1.3.5. EHW Management System Review**

Departments need to review and continually improve the EHW management system in line with findings of the overall quarterly / annual departmental self assessment using this tool.

**2. INSTRUCTIONS ON HOW TO COMPLETE THE TOOL**

**2.1. Description of the Tool Components**

<p><b>ELEMENT</b> The standard that should be maintained and monitored</p>
<p><b>CRITERIA</b> The measures that are used to judge performance</p>
<p><b>MEANS OF VERIFICATION</b> Evidence that the criteria is met</p>
<p><b>YES / NO</b> Tick yes when system is in place and cross no when not</p>
<p><b>NUMBER OF AWARDS</b> Awards for all elements on the rating scale 1-4</p>

## 2.2. Steps

<b>Step 1</b>	Read all the statements in the EHW Management Systems Monitoring Tool (Table 2) and decide which of the statements are true for your department by placing a checkmark (✓) in the box marked "yes". Or If not then x "No"
<b>Step 2</b>	Refer to the Rating scale (Table 1) for allocation of awards for each Criteria in the Status/Results Column
<b>Step 3</b>	Add the awards for each Element and enter the total score into Table 3 by using the provided formula. Please note the title provided for each of the columns by looking at the category letters (A-E) and the associated component of organizational readiness
<b>Step 4</b>	Please refer to Graphic Presentation of Scores Per Element (Table 4) and transfer your scores to the graph and shade your scores. Note the extent of your department's level of implementation.
<b>Step 5</b>	Analyze your overall assessment score and determine the level of implementation in your organization in each area of assessment (Table 5).
<b>Step 6</b>	Complete the Action Plan for your department based on identified gaps, to implement and monitor (Table 6)

**3. THE ACTUAL ASSESSMENT PROCESS:**

Name of the Organization/Department ..... (Important)

Date of review.....(Important)

Responsible Person.....(Important)

Contact details (Tel):.....(Important)

**3.1. RATING SCALE:**

**TABLE 1: THE RATING SCALE**

<b>SCORE /AWARD</b>	<b>DESCRIPTION OF THE IMPLEMENTATION LEVEL</b>
<b>1</b>	<b>Evidence of draft, with no evidence of <u>approval</u>, <u>implementation</u> or <u>monitoring and evaluation</u></b>
<b>2</b>	<b>Evidence of approval, with no evidence of <u>implementation</u>, or <u>monitoring and evaluation</u></b>
<b>3</b>	<b>Evidence of approval and implementation, but no evidence of <u>monitoring and evaluation</u></b>
<b>4</b>	<b>Evidence of approval, implementation and monitoring and evaluation</b>
<b>Shaded blocks</b>	<b>The shaded blocks should not be scored as the descriptions in the criteria indicate headings</b>

**TABLE 2: ASSESSMENT TABLE WITH ELEMENTS, CRITERIA, MEANS OF VERIFICATION AND ALTERNATIVE RESPONSES (Y=Yes; N=No)**

1. COMMITMENT, INITIAL REVIEW AND EHW MANAGEMENT POLICIES									
ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS	
			Y	N	1	2	3		4
<b>1.1 COMMITMENT</b>  INTENT: Ensure ongoing Commitment to the EHW Management system by establishing an Appropriate EHW Management strategy, plan and policies to address EHW issues	1.1.1 Departmental Strategy addresses EHW matters	Documented Departmental Strategy							
	1.1.1.1. Departmental Strategy addresses the following:								
	• HIV&AIDS, STI and TB Management								
	• HPM								
	• Wellness Management	Documented Departmental Strategy							
	• SHERQ Management								
	1.1.2.Four distinct EHW Policies developed for the following areas:								
	• HIV&AIDS, STI and TB Management								
	• HPM								
• Wellness Management		Documented four distinct EHW Policies							
• SHERQ Management									
<b>SUB-TOTAL: (4 X 9 CRITERIA = 36)</b>									

**1. COMMITMENT, INITIAL REVIEW AND EHW MANAGEMENT POLICIES**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS	
			Y	N	1	2	3		4
1.1 COMMITMENT (continued)	1.1.3 Costed EHW Operational plans developed For the following areas:  <ul style="list-style-type: none"> <li>• HIV&amp;AIDS, STI and TB Management</li> <li>• HPM</li> <li>• Wellness Management</li> <li>• SHERQ Management</li> </ul>								
1.2 INITIAL REVIEW (COLLECTION OF BACKGROUND INFORMATION)	1.2.1 Departmental situational analysis for all 4 EHW policies conducted  <ul style="list-style-type: none"> <li>• HIV&amp;AIDS, STI and TB Management</li> <li>• HPM</li> <li>• Wellness Management</li> <li>• SHERQ Management</li> </ul>	Report on situational analysis  IHRA Report							
<b>SUB-TOTAL: (4 X 8 CRITERIA = 32)</b>									
<b>TOTAL (ELEMENT 1):</b>									

HIGHEST SCORE 4 X 17 CRITERIA = 68 (review/audit setting)

**2. PLANNING OF EHW MANAGEMENT SYSTEM**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS	
			Y	N	1	2	3		4
<b>2.1 ILL-HEALTH DETERMINANTS, THE IMPACT AND EVALUATION OF HEALTH RELATED RISKS</b>  <b>INTENT:</b> Identify and assess EHW risks through a dynamic, formal, structured and holistic process to facilitate effective risk reduction plans and actions.	2.1.1 Ongoing identification of ill-health determinants of the department	Report on ill-health determinants e.g. Health Risk Assessors' report, surveys etc.							
	2.1.2 Impact assessment	Report on Impact assessment							
	2.1.3 Evaluation of significant risks	Report on Evaluation of risks from a legally competent service provider							
<b>2.2 LEGAL AND OTHER REQUIREMENTS</b>  <b>INTENT:</b> Facilitate compliance with applicable legislation and regulatory requirements	2.2.1.Developed Specific Operating Procedure(s) for:								
	• HIRA	SOP on HIRA							
	• Management of IOD	SOP on IOD							
	• Management of COIDA	SOP on COIDA							
	• Management of PILL R	SOP on PILL R							
	• Management of contractors	SOP on Contractors							
<b>SUB-TOTAL: (4 X 8 CRITERIA= 32)</b>									

### 3.2 PLANNING OF EHW MANAGEMENT SYSTEM

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS						COMMENTS
			Y	N	1	2	3	4	
<b>2.3 EHW MANAGEMENT SYSTEM OBJECTIVES AND TARGETS</b>  <b>INTENT:</b> Identify and Assess EHW management objectives and targets.	2.3.1. Documented Departmental EHW Management objectives and targets aligned to the Departmental Strategic Plan	Annual Performance Plan							
<b>2.4 EHW MANAGEMENT SYSTEM PLAN(S)</b>  <b>INTENT:</b> Establish objectives and targets and achieve them in a specified time frame.	2.4.1. EHW Operational plans with specified objectives, targets and timeframe developed for the following pillars: <ul style="list-style-type: none"> <li>• HIV &amp; AIDS, STI and TB Management</li> <li>• HPM</li> <li>• Wellness Management</li> <li>• SHERQ Management</li> </ul>	HIV & AIDS, STIs and TB operational plan HPM operational plan Wellness operational plan SHERQ operational plan							
<b>SUB-TOTAL: (4 X 5 CRITERIA = 20)</b>									
<b>TOTAL (ELEMENT 2):</b>									
<b>HIGHEST SCORE 4 X 13 CRITERIA = 42 (maximum rating)</b>									



**3. IMPLEMENTATION, OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS	
			Y	N	1	2	3		4
3.2 EHW MANAGEMENT COMMITTEES (continued)	3.2.3.Roles & responsibilities of the committee are defined and documented	Terms of Reference (TOR), Minutes of the committee meetings.							
3.3 EHW MANAGEMENT INFORMATION, AWARENESS, AND EDUCATION  INTENT : To provide correct and up-to-date information on EHW and workplace issues, and to empower employees with skills to help them to adopt behaviours that will reduce ill-health and occupational hazards.	3.3.1.EHW Information and awareness programmes are developed	EHW awareness programme plans							
	3.3.1.1.Implementation of awareness programmes is relevant to prevalent risks / impact relating to:								
	• HIV&AIDS, STI and TB Management	Report on awareness programmes conducted							
	• HPM								
	• Wellness Management								
• SHERQ Management									
	3.3.1.2. Information customized to relevant language and literacy levels of target groups	IEC Materials language and format (visuals)							
	3.3.1.3. EHW awareness programmes that include diversity management.	EHW awareness programme plans							
	3.3.1.4.EHW awareness programmes integrated into existing HR policies and programmes	Documented Induction programmes							
	3.3.1.5.EHW policies are accessible to all employees	Departmental Communication Strategy							
<b>SUB-TOTAL: (4 X 10 CRITERIA = 40)</b>									

**3.3 IMPLEMENTATION, OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS		
			Y	N	1	2	3		4	
<b>3.4 EHW MANAGEMENT SYSTEM COMMUNICATION</b>  <b>INTENT:</b> Share EHW information with interested and affected parties	3.4.1. System for internal and external communication is established  3.4.2. System for EH&W Annual Reporting	Departmental Communication Strategy  Quarterly and annual EHW reports								
<b>3.5 DOCUMENTATION AND DOCUMENT CONTROL</b>  <b>INTENT:</b> Establish and maintain procedures for controlling all documents and data required by the Department.	3.5.1. Documentation system is in place and documents are kept for a minimum period of 10 years	SOP for document control								
<b>3.6 OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM</b>  <b>INTENT:</b> Ensure that Control measures are prepared and implemented to maintain and improve the EHW Management system Performance in accordance with policy requirements	3.6.1. Procedures and criteria established to prevent deviation from policy, objectives and targets for: <ul style="list-style-type: none"> <li>• HIV&amp;AIDS, STI and TB Management</li> <li>• HPM</li> <li>• Wellness Management</li> <li>• SHERQ Management</li> <li>• Confidentiality code of conduct is maintained</li> </ul>	Approved EHW policies								

**SUB-TOTAL: (4 X 8 CRITERIA = 32)**

**3. IMPLEMENTATION, OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS		
			Y	N	1	2	3		4	
3.6 OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM (continued)	3.6.1.1. <u>HIV&amp;AIDS, STI and TB management:</u>  i) Protect human rights of people living with HIV and TB in the workplace through the following;									
			<ul style="list-style-type: none"> <li>Prevent and monitor human rights violation</li> </ul>	Quarterly and annual reports						
			<ul style="list-style-type: none"> <li>Reduce HIV and TB discrimination in the workplace</li> </ul>							
			<ul style="list-style-type: none"> <li>Reduce HIV and TB related stigma</li> </ul>	SOP on HIV & TB stigma mitigation						
	ii) Sustain health and wellness through the following;									
	<ul style="list-style-type: none"> <li>Maintain optimal health and wellness for people with HIV, STIs and TB</li> </ul>	Quarterly report								
<b>SUB-TOTAL: (4 X 4 CRITERIA = 16)</b>										

**3. IMPLEMENTATION, OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS	
			Y	N	1	2	3		4
3.6 OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM (continued)	iii) Prevent new HIV, TB and STIs infections <ul style="list-style-type: none"> <li>• Maximized opportunities for testing and screening</li> <li>• Increased access to a package of sexual and reproductive health (SRH) services</li> <li>• Reduced transmission of HIV from mother to child (PMTCT)</li> <li>• Preventing TB Infection and disease</li> </ul> iv) Address social and structural factors <ul style="list-style-type: none"> <li>• Mainstreamed HIV&amp;AIDS, STI and TB and its gender and rights based dimensions,</li> <li>• Mitigate the impact of HIV and TB</li> <li>• Reduce vulnerability of young people</li> </ul>	Quarterly report							
		Operational plan							
		Quarterly Report							
		Quarterly report							
iv) Address social and structural factors		Operational plan							
		EHW reports							
		Workplace Outreach & Campaign reports							
<b>SUB-TOTAL: (4 X 7 CRITERIA = 28)</b>									

**3. IMPLEMENTATION, OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS				
			Y	N	1	2	3		4			
3.6 OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM (continued)	v) Clearly documented Procedure and policies that includes operational criteria for:  <ul style="list-style-type: none"> <li>• HIV Testing in the workplace</li> <li>• Universal precautions and infection control</li> <li>• Compensation</li> </ul>	SOP for HCT  Infection control policy(where applicable)  Flow chart for prevention and management of HIV&AIDS and TB occupational exposure and disease transmission, including compensation for occupationally acquired HIV and TB  Departmental guidelines on working hours for people affected and infected with TB and HIV										
			vi) Promotion of monitoring and surveillance in place:									
				<ul style="list-style-type: none"> <li>• Appropriate HIV&amp;AIDS and TB management indicators monitored and reported</li> </ul>	Documented reports on HIV&AIDS and TB Management indicators							
			<b>SUB-TOTAL: (4 X 5 CRITERIA = 20)</b>									
			<b>(TOTAL FOR HIV&amp;AIDS, STI AND TB: 4 X 20 CRITERIA= 80)</b>									

**3. IMPLEMENTATION, OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS		
			Y	N	1	2	3		4	
3.6 OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM (continued)	3.6.1.2 Health and Productivity Management (HPM): <u>1) Disease and chronic illness Management</u>	All employees have access to treatment, care and support for chronic disease management	EHW records							
	ii) Mental health management	Management of mental health illnesses in the Workplace	EHW report							
	Reduce Mental Health. Stigma	EHW Quarterly report								
<b>SUB-TOTAL: (4 X 3 CRITERIA = 12)</b>										

**3. IMPLEMENTATION, OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS	
			Y	N	1	2	3		4
3.6. OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM (continued)	<ul style="list-style-type: none"> <li>iii) Management of incapacity due to ill-health and retirement</li> <li>• Absenteeism rate is monitored quarterly and feedback reports are provided to management</li> <li>• Reduce Mental Health, Stigma</li> <li>iv) Health education and promotion</li> <li>• Distribute IEC material</li> <li>• Behavior change management</li> </ul>	<ul style="list-style-type: none"> <li>HR report</li> <li>HR report</li> <li>HR report</li> <li>EHW report</li> <li>EHW report</li> </ul>							
<b>SUB-TOTAL: (4 X 4 CRITERIA = 16)</b>									
<b>(TOTAL FOR HPM: 4 X 7 CRITERIA = 28)</b>									

**3. IMPLEMENTATION, OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS		
			Y	N	1	2	3		4	
3.6. OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM (continued)	<b>3.6.1.3</b> <b>Wellness Management:</b>  i) <b>Physical wellness</b> • Wellness Facilities for promotion of Physical Activities are available (E.g. gym) • Recreational and sporting codes are available • Workplace canteens are available • Tobacco Management programmes are available  ii) <b>Psychosocial wellness</b> • Stress Management programmes are available • Economic / Financial Stress Management programmes are available • Alcohol and Drug Management Programmes are available • Counseling Services are available	EHW Report								
			Quarterly Report							
			Quarterly Report							
			EHW Report							
			EHW Report							
			EHW Report							
			EHW Report							
			EHW Report							
			Quarterly Report							
			Quarterly Report							
<b>SUB-TOTAL: (4 X 8 CRITERIA= 32)</b>										

**3. IMPLEMENTATION, OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS	
			Y	N	1	2	3		4
3.6. OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM (continued)	iii) Organizational wellness • Programme for Management of Workplace Violence is available • Change Management Programme is available(when there is a need) • Strategy for dissemination of Wellness Information is available iv) Work life balance • Flexible policies that address work-life balance are in place. • Child Care Facilities in the workplace are in place (Needs-based). • Retirement programmes are implemented	EHW Report							
		EHW Report							
		Departmental Communication Strategy							
		Departmental Policies							
	Departmental Report								
	EHW Report								
<b>SUB-TOTAL: (4 X 6 CRITERIA = 24)</b>									
<b>(TOTAL FOR WELLNESS: 4 X 14 CRITERIA = 56)</b>									

**3. IMPLEMENTATION, OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS	
			Y	N	1	2	3		4
36. OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM (continued)	3.6.14. SHERQ management								
	j) Occupational Health and Safety								
	Conduct Surveillance (e.g. health, environmental surveillance)	Surveillance report							
	• Conduct Occupational Hygiene monitoring (AIQ, noise, biological, heat, cold chemicals, illumination)	Occupational hygiene report							
	• Hazard Identification Risk Assessment (HIRA) e.g. baseline, review, issue-base etc)	HIRA report							
	• Statutory/Appointments								
	✓ 16.2 Appointee	Letter of appointment signed by accounting officer and acceptance							
	✓ Health and Safety Representatives	Letter of appointment signed by accounting officer and acceptance							
✓ Health and Safety Committee members	Letter of appointment signed by accounting officer and acceptance								
✓ Designated Appointee for OHS person	Letters of appointment signed by accounting officer and acceptance								
✓ Roles for SHERQ Committee	TOR								

**SUB-TOTAL: (4 X 8 CRITERIA= 32)**

**3. IMPLEMENTATION, OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS	
			Y	N	1	2	3		4
3.6. OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM (continued)	• Convene health and Safety committee meetings	Minutes of the meetings signed by the Accounting Officer							
	• Legal Compliance								
	✓ Section 37(2) Contract	Prove of section 37(2) agreement signed							
	✓ Competent Certificate (e.g lifts, boiler)	Safety Plans							
	✓ Registration certificate for Machinery installation/maintenance	competent certificate							
	✓ Asbestos inventory register	Register							
	<b>ii) Environmental management</b>								
	• Inspection of Work Design and Special Facilities	Inspection report							
	• Inspection of Building and offices	Inspection report							
	• Inspection of Lighting, Ventilation and Sanitation	Inspection report							
• Waste safely disposed	SOP for waste disposal								
• Good housekeeping maintained and practiced	SOP for house keeping								
<b>SUB-TOTAL: (4 X 10 CRITERIA = 40)</b>									

**3. IMPLEMENTATION, OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS	
			Y	N	1	2	3		4
3.6. OPERATIONAL CONTROLS AND MANAGEMENT OF EHW MANAGEMENT SYSTEM (continued)	iii) Risk Management	Risk assessment Report							
	• Conduct ongoing Risk Assessment								
	• Disaster Management plans developed, implemented and maintained	Disaster Management Report							
	• Emergency Preparedness Plan developed	Emergency preparedness drill report							
	iv) Quality management	Documents on SHERQ Quality standards							
	• Availability of SHERQ Quality Standards (ISO 1400;ISO 9001 ; ISO 45001 ;SANS 16001 ;AMS 16001))	Monitoring report							
	• Compliance to all SHERQ standards	Audit Report							
	• Conduct Internal and external Audit								
<b>SUB-TOTAL: (4 X 6 CRITERIA = 24)</b>									
<b>(TOTAL FOR SHERQ: 4 X 24 CRITERIA = 96)</b>									
<b>TOTAL (ELEMENT 3):</b>									
<b>HIGHEST SCORE 4 X 93 CRITERIA = 372 (maximum rating)</b>									

**4. EHW MANAGEMENT SYSTEM EVALUATION, CORRECTIVE AND PREVENTIVE ACTION**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS	
			Y	N	1	2	3		4
<b>4.1 EHW MANAGEMENT SYSTEM MONITORING AND MEASUREMENT</b>  <b>INTENT:</b> Development of a corporate memory of EHW to facilitate effective communication internally and externally and changing people's behaviour with regard to EHW	4.1.1. The impact of EHW Management in the workplace is monitored and evaluated by:								
	<ul style="list-style-type: none"> <li>maintaining records on sickness and identifying root causes thereof</li> </ul>	Sick leave records							
	<ul style="list-style-type: none"> <li>maintaining records on absence and identifying root causes thereof.</li> </ul>	Monthly & quarterly reports							
	<ul style="list-style-type: none"> <li>tracking performance of key indicators</li> </ul>	EH&W Records							
	<ul style="list-style-type: none"> <li>meeting of objectives and targets</li> </ul>	M&E Plan							
	4.1.2. Reports are forwarded to Senior management on:								
	<ul style="list-style-type: none"> <li>HIV&amp;AIDS, STI and TB Management</li> </ul>	M&E Reports							
	<ul style="list-style-type: none"> <li>HPM</li> </ul>								
	<ul style="list-style-type: none"> <li>Wellness Management</li> </ul>								
	<ul style="list-style-type: none"> <li>SHERQ Management</li> </ul>								
4.1.3. Senior Management takes action on the reported findings and recommendations and provides feedback	Senior Management Feedback Report								
<b>SUB-TOTAL: (4 X 9 CRITERIA = 36)</b>									

**4. EHW MANAGEMENT SYSTEM EVALUATION, CORRECTIVE AND PREVENTIVE ACTION**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS	
			Y	N	1	2	3		4
<b>4.2 EHW MANAGEMENT SYSTEM, INCIDENTS, NON-CONFORMANCES, CORRECTIVE AND PREVENTIVE ACTION</b>  <b>INTENT:</b> Prevent non-conformances of the EHW Management system requirements such as policy and standards	4.2.1. System established to identify non-conformances and incidents in the EHW Management system.	Corrective and Preventive Action Plan							
	4.2.2. Documented Procedures that cover responsibilities for carrying out corrective and preventive actions	SOP on corrective actions							
<b>4.3 EHW MANAGEMENT SYSTEM RECORDS</b>  <b>INTENT:</b> To establish and maintain procedures for the identification, maintenance and distribution of EHW related records	4.3.1. Procedures ensuring the identification, maintenance and disposal of EHW records available	SOP on Record Management							
	4.3.2. Records are legible, identifiable, traceable, protected, retained, confidential and auditable	Individual case files COLD files Case registers Sample records							
<b>SUB-TOTAL: (4 x 4 CRITERIA = 16)</b>									

**4. EHW MANAGEMENT SYSTEM EVALUATION, CORRECTIVE AND PREVENTIVE ACTION**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS	
			Y	N	1	2	3		4
<b>4.4 EHW MANAGEMENT SYSTEM AUDIT</b>  <b>INTENT:</b> Review and continuously improve the management, compliance and effectiveness of the programme.	4.4.1. Annual systems audit carried out to determine if the requirement for the EHW Management system has been met.	EHW Management System Audit Report							
	4.4.2. The department's objectives and targets are being met as determined	Audit Report							
	4.4.3. Previous audit results and non-conformances reviewed and closed	Corrective Action Plan							
<b>SUB-TOTAL: (4 X 3 CRITERIA = 12)</b>									
<b>TOTAL (ELEMENT #):</b>									
<b>HIGHEST SCORE (6 X 4 CRITERIA = 24 / maximum possible)</b>									

**5. EHW MANAGEMENT SYSTEM REVIEW**

ELEMENT	CRITERIA	MEANS OF VERIFICATION	SCORE/AWARDS					COMMENTS	
			Y	N	1	2	3		4
<b>5.1 EHW MANAGEMENT SYSTEM REVIEW</b>  <b>INTENT:</b> Ensure sustainable and continuous Improvement and effectiveness.	5.1.1. Full EHW Management performance reviewed by Senior Management.	EHW Management System Review Report							
	5.1.2. Senior Management has taken action for any recommendations for system changes.								
	5.1.3. EHW Management system review considers statistics, audit results, and other performance indicators.								
	5.1.4. Other relevant parties provided with access to results of review.								
	5.1.5. Policy reviewed to reflect changing conditions and information								
	5.1.6. Review frequency identified and documented								
	5.1.7. Sustainability performance indicators related to EHW Management identified and documented.								
<b>TOTAL (ELEMENT 5):</b>									
<b>HIGHEST SCORE A X 7 CRITERIA = 28 (maximum criteria)</b>									

**TABLE 3: RECORD OF ASSESSMENT SCORES PER ELEMENT**

CATEGORY	ELEMENT	HIGHEST SCORE	YOUR SCORE	YOUR OVERALL AWARD
A	Commitment to EHW Management policies	68		
B	Planning of the EHW Management system	52		
C	Implementation and operation of the EHW Management system	372		
D	EHW Management system evaluation, corrective and preventive action	64		
E	EHW Management review	28		
TOTAL		584		

**Formula for calculation:**

- Your score is the total number of awards you allocated per element (i.e. 34)
- Highest score is the highest number of awards you can allocate per element (i.e. 68)
- Your overall award is (2), i.e.  $34 \text{ (Your Score)} \times 4 = 2 \times 68 \text{ (Highest Score)}$

**TABLE 4: GRAPHICAL PRESENTATION OF ASSEMENT SCORES PER ELEMENT**

Levels of Readiness (Awards)					
4					
3					
2					
1					
0					
	A	B	C	D	E

Elements of Readiness

**TABLE 5:- RECOMMENDED ACTIONS FOR OVERALL ASSEMENT OF LEVEL OF READINESS**

SCORE ACHIEVED	OVERALL ASSESSMENT OF LEVEL OF READINESS TO IMPLEMENT
1	<p>Scores in this category are assessed as a very low level of readiness in the area for which the score was derived. Careful assessment must be made as to the extent to which more capacity is needed in this area to implement particular provisions of the EHWS. If this area can have an effect, it will be advisable to develop capacity in this area before adoption of initiatives which may be affected. This must be reflected in your implementation plan.</p>
2	<p>This is assessed as a <u>low level</u> of readiness. If this area has the potential of affecting initiatives to be undertaken, it will also be prudent to apply corrective measures in order to develop capacity. The initiative may not fall as a result of this level of readiness, but there will be significant difficulties during implementation. If scores fall into this category, your department is not quite ready.</p>
3	<p>Scores in this category are assessed as <u>average</u>. Here, initiatives which may be affected can be undertaken, but efforts must be made to address weaknesses and threats in one's implementation plan. Potential constraints could be mediated through careful planning.</p>
4	<p>This score is assessed as a <u>high level</u> of readiness. Here, the department will be assessed to have an appropriate departmental infrastructure for effectively adopting initiatives of the EHWS. With scores at this level, very few hurdles are anticipated in implementation. While constraints may arise, many of them will be unanticipated, and could not really be predicted. Notwithstanding, one's implementation plan must also cater for contingencies.</p>

**TABLE 6: ACTION PLAN FOR IDENTIFIED GAPS**

CATEGORY OF DEPARTMENTAL READINESS	READINESS ASSESSMENT LEVEL	IDENTIFIED GAPS	RECOMMENDED ACTIONS (to be used for operational planning)
Commitment to EHW Management policies			
Planning of the EHW Management system			
Implementation and operation of the EHW Management system			
EHW Management system evaluation, corrective and preventive action			
EHW Management review			



**the dpsa**

Department:  
Public Service and Administration  
REPUBLIC OF SOUTH AFRICA

**INTEGRATED  
EMPLOYEE HEALTH AND WELLNESS  
REPORTING TOOL**



**We belong**



**We care**



**We serve**

**Submission date effect from 1 April 2017**

## SECTION 1

### 1. BAGKROUND

DPSA has developed several policy documents in 2008/9 for Employee Health and Wellness (EH&W) in the Public Service to coordinate the programmes and services that are offered in a unified manner. These policy documents are the following:

- EH&W Strategic Framework
- EHW Policies:
  - HIV and AIDS & TB Management
  - Health and Productivity Management
  - SHERQ Management (Safety, Health, Environment, Risk, and Quality)Wellness Management.

The following tools are developed to support policy implementation:

- Policy Generic Implementation Guides
- System Monitoring / Readiness Tools
- Guidelines to facilitate implementation of individual policies
- M&E Plans for individual policies

### 2. PURPOSE

The purpose of the integrated EHW reporting tool is to facilitate departmental reporting on implementation of the four policies which operationalize EH&W Strategic Framework, 2008. Each policy comprises of individual policy measures, and in the development of this document, an attempt was made to identify critical aspects of individual policy measures that need to be closely monitored and reported on, to indicate results-based policy implementation.

### 3. SCOPE

The Integrated EHW Reporting Tool will be applicable to the National and Provincial Departments world of work.

### 4. OBJECTIVES

- Provide Departments with standardized minimum data sets, required for the routine monitoring of EH&W policy implementation.
- To facilitate departmental compliance with EH&W standard as documented in the MPAT.
- Produce timely and high quality data from routine EH&W data management systems.

- To verify validity of the reported policy results by comparison to those results, outlined in the four EH&W policies (Policy Measures)
- Monitor data quality periodically and address challenges associated with data quality (i.e. validity, reliability, completeness, and timeliness of data).
- Develop and maintain readily available EH&W databases, that will enable stakeholders to access relevant data for policy decisions and analysis, program management and improvement.

Disseminate and utilize strategic information on EH&W programme for relevant reporting requirements such as MPAT, SMT and/or to contribute some HIV&AIDS data to SANAC HIV&AIDS response review reports.

## **2. CONTEXTUAL BASIS FOR THE INTEGRATED ROUTINE REPORTING TOOL ON EH&W**

### **2.1. Public Service Regulations**

Part VI E-Working Environment requires the HOD (head of department) to-

- introduce appropriate *education, awareness and prevention programmes on HIV&AIDS, TB, non-communicable diseases, workplace psychosocial stressors, occupational injuries, diseases and all disabilities* for the employees in the department and, as far as possible, integrate those programmes with programmes that promote the health and well-being of employees; It is only through routine integrated EH&W monitoring framework that attainment of this provision can be measured

### **2.2. Management Performance Assessment Tool (MPAT-July 2013)**

Section 3.2 of the MPAT, Performance Area: Human Resource Practices and Administration provides for **Standard name: Management of Employee Health**. This standard requires among others, that Government Department and entities implement all 4 EHW policies, and to submit quarterly and annual reports to DPSA. The integrated EH&W Reporting Tool will facilitate reporting and relevant response on the MPAT questionnaires.

### **2.3. EH&W Systems Monitoring Tool (SMT)**

The purpose of the SMT for EH&W Programme is to support departmental self assessment and reporting on the implementation systems available for the four pillars of EH&W Strategic Framework. Each pillar comprises individual policy measures, and in the development of this document, an attempt was made to identify critical aspects of individual policy measures, that need to be closely monitored and reported on.

The integrated EHW reporting tool will facilitate collection of indicators which contribute to some aspects of the SMT, such as Operations and Controls for all 4 EH&W Pillars.

#### **2.4. PSCBC Resolution 1 of 2012**

Section 10 and 11 of the Resolution address the need to generate evidence on the following:

- Employer's Compliance with Occupational Health and Safety Act
- Principle of Decent Work

These two study areas of interest in the PSCBC are the cornerstones of the Employee Health and Wellness Strategic Framework, 2008. The OHS Act in particular is the legislative framework for the SHERQ Policy. Proper implementation and monitoring of the EH&W Pillars will further ensure availability of data for researchers, in respect of the identified field work.

## SECTION 2

### 1. M&E CONCEPTS AND TERMS USED IN THE DOCUMENT

#### 1.1. Monitoring

Monitoring can be viewed as periodically measuring progress towards explicit short-term, intermediate and long-term results. It provides feedback on progress made (or not made) to decision makers, who can use information in various ways to improve effectiveness of government.

#### 1.2. Evaluation

Evaluation is systematic assessment of an ongoing or completed project, programme or policy, including its design, implementation and results/ impact (Worldbank: 2009)

#### 1.3. Results

Result describes how the behaviour, relationships, activities or actions of an individual group or institution will change if the project is successful. Results assist us to answer the question " So What?"

#### 1.4. Outputs

Outputs are processes, products, goods and services that the programme/ project produce through the activities it conducts e.g. workshops conducted, training manuals produced, assessment reports, etc. This includes coverage, and reach.

#### 1.5. Outcome

Outcomes are also called results. They are observable positive or negative changes in the actions of social factors that have been influenced directly or indirectly by outputs. This is what individual, group or organization does differently as a result of an intervention e.g. a change that occurs after an individual is counselled (Herrero Sonia:2012).The observable changes may include:

- Change in behaviour e.g. consistent use of condoms
- Change in Knowledge e.g. coping mechanism
- Change in attitude e.g. risk perception
- Change in status. employment status
- Change in skills e.g. personal financial management
- Change in circumstances e.g. vulnerability, food security, etc.

#### 1.6. Impact

Impact is a long-term sustainable change in the condition of people and the state of the environment that structurally improves human-wellbeing and morale.

#### 1.7. Indicators

Are measurements that provide information about what is being measured. Results/outcomes cannot be measured directly. It must first be translated into a set of indicators that, when regularly measured, will provide information on whether or not, the outcome is being achieved e.g. regular OHS audits conducted, will provide information on whether the outcome of health and safe workplaces is achieved.

### **1.8. Data**

The word *data* is the plural of Latin *datum*, "something given," Factual information, especially information organized for analysis or used to reason or make decisions. A series of observations, measurements, or facts and information.

A collection of facts, such as values or measurements. Routine data, are data generated as part of programme implementation, activities or services, and can be used to track activities, and services through monitoring system.

### **1.9. Numerator**

Numerator is the part of a fraction that is above the line and signifies the number to be divided by the denominator

### **1.10. Denominator**

Denominator is that term of a fraction, usually written under the line, that indicates the number of equal parts into which the unit is divided; divisor

**SECTION 3**

**3.1. QUARTERLY/ANNUAL REPORTING SHEET.**

**EMPLOYEE HEALTH AND WELLNESS IMPLEMENTATION INDICATORS 2013/2014**

<b>DEPARTMENT</b>			
<b>PROVINCE/ NATIONAL</b>			
<b>DATE</b>	<b>DD</b>	<b>MM</b>	<b>YYYY</b>
<b>REPORT COMPILED BY</b>			
<b>POSITION</b>			
<b>APPROVED BY : DG/HOD</b>	<b>NAME:</b>		
	<b>SIGNATURE:</b>		

**REPORTING DEADLINES (TICK APPROPRIATE BOX)**

<b>Quarter one</b>	<b>31 July</b>	
<b>Quarter two</b>	<b>31 October</b>	
<b>Quarter three</b>	<b>31 January</b>	
<b>Quarter four</b>	<b>30 April</b>	
<b>Annual</b>	<b>31 May</b>	

EHW PILLAR	Data Elements	Baseline Previous year (2015/2016)	Annual Target	2016/2017				ANNUAL	
				Q1 (April – June )	Q2 (July – September)	Q3 (October – December)	Q4 (January – March)	TOTAL	PERCENTAGE (%) of Target
1.HIV&AIDS and TB Management	1.1. Number of condoms distributed	e.g. 750	1,000	150	150	500	250	1,050	105%
	• Males								
	• Females	e.g. 450	500	100	75	125	50	350	70%
	1.2..Number of Employees tested for HIV and know their HIV status								
• Males									
• Females									
1.3. Number of employees tested HIV positive									
• Males									
• Females									
1.4. Number of employees screened for TB									



EHW PILLAR	Data Elements	Baseline Previous year (2015/2016)	Annual Target	2016/2017					ANNUAL	
				Q1 (April – June )	Q2 (July – September)	Q3 (October – December)	Q4 (January – March)	TOTAL	PERCENTAGE (%) of Target	
1. HIV&AIDS and TB Management (continued)	1.6. Number of employees with needle stick injury, provided with Post Exposure prophylaxis (PEP)									
	*1.7. Number of eligible employees who are started ART									
	1.8. Number of Employees, started on ART and are still alive and in care at 12 Months after ART initiation									
	*1.9. Number of reported cases of HIV&AIDS and TB stigma in the workplace									
	1.10. Number of employees / dependents who underwent Male Medical Circumcision									
	*1.11. Number of Employees surveyed and Reporting to have more than one sexual partner									
	1.12. Number of Officials trained on Gender-based violence (GBV)									
	*1.13. Number of reported cases of workplace sexual harassment resolved									

EHW PILLAR	Data Elements	Baseline Previous year (2015/2016)	Annual Target	2016/2017					ANNUAL	
				Q1 (April – June)	Q2 (July – September)	Q3 (October – December)	Q4 (January – March)	TOTAL	PERCENTAGE (%) of Target	
2. Health and Productivity Management	2.1. Number of Employees screened for Non-Communicable Diseases									
	• High Blood Pressure									
	• Diabetes									
	• Obesity									
	• Cholesterol									
	• Mental illnesses (e.g. stress)									
	2.2. Number of employees referred for further management of Non-Communicable diseases (specify)									
	• High Blood Pressure									
	• Diabetes									
	2.3. Number of Employees currently enrolled in Disease management programme for Non-Communicable Diseases.									
2.4. Number of employees admitted in hospital for work related stress.										

EHW PILLAR	Data Elements	Baseline Previous year (2015/2016)	Annual Target	2016/2017				ANNUAL	
				Q1 (April – June )	Q2 (July – September)	Q3 (October – December)	Q4 (January – March)	TOTAL	PERCENTAGE (%) of Target
	2.5. Percentage of employees who retired due to ill-health by the end of the current financial year (31 March)							Annual total only	
	2.6. Percentage sick-leaves taken by employees due to Chronic illnesses (excluding injuries)								
3.SHERQ Management	3.1 Number of OHS awareness educational programmes conducted								
	3.2 Number of departmental service points audited for OHS compliance								
	3.3. Number of service points declared compliant.								
	3.4. Number of work related injuries reported and investigated (excluding fatal).								
	3.5 Number of work related illnesses reported and investigated.								
	3.6 number of reported injuries/illnesses for which Compensation have been awarded by the end of the financial year (31							Annual total only	



EHW PILLAR	Data Elements	Baseline Previous year (2015/2016)	Annual Target	2016/2017				ANNUAL	
				Q1 (April – June )	Q2 (July – September)	Q3 (October – December)	Q4 (January – March)	TOTAL	PERCENTAGE (%) of Target
4. Wellness management	4.1. Number of employees reached with Health Promotion messages								
	4.2. Number of educational events/sessions held( e.g. stress management )								
	4.3. Number of employees and dependants assessed for psychosocial stressors and referred for wellness intervention								
	4.4. Number of employees trained on Financial Wellness								
	4.5. Percentage of employees who received Garnishee Orders during the past 12 months							Annual total only	
	4.6. Number of employees referred for debt counselling								
	4.7. Number of employees participated in departmental physical and recreational activities (e.g. sporting codes, choir)								



### 3.2. INDICATOR DEFINITIONS

EH&W Pillar	Data Elements	Definition	Sources of Data	Level	Frequency
1. HIV/AIDS and TB Management	1.1. Number of condoms distributed	-Number of male Condoms distributed every quarter - Number of female condoms distributed every quarter	Departmental registers	Output	Quarterly
	1.2.. Number of Employees tested for HIV and know their HIV status	- Number of female employees who took an HIV test in the last quarter -Number of male employees who took an HIV test in the last quarter	Departmental HCT register Departmental SERVICE PROVIDER reports	Output	Quarterly
	1.3. Number of employees tested HIV positive	-Provides a breakdown of total female and male employees who took and HIV test, and got HIV positive results in the last quarter	Departmental HCT register Departmental SERVICE PROVIDER reports	Outcome	Quarterly
	1.4. Number of employees screened for TB	- The sum of males and female employees who were screened for TB in the last quarter	Departmental HCT register Departmental SERVICE PROVIDER reports	Output	Quarterly
	*1.5. Number of Employees referred for clinical diagnosis of TB	-The sum of males and females who were screened for TB, and referred for suspicious TB symptoms (TB suspects)	Departmental HCT register Departmental SERVICE PROVIDER reports	Outcome	Quarterly
	1.6. Number of employees with needle stick injury, provided with Post Exposure prophylaxis (PEP)	<b>Cumulative-</b> Total number of employees in the Department, who experienced needle stick injury, and provided with PEP at the time of reporting.	HIV/AIDS Programme register	Outcome	Quarterly

EH&W Pillar	Data Elements	Definition	Sources of Data	Level	Frequency
	*1.7. Number of eligible employees who are started ART	<b>Cumulative</b> total employees (irrespective of gender) who are eligible for ART, and have been started on ART	SERVICE PROVIDER Key Health Trends Report	Outcome	Quarterly
	1.8. Number of Employees, started on ART and are still alive and in care at 12 Months after ART initiation	<b>Cumulative</b> total employees (irrespective of gender) who have been started on ART and are still alive and in care after 12 months of initiation	SERVICE PROVIDER Key Health Trends Report	Outcome	Quarterly
	*1.9. Number of reported cases of HIV/AIDS and TB stigma in the workplace	total employees (irrespective of gender) who reported experiencing HIV and TB related stigma in the workplace.	Programme report	Outcome	Quarterly
	1.10. Number of employees / dependents who underwent Male Medical Circumcision	Total number of employees / dependents who underwent Male Medical Circumcision	Programme report/Service Provider report	Outcome	Quarterly
	*1.11. Number of Employees surveyed and Reporting to have more than one sexual partner	total employees (irrespective of gender) surveyed and reporting to have more than one sexual partner	Behavioural Survey Report	Outcome	Annual/Periodic
	1.12. Number of Officials trained on Gender-based violence (GBV)	total employees (irrespective of gender) trained on GBV	Programme report	Output	Quarterly
	*1.13. Number of reported cases of workplace sexual harassment	total employees (irrespective of gender) reporting sexual harassment in the	Programme report	Outcome	Quarterly

	resolved	workplace				
Sub programme	Data Element	Definitions	Sources of Data	Level	Frequency	
2. Health and Productivity Management	2.1. Number of Employees screened for Non-Communicable Diseases	Total number of employees screened for communicable diseases in the last quarter	Departmental HCT register Departmental GEMS reports	Output	Quarterly	
	2.2. Number of employees referred for further management of Non-Communicable diseases (specify)	Total number of employees screened for communicable diseases, who had to be referred for abnormal findings in the last quarter. Need to Specify the type of disease (BP, etc.)	Departmental HCT register Departmental GEMS reports	Output	Quarterly	
	2.3. Number of Employees currently enrolled in Disease management programme for Non-Communicable Diseases.	Total number of employees who had to be referred for abnormal findings and are now on disease management programme in the last quarter	Departmental GEMS reports	Outcome	Quarterly	
	2.4. Number of employees admitted in hospital for work related stress.	total employees (irrespective of gender) admitted in hospital for work related stress	HR Reports	Output	Quarterly	
	2.5. Percentage of employees who retired due to ill-health by the end of the current financial year (31 March)	<b>Cumulative</b> The number of employees who went on ill-health retirement (Numerator), as a percentage of total number of employees who went on retirement (Denominator) in the last financial year	IHR Service Provider Report	Outcome	Annually	
	2.6. Percentage sick-leaves taken by employees due to Chronic	-the sum of all sick leaves due to chronic illnesses(umerator), a the percentage of	Departmental Leave register	Outcome	Quarterly	

	illnesses (excluding injuries)	all sick leaves taken ( Denominator) during the last financial year	Sources of Data	Level	Frequency
Sub Programme/ EH&W Pillar	Data Elements	Definition			
3.SHERQ Management	3.1.Number of work related injuries/illnesses reported (excluding fatal injuries)	Number of injuries/diseases reported in the last quarter	OHS records	Output	Quarterly
	3.2. Percentage of reported injuries/illnesses for which Compensation have been awarded by the end of the financial year (31 March )	<b>Cumulative</b> Sum of all quarterly reported injuries/diseases for which Compensation have been awarded in the last financial year ( <b>Numerator</b> ) as a percentage of all injuries/diseases reported in the same period.	OHS records	Outcome	Annually
	3.3.Number of fatal work-related injuries which occurred in the last quarter	Number of reported work-related injuries which resulted in loss of life in the last quarter	OHS Records	Outcome	Quarterly
	3.4.Number of Health and safety Committee meetings held	Number of meetings held by the Departmental Health and Safety Committee	OHS Reports	Output	Quarterly
	3.5.Percentage of departmental service points audited for OHS compliance	Number of departmental service points audited ( <b>Numerator</b> ) as a percentage of all departmental service points ( <b>Denominator</b> ) in the last financial year	OHS reports	Output	Annually
	3.6.Percentage of audited service points declared safe and healthy	Number of audited departmental service points ( <b>numerator</b> ), calculated as a percentage of all departmental service points audited in the last financial year	OHS	Outcome	Annually

Sub programme	Data Element	Definitions	Sources of Data	Level	Frequency
4. Wellness management	4.1. Number of employees reached with Health Promotion messages	Number of employees reached with Health promotion messages during any events, campaigns etc. in the last quarter	Wellness programme register	Output	Quarterly
	4.2. Number of educational events/sessions held (e.g. stress management)	Total number of educational events held in the last quarter	Wellness programme register	Output	Quarterly
	4.3. Number of employees and dependants assessed for psychosocial stressors and referred for wellness intervention	Number of employees assessed for psychosocial stressors and were referred for suspicious findings in the last quarter	Wellness programme register	Outcome	Quarterly
	4.4. Number of employees trained on Financial Wellness	Total number of employees trained on Financial Wellness in the last quarter	Wellness training register	Output	Quarterly
	4.5. Percentage of employees who received Garnishee Orders during the past 12 months	Number of employees who received Garnishee Orders (Numerator) as a percentage of all employees seen in the wellness programme (Denominator) in the past 12 months	Wellness records HR Records	Outcome	Annually
	4.6. Number of employees referred for debt counselling	Number of employees referred for debt counselling	Wellness report	Output	Quarterly
	4.7. Number of employees participated in departmental physical and recreational activities (e.g. sporting codes, choir)	Number of employees participated in departmental physical and recreational activities	Programme report	Output	Quarterly

## **ANNEXURE A**

### **1. NARRATIVE REPORT ( To be documented as an annexure to statistical report)**

#### **1.1. DATA INTEPRETATION AND DISCUSSIONS**

- Compile a brief Interpretation/discussion of the reported data where relevant.
- Provide denominator and numerator explanation for those data-elements where **percentage is reported**. *E.g. of the 20 employees screened for TB (denominator= 20), 5 (25%) had suspicious TB symptoms, and were referred for clinical diagnosis (numerator= 5).*

#### **1.2. SIGNIFICANT ACHIEVEMENTS DURING REPORTING PERIOD**

#### **1.3. CHALLENGES**

#### **1.4. RECOMMENDATIONS / ANY OTHER COMMENT**

## ANNEXURE B

### RESULTS FRAMEWORK FOR EH&W

*Results Framework is based on Strategic focus of the EH&W Strategic Framework-2008*

#### Primary Aims of the EH&WSF

- **Management of HIV&AIDS,STI and TB** in the Public Service in order to *mitigate the impact of the HIV&AIDS and TB epidemics and improvement of Public Service delivery to reduce the number of infections and the impact on individual employees, families, communities and society.*
- Improved **Health and Productivity Management (HPM)**, *through formal disease management programme for Non-Communicable and Communicable diseases, including HIV&AIDS in the workplace.*
- Enhanced **Management of Safety, Health, Environmental, Risks and Quality (SHERQ)** in the Public Service *intended to help government departments to control occupational health and safety risks.*
- Improved employee **Wellness Management** *to promote comprehensive individual and organizational wellness including work-life balance.*

#### OUTLINE OF THE RESULTS FRAMEWORK

1.HIV&AIDS,STI AND TB MANAGEMENT IMPACT LEVEL RESULTS	OUTCOME LEVEL RESULTS	PROGRAMMES AND THEIR OUTPUT LEVEL RESULTS
<p><b>1.1. Social and Structural factors addressed in the Public Service.</b></p> <p>Fewer new HIV and TB infections among Key Populations</p> <p><i>% of HIV and TB infected Men</i></p>	<p><b>1.1.1.Reduced vulnerability to HIV and TB infections and impact of AIDS</b></p> <p>Fewer persons have concurrent multiple partners</p> <p><i>% women and men 15-49 in the surveyed population who have</i></p>	<p><b>Poverty Alleviation Programme: % of budget allocated for poverty alleviation programme HIV</b></p> <p><b>Comprehensive HIV Prevention Package and social and behavioural communication strategy: Number of departments and communities with MCP reduction programmes and campaigns</b></p> <p><i>Number of facilities with IEC materials</i></p>

<p><i>and Women 15-49 among Key Populations</i></p>	<p><i>more than one sexual partner in the last 12 months</i></p> <p><b>Fewer women and children experience gender-based violence, including sexual harassment</b></p>	<p><i>displaying MCP reduction messages</i></p> <p><b>Programmes to address Gender-based violence:</b> % of relevant SAPS members trained on the management of the Gender violence and rape</p>
<p><b>1.2. New HIV,STI and TB Infections are prevented</b></p> <p>Fewer employees are infected with HIV,STI and TB</p> <p><i>% of employees who are living with HIV infection</i></p> <p><i>% of employees co-infected with TB and HIV</i></p>	<p><b>1.2.1.Reduced Sexual Transmission of HIV and TB</b></p> <p><b>Fewer people get sexually transmitted infections</b></p> <p><i>Percentage of .....Genital Ulcers or genital discharge in the last 12 months</i></p> <p><i>% of employees who tested HIV positive</i></p> <p><b>Fewer employees get TB disease</b></p> <p><i>% of employees referred for clinical diagnosis of TB</i></p> <p><b>Fewer persons are exposed to the risk of HIV transmission through blood and blood products</b></p> <p>Percentage of personnel who experienced HIV exposure-related incidents who have since sero-converted during the last 12 months.</p> <p><b>More PLHIV know their own status</b></p>	<p><b>Comprehensive Sexual and Reproductive Health Package (including IEC,VCT,PEP, condom distribution and TB and STI treatment)</b></p> <p><i>Number of males and female condoms distributed per year</i></p> <p><i>Number of employees newly circumcised through GEMS</i></p> <p><b>Infection control programmes and universal precautions</b></p> <ul style="list-style-type: none"> <li>• Number of donated blood units screened for HIV in a quality assured manner</li> <li>• Number of HIV exposure-related incidents reported in the last 12 months</li> <li>• Number of personnel provided with PEP</li> <li>• Percentage of the HCW including home-based carers and caregivers trained on infection control</li> </ul> <p><b>Counseling and Testing Programme (HCT)</b></p> <p><i>Number of employees tested for HIV</i></p> <p><i>Number of employees screened for HIV,STI and TB</i></p>

	<p>Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results</p> <p><b>1.2.2.Reduced Mother to Child transmission of HIV (NSP Goal 3)</b></p> <p><b>Fewer infants born to HIV positive mothers become infected with HIV</b></p> <p>Percentage of infants born to HIV positive mothers who are infected and are in the PMTCT programme</p> <p><i>% of HIV positive pregnant and post-delivery women receiving counseling on infant feeding</i></p>	<p><b>GEMS Comprehensive PMTCT programme for pregnant mothers, their infants and their sexual partners</b></p> <p><i>% of HIV positive pregnant women received CD4 count testing</i></p> <p><i>% of HIV positive pregnant women with CD4 count below 350 placed on ART</i></p> <p><i>% of HIV positive pregnant women receiving PMTCT prophylaxis</i></p> <p><i>% of infants born to HIV positive mothers who have been done PCR testing</i></p> <p><i>% of babies born to HIV positive pregnant women receiving PMTCT prophylaxis</i></p>
<p><b>1.3. Health and Wellness of HIV and TB infected individuals is sustained</b></p> <p><b>HIV has less impact on individuals, families, communities and society</b></p> <p><i>% of all deaths attributable to HIV&amp;AIDS and TB</i></p>	<p><b>1.3.1.Increased number of PLHIV who lead Healthy and Productive Live</b></p> <p><b>More PLHIV receive the comprehensive care and treatment package</b></p> <p><i>% of newly registered TB patients who are HIV positive during a given</i></p>	<p><b>Comprehensive Care Treatment and Management (CCMT) Programme</b></p> <p><i>% of eligible PLHIV that are receiving ART</i></p> <p><i>% of newly registered TB patients who are tested for HIV</i></p> <p><i>% of PLHIV on ART who are still alive and</i></p>

	<p><i>period</i></p> <p><i>% of HIV positive children, men and women with advanced HIV infection, receiving antiretroviral combination therapy (HAART) – through GEMS</i></p> <p><i>% of PLHIV at start of ART with CD4 &lt; 50</i></p>	<p><i>in care 12 months after initiation of ART</i></p> <p><i>% of eligible PLHIV started on INH Prophylaxis in the past 12 months</i></p>
<p><b>1.4 Human rights protected and access to justice increased</b></p>	<p><b>1.4.1. Increased public knowledge of and adherence to legal and policy provisions in the Public Service</b></p> <p><b>Fewer PLHV are exposed to Stigma and Discrimination</b></p> <p><i>Number of reported cases of HIV and TB related Stigma and discrimination</i></p>	<p><b><u>Work Place Programme</u></b></p> <p><i>Percentage of government departments who have formulated and implemented HIV and AIDS policies to reduce stigma and discrimination</i></p> <p><i>Budget and expenditure on workplace programmes</i></p> <p><i>Number of legal support services for PLHIV</i></p>

<b>2. HEALTH AND PRODUCTIVITY MANAGEMENT IMPACT LEVEL RESULTS</b>	<b>OUTCOME LEVEL RESULTS</b>	<b>PROGRAMMES AND THEIR OUTPUT LEVEL RESULTS</b>
<p><b>2.1. Enhanced Work Place Health Education &amp; Promotion and Productivity Management.</b></p>	<p><b>2.1.1. More employees are productive</b></p> <p><i>% of employees who were on sick-leave due to Communicable diseases</i></p>	<p><b>Health promotion and Education Programme</b></p> <p><i>Number of employees reported sick during the reporting quarter</i></p>
<p><b>2.2. Cases of Non Communicable Diseases and</b></p>	<p><b>2.2.1. Fewer employees suffer from Communicable and Non-</b></p>	<p><i>Number of employees screened for Chronic Illnesses</i></p>

<p><b>Communicable Disease are reduced</b></p>	<p><b>Communicable diseases</b> <i>Number of employees on disease management programme</i></p>	
<p><b>2.3. Improved management of Mental Health in the work place.</b></p>	<p><b>2.3.1. Fewer employees are affected by Mental Illnesses</b> <i>% of employees referred for Mental illness</i></p> <p><b>2.3.2. More employees with Mental illness are supported by Peers and management</b> <i>% of Employees reporting mental health stigmatization in the workplace</i></p>	<p><b>Mental illness counselling and management programme</b> <i>Number of employees screened for Mental illnesses in the workplace</i></p>
<p><b>2.4. Reported Retirement due to Incapacity and ill Health is reduced</b></p>	<p><b>2.4.1. Fewer employees are retire due to Incapacity and Ill health</b> <i>%Employees who retired due to ill-health (excluding HIV&amp;AIDS and TB)</i></p> <p><i>% Employees who applied for incapacity and ill-health retirement in the past year irrespective of the application outcome.</i></p>	<p><i>Number of employees who utilize mental-health screening services</i></p>

3. SHERQ MANAGEMENT IMPACT LEVEL RESULTS	OUTCOME LEVEL RESULTS	PROGRAMMES AND THEIR OUTPUT LEVEL RESULTS
<p><b>3.1. Optimal Occupational Health and Safety is attained</b></p>	<p><b>Fewer employees are exposed to workplace hazard and risks</b></p> <p>Number of fatal work-related injuries occurred in the last 12 months</p> <p><b>More occupational outcomes are reported, and mitigation measure applied</b></p> <p>Number of non-fatal work-related injuries /illnesses reported by Employer</p> <p>% of reported incidents for which Compensation have been awarded in the last 12 months</p>	<p><b>Occupational Health and Safety Programme</b></p> <p>Number of OHS appointments made</p> <p>% of departments which has conducted IHRA in the past 12 months</p> <p>Number of Health and safety committee meetings held</p>
<p><b>3.2. Workplace environment is improved</b></p>	<p><b>More buildings, offices and equipments are well maintained</b></p> <p>% of service points declared healthy and safe</p>	<p><b>Facility management programme</b></p> <p>Number of managers trained on relevant environmental safety risks and regulations</p> <p>Number of environmental incidences occurred (lighting,/water supply interruption ,water flooding, sewerage, etc.)</p>

<b>3.3. Workplace risks are reduced</b>	<b>Effective work-related risk reduction plans are put in place</b>  Number of service points with emergency preparedness plans.	<b>Risk reduction programmes</b>  Number of work-related risks identified and calculated  % of identified risks for which operational controls are put in place  Number of service points which has conducted disaster drills in the past 12 months.
<b>3.4. Quality of OHS Standard is maintained</b>	<b>More service points comply with OHS standards</b>  % of SHERQ Elements which Service points comply with.  Number of service points who shared OHS Deviation report and recommended action plans	<b>OHS Standards Compliance Programmes</b>  % of service points audited for OHS compliance  % of Employees trained on /provided with OHS information

<b>4. WELNESS MANAGEMENT IMPACT LEVEL RESULTS</b>	<b>OUTCOME LEVEL RESULTS</b>	<b>PROGRAMMES AND THEIR OUTPUT LEVEL RESULTS</b>
<b>4.1. Optimum Physical Wellness of Employee is promoted</b>	<b>More Public Servants have increased overall physical health and wellbeing</b>  % of employees reached with health promotion messages and are willing to participate in risk reduction initiatives/behavioural change programmes	<b>Health screening, promotion and information programmes</b>  <b>(Physical activity, nutrition, healthy sleeps, etc.)</b>  Number of employees who utilized health promotion programmes  % of service points with gym facilities and/ or other sports and wellness programmes  Number of employees who participated in health screening events.  Number of educational and awareness sessions held

<p><b>4.2. Optimum Psychosocial Wellness of Employees and Families is maintained</b></p>	<p><b>Fewer Public Servants are affected by psychosocial stressors</b></p> <p>% of employees audited for psychosocial stressors and are referred for wellness intervention in the past 12 months.</p> <p>% of employees who received garnishee orders in the last 12 months</p>	<p><b>Psychosocial and Counselling services</b></p> <p>No of employees utilizing psychosocial wellness</p> <p>Number of stress-reduction sessions held</p> <p>Number of employees trained in Financial wellness</p>
<p><b>4.3. Desirable Organizational Wellness is maintained</b></p>	<p><b>Organizational culture is more supportive for the wellbeing of employees and their families</b></p>	<p><b>Change Management programme</b></p> <p>Number of employees expressing experience of positive organizational support</p> <p>No of policies and programmes reviewed to reduce impact of violence in the workplace.</p>
<p><b>4.4. Increased Work-life balance in the Public Service</b></p>	<p><b>Workplace policies and programmes support work-life balance.</b></p> <p>% of employees displaying signs of burn-out and fatigue</p>	<p><b>Supportive Policy Environment</b></p> <p>% of departments with flexible workplace policies</p> <p>% Employees utilizing Child-care facilities</p>