



the dpsa

Department:
Public Service and Administration
REPUBLIC OF SOUTH AFRICA

INTEGRATED EMPLOYEE HEALTH AND WELLNESS REPORTING TOOL



We belong



We care



We serve

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, TB & STI 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.
- 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. 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.

2.3. 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

These 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

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

REPORTING DEADLINES (TICK APPROPRIATE BOX)

Quarter one	31 July	
Quarter two	31 October	
Quarter three	31 January	
Quarter four	30 April	
Annual	31 May	

EHW PILLAR	Data Elements	Baseline Previous year (2020/2021)	Annual Target	2016/2017				ANNUAL	
				Q1 (April – June)	Q2 (July – September)	Q3 (October – December)	Q4 (January – March)	TOTAL	PERCENTAGE (%) of Target
1.HIV, TB & STI 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								
1.5. Number of Employees referred for clinical diagnosis of TB									

EHW PILLAR	Data Elements	Baseline Previous year (2020/2021)	Annual Target	2016/2017				ANNUAL	
				Q1 (April – June)	Q2 (July – September)	Q3 (October – December)	Q4 (January – March)	TOTAL	PERCENTAGE (%) of Target
1. HIV, TB and STI 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								

EHW PILLAR	Data Elements	Baseline Previous year (2020/2021)	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								
	• Mental illnesses (e.g. stress)								

EHW PILLAR	Data Elements	Baseline Previous year (2020/2021)	Annual Target	2016/2017				ANNUAL	
				Q1 (April – June)	Q2 (July – September)	Q3 (October – December)	Q4 (January – March)	TOTAL	PERCENTAGE (%) of Target
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 March)							Annual total only	
	3.7 Number of fatal work-related injuries								
	3.8 Number of personnel trained on:								

	<ul style="list-style-type: none"> H&S representatives trained on OHS related matters 							Annual total only	
	<ul style="list-style-type: none"> first aiders trained on OHS related matters 							Annual total only	
	<ul style="list-style-type: none"> Marshalls trained on OHS related matters 							Annual total only	
	3.9 Number of drills conducted in the workplace							Annual total only	
	3.10 Number of Health and safety Committee meetings held								

EHW PILLAR	Data Elements	Baseline Previous year (2020/2021)	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 who received psycho-social therapy.								
	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 who 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)	Cumulative- 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	Cumulative 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	Cumulative 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			
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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)	Cumulative 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(numerator), a the percentage of	Departmental Leave register	Outcome	Quarterly

	illnesses (excluding injuries)	all sick leaves taken (Denominator) during the last financial year			
Sub Programme/ EH&W Pillar	Data Elements	Definition	Sources of Data	Level	Frequency
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)	Cumulative Sum of all quarterly reported injuries/diseases for which Compensation have been awarded in the last financial year (Numerator) 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 (Numerator) as a percentage of all departmental service points (Denominator) 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 (numerator), 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>1.1. Social and Structural factors addressed in the Public Service.</p> <p>Fewer new HIV and TB infections among Key Populations</p> <p><i>% of HIV and TB infected Men</i></p>	<p>1.1.1.Reduced vulnerability to HIV and TB infections and impact of AIDS</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>Poverty Alleviation Programme: % of budget allocated for poverty alleviation programme HIV</p> <p>Comprehensive HIV Prevention Package and social and behavioural communication strategy: <i>Number of departments and communities with MCP reduction programmes and campaigns</i></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>Fewer women and children experience gender-based violence, including sexual harassment</p>	<p><i>displaying MCP reduction messages</i></p> <p>Programmes to address Gender-based violence: % of relevant SAPS members trained on the management of the Gender violence and rape</p>
<p>1.2. New HIV,STI and TB Infections are prevented</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>1.2.1.Reduced Sexual Transmission of HIV and TB</p> <p>Fewer people get sexually transmitted infections</p> <p><i>Percentage ofGenital Ulcers or genital discharge in the last 12 months</i></p> <p><i>% of employees who tested HIV positive</i></p> <p>Fewer employees get TB disease</p> <p><i>% of employees referred for clinical diagnosis of TB</i></p> <p>Fewer persons are exposed to the risk of HIV transmission through blood and blood products</p> <p>Percentage of personnel who experienced HIV exposure-related incidents who have since sero-converted during the last 12 months.</p> <p>More PLHIV know their own status</p>	<p>Comprehensive Sexual and Reproductive Health Package (including IEC,VCT,PEP, condom distribution and TB and STI treatment)</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>Infection control programmes and universal precautions</p> <ul style="list-style-type: none"> • Number of donated blood units screened for HIV in a quality assured manner • Number of HIV exposure-related incidents reported in the last 12 months • Number of personnel provided with PEP • Percentage of the HCW including home-based carers and caregivers trained on infection control <p>Counseling and Testing Programme (HCT)</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>1.2.2.Reduced Mother to Child transmission of HIV (NSP Goal 3)</p> <p>Fewer infants born to HIV positive mothers become infected with HIV</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>GEMS Comprehensive PMTCT programme for pregnant mothers, their infants and their sexual partners</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>1.3. Health and Wellness of HIV and TB infected individuals is sustained</p> <p>HIV has less impact on individuals, families, communities and society</p> <p><i>% of all deaths attributable to HIV&AIDS and TB</i></p>	<p>1.3.1.Increased number of PLHIV who lead Healthy and Productive Live</p> <p>More PLHIV receive the comprehensive care and treatment package</p> <p><i>% of newly registered TB patients who are HIV positive during a given</i></p>	<p>Comprehensive Care Treatment and Management (CCMT) Programme</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 < 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>1.4 Human rights protected and access to justice increased</p>	<p>1.4.1. Increased public knowledge of and adherence to legal and policy provisions in the Public Service</p> <p>Fewer PLHV are exposed to Stigma and Discrimination</p> <p><i>Number of reported cases of HIV and TB related Stigma and discrimination</i></p>	<p><u>Work Place Programme</u></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>

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

<p>Communicable Disease are reduced</p>	<p>Communicable diseases <i>Number of employees on disease management programme</i></p>	
<p>2.3. Improved management of Mental Health in the work place.</p>	<p>2.3.1. Fewer employees are affected by Mental Illnesses <i>% of employees referred for Mental illness</i></p> <p>2.3.2. More employees with Mental illness are supported by Peers and management <i>% of Employees reporting mental health stigmatization in the workplace</i></p>	<p>Mental illness counselling and management programme <i>Number of employees screened for Mental illnesses in the workplace</i></p>
<p>2.4. Reported Retirement due to Incapacity and ill Health is reduced</p>	<p>2.4.1. Fewer employees are retire due to Incapacity and Ill health <i>%Employees who retired due to ill-health (excluding HIV&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>3.1. Optimal Occupational Health and Safety is attained</p>	<p>Fewer employees are exposed to workplace hazard and risks</p> <p>Number of fatal work-related injuries occurred in the last 12 months</p> <p>More occupational outcomes are reported, and mitigation measure applied</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>Occupational Health and Safety Programme</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>3.2. Workplace environment is improved</p>	<p>More buildings, offices and equipments are well maintained</p> <p>% of service points declared healthy and safe</p>	<p>Facility management programme</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>

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

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

<p>4.2. Optimum Psychosocial Wellness of Employees and Families is maintained</p>	<p>Fewer Public Servants are affected by psychosocial stressors</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>Psychosocial and Counselling services</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>4.3. Desirable Organizational Wellness is maintained</p>	<p>Organizational culture is more supportive for the wellbeing of employees and their families</p>	<p>Change Management programme</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>4.4. Increased Work-life balance in the Public Service</p>	<p>Workplace policies and programmes support work-life balance.</p> <p>% of employees displaying signs of burn-out and fatigue</p>	<p>Supportive Policy Environment</p> <p>% of departments with flexible workplace policies</p> <p>% Employees utilizing Child-care facilities</p>