



Registrar's Portfolio
ANNUAL REPORT 2018

**The Future
Reimagined**



UNIVERSITY
OF
JOHANNESBURG

Registrar's Portfolio **ANNUAL REPORT 2018**

**The Future
Reimagined**



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REGISTRAR'S PORTFOLIO

Executive Summary

During 2018 the Registrar's portfolio consisted of the following divisions: Central Academic Administration (CAA), Central Administration, Corporate Governance, the Occupational Health Practice (OHP), Primary Health Care (PHC), and the Institutional Office for HIV and AIDS (IOHA). The primary focus of these diverse units remains on UJ's strategic objectives 4 and 6: An Enriching and Student-Friendly Living and Learning Experience; and Fitness for Global Excellence and Stature. These units contribute to these objectives, on the one hand through a focus on the health and wellness of students as a precondition to their academic and personal fulfilment as members of the UJ community; and on the other through ensuring aspects of the quality underpinning an excellent academic experience. This latter ranges from the quality of institutional governance, through the administration of the student life-cycle to the operational quality of support units. Beyond these two core strategic objectives, the units under the Registrar's stewardship also impact, in most cases rather less directly, on the other strategic goals of the University.

During 2018 restructuring within UJ's support divisions, in terms of changing operational requirements, brought the following changes to the Registrar's portfolio. Central Administration was disbanded: some staff were transferred to other divisions to address newly arising roles; the Graphic Design Studio was relocated into the Corporate Governance Division; the University Secretariat began reporting directly to the Registrar. The former Institutional Advancement Division was also disaggregated, with some units allocated to the Registrar's portfolio: Event Management was placed in Corporate Governance, and Student Marketing and Alumni were allocated to Central Academic Administration.

In this Executive Summary, progress and notable achievements as well as some future priorities are reported in summary format per division.

Central Academic Administration (CAA)

CAA has maintained its national leadership role in the use of technology to support the student life-cycle, by means of regular developments and enhancements of the student data system. In September 2018 the data system was upgraded to Integrator 4.1 from Adapt IT, the latest available version. Enhancements undertaken are reported on below.



Applications and selections

The University again promoted the utilisation of the online application system by means of the No Application Fees policy. The number of applicants utilizing the online system has now stabilised at 96% over the past two years, following on the introduction of the No Application Fees Policy in 2014. Applicants received an automated response (acknowledgement of receipt) after the submission of the application. Furthermore, the pre-screening of applicants against their Grade 11/12 results listed the qualifications for which the candidate qualified. Although applicants were still allowed to select any qualification of interest, this pre-screening function gave applicants an early warning where they did not meet the minimum entrance requirements. The number of applicants has continued to rise: including applicants for short learning programmes, this was at 224 206 in 2018, compared to 204 584 in 2017 and 191 165 in 2016. A database of unsuccessful yet qualifying applicants was developed to use as a potential pool of applicants in case enrolment targets were not met.

The ID information of applicants was successfully verified electronically, which resulted in increased efficiency and cost saving. Only applicants whose IDs could not be verified, were requested to submit a paper copy.

To mitigate the risks related to late applications/walk-ins the University did not allow any physical walk-ins during the week following the release of the Grade 12 results. A comprehensive communication campaign was launched to inform prospective applicants of the application deadlines and to inform them that no walk-ins would be allowed on any campus in January. Furthermore, a dedicated application enquiry system, accessible by means of mobile devices with Internet connection, was again utilised for late enquiries/applications. Applicants without internet access could access information by means of an extended call centre or online chat facility. Immediately after the release of the NSC results, UJ calculated the final admission status of first and second choice applications as well as declined applicants whose Grade 12 results had improved. All category applicants were informed by means of an SMS of their final admission status. The application statuses were also available on the UJ home page.

The student marketing function was relocated to the Student Enrolment Centre (and now reports to the Registrar via CAA), with the purpose of closer collaboration in terms of supporting the lifecycle process from marketing to prospective applicants, converting marketing activity into applicants and ultimately admitting the top performing applicants for registration.

Registration

Given the potential for disruption of registration, comprehensive risk mitigation strategies were put in place, with an enhanced focus on on-line services. Over the past few years CAA has made excellent progress with the implementation of on-line registrations and is considered a national leader in this domain.

- Only online off-site registrations were accepted. (Assisted on-site registrations decreased from 40% in 2015 to 15% in 2018.)
- More online services were introduced, e.g. for F7 appeals and special assessment applications.
- Strict access control at campus entrances was implemented, with security vetting stations to assist with enquiries.
- An extended call centre and online chat facility assisted with off-site registration.
- The online late enquiry system facilitated around 80 000 enquiries online and off site within a week.

A student satisfaction rate of 86% (compared to 85% in 2017) was reached for registration.

The academic record module on the student management system was enhanced to display National Qualification Framework (NQF) levels of programmes and to exclude the levels for short learning programmes, which are no longer allowed to make mention of any NQF level if not part of an accredited programme.



UJ launched a number of online programmes between 2017 and 2018, and extensive system developments were made to facilitate the online registration model of six intakes a year. In the next few years, several other online programmes will also be launched, and CAA will continue to develop and integrate systems to streamline and improve our online services.

Timetables

The CELCAT timetable optimisation software has been utilised for the optimisation of the DFC, APB and SWC lecturing timetable over the past three years. The re-optimisation, from a zero base, of the undergraduate assessment timetable for the period 2019 to 2021 was successfully completed for all campuses. The DFC lecturing timetable was successfully re-optimised in 2018, with the re-optimisation of the APK lecturing timetable being postponed to 2019 due to system issues and resource constraints. Dynamic e-forms were implemented to facilitate timetable change requests. The CELCAT Room Booker system was also fully implemented for lecture and assessment venues. Implementation for the booking of computer labs is planned for the first semester in 2019.

Assessment and Examination security

Assessment security was further enhanced through the decision to centralise the assessment printing and storing function under CAA (as opposed to in the faculties). This decision was implemented from March 2018, with staff members from the former Postal Services fully incorporated into the Assessment division to assist with this function.

The Management of Assessment of Marks System (MAMS), initially implemented in 2015, has been continuously enhanced over the past few years. This system has increased the governance of marks significantly. A further critical enhancement linked to the MAMS system this year was the development of the SAPSS (Submission of Assessment Papers Secured System) which allows Heads of Departments (HODs) to authorise academics electronically for the uploading of assessment papers. Enhancements to the SAPSS system will continue in 2019 with concepts such as a warning to the HOD of similarities between the papers submitted for the main, supplementary and special assessment, and possibly a random selection of assessment papers in terms of the order in which they will be used.

The biometric scanning of students in selected assessment venues on all campuses has been implemented. This system verifies the identity of the student and registration data against the student system. The system acts as a deterrent against examination transgressions. To enhance the integrity of assessments further, surveillance cameras were installed in large venues where the layout of the venue inhibits physical invigilation. Recorded material may be used as evidence in assessment transgression cases. The installation of cameras in the remaining main assessment venues is under investigation and will continue in 2019. Cameras have also been installed in all the assessment printing venues.

Graduations and Certification

More than 13 000 students graduated at almost 60 centrally coordinated graduation ceremonies. A student satisfaction rate of 89% was reached (compared to 86% in 2017).

Because of increasing disruptions of graduation ceremonies by latecomers, the Management Executive Committee (MEC) decided to implement strict measures and not allow any late arrivals during the September set of graduation ceremonies. To facilitate this, a strong communication campaign was launched and graduates were issued with electronic tickets to their ceremonies. Graduates could then share the electronic tickets with their guests in advance.

UJ's new advanced security certificates not only protect the University's certificates from fraud but also preserve the reputation of the institution and the integrity of qualifications. In addition to the certification printing software installed in 2017, in 2018 the qualification verification functionality was activated, to allow alumni to securely authorise access to their certification documents electronically to third parties or prospective employers (free of charge). These additional features on the digital certificates system were received very positively.



External auditors performed the annual compliance audit. No exceptions were recorded, as has been the status quo for a number of years now.

Alumni

Three staff members responsible for the coordination of alumni activities were transferred from Advancement to CAA. Extensive advertising campaigns were executed in the print media, radio and on digital platforms (e.g. News24, LinkedIn, Facebook and Twitter) to encourage alumni to get involved with UJ and to update their contact details. In 2019 CAA will continue to implement systems to allow alumni to be more engaged and to collaborate online in terms of availing themselves as mentors to current students. An Alumni magazine was created for both digital and print media.

Central Administration

The success of the UJ Strategic Plan 2025 presupposes an excellent support service which creates a welcoming and caring environment with a strong service orientation for staff, students and visitors. This is the mandate of Central Administration in its several units: Director's Office, Graphics Studio, Postal Services Unit and University Secretariat. The different sub-sections within the directorate have performed admirably and have provided excellent service with regard to committee administration, the collection and distribution of post, support to employees in the design and preparation of graphic material, ensuring the efficient use of the Madibeng conference venues, and assuming an appropriate governance role for graduation ceremonies.

University Secretariat and Committee Governance

The University Secretariat has continued to function exceptionally well, as was the case in previous years. Their main achievements in 2018 were as follows:

- Servicing 132 statutory committee meetings, including three ELG strategic sessions, two MEC strategic sessions and one Council Workshop. Very positive feedback was received from all parties concerned.
- Developing a procedure for creating, using, retaining and destroying of audio recordings of statutory and other committee meetings serviced by the University Secretariat.
- Developing a framework for Council members' benefits.
- Reviewing the Rules for Effective Meetings.
- Revising the UJ committee structures, where appropriate, using benchmarking from local and international universities as guidelines.
- Reviewing the statutory committee charters, in line with the revised UJ committee structure.
- Developing a Charter for the Remuneration Committee of Council (which was previously included in the Charter of the Executive Committee of Council).
- Updating the attendance register to include guidance on the circumstances in which a conflict of interest should be declared in relation to committee business.
- Providing informal skills development sessions to staff members responsible for committee administration in various faculties and divisions.

Corporate Governance

The function of the Corporate Governance Office includes the legislative and compliance framework within Records Management, Corporate Governance (compliance) and Contract Management.

The UJ File Plan was one of the key focus areas for 2018. The framework, including the Master Record Index, was developed based on inputs received from both academic and administrative staff within faculties.

Corporate Governance worked together with Central Academic Administration and played a significant role in the roll-out of the new digital certificates platform. In addition, the solution for the online programmes was rebuilt to ensure that applications receive priority attention, contributing to enhanced service delivery.



Further enhancements of the Electronic Data and Records Management System (EDRMS) were made, improving the management of contracts and records and contributing to the strategic objective of excellence in research and innovation. The Business Insight module was activated within the EDRMS, resulting in automated reports being generated. A total of 5 150 contracts are secured as vital records within the EDRMS, of which 590 are active contracts. For 2018, 436 new contracts were captured.

Regarding records management, a number of solutions are maintained in both paper and the EDRMS environment. 19 projects were identified for 2018, of which 14 were successfully completed. The remaining projects are in the final phase of development and testing. There has been an increase in records management awareness at UJ. This is demonstrated in the increasing number of requests received for offsite-storage and disposal.

Providing access to information remained a key function of corporate Governance. During 2018, this office handled a total of 7 723 requests in terms of qualification verifications, transcript supplements requests, academic records requests, PAIA and POPI requests and internal requests for information.

Attention was also paid to policy development. The User Guide on how to access governance documents was updated and communicated to stakeholders. The Policy Grid was revised and sent to all stakeholders for review of policies within the respective domains. Newly developed and revised policies for the 2018 reporting year amounted to 79.

The Academic Regulations for contact programmes and online programmes were combined, resulting in one set of regulations to ensure fairness and consistency in all programme offerings. These regulations were posted on the Intranet, UJ Website and uLink.

Nominations and elections were executed for various positions on statutory committees as well as within faculties. The nominations and elections conducted posed no risks.

Three units contribute to institutional health and wellness portfolio: the Occupational Health Practice (OHP) (with a focus on staff), the Primary Healthcare Service (focusing on students), and the Institutional Office for HIV and AIDS (IOHA). The three units collaborate closely, and services are available on all campuses, free of charge.

The Occupational Health Practice (OHP)

Medical surveillance of at-risk employee groups was completed at a rate of 126% of the scorecard target. A total of 80 health risk assessments were carried out by the OHP, prompted by existing or emerging risk. The completion rate is at 107% compared to the scorecard target.

Following extensive cyclic site visits over the past 15 years to assess occupational environments for its risks and hazards to the health of persons, the team has been compiling annual risk profiles per campus and for the institution as a whole. The profile, updated in November 2018, depicts the impacts and probability of risk and hazards occurring in given environments. 29 risks were identified and allocated ratings of high, moderate or low risk. The campus presenting with the most risks overall was DFC at twelve, followed by APK at ten, SWC at four and APB at three.

Event medical risk management was completed for 59 academic and cultural events. A Service Level Agreement has now been concluded with ER24 as emergency medical care providers, and circulars and posters used to create awareness.

Radiation dosimetry results displayed no deviations beyond reference ranges – thus no occupational overexposure of radiation workers at UJ. From the start of 2019 this function will move to the domain of the Chief Operating Officer, in order to position this institution-wide role more correctly.

The annual Influenza campaign reached 523 employees across all campuses.



The state of food safety at UJ was audited against compliance to HACCP standards and the UJ norm of 90%. UJ, after steady growth since 2011, achieved an average Total Food Safety score of 88% for the reporting period, similar to the previous year, indicating in general consistent, commendable practices. The newly adjusted Food Safety Policy was approved by MEC on 25 September, formalizing the process to follow in case of non-compliance to Food Safety norms.

The Practice conducted 3 406 client contact sessions, with client satisfaction rates at 95%.

Primary Healthcare (PHC) Service

The annual utilization of health clinic services was at 26 466 consultations, a reduction of 4.5% compared to 2017. Consultations with staff members have decreased to only 5.5% of this total. (Only staff at lower peromnes levels, i.e. P17-P15, may access the clinic services.) A client satisfaction of 92% across all clinics was attained.

Family planning was provided to **9 585** clients, which is similar to last year and includes both staff and students across the university. After continued increases per annum over the past four to five years, this may indicate the beginning of a plateau in the usage of family planning methods, which is to be expected. An emerging challenge is the shortage of injectable contraceptives supplied by the Department of Health (DOH). This is mitigated by offering oral and subdermal contraceptives as alternatives. The 'morning after' pill was given to 243 patients, 30% more than in 2017. 1 429 patients were tested for pregnancy with 117 testing positive.

The number of patients treated for sexually transmitted infections (STI) has continued to rise, with the 12% increase in 2017 followed by a 4% increase in 2018 to a total of

1 354 patients treated. To mitigate the danger of patients developing resistance to certain drugs, new technology is being introduced (in partnership with the company Get Tested), to determine the exact STI and the specific medication required. The unavailability of certain drugs from the DOH central pharmacy has also been leading to delays in treatment.

There was a notable increase in uptake of HIV testing (17% increase for two years running) at the PHC Clinics, in part due to the Social Work and Psychology interns allocated to the clinics. The SWC clinic had a marked increase in testing and positive case findings, with more clients being referred for anti-retroviral treatment.

Travel health was accessed by a total of 479 clients – a 19% increase from last year, following on a very substantial increase in 2017. This increase is due to the introduction of the "Africa by Bus" initiative. 28 Medical Operational Plans (MOPs) were done for UJ's various sporting activities.

Numerous health promotions and campaigns were held during the year, generally in partnership with IOHA. Activities were undertaken in collaboration with the Library, IOHA, Student Affairs, SRC, UJFM, residences and day houses. External partners included DOH, Right to Care-Themba Lethu Clinic, SANCA, City of Johannesburg, Wits HIV Clinical Research Unit, and Foundation for Professional Development. In addition, First Aid Training was provided by the City of Johannesburg Emergency Management Services for 94 students at SWC and APB Campuses.

PHC and IOHA jointly took over the leadership of the Risky Student Behaviour Committee, on behalf of the Senior Director Student Affairs, with the committee consisting of representatives from the Divisions of Student Affairs, Protection Services, PsyCad, IOHA, PHC and the Transformation unit. An activity based approach was adopted, to resolve risky behaviour from a health and wellness perspective.

The Institutional Office for HIV and AIDS (IOHA)

The Institutional Office for HIV and AIDS (IOHA) coordinates the HIV/AIDS programme at UJ. It facilitates the implementation of prevention interventions and strategies aimed at reducing new HIV infections and providing holistic service for PLHIV (People Living with HIV) within the UJ community. The core operational



functions include HIV prevention through sexual and reproductive health, peer education, community engagement, mass HIV counselling and testing, and care and support for people living with HIV.

HIV Counselling and Testing (HCT) is one of the key contributors towards the realisation of the national 90-90-90 project, i.e. 90% of the community to know their status, 90% diagnosed with HIV infection to know their status and 90% virally suppressed. During the mass counselling and testing led by IOHA, a total of 10 945 clients tested in 2018, compared to 10 879 in 2017. This was 4% lower than the 2018 target of 11 355. Numbers at APK were especially low, with the changed academic calendar impacting on the numbers tested: in May the three-week testing had to be cut to one week due to tests and exams. In 2019 mass testing dates will be aligned with the academic calendar and students' availability; and a target of 20% per campus will be set.

104 clients (students and staff) tested as HIV positive. Institutional prevalence remained at 1.0%, which is below the 3.4% prevalence average for HE in South Africa, and substantially below the estimated 12.6% national prevalence. Of those testing positive, 74 persons (80%) agreed to be referred to IOHA, and the majority of these (69) joined the internal Care and Support programme; 62 are on treatment and adhering to it. The HIV Care and Support programme was extended beyond those who had tested through IOHA, to the broader community, and 12 have joined the programme. Support is delivered by means of face to face consultations, WhatsApp groups, a buddy system and a social club.

The Link peer educator programme is key to IOHA's strategy. In 2018 135 students participated, as against a target of 65, with 95 participating in the two-day Empowercamp Camp and Appreciation ceremony. To transform and adapt to current trends around the peer educator training, the programme is being implemented on an e-learning platform. In addition to face-to-face induction training, all peer educators are required to complete three e-learning modules by the end of the year. Students who completed the modules by this time were awarded certificates. At the same time, the process of formalising the programme and registering it as a short learning module has started through the Faculty of Education. Indications are that the process will take one to two years to be completed.

Awareness was enhanced through strengthened partnerships and collaboration between the Library, residences, PHC, faculties, Student Affairs, UJ Sports, HR Wellness and PsyCaD. Campaigns and events based on HEAIDS Big 7 Projects and programmes aimed at fast-tracking the response to HIV and AIDS through comprehensive, combinatory strategies, i.e. First Things First, Men's Health, Women's Health (ZAZI), LGBTI-MSM, Balance Your Life and Future Beats. The topics discussed included issues relating to social drivers for HIV, e.g. Gender Based Violence (GBV), multiple partner relationships, LGBTI-MSM, the Sugar Daddy phenomenon, Absent Fathers, Body Shaming and Drug and Alcohol use/abuse. Peer educators hosted numerous residence talks within the UJ internal and external residences. UJFM and social media were used extensively to communicate with the broader community. IOHA's Facebook page and Twitter page are attracting increasing numbers of visitors.

In partnership with Social Work, IOHA and Campus Health provided a mentorship programme for some 4th-year Social Work students. IOHA also hosted student interns from IT departments and from the Marketing department on a project to design an updated website for IOHA.

The HIV/AIDS Committee continued to monitor and supervise University faculties' and departments' response to the HIV pandemic. Additionally, the focus has now shifted to addressing the social determinants of HIV, which are fuelling it, such as Gender Based Violence, Risky Student Behaviour (RSB), the Sugar Daddy phenomenon, etc. Training and capacity building workshops were facilitated in six faculties, i.e. Education, FADA, FEFS, Health Sciences, Humanities, and Management, which shows an encouraging willingness by faculties to acknowledge the importance of issues around sexual reproductive health in active citizenship.



Conclusion and the way forward

The organisational structure of the Registrar's portfolio has changed during 2018. Staff who were affected have been fully integrated into their new divisions and roles.

The Registrar's portfolio has developed a considerable strength in the development and use of on-line, technological and automated approaches to academic administration and governance and is increasingly considered to show national leadership in this field. In 2018 we have made further strides in enhancing the efficiency and effectiveness of our systems and processes. This has been achieved by upgrading of systems, by reviewing our processes, and by empowering of our staff. These efforts will continue in 2019 and the years ahead, in support of the University's vision to be a national leader in the Fourth Industrial Area.

The Annual Reports of each of the Divisions in the Registrar's Portfolio now follow:

Central Academic Administration (CAA)

Central Administration

Corporate Governance

Occupational Health Practice (OHP)

Primary Healthcare Service (PHC)

Institutional Office for HIV and AIDS (IOHA)







DEFINITION OF ABBREVIATIONS AND ACRONYMS

ADAPT IT	Student System Vendor
AGC	Assessment, Graduation and Certification
APB	Bunting Road Campus
APK	Kingsway Campus
ARS	Application Ranking System
CAA	Central Academic Administration
CEP	Continuing Education Programme
CHE	Council for Higher Education
DFC	Doornfontein Campus
DHET	Department of Higher Education and Training
FADA	Faculty of Art, Design and Architecture
FEBE	Faculty of Engineering and the Built Environment
FEFS	Faculty of Economic and Financial Sciences
FHS	Faculty of Health Sciences
HEDA	Higher Education Data Analyser
HESA	Higher Education South Africa
HEQF	Higher Education Qualification Framework
HEMIS	Higher Education Management Information System
HFA	Heads of Faculty Administration
ICS	Information and Communication Systems
IEB	Independent Examinations Board
iEnabler	Web-based Adapt IT Systems for Academic Administration
Integrator	Student Administration System
ITS	Integrated Tertiary Software (Student System)
MAMS	Management of Assessment Marks System
MIS	Management Information Systems
NMMU	Nelson Mandela Metropolitan University
PwC	PricewaterhouseCoopers
PQM	Programme Qualification Mix
QVS	Qualification Verification System
SAQA	South African Qualification Authority
SEC	Student Enrolment Centre
SENEX	Senate Executive Committee
SWC	Soweto Campus
UJ	University of Johannesburg

Central Academic Administration (CAA)

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1. OPERATING CONTEXT AND GOVERNANCE

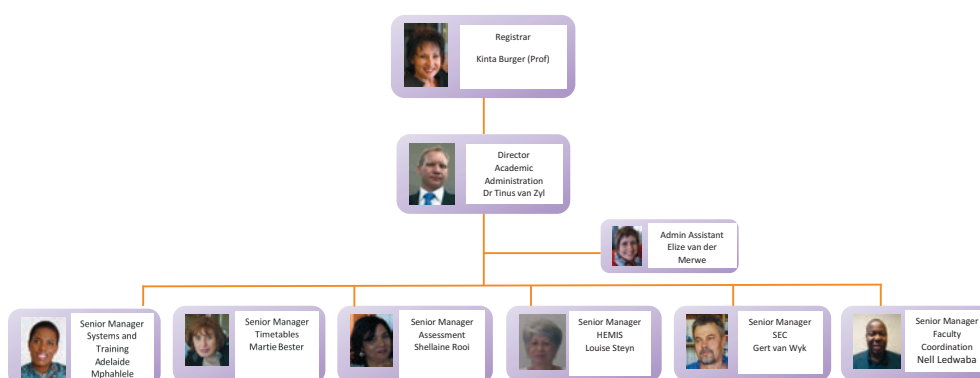
The term academic administration refers to the management and governance of the academic life cycle of the student, from application to graduation. Central Academic Administration (CAA) operates to enable the University's fitness for purpose and adequate support of its primary academic strategic objectives. The institutional Academic Administration Coordination Committee (chaired by the Registrar) oversees the governance of Academic Administration and meets regularly. The following other specialised committees are operational: Admission Committee, Assessment Committee, Registration Committee, Timetable Committee, and Graduation Committee, all chaired by the Registrar. In addition, various specialised operational committees exist within Central Administration to attend to operational matters.

The Director: Central Academic Administration (CAA) reports to the Registrar. Each faculty has a Head of Faculty Administration reporting to the relevant Executive Dean. However, a dual governance system exists, and the Registrar is ultimately accountable for the quality of academic administration. The annual external student data audit is submitted to DHET via the Registrar's Office. The current student data system is Integrator 4.1 from Adapt IT (which was upgraded from Version 3 to the latest available version, Version 4.1 in September 2018). Central Academic Administration governance is divided into the following units: Faculty Coordination (including Academic Structure, Registration Logistics, Alumni, Certification and Graduations), HEMIS Coordinator, Student Enrolment Centre (including Student Call Centre and Student Marketing), Assessment, Timetabling. The following governance committees report to the Senate Executive Committee (Senex): Admission Committee, Academic Administration Coordination Committee, Registration Committee, Timetable Committee, and Graduation Committee. Each committee operates in accordance with the relevant charter approved by Senex.

During 2018 two additional units were relocated into CAA, with the overall goal of enhancing management of the full student life-cycle: the Student Marketing unit and the Alumni office.

Organisational design

The organisational design follows the academic administration life cycle process. Below is the organogram for the CAA management team reporting to the Registrar:



2. RISKS AND MANAGEMENT OF RISKS

A risk mitigation strategy for academic administration, focusing on the academic life cycle of the student, was developed in 2007 and has been continually refined since then. The risks related to academic administration are governed by Central Academic Administration and managed within the faculties, as well as by the academic life cycle based, institutional committees reflected in the overview above. The academic administration risks are listed below. Their impact on the institution and the effectiveness of the mitigation strategies are reviewed annually.



Conflict of interest and declaration of confidentiality

A register reflecting the conflict of interests declared by employees (e.g. family members registered at UJ) is compiled annually, and applicable internal controls are in place to mitigate risks related to assessment marks on the student data system and access to assessment papers before they are written. Annually, a declaration of confidentiality is also signed by all staff members responsible for academic administration.

Centralised printing and storing of assessment papers

In order to maintain and improve on the governance related to the printing and storing of assessment papers, the decision was made to centralise the operational process under CAA. To facilitate and enhance the process, a new secure assessment paper upload system (between academics and the Assessment Department) was developed.

In the second semester, the new SAPSS (Submission of Assessment Papers Secured System) was implemented and more than 95% of the module assessments were uploaded electronically by academics. The Assessment Department printed and stored approximately 4 900 module papers for the second semester's main, supplementary and special assessments opportunities.

Large number of late applications/walk-ins

To mitigate any risks related to late applications/walk-ins, the University again decided not to allow any physical walk-ins during the week following the release of the Grade 12 results.

To further mitigate the risk of walk-ins, a comprehensive communication campaign was launched to inform prospective applicants of the application deadlines and to inform them that no walk-ins would be allowed on any campus in January.

Furthermore, a dedicated application enquiry system, accessible by means of mobile devices with Internet connection, was again utilised for late enquiries/applications. Applicants without Internet access could access information by means of an extended call centre or online chat facility.

Immediately after the release of the NSC results, UJ calculated the final admission status of applicants as well as of declined applicants whose Grade 12 results had improved. Applicants in all categories were informed by means of an SMS and email of their final admission status. Application statuses were also available on the UJ home page. All four UJ campuses were closed during the period 2 to 5 January 2018, and students were only allowed on campus, for among other reasons, to submit study visas.

Registration

A medium-risk classification was again assigned to provide for heightened visibility and responsiveness by Public Order Policing. Once again, strict access control measures to all campuses were in place during the period following the release of the Grade 12 results in January 2018, while at the same time adequate support was ensured for entrants who wished to submit late applications, register online and off site, and have queries answered.

Comprehensive risk mitigation strategies were put in place for registration, with a focus on online services. CAA has made excellent progress with the implementation of online registrations and is considered a national (and in certain instances international) leader in this domain.

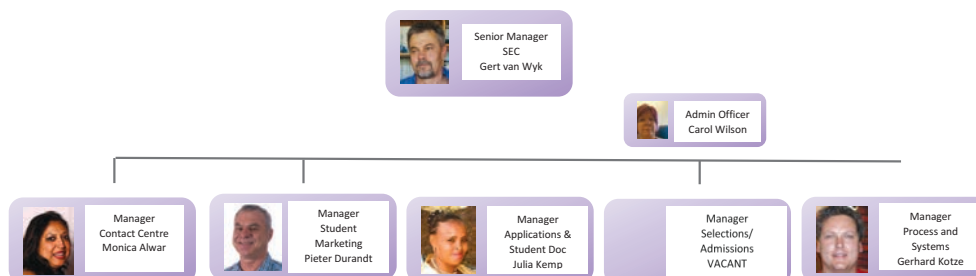
- Only online off-site registrations were accepted. (Assisted on-site registrations decreased from 40% in 2015 to around 15% by 2018).
- More online services were introduced, e.g. for F7 appeals, course changes after registration and special assessment applications.
- Strict access control at campus entrances was implemented, with security vetting stations to assist with enquiries.



- An extended call centre and online chat facility assisted with off-site registration.
- The online late enquiry system facilitated around 80 000 enquiries online and off site within a week.

2.1 Student Enrolment Centre (SEC)

Below is the organogram for the management team for the Student Enrolment Centre (SEC):



The University again promoted the use of the online application system by means of the No Application Fees Policy. A total of 96% of applicants again applied online as opposed to 96% in 2017, 95% in 2016, 87% in 2015, and 11% in 2014. Applicants received an automated response (acknowledgement of receipt) after the submission of the application. Furthermore, the online pre-screening of applicants against their Grade 11/12 results listed the qualifications for which the candidate qualified.

Although applicants were still allowed to select any qualification of interest during the online application process, this pre-screening function gave applicants an early warning where they did not meet the minimum entrance requirements. The number of headcount applicants (including short learning programmes) in 2018 was 224 206 compared to 204 584 in 2017, and 191 165 in 2016. A database of unsuccessful yet qualifying applicants was developed to use as a 'selection list' in case enrolment targets were not met.

The ID information of applicants was successfully verified electronically against the Home Affairs database, which resulted in increased efficiency and cost saving. Applicants whose IDs could not be verified were requested to submit a paper copy for verification.

The table below shows a reflection of applicants applied online from 2014 to 2018 for the following year of study.

Year	2013	2014	2015	2016	2017	2018
Hardcopy	10 304	35 646	25 700	17 394	15 137	9 559
Online	14 511	164 448	157 563	173 771	189 411	214 647
Grand Total	134 815	200 094	183 263	191 165	204 548	224 206
% Online	11%	82%	86%	91%	93%	96%

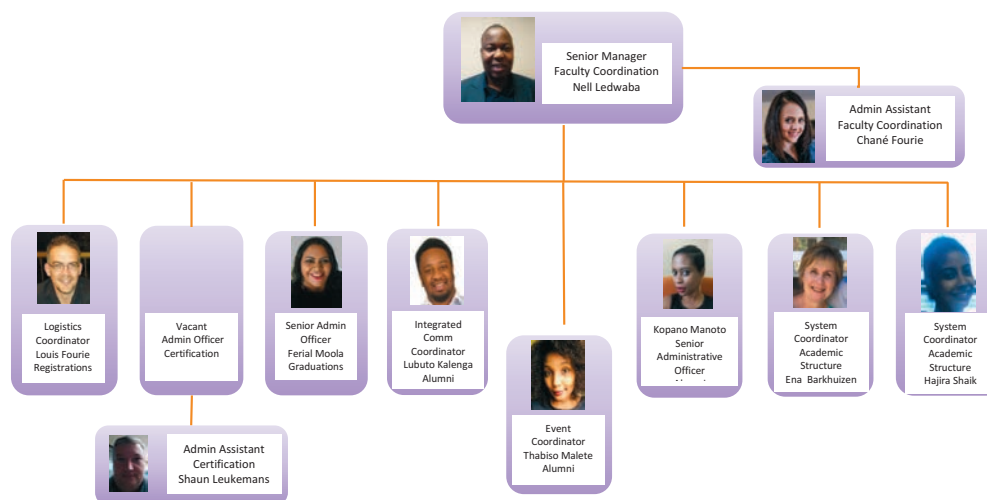
Biographic staff members from APK were transferred to APB/DFC/SWC to have 3 staff members on each of those campuses. This will save budget on student assistants and assist with staff member leave taking.

From February on SEC staff members on all campuses have insourced the scanning of application documents and importing them into perceptice content. This saves budget since documents are not send to Metro-file for scanning anymore.



2.2 Faculty Coordination and Alumni

Below is the organogram for Faculty Coordination and Alumni:



2.2.1 Registration

A student satisfaction rate of 86% (compared to 85% in 2017) was reached for registration. The academic record module on the student management system was enhanced to display National Qualification Framework (NQF) levels of programmes and to exclude the levels for short learning programmes, which are no longer allowed to make mention of any NQF level if not part of an accredited programme.

UJ launched a number of online programmes between 2017 and 2018, and extensive system developments were made to facilitate the online registration model of six intakes a year. In the next few years, several other online programmes will also be launched, and CAA will continue to develop and integrate systems to streamline and improve our online services.

Comprehensive risk mitigation strategies were put in place for registration, with a focus on online services. CAA has made excellent progress with the implementation of online registrations and is considered a national leader in this domain.

More online services were introduced to support the CAA strategy of expanding all the business processes digitally. For example, the F7 appeals, course changes after registration and special assessment applications were all redeveloped to be available online for students, meaning that they were not required to be on campus to submit these types of enquiries or appeals.

99% of student used the online registration system, resulting in significant reduction of feet on campus during the registration period of students wanting to register on-site. Future Plans and strategic initiatives to enhance the registration process would be the implementation of a potential zero rating of mobile service providers which will enable students/potential students to register without the need to have data on their mobile devices. Expansion of Wi-Fi access points for students on campuses to enable students to register from there device.

2.2.2 Graduations and Certification

More than 13 000 students graduated at almost 60 centrally coordinated graduation ceremonies. A student satisfaction rate of 89% was reached (compared to 86% in 2017). UJ's new advanced security certificates not only protect the University's certificates from fraud but also preserve the reputation of the institution and the integrity of qualifications. Certification printing software was successfully installed in 2017 to provide the functionality of ordering replacement certificates online and to have these sent by courier anywhere



in the world. In 2018, the qualification verification functionality was activated, to allow alumni to securely authorise access to their certification documents electronically to third parties or prospective employers (free of charge). These additional features on the digital certificates system were received very positively.

Because of increasing disruptions of graduation ceremonies, due to latecomers, management decided to implement strict measures and not allow any late arrivals during the September set of graduation ceremonies. To facilitate this, a strong communication campaign was launched, and graduates were issued with electronic tickets to their ceremonies. Graduates could then share the electronic tickets with their guests in advance.

In addition, external auditors performed the annual compliance audit to verify whether all certificates issued have been duly authorised. No exceptions were recorded, as has been the status quo for a number of years now.

The e-Ticketing system was implemented to ease the access process during Graduation Ceremonies. Students can now print the tickets (Maximum of 3 tickets per student) and hand out to their guests in advance. This prevents queuing in the foyer. However, challenges were experienced with the e-Ticketing system due to contact details of graduates' email addresses and mobile numbers that were incorrect and not updated on before graduations.

2.2.3 Alumni

The primary focus of the Alumni office is to facilitate and maintain effective contact with its worldwide community of alumni, with the aim of keeping them informed of University activities and engaged. The involvement of alumni is crucial to the sustainability and growth of the University and provides important ties between the past and the present. The Alumni network therefore helps to serve alumni needs and encourage their involvement and support in preserving the brand and stature of the University.

In March, three staff members who are responsible for the coordination of alumni activities were transferred from Advancement to CAA. This was done to strengthen collaboration and to align efforts between the Graduation office and the Alumni office.

For the Alumni office, this was a year of firstly focussing efforts to reconnect with alumni from the legacy institutions. Secondly, we sought to increase our marketing reach through online and social networking platforms and thirdly, to focus on technology to make it easier and more convenient for alumni to connect with the University and to build alumni networks.

Extensive advertising campaigns were executed in the media, radio and on digital platforms (e.g. News24, LinkedIn, Facebook and Twitter) to encourage alumni to get involved with UJ and to update their contact details. Virtual and digital engagement continues to rise with the Alumni office reaching our broad and diverse alumni base through online media exposures. Because of these efforts, 9 000 alumni updated their communication details.

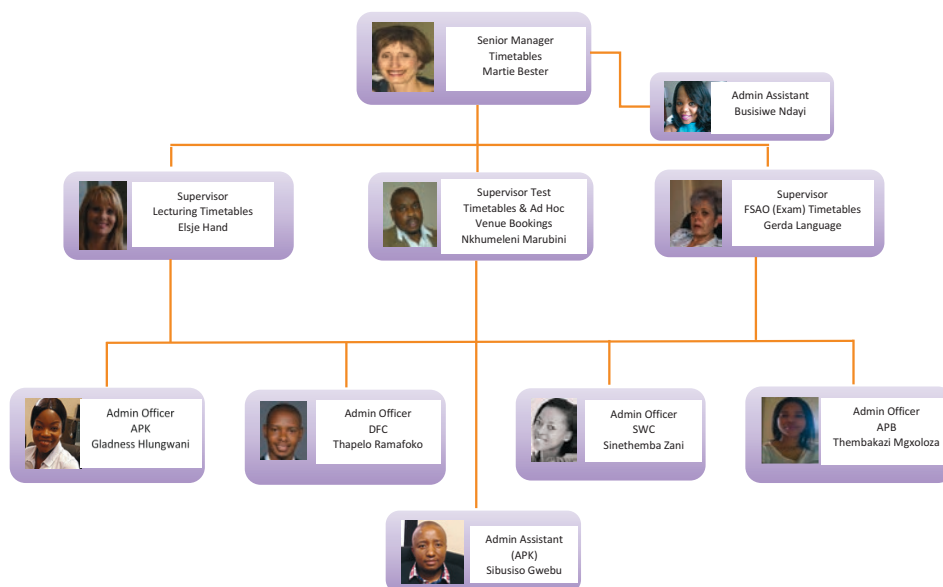
The first edition of the Alumni Impumelelo magazine was delivered in December (2017) for distribution early in 2018, and the second edition of the magazine was created for mainly digital media (with a limited number of print media copies available on request) and delivered in the second semester of 2018. Regular communication on UJ activities or events is shared with 68 000 active e-mail subscribers from almost 150 000 alumni (from UJ and founding institutions).

We are celebrating not only increased alumni engagement but a renewed sense of who our alumni are and what our community is most interested in. According to the Universum talent research survey, the average level of satisfaction of UJ alumni is higher than the overall average satisfaction rate of all Universities surveyed. In 2019, CAA will continue to expand on the off-campus alumni benefits and implement systems to allow alumni to be more engaged and to collaborate online in terms of availing themselves as mentors to current students.



2.3 Timetables

Below is the organogram for the Timetable Department:



The main objective of the Division is to support effective teaching and learning by managing, improving and optimising timetables via effective and streamlined processes with good governance. The CELCAT timetable optimisation software, which was implemented a few years ago, has been utilised for the optimisation of the DFC, APB and SWC lecturing timetable over the past three years. The re-optimisation, from a zero base, of the undergraduate assessment timetable for the period 2019 to 2021 was successfully completed for all campuses.

Dynamic e-forms were implemented to facilitate timetable change requests. The DFC lecturing timetable was successfully re-optimised in 2018, with the re-optimisation of the APK lecturing timetable being postponed to 2019 due to system issues and resource constraints. The CELCAT Room Booker system was also fully implemented for lecture and assessment venues. Implementation for computer labs is planned for the first semester in 2019.

2.3.1 The Key Priorities of 2018 were:

- Re-optimising the DFC lecturing timetable from a zero-base for 2019;
- Re-optimising the UJ undergraduate FSAO (examination) timetable from a zero-base for 2019-2021;
- Implementing the CELCAT Room Booker System for client self-help ad hoc venue bookings for lecture and assessment venues;
- Investigating the feasibility of implementing a centralised SAO (semester test) timetable;
- Investigating the feasibility of implementing a Two Alternative Opportunity FSAO (exam) timetable;
- Full implementation of the Perceptive Content System for requests for timetable changes for UTC approval

The first 5 projects were completed successfully. The finalised 2019 timetables (i.e. lecturing, exam and test) per Campus were published in late November 2018 – via the UJ Intranet for staff, UJ Web for existing and prospective students.

Regarding the Perceptive Content roll-out, much testing had been done during 2018 and the decision was taken to “go live” from November 2018. Some new development to follow from January 2019. A circular re the online process to be distributed in January 2019.

Regarding the investigation into the feasibility of implementing a centralised SAO timetable and a Two Alternative Final Assessment timetable for June and November, the Division embarked on a benchmarking



exercise with five other SA Universities: US, UWC, CPUT, UP and NWU in May 2018. An extensive questionnaire covering various topics relating to all types of timetables was distributed to all institutions, followed by meetings to discuss the feedback. A comprehensive report regarding the complete feedback received and a summary report with recommendations on the way forward for UJ served at the University Timetable Committee in August 2018. The UTC agreed that these two options would not be feasible in the short to medium term – status quo to be upheld. Prof Marita Pietersen and Ms Bester presented a “Show and Tell” session re the findings regarding assessment scheduling at the SAAA T & L Conference held at NMU in early December 2018.

Challenges experienced in 2018 mostly related to technical systems related issues (CELCAT, Integrator Student System and Perceptive Content) and to staffing instability. The University’s Integrator Student System was upgraded from version 3 to version 4 in September 2018, which was very challenging due to the extra workload amidst finalising 2019 timetables. Various Integrator programmes needed to be enhanced during 2018 for implementation before 2019 registration – some still not fully signed off or implemented.

Some new developments and enhancements re CELCAT and the CELCAT-Integrator interface programmes to follow in early 2019. Regarding staffing challenges, the Division had to deal with four vacant posts that had to be advertised and filled. One admin assistant post was vacant for 7 months, the other for 5 months. The two admin officer posts were both vacant for 3 months. Temporary staff appointed did help relieve some pressure, but it remains challenging to find, appoint and retain staff members with the right skills sets and abilities in this challenging environment. Training new staff members takes up much time and effort.

Other challenges experienced in 2018 related to various venue and AV related issues. The support needed from the Operations Division (and in some instances ICS and/or Protection Services) in order to have fully equipped and functioning lecture venues, is not always up to standard or forthcoming. The Operations Task Team constituted by the COO in August 2018 that should meet twice per academic term, have not had any follow-up meetings, in spite of various reminders and requests from this division and one from the Registrar. Discussing venue related issues took up much of the time of scheduled UTC meetings in 2018.

2.3.2 Strategic initiatives/objectives for 2019:

- Re-optimising the APK lecturing timetable for 2020;
- Implementing CELCAT Room Booker for ad hoc bookings of computer labs from January 2019;
- Enhancement the Perceptive Content System and processes for online applications for timetable changes;
- Investigation into smart campus solutions for venue access and venue usage monitoring for all lecture and assessment venues;
- System enhancements of timetable related software – Integrator 4, CELCAT and its interfaces – e.g. implementing an interface programme that updates the INT 4 timetables automatically at certain time intervals, or on demand; replacing the Excel-based “LTT Boards” per campus with a CELCAT-based report; full integration of lecturing, exam timetables and ad hoc bookings on CELCAT databases per campus, in order to generate reports to replace the existing (manual) Exam Schedule.

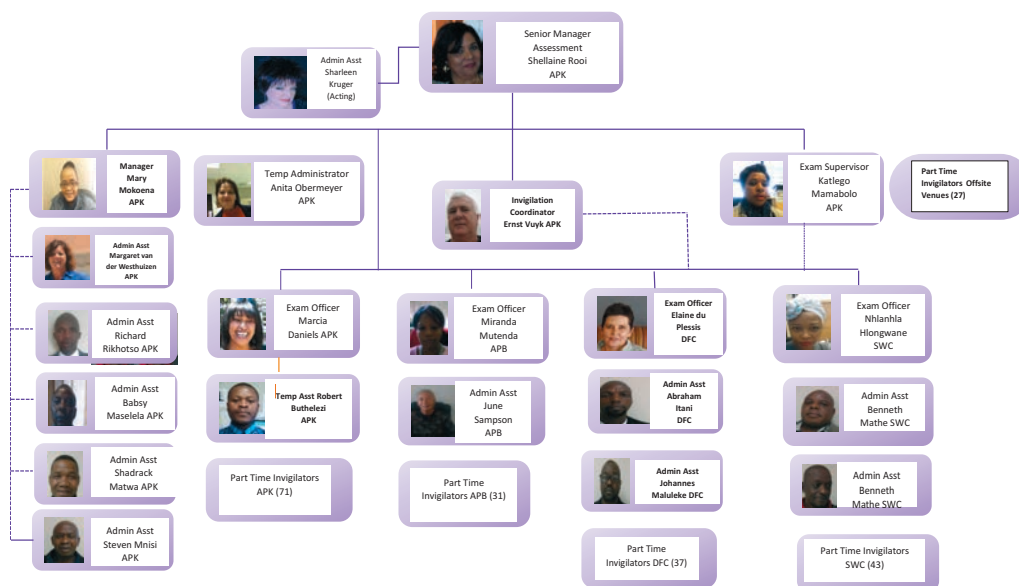
2.4 Assessments

The Management of Assessment of Marks System (MAMS) was implemented for semester and year modules and was enhanced over the last few years. This system has increased the governance of marks, and a central repository has been established to assist with the early identification of at-risk students. Another critical enhancement linked to the MAMS system this year was the development of the SAPSS (Submission of Assessment Papers Secured System), which allowed HODs to authorise academics electronically for the uploading of assessment papers.

Enhancements to the SAPSS system will continue in 2019 with concepts such as a warning to the HOD of similarities between the papers submitted for the main, supplementary and special assessment, and possibly a random selection of assessment papers in terms of the order in which they will be used. From March 2018,



Below is the organogram for the Assessment Department:



staff members from the Postal Services were fully incorporated into the Assessment Department to assist with and support the centralisation of the printing and storing of assessment papers.

To enhance the integrity of assessments further, surveillance cameras were used to monitor and record the proceedings of assessment opportunities in some venues. Recorded material may be used as evidence in assessment transgression cases. The installation of cameras in the remaining main assessment venues is under investigation and will continue in 2019. Cameras have also been installed in all the assessment printing venues.

2.4.1 SAPSS (Submission of Assessment Papers Secure System)

The system underwent strenuous development and testing to ensure that the system was as secure as possible. An outside security company SensePosts were contracted to do the penetration test, and their findings were all minor. The system was ready for the academics to upload the exam papers by the 01 October 2018. A pilot project was run with a few departments from the 19 – 21 September 2018.

The academics receive an email notification when the paper has been uploaded and once the paper has been printed. They are able to put their printing requirements on the system, and any other instructions to the assessment officers. The contact details of the academic are compulsory, so that the Assessment division are able to phone if there is an emergency.

Additional security features were put in place in that the assessment officers can only be able to access their specific campus exam papers. The papers are able to be printed directly from a dedicated computer that has been modified (no internet, Outlook or USB drive) to the printer. The project will be refined and further developed in 2019.

2.4.2 Online MAMS training

The Assessment division in collaboration with CAT developed and introduced a new online MAMS training through blackboard. The system is accessible through the Blackboard system which makes it easier for academics to access. For the second semester of 2018, 16 academics completed the online training. This will be ongoing, and we will encourage academics to do the online training during 2019.

2.4.3 Online Invigilation

During the November assessments as a pilot project, the division established a central control room where of our invigilators were able to monitor the computer screens as an additional “eye” during exams.



Observations were carried out for two sessions per day namely 08:00-12:00 and 12:00-16:00 sessions. Due to technical issues unfortunately only APK were monitored. The pilot project was considered successful, as we had four incidents where suspicious behaviour were observed in the venues and the Chief Invigilator were notified accordingly. We extended the project to the supplementary assessments and three incidents were reported, with one incident being followed up by the Student Judicial Services. For 2019 we will be establishing our own control room within the Assessment division and will try to extend the monitoring to include other campuses.

2.4.4 Incorporation of the Postal Services

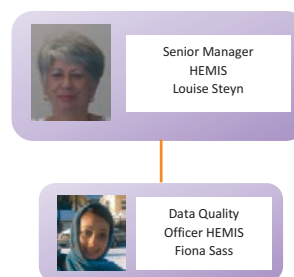
From the 1 March 2018, the Postal Services were incorporated into the Assessment division. The 12 permanent staff members were integrated within the Assessment offices on the four campuses. Training on the various processes were provided for them and ongoing support is being done. Staff members have fully embraced the change and is eager to learn and to explore new possibilities in the assessment department.

2.5 HEMIS

Right is the organogram for the HEMIS Department:

2.5.1 Statutory Reporting

No less than (7) HEMIS databases were submitted to DHET in accordance within the time frame set by DHET annually. In addition to the mentioned submissions, a comprehensive report on Teacher Education Headcount-Enrolments, FTE's and graduates were compiled and submitted.



2.5.2 Non-compliance and Governance: Postdoctoral Fellows

In order to align the business process and improve governance, comprehensive and detailed guidelines have been compiled to align the processes of this subsystem with the approved student business processes. This document was distributed to all stakeholders. Numerous consultation sessions were held.

2.5.3 HEQSF PQM

The transfer and responsibility of custodianship regarding the HEQSF PQM to CAA (HEMIS) was successful. The additional workload impacted in the prioritization and time management were adjusted accordingly. Numerous discrepancies were solved. This is due to the continuous submission of new qualifications to DHET, CHE and SAQA that is an ongoing process.

2.5.4 Data quality

The increase and roll out of new qualifications and modules resulted in larger and more complexed databases. With the increase of this, and due to governance applied, data quality remained stable and resulted in the improvement of data quality across the various databases.

2.5.5 Historical Changes

The transfer and responsibility regarding the update of historical data on the operation student system, led to an increase in volume of workload without compromising the prescribed turnaround time.

3. EMPLOYEE PROFILE

63% of the CAA employees are in the age category below the age of 50.

73.26% of CAA employees are from the designated groups.



Registrar: Academic Administration		
Per Gender	Total	%
Female	58	70
Male	25	27
Vacant	3	3
Total	86	100

4. APPOINTMENTS, RESIGNATIONS, AND SUCCESSION PLANNING

4.1 Appointments

The following appointments were made within CAA during 2018:

4.1.1 Faculty Coordination

- Mr N Ledwaba was appointed as the new Senior Manager: Faculty Coordination from effective 1 March 2018.
- Mr S Leukemans was appointed as Administration Assistant as support for the Administration Officer: Certification.

4.1.2 Systems and Training

Ms A Mphahlele previously Supervisor: Selection and Admissions at SEC, was appointed as the Senior Manager: Systems and Training.

4.1.3 Timetables

- Ms V Hlongwani previously Administration Assistant within the Faculty Coordination division was appointed as Administration Officer, within the Timetables Division.
- Ms B Ndayi was appointed as Administration Assistant reporting to the Senior Manager: Timetables: Ms M Bester.

4.1.4 Assessment

Ms N Hlongwane previously Administration Assistant within the Assessment Division was appointed as Exam Officer, SWC Campus.

4.2 Vacancies

The following vacancies awaits approval from MEC:

4.2.1 SEC

Supervisor: Selection and Admissions

4.2.2 Faculty Coordination

Senior Administration Officer: Certification, Mr G du Preez, currently in this position, retired at the end of December 2018. He will temporarily remain in his position until approval by the MEC has been granted to fill the position and the position.

4.3 Resignations

There have been seven resignations within the operational environments of CAA.

4.4 Restructuring

The following minor restructuring took place within the CAA environment for operational improvements:



4.4.1 Faculty Coordination and Alumni

Three staff members responsible for the coordination of Alumni activities have also moved over from Advancement to Central Academic Administration. They are working in close collaboration with the Faculty Coordination office and Graduations.

4.4.2 SEC

Seven staff members from Student Marketing (previously reporting to Advancement) were moved to SEC.

4.4.3 HEMIS

Ms E Barkhuizen and Ms H Shaik (responsible for academic structure changes) moved from the HEMIS division to the Faculty Coordination and Alumni division

4.4.4 Assessment

Ms F Moola from Graduation and Mr G du Preez from Certification also moved from the Assessment Division to the Faculty Coordination and Alumni Division.

4.4.5 Incorporation of Postal Division Staff Members into Assessment Division

Institutional benchmarking has shown that centralising the printing of assessment papers is the best way to reduce the risk of fraud and improve controls.

Twelve staff members from the Postal Division were incorporated into the Assessment Division, to assist with the central assessment printing process. The consultation process with staff members started at the end of 2017 and the movement of staff occurred in 2018 in consultation with Human Resources and the Unions.

5. STAFF DEVELOPMENT PROGRAMMES AND INITIATIVES

5.1 Team Building

A successful Team Building facilitated by Acrobranch in Rosebank was held on 27 July 2018. The day started with a group development game on communication and teamwork, following the High Flying (Red – Tree-top Obstacle Course). The day ended with a braai and socialising.



5.2 Training: Financial Management, Customer Care and Time Management

Training sessions were held for staff members within the Registrar's portfolio in May 2018 on Financial Management, Customer Care and Time Management, facilitated by Mr M Guni from Century Business



Academy. Another session was held in September for staff members who could not attend the training sessions in May.

5.3 Corporate Social Responsibility and Strategic planning

CAA departments' staff members were involved in a number of community projects during 2018 (e.g. Slipper Day and Mandela Day).

A strategic planning session was held on 13 March 2018 with Managers and supervisors to discuss Strategic Goals. To maintain good governance and excellent service the following strategic goals were elaborated for the Central Academic Administration Division:

Two Year timeline

- Life cycle workflow mapping and gap analysis;
- Development of systems for integration, monitoring and reporting;
- CAS implementation – Staff and structure impact;
- International and PG student focus;
- Combining Committees (Assessment and Graduations, Applications and Registration);
- Centralising Assessment printing and calculation criteria; and
- Incorporation of the Student Marketing and Alumni Divisions.

Five Year timeline

- System requirement reviews and evaluations;
- Integration of systems: Blackboard, ITS, HEDA, CELCAT, MAMS, Perceptive Content;
- Smart Campus (venue usage and control);
- Virtual Invigilation;
- International and PG student focus; and
- Registrar's IT support section.

Ten Year timeline

- Possible new Student System/s;
- 20 000 online students and online support;
- Stronger International and PG student focus;
- More government driven services (NSFAS and CAS); and
- Supporting a different "breed" of student who is technologically advanced and has instant needs.
- A similar strategic planning session would be arranged for management early in 2019.

5.4 Qualifications

The following employees completed their qualifications:

CAA	
Employee Name	Qualification
MP van Zyl	PhD (Business Management)
N Ledwaba	MBA (University of Pretoria)
S Rooi	MBA (Master of Business Administration) WITS
J Madonsela	B.Tech in Management Services part-time
T Segami	BSc Information Technology
C Fourie	Advanced Certificate in Project Management
Y Padachee	Higher Certificate in BCom General



The following employees were registered for formal qualifications:

Employee Name	Qualification
A Mphahlele	BCom Law
D Chauke	Bachelor of Laws with UNISA.
D Maluleke	National diploma in transportation management CEP
D Sekgale	MTech Operations Management
F Sass	Pre-Masters Research
G Kotze	Diploma in Logistics Management
L Fourie	Diploma in Logistics Management
J Kemp	BAHons in Public Management & Governance
L Mashele	LLB
L Naidoo	BA Hons Psychological Counselling
Mary Mokoena	PGCSE
Q Mogoai	BSc Informatics, Unisa
S Tshabalala	MPhil: Engineering Management

5.5 Long Service Awards

The following staff members received long service award:



6. STAKEHOLDER ENGAGEMENT AND REPUTATION MANAGEMENT

6.1 Internal stakeholders

For CAA the most important internal stakeholders are the students registered with the University, the applicants and graduates. Sustained excellence in service delivery to the students, applicants and graduates is therefore very important. Satisfaction surveys were conducted during registration, assessments and graduation. Processed survey results are reflected in the business cycle reports that also served on the various management committee structures.

6.2 Student satisfaction surveys

The other internal stakeholder group is the Faculty Administration Departments, especially those involved in the academic life cycle of the student. These employees were represented on the various academic administration committees. A dual model exists related to academic administration: the heads of faculty administration report first and foremost to the relevant Executive Dean, but also to the Registrar via the Director of Academic Administration. This dual model worked well, not only in the interest of good governance, but also in the interest of integrated stakeholder communication, teamwork and collective leadership.

The outcomes of the surveys compared over a four year-period follows below:

Student Satisfaction Rate								
Activity	2015		2016		2017		2018	
	Participation Rate %	Survey Satisfaction Rate %	Participation Rate %	Survey Satisfaction Rate %	Participation Rate %	Survey Satisfaction Rate %	Participation Rate %	Survey Satisfaction Rate %
Registration	11,08	86	19,59	90,6	21,27	85	9,7	86
Assessment	8,1	86	10,4	86	3,66	95	3	93
Graduation	21,94	98	25,4	99,8	10,3	86,2	13,8	89

6.3 External stakeholders

The Registrar liaised with DHET regarding the submission of HEMIS audit reports.

CAA communicated with universities in South Africa on matters related to the Matriculation Board, including the governance related to the National Senior Certificate results and electronic results. PricewaterhouseCoopers was involved in all the external audits conducted for external submissions to DHET as well as other external audits. KPMG conducted the various internal audits. Dippenaar and Reinecke was the official service provider for graduation attire and Gordon Harris Photography the official photographer at graduation ceremonies.

MIE is the new provider to verify qualifications for post graduate and international applicants. Adapt IT, the provider of the student system software, was a strategic partner that supported academic administration, from applications to graduations, and ensured overall student data integrity.

Metrofile was utilised for the storage of assessment answer scripts and the scanning and indexing of all student documentation. The Celcat Software (UK-based company) was utilised for the construction of lecturing and assessment timetables. Adapt IT was the sub-Saharan African Product supporter for Celcat.

IDSC was the provider of the Higher Education data analyser (HEDA). This system provided software for the validation of approximately 400 different data elements. IDSC also provided the Application Rating System (ARS) for the final selection of applicants.



7. RESOURCE MANAGEMENT AND SUSTAINABILITY

7.1 Financial Sustainability

Overview of CAA Budget for 2018

Division	Total operating	Actual expenditure	Available	%
Director CAA	768 870,00	922 077,06	-153 207,06	119,93
Faculty coordination	165 580,00	799 989,05	-634 409,05	483,14
Registrations	1 630 560,00	2 228 774,19	-598 214,19	136,69
Graduations	1 616 880,00	587 198,77	1 029 681,23	36,317
HEMIS	48 120,00	77 843,53	-29 723,53	161,77
Examinations	1 337 420,00	2 105 385,23	-767 965,23	157,42
Biographics	17 160,00	1 613,70	15 546,30	9,4038
SEC	477 549,00	363 773,29	113 775,71	76,175
Contact Centre	706 240,00	815 077,89	-108 837,89	115,41
Student Administration	7 800,00	613,94	7 186,06	7,871
Access Cards	925 000,00	1 149 184,10	-224 184,10	124,24
Class & Timetables	238 182,88	299 901,87	-61 718,99	125,91
TOTAL	7 939 361,88	9 351 432,62	-1 412 070,74	117,79

In consultation and approval from the Registrar expenditure for 2018 exceeded the required variance of 5% budget range due to a number of critical projects (e.g. the building and improvement of offices for the centralisation of the printing division, upgrading the ITS system and new software development programmes that were installed to assist Alumni).

The following donations were received: Official graduation photographer: Gordon and Harris Photography: R57 695.00. The donation from Gordon & Harris Photography will be transferred to the 2019 Registration income budget to be utilised for the enhancement of the electronic ticketing system for Graduations.

8. LEADERSHIP

The following leadership development programmes and conferences were attended:

Seminar	Name
AAA (EXAF AND HEFAF)	Dr T van Zyl, Mr L Fourie, Mr N Ledwaba, Mr G du Preez, Ms E Barkhuizen, Mr G Kotze, Ms A Mphahlele
29th Annual ITS User Group Conference	Dr T van Zyl, Mr L Fourie, Ms S Rooi
Celcat Africa Usergroup Conference	Ms M Bester, Mr N Marubini, Ms G Language
SAAIR, HEMIS Institute	Ms L Steyn, Ms E Barkhuizen
HEDA Usergroup	Ms L Steyn
HEFAF	Mr E Vuyk
SAAA Teaching and Learning in Accountancy Conference	Ms M Bester



UJ's Academic Administration process and systems compared favourably nationally and internationally. The following systems are currently being enhanced: online applications and registrations; electronic selections, security features on graduate certificates, timetabling, alumni as well as the centralisation of printing papers and the upload of assessment papers by academics.

9. CONCLUSION AND WAY FORWARD

Central Academic Administration reached most of its performance targets and achieved an 86% in the registration student survey and an 89% in the graduation survey. The selection of undergraduate students, including the partially electronic selection of applicants, was executed successfully. The development of software for the electronic submission of assessment papers by academics and electronic access tickets for graduates was implemented. The risk of walk-in late applications was effectively mitigated by means of the electronic late application enquiry system, also available via mobile devices with Internet access. An extended call centre was also available to assist applicants with application enquiries. Further enhancement of the online collaborative alumni systems is needed and will be addressed in 2019.

The Management of Assessment of Marks System (MAMS) has been successfully implemented for several years now, and further enhancements are being considered. Sustained excellence in data quality was achieved in 2018 and an enhanced governance process for assessment processes was successfully completed without any major disruptions. More than 13 000 qualifications were awarded at almost 60 centrally coordinated graduation ceremonies held in March, April, May, June, September and October 2018.

No certification risks were identified or reported during 2018, with the annual external audit in November also reporting no exceptions. Two quality reviews were undertaken on assessments (including certification) and applications (including selections) in 2017. The panel reports were very positive with a small number of general recommendations that were implemented in 2018.

Additional measures put in place to minimise potential disruptions occasioned by the #FeesMustFall movement (and by the higher NSFAS eligibility threshold of R350 000 combined family income) prevented any significant disruptions of academic activities.

The following number of projects will be focused in in 2019:

Establishing the centralised assessment printing department within CAA.

The postal division staff members (12) have been incorporated into the CAA Assessment Department from March 2018. Office facilities have also been refurbished on all Campuses to take into account the heightened security needs and extra secure storage space required to photocopy and store assessment books and papers before the assessments.

During November the internally developed system to electronically receive assessment papers were used by all Faculties. The system will be enhanced in 2019 to also facilitate the randomisation of assessment papers used per assessment session and the possibility investigated to report to the HOD if a submitted assessment papers are similar to a previous assessment paper.

Implementing virtual or online invigilation for students writing assessments on all our campuses.

The process of expanding of the number of cameras in the assessment venues are progressing well. CAA piloted a centralised invigilation system to monitor assessments via cameras in assessment venues in November 2018. In 2019 CAA will continue to look for a service provider to pilot a project to use artificial intelligence (AI) agents to assist in the identification of suspicious behaviour during assessments.

Verifying UJ qualifications through our own website and graduation software.

CAA has implemented an online system to support our students in verifying their qualifications through our own website and systems. This system took over the responsibilities of PERQ in August last year. At this stage



graduates can request and pay online for a replacement certificate and have it couriered to any destination in the world. In 2019 CAA will focus on further enhancements, which will include the possibility of issuing an electronic academic record with the electronic certificate (which will also then be available for online verification) and add badges to the system with (if budget and resources allows, block chain technology).

Enhancing the student guidance and advise on our application website for school leavers (to assist in making informed choices for their studies).

The Student Enrolment Centre in collaboration with Pyscad and student Marketing or Recruitment enhance our website to provide a free, low level of career guidance or testing before applicants submit their application for a certain choice. This will hopefully assist applicants in making informed career choices. This system will be marketed in 2019 to applicants with the focus on providing a virtual reality (VR) campus experience through possibly "cardboard" headsets handed out to learners at schools. The newly enhanced UJ APP will also be launched with a Virtual Reality or Augmented Realty experience. This year the focus will also be on enhancing student marketing efforts through digital and online channels.

Implementing smart campus solutions for venue usage monitoring and access control to classrooms.

CAA, ICS and Protection Services are collaborating to source an integrated service provider to meet UJ needs in terms of venue usage monitoring and campus security solutions. In 2019 we would like to launch at least a few smart classrooms to evaluation by students and academics. This will inform the future roll-out and mass implementation for the next few years.

Alumni Systems.

Three staff members responsible for the coordination of Alumni activities have also moved over from Advancement to Central Academic Administration. They are working in close collaboration with the Faculty Coordination office and Graduations. In 2019 CAA will source systems to assist with the online collaboration and marketing initiatives to drive a more engaged alumni body.

Roll-out of online programmes.

The roll-out of online programmes are progressing well and the systems are constantly being reviewed and adapted to support the newly introduced (6 intakes per year) carousel. The HEPsA (online support client) website now supports and receives all the online applications which are transferred to the UJ application system once ready for selections. CAA will in 2019 also focus more on system enhancements to support the administration activities with regards to online programmes.

Chat bot for enquiries.

This year CAA will also (depending of budgetary constraints) investigate the possibility of building a chat bot to assist with online and telephone enquiries. This will create the possibility of downsizing our expanded January call centre with approximately 20% from next year on.

Central Academic Administration successfully performed and completed all life-cycle processes. In 2019 CAA, will take the processes further online and embrace the opportunities created by the Fourth Industrial Revolution.

Dr T van Zyl
Director: CAA





Central Administration

1. OPERATING CONTEXT

Central Administration comprises four units and aims to provide an excellent support service by creating a welcoming and caring environment with a strong service orientation for staff, students and visitors. The four units are:

- Director's Office
- Event Management Unit
- UJ Graphic Design Studio
- University Secretariat

The units have performed well and have provided excellent service with regard to ensuring the efficient use of the Madibeng conference venues, planning and execution of MEC events, support to employees in the design and preparation of graphic material, and committee administration.

2. EMPLOYEE PROFILE

All of the 15 employees within central administration are permanent, full time. The equity profile of Central Administration is illustrated as in the table below.

Table 1: Employee Profile within Central Administration

African Female	Coloured Female	White Female	African Male	Coloured Male	Indian Male
2	3	8	0	1	1
13.3%	20%	53.3%	0%	6.7%	6.7%
FEMALE			MALE		
13			2		
86.6%			13.4%		
Black			White		
7			8		
46.7%			53.3%		

3. GOVERNANCE AND STRATEGIC FOCUS

The four units within Central Administration strive for alignment with the following UJ strategic objectives:

- Fitness for global excellence and stature
- National and global reputation management



- Excellent student experience and support

In striving towards global excellence and stature the units within Central Administration have been actively engaging in benchmarking exercises with peer institutions. To stay abreast of global trends the units have participated in conferences that have informed and shaped insights that have evolved into innovative techniques of work in their environment.

In keeping with these strategic objectives of UJ, the Central Administration have been instrumental in driving a paperless environment with the objective of ensuring environmental sustainability. This has also assisted in cost reduction with regards to expenditures related paper purchased, storage and disposal.

In alignment with national and global reputation management, the Central Administration Division in its entirety is committed to transformation matters with a number of its employees serving as transformation facilitators. This is indicative of the high priority they place on transformation and diversity matters at UJ.

3.1 Director's Office

The Director's Office is responsible for the efficient and effective use of the conference venues in Madibeng, thus ensuring the optimal use of these venues. Improved sign-posting made it much easier for visitors to Madibeng to find their way to the relevant venues. The Director also fulfilled a governance role at the 68 graduation ceremonies by providing procession master services.

The Director also met with the manager of each of the units on a quarterly basis to discuss operational matters and the smooth running of each of the units.

3.2 Events Management Unit

The Events Management Unit strived to create new and efficient concepts in events management. The unit is service excellence orientated and endeavours to provide quality events with a strict adherence to protocol and in doing so builds on the reputation and culture of the University of Johannesburg. The Unit is involved in the design and implementation of strategically planned high profile events for the UJ Council, Vice Chancellor and the Executive Leadership Group. In certain instances Events Management may execute events for Faculties, Colleges, Departments and Divisions where the Vice Chancellor plays a significant role.

During 2018, the event coordinators hosted 41 events on behalf of MEC as well as 68 graduation ceremonies, where 13 325 qualification were conferred.

3.3 UJ Graphic Design Studio

The UJ Graphic Design Studio is the in-house design studio for the University. The Studio's key function is to conceptualise ideas through the integration of texts, typography and illustrations in the production of printed and marketing material. The Studio is supplied with raw information by the client, which is used to create, design and transform into a visually pleasing, printable end product that satisfies the client and communicates the intended message.

The Studio contributes to UJ's global excellence and stature by designing academic and research posters for presentations at national and international conferences. The Studio also designs marketing material for conferences organised and hosted by UJ. In terms of quality management, the designers strive for excellence in keeping up to date with the latest global design trends, as well as attending the annual Design Indaba in Cape Town, the best design and creativity conference in the world. The Studio's ability to design in-house instead of outsourcing has resulted in huge savings for UJ.

During 2018, the UJ Graphic Design Studio executed a total of 675 design projects, which comprised 6 101 designed pages (consisting of research and annual reports; newsletters; marketing, research and conference posters; print and online brochures; cover pages; advertisements; digital illustrations; interactive forms; marketing banners and gazebos; invitations; web and social media banners; certificates; general promotional material; etc.). They met all delivery dates and in many instances exceeded these.



3.4 University Secretariat

The core business of the University Secretariat is to render professional support to the statutory committees of the University of Johannesburg:

- Council and Council Committees
- Senate and identified Senate Committees
- MEC and identified MEC Committees
- Joint committees of the Council and Senate, and of the Council and the MEC

In addition, the University Secretariat offers support to employees responsible for committees by assisting with agenda compilation and minute writing sessions, on request by the environment concerned.

The University Secretariat serviced 132 statutory committees in 2018, including three ELG strategic sessions, two MEC strategic sessions and one Council workshop. Positive feedback has been received from all the parties concerned. The quality of the services provided by the University Secretariat is excellent, and the staff members are regularly complimented in this regard. The Secretariat strives to maintain and improve the level of their service at all times.

Table 2: Secretariat risk register and risk management interventions/strategies

Risk	Intervention
Load shedding	Arrangements have been made with the PAs at Madibeng to temporarily use open offices that have back-up power.
Committee members not disseminating committee decisions	Where possible, reminders are sent to members and to non-members to take appropriate actions.
Submissions to a statutory committee not clearly stating their purpose	A submission template has been developed and is forwarded to non-members to assist them when compiling a submission to a statutory committee. (The template can be adjusted as required).

4. CONCLUSION

The different subsections within the Directorate have performed exceptionally well and have positively contributed to the mandate of Central Administration. The Division is confident that 2019 will see much more engagement in terms of envisaged projects with internal and external stakeholders.

Dr Basil Rhodes

Director: Central Administration



Library Entrance



Corporate Governance

1. OPERATING CONTEXT AND GOVERNANCE

1.1 Core business

The Corporate Governance Division functions within the broader University context and aligns its service delivery with the legislative framework of the Republic of South Africa, the Higher Education Act 101 of 1997 (as amended), and the Institutional Statute of the University of Johannesburg, together with its vision, mission, values and objectives. It resides within the Registrar's Portfolio.

The Division, although diverse in nature, strives towards excellence and delivering a quality service through its sub-units to both internal and external clients. In response to the strategic goals of the University, Corporate Governance endeavours to create an authentic footprint at national and international level that emulates global good practice and stature.

The portfolio of this Division includes the legislative and compliance framework within Records Management, Corporate Governance and Compliance and Contract Management. These sub-units have linkages on all four campuses and are technology driven, and perform their relevant functions through the usage of internal as well as external systems.

The functions of the sub-units within the Corporate Governance Division include:

Corporate Governance and Compliance

- Nominations and elections
- Access to information
- Commissioners of Oaths
- A-regulations
- Policy development
- Senate lists and membership of Senate Committees
- B-BBEE status preparation

Contract Management

- Life-cycle management of contracts from inception to archiving and destruction

Records Management (paper and electronic)

- Life-cycle management of records from development to destruction or archiving and ensuring adherence to the legislative and compliance framework

The progress of each sub-unit will be elaborated on within the report.

1.2 Strategic Focus

The strategic objectives of the Division are aligned with the following strategic objectives of the University of Johannesburg:



- Fitness for Global Excellence and Stature;
- Excellence in Research and Innovation;
- National and Global Reputation Management.

The Division explores avenues of improvement through benchmarking with competitors in the market who have already replicated international practices in a South African Higher Education Context

2. RESOURCE MANAGEMENT

2.1 Human Resources

2.1.1 Employee profile

This Division consists of 14 UJ employees of whom 9 are permanent full-time employees, 2 on fixed term contract, 1 on a temporary basis and 2 student assistants. Mr Maboko has a dual function within ICS and Corporate Governance.

Table 1: Employee profile

EMPLOYEE	FUNCTION	PROFILE
Govender, Lee-Anne	Director: Corporate Governance and Compliance	Permanent full-time
Lekalakala, Phemy	Senior Records Management Officer	Permanent full-time
Olivier, Nicolette	Records Manager	Permanent full-time
Mabaso, Hlengiwe	System Administrator	Permanent full-time
Maboko, Matete	System Administrator/Developer	Within ICS with dual function in CG
Hlahane, Suzan	Manager Corporate Governance	Fixed Term with benefits
Mathe, Masegou	Administrative Assistant Verifications	Permanent full-time
Nephawe, Faith	Administrative Assistant Contract Management	Permanent full-time
Schlechter, Susanna	Administrative Assistant to Director	Permanent full-time
Zungu, Sane	Administrative Assistant Records	Permanent full-time
Jackson, Mercedes	Administrative Assistant System	Three-year fixed term from 1 April 2017
Kekana, Lwazi	Assistant	Temporary employee
Gobvu, Tererai	Student Assistant	Student Assistant
Sithungu, Siphesihle	Student Assistant	Student Assistant

Ms S Hlahane was an addition to the Corporate Governance Unit from March 2018, moving over from the Alumni Office.

The Division had one resignation from Ms Phemy Lekalakala during November 2018.

2.1.2 Skills development and Conferences attended

- Ms P Lekalakala registered for the Masters in Town and Regional Planning at the University of Johannesburg
- Ms N Olivier registered for the Bachelor's Degree in Information Science at the University of South Africa. She also attended a POPI seminar in line with records management.



- Ms M Mathe registered for the Bachelors of Accounting Science in Financial Accounting at the University of South Africa.
- Ms M Jackson and Ms S Zungu registered for the internal programmes namely Business Administration and Generic Management offered by the Human Resources Division within UJ
- Ms Lee-Anne Govender was one of the attendees of the UJ Women's Leadership Development Programme for 2017/2018. She attended a Legal Practitioners Forum in April 2018. She was selected to attend a Leadership Masterclass during June 2018. To broaden her knowledge on POPIA she attended a one day POPIA Conference. She also attended the three day 11th African Corporate Governance Conference during July 2018.
- The Director, Senior Records Management Officer, Records Manager and System Administrator attended the Records Management Forum during September 2018.

2.1.3 Team Initiatives

Staff development and teamwork are crucial to the success of the Division. Eight staff within Corporate Governance attended the Customer Care, Financial Management and Time Management training during June 2018.

Emotional Intelligence and Office Etiquette training took place during August 2018. The training focused on equipping staff with the necessary emotional intelligence skills to manage the day-to-day demands of both their personal and professional lives. The team also partook in a stimulating pottery session in a relaxed environment where they were able to freely express their creative and innovative abilities while still having fun. The team initiatives were well received.

2.2 Financial management

The budget within the Corporate Governance Division was effectively managed and posed no risks for the year of 2018.

3. CORPORATE GOVERNANCE AND COMPLIANCE

3.1 Nominations and elections

During the year, a number of nominations and elections took place. These were executed for various positions on Statutory Committees as well as within Faculties. The nominations and elections conducted posed no risks.

3.2 Access to Information

During 2018, this office handled a total of 7723 requests in terms of qualification verifications, transcript supplements requests, academic records requests, PAIA / POPI requests and internal requests for information.

The contract with the external service provider came to an end during August 2018 and was not renewed. A decision was taken by the University of Johannesburg to no longer outsource requests for Academic Records and Transcript Supplements. The Digital Certificates Platform and Non-graduated platform were created which allowed for Alumni and Non-Graduated Students order an Academic Record and Transcript Supplement directly through UJ by accessing the UJ Website. This platform offered the convenience to submit orders and requests online.

The type of requests received include:

Subsidised Programmes

Academic Records (UJ, TWR and RAU)

Transcript Supplements (UJ, TWR, and RAU)



Non-subsidised Programmes

Academic Records (UJ, TWR and RAU)

Transcript Supplements (UJ, TWR, and RAU)

The turnaround period for the UJ Academic Records took three working days to process together with an accompanying letter. Where possible the three day turn-around period also applied to Academic Records from RAU, TWR and non-subsidised programmes. Requests of a historical nature took longer to process.

The period to process transcript supplement requests ranged from 20 to 40 working days. Corporate Governance was reliant on Faculties to provide the relevant information required in order to process these requests.

3.3 Commissioners of Oaths

The University has a list of 74 Commissioners of Oaths across the four campuses and various divisions and faculties in order to service the students. The peak periods for commissioner of oaths duties occurred during the registration periods. Services are offered throughout the year.

3.4 Academic Regulations 2018

The Academic regulations for contact programmes and online programmes were combined resulting in one set of regulations to ensure fairness and consistency in all programme offerings. These regulations were posted on the Intranet, UJ Website and uLink.

3.5 Policy Management and Development

The User Guide on how to access Governance documents was updated and communicated. The Policy Grid was revised and sent to all stakeholders for review of policies within their domain. Newly developed and revised policies for the 2018 reporting year amounted to 79.

- All the UJ Policies received were posted on the intranet.
- Policies relating to students were posted on uLink.
- All the policies received were secured in the EDRMS.

3.6 Senate Membership Lists

The Senate membership lists are updated on a quarterly basis. Corporate Governance utilised the information received from the Human Resources Division as well as Faculties and the College to ensure that the lists are accurately maintained.

3.7 B-BBEE information gathering

There was a delay in the B-BBEE verification for UJ for 2018. A new verification agency was appointed to conduct the verification. UJ was in the process of obtaining the B-BBEE certificate for 2018.

4. CONTRACT MANAGEMENT

Contract management within Corporate Governance is responsible for the lifecycle of contracts. Upon finalisation of the contracts, the signed contracts are captured on the Electronic Document and Records Management System (EDRMS). The original contracts are stored off-site at an external service provider. The contracts are managed until the end date or renegotiation period of a contract. The contracts then move automatically to the inactive stage for storage of ten years in accordance with the retention period of contracts.

A total of 5150 contracts were secured as vital records within the EDRMS, of which 590 were active contracts. For 2018, 436 new contracts were captured.

The contract management solution was reviewed and refined during the latter part of 2018. The contracts



management refinement solution would enable the administrator to monitor the contracts more effectively. Further information pertaining to the refinements can be viewed in the table on 2018 Projects under the heading of Support and Maintenance.

5. RECORDS MANAGEMENT

The objective of the Records Management Unit is to establish and implement an effective and efficient records management programme to ensure that the correct information is available in compliance with legislation and international standards. There has been an increase in Records Management awareness at UJ which has been clearly articulated through the increasing number of requests received for offsite-storage and disposal. In response to this need, eight new accounts were opened at one of the external service providers.

In line with records management best practice UJ embarked on a Business Classification System in 2018. This initiative supports UJ's drive towards ensuring POPI compliance and improving ease of access to information to internal stakeholders.

Perceptive Content is utilised as the central repository for vital records within UJ. More than 4000 employees have access to the system which is restricted according to user domains. The system promotes a drive towards environmental sustainability by limiting printing of records and instead promotes a more technologically minded business culture.

The records management unit processed large number of disposals for 2018 which amounted to 36 472 kilograms.

A number of solutions are maintained in both paper and the electronic environment. The information contained in Table 2 highlights the activities that occurred during the period of 2018. 19 projects were identified for 2018, of which 14 were successfully completed. The remaining five projects, namely Postdoctoral Research Fellows, CEP/SLP, Academic Programme Development, Tenders 2017 and Records Inventory, are in the final phase of development and testing.

The increasing number of requests received for the assistance with records management within the University of Johannesburg, advocated the prioritising of projects. The projects listed below were objectives for 2018 and were carried out within specific timeframes in addition to the daily support requests received from end users.

Table 2: 2018 Projects

NEW PROJECTS		
Description	Due Date	Comments
College of Business and Economics	31 March 2018	During the solution development it was communicated that there were no physical paper requirements. With regards to the electronic environment Perceptive Content was amended to incorporate the two Faculties into the newly established College solution. This development was completed with a few challenges which impacted on not meeting the due date.
Postdoctoral Research Fellows (PDRF)	31 March 2018	The solution was developed for the processing of Post-Doctoral Research Fellow applications. However the project was postponed due to conflicting views regarding the business process. The process owner being the Postgraduate School was requested to finalise the business process and inform Records Managements with regards to the approved business process and the refinements required. This project was not completed due to the business owner not providing an agreed upon solution.



CEP/SLP	30 June 2018	The CEP project arose out of a need to be able to access historical records for short learning programmes which were not captured on ITS. The first phase involved receiving the physical records that were in the Faculties / Departments possession and the scanning of these records. This phase was completed. Phase two required the development of the solution in Perceptive Content to index the records for ease of access. This phase has also been completed however it requires further testing prior to being implemented. This project will receive attention during 2019 for the finalisation thereof.
Human Resources (Wellness)	31 August 2018	The solution for the case files generated by the Wellness department was developed, implemented and reviewed.
Perceptive Content Test Environment (Development Environment)	31 August 2018	The Perceptive Content test environment was not fully operational. There was a drive to implement the test environment to ensure that solutions could be developed in a safe and secure domain before being implemented on the production environment. This project was planned for latter part of 2018 to ensure that it could be fully utilised for developments planned for 2019.
Business Insight	30 September 2018	The module was installed during July 2018. During the testing phase challenges were experienced. This resulted in further consultations with the service provider, who recommended that a phased in approach be implemented, starting with smaller reports.
Business Classification System (File Plan)	02 October 2018	This project spans over a period of 5 years, with the initial phase starting in 2018. The envisaged outcome of this phase was to develop the Business Classification System framework including a Master Record Index. Phase two is planned for 2019 which involves the investigation and development of a document management system.

SUPPORT AND MAINTENANCE		
Description	Due Date	Comments
Historical Nursing	28 February 2018	This project entailed the identification of incorrect student numbers and re-indexing to reflect the correct information
AP Online programmes	31 March 2018	This was regarded as an ongoing project due to dynamic environment in which Online programmes are offered. Refinements and new programmes were created when requested to cater for the requirements of the University. In addition to the review that took place, the business owner requested major enhancements to separate the online solution from the contact solution.
2019 Application Cycle Review	01 April 2018	The review of the 2019 Application Cycle took place. Challenges were experienced with the newly established College of Business and Economics which impacted on the due date not being met.
Internal Governance Records	30 April 2018	A review of the content of this solution took place during 2018. Missing documents were sourced and uploaded.
UTC Review	30 April 2018	Requests received from the UTC Unit on the initial proposal was addressed. During testing, additional enhancements were requested resulting in the extension of the project timelines into 2019.



Historical Data Request	31 July 2018	Enhancements were requested for the Historical Data Solution. This was developed and implemented during August 2018.
Student Mark Changes	31 July 2018	Enhancements were requested to the current solution. This was developed and implemented during August 2018.
Tenders 2016	31 August 2018	The 2016 tenders were imported and quality assured within the allocated deadline.
Nursing	30 September 2018	The nursing student records were identified, packed and provided to Iron Mountain for digitising. This is an ongoing project that takes yearly.
Records Inventory Review	30 September 2018	The solution was developed to a point and testing was required by the department. This solution will continue in 2019.
Academic Programme Development	30 November 2018	The solution for Academic Programme Development was previously developed in Perceptive Content. The solution was not fully utilised. Records Management was approached to capture historical Academic Development Programme Books. Records were prepared for off-site scanning. The actual digitisation of the records have been planned for 2019.
Contract Review	30 November 2018	The Contract Management Solution was refined to include automated notifications to contract owners. The solution was finalised during November and planned for testing early in 2019.
Tenders 2017	14 December 2018	The 2017 tenders were identified, packed and provided to Iron Mountain for digitising. A concern was noted that not all tender files were sent to Iron Mountain by the Tender Office.

Both the new and support solutions were aimed at improving the existing paper based business process towards an electronic flow which included standardisation of record classification and business processes. A positive outcome from these developments resulted in improvements to the managing and monitoring of records within UJ.

6. RISKS AND CHALLENGES

Key risks within the Division relate to institutional non-compliance with regard to governance related to protection of personal information as well as access to information, contract management and institutional records management.

The risks and the impact on UJ are noted and mitigating strategies have been developed where possible. Challenges are experienced across most functions within Corporate Governance. The major challenges identified include:

- Voters lists are not always kept up to date
- Requests for access to information, in particular requests related to Transcript Supplements, are sometimes difficult to process. The historical nature of the records and information not being readily available, compromises the envisaged turnaround times for both Faculties and Corporate Governance.
- Records for non-subsidised programmes still pose a risk.
- Policy owners do not review policies timeously. A further challenge experienced pertains to staff executing a search for policies, whereby all versions are reflected and not necessarily only the latest version. This results in the incorrect document being utilised.



- The lack of involvement by senior role-players with regards to the B-BBEE verification process is concerning.
- Contract owners do not always communicate timeously when existing contracts need to be reviewed. A challenge also exists with signed contracts not being submitted to Corporate Governance timeously for uptake in the EDRMS.
- The business process for solutions are not always documented adequately and developments were actioned on the production environment.
- Destruction of records, both electronic and paper, is not always actioned in accordance with the signed-off retention schedule of UJ.
- Facilitating and monitoring more than one off-site service provider is challenging.
- The lack of human resources within the Records Management Unit impacts on service delivery, resulting in clients not being supported adequately and project deadlines not being met.

7. MAJOR DRIVES GOING FORWARD

Corporate Governance aims to embark on an ongoing drive to create awareness towards compliance within its sphere of operation. The Division plans on streamlining processes to ensure better tracking and monitoring. A further planned initiative is to research how current systems can be utilised optimally to improve business.

8. CONCLUSION AND WAY FORWARD

The Corporate Governance Division played a critical role in the University and provided services to both internal and external clients. The Division continually strives to close the gaps identified in the areas of Governance and Compliance, Contract Management and Records Management. The Division looks forward to 2019 where it can explore innovative methods to enhance the systems utilised. Corporate Governance will make every effort to be proactive and fully utilise the resources it has available to ensure that it offers quality service to its various stakeholders.

Ms Lee-Anne Govender
Director: Corporate Governance







Occupational Health Practice

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1. OPERATING CONTEXT, GOVERNANCE AND RISK MANAGEMENT

1.1 Operating context

The Registrar's Portfolio is home to the Occupational Health Practice (OHP). The OHP is represented at all campuses through the Campus Health service sites (the clinic model accommodates both the OHP and the Primary Healthcare service).

The OHP was founded in 2004 – with one staff member. Innovative programmes were custom built consistent with legal and institutional demand. The Practice, today, has established itself as a matured service consisting of a team of nine persons. Three fulltime Occupational Health Nursing professionals assume responsibility for the four campuses (DFC and SWC campuses are combined). The rationale to appoint such professionals per site is to allow in-depth knowledge of each site, its processes, staff risk profiles, risks and hazards. The chosen model enables rapid response to anomalies, emergencies and incidents and allows for trust to develop between the staff and the Practice. An Occupational Medicine Practitioner is the designated medical officer and visits three days per month. The Radiation Protection Officer (RPO) is a further part time position that forms part of this structure and therefore radiation audits and reports are assimilated into the OHP. An Administrative Assistant manages logistics and two Student Assistants take care of essential filing and deliveries.

The Occupational Health Practice derives its fundamentals and foundations from the International Commission of Occupational Health and the International Labour Organization. *Occupational Health* is a globally well advanced nursing/medical discipline as a specialist role of professionally registered Nurses and Doctors. Local regulatory and professional authorities further define and control professional scopes of practice. The UJ Occupational Health Practice operates under a designation by the Director-General: National Department of Health, whereby Nurses are authorized to practice and dispense medication at an institution.

The risk-based approach of the OHP incorporates wide collaboration and consultation with the Occupational Safety department, risk management and event risk management internally, and with external peers in healthcare, food safety, travel medicine and agencies such as the World Health Organization and the International Commission on Occupational Health.

Employees are our principal clientele; however, contractors, students and visitors further may be *adopted* as clients of this Practice in case of injuries on site or exposure to occupational health risk. Legal instruction and programmes such as occupational health risk assessment, resilience programme, injury management, incapacity assessment, travel health, food safety monitoring and medical surveillance are therefore chiefly intended for the UJ employee.

1.2 Governance structures and quality management

1.2.1 Governance structures

Designation as an 'organisation performing a health service'

In 2005, an application under section 38A of the Nursing Act 50 of 1978 was submitted to the Department of Health (DOH) for a clinic permit. It was granted and UJ was designated by the Director-General as *an organisation performing a health service*. The Occupational Medicine Practitioner (OMP), in accordance with the said designation, authorises Occupational Health Nursing Practitioners (OHNPs) under section 56(6) of the new Nursing Act 33 of 2005 to *perform a service within an organisation with reference to physical examination of any person, diagnosing any physical defect, illness or deficiency in any person, and keeping of prescribed medicines and the supply, administering or prescribing thereof on the prescribed conditions*. Professional Nurses therefore hold Dispensing Licences to conduct these roles. Medication is procured on this basis and stored in accordance with the license requirements.



Institutional structure and professional accountability

The Occupational Health Nursing Practitioners, the Occupational Medicine Practitioner, the Radiation Protection Officer and the administrative staff report to the Head: OHP. In turn the HOD reports to the Registrar. The strategic and operational core is at APK. From here clinicians at each campus are guided and enabled to attain campus equivalence and accessibility. The structure, through the Occupational Health Committee, provides for institutional accountability. Memberships of professional bodies are closely observed to ensure professional accountability and compliance with codes of competence and ethics.

Radiation Protection Officer

The RPO is a radiation expert (physicist) who assumes responsibility for acquisition, waste disposal and monitoring of radio-active sources/practices. The RPO is a legal appointment under the Department of Energy valid for any institution that imports, acquires and possesses nuclear material or radiation equipment. Applications to the Department of Health to use radio-active nuclides for research at UJ are facilitated by the RPO, as are any imports of such equipment or sources. This Practice conducts the required radiation medicals to register radiation workers, periodic assessments and continuous monitoring of exposure together with the Department of Health. Jointly, radiation incidents and investigations are managed.

Regulatory frameworks

The regulatory framework further governs nursing qualifications and registrations, and includes scopes of practice, Codes of Good Practice, SA National Standards such as on Spirometry, Audiometry, noise pollution, and event medical risk management.

The international legal-ethical framework is adhered to, including the relevant conventions, ratifications and recommendations by the International Labour Organization and the Code of Ethics for Occupational Health Services (by the International Commission on Occupational Health).

1.2.2 Quality Management

Self-evaluation is a prime focus of this Practice and the highly positive client experience is evident in client satisfaction surveys and a narrative feedback register.

Committees

The Occupational Health Committee is governed in accordance with its charter, reporting to the Registrar's portfolio. The head of this Practice is a member of the Graduation Committee and a permanent invitee to the MEC Risk Management Committee. The Committees for Persons with Disabilities, Risky Student Behaviour and Wellness are supported, as well as all Campus Forums.

Policy reviews

In accordance with the cyclic review, policy- and procedure documents were reviewed.

Reports

OHP reports in varying formats serve at the MEC Risk Management Committee, Registrar's Exco, MEC, MECO/MECA and the PRCC. An annual Integrated Occupational Health and Safety Report is compiled collaboratively between the two divisions at UJ, in fulfilment of the UJ Compliance Report to DHET.

1.3 Risk Management

This section of the Report encompasses the essence of an Occupational Health service, and, in summary, includes:

- 1.3.1 **Risk management fundamentals, legal mandate; focus areas**
- 1.3.2 **Emerging/potential health risk identification**
- 1.3.3 **Occupational Health Risk Auditing 2017**
 - a) Occupational Health Risk Audit Plan
 - b) Legal/professional auditing of the Occupational Health Practice



- c) Advisories regarding travel risk
- d) UJ Occupational Health risk profile
- 1.3.4 **Occupational Health Risk prevention and mitigation**
 - a) Completions in relation to OH risk assessments
 - b) Detailed discussions on completed health risk assessments per campus
 - c) Outsourced Occupational Hygiene audits for the period
- 1.3.5 **Medical Surveillance**
 - a) Medical Surveillance mandate and plan
 - b) Completion rate of Medical Surveillance against Annual Performance Plan target
 - c) Client contact sessions
- 1.3.6 **Food Safety Auditing**
- 1.3.7 **Event medical risk management**
- 1.3.8 **Emergency medical response**
- 1.3.9 **Radiation exposure risk management**
- 1.3.10 **Water Quality health risk assessments**
- 1.3.11 **Influenza campaign**
- 1.3.12 **Movember campaign**
- 1.3.13 **Travel Medicine**
- 1.3.14 **Needle stick injuries**
- 1.3.15 **Vaccination Programmes**
- 1.3.16 **Executive-, PA- and HOD Resilience Programmes**
- 1.3.17 **Mental Health management**
- 1.3.18 **Business Continuity**

Each element is described next in detail.

1.3.1 Risk management fundamentals, legal mandate; focus areas

Fundamentals

Risk management is fundamental to the Practice. *Safe work* and *occupational health* are constructs regulated by the International Labour Organization and the International Commission on Occupational Health.

National law prescribes that the employer 'shall provide and maintain, as far as is reasonably practicable, a working environment that is safe and without risk to the health of his employees' (Occupational Health and Safety Act 85 of 1993, as amended) (OHSA). The OHSA further recognizes the unique clinical roles of the Occupational Medicine Practitioner (Dr) and the Occupational Health Nursing Practitioner (Professional Nurse specialized in Occupational Health Nursing Science).

Legal mandates

At UJ, the OHP takes care of the two legal mandates directed to the occupational medical and nursing staff, in service of an organization, acting on behalf of the employer, being:

- *Medical Surveillance Programme*
Any employee exposed to hazardous chemicals, biological agents, noise, asbestos and lead must be assimilated into the medical surveillance programme as designed and executed by the occupational health team;
- *Health Risk Assessment Programme*
The employer shall ensure that such programme determines if any employee might be exposed to hazardous substances by any route of intake.

Focus areas

Focus areas have been established around UJ occupational health risk, to achieve optimal cover for risk assessment and risk control. The philosophy is 'early identification, anticipation and control'.



The seven focus areas of the UJ OH portfolio are therefore indicators of risk assessment and -control programmes and consist of:

- 1) **Health Risk Assessment (legal mandate)**
- 2) **Medical Surveillance (legal mandate)**
- 3) **Food Safety monitoring**
- 4) **Executive Resilience Programme**
- 5) **Event medical risk assessment and resourcing**
- 6) **Emergency Medical response facilitation**
- 7) **Travel Medicine**

1.3.2 Emerging/potential health risk identification

1.3.2.1 Health risk assessment

Occupational health risk is either identified through the planned programme of two-yearly outsourced assessments by Occupational Hygienists or by the UJ OH team during site visits. The audit intervals occur in accordance with the Occupational Health and Safety Act, 85 of 1993, as amended, and its regulations. Emerging risk is, however, assessed in addition to the annual audit plan - as it arises.

Risk assessments may be tailored as qualitative risk assessments, as reflected in the heat maps that have been developed for each campus and for UJ as an entity (see 1.3.3.4). Quantitative surveys are added to measure general ventilation rates, ergonomics, levels of chemical/biological agents, illumination, noise and extraction ventilation. Audit reports provide substantiated risk rankings, advisories on training, signage and suggested medical surveillance for vulnerable (exposed) groups.

Table 1 provides an overview of all Occupational Health risks identified to date, as well as controls and mitigation strategy.

Table 1 Overview: Occupational health risk and controls

No	Risk	Control	Control action plan
1	Occupational Risks to health present at UJ	Health Risk Assessment	Prioritized risk spaces and practices are audited at legally prescribed intervals. Focus areas are on Water Quality, Hazardous Chemical Substances, Hazardous Biological Agents and Indoor Air Quality
2	Persons at risk of occupational exposures	Medical Surveillance Programme	Persons are assessed clinically in accordance with the Health Surveillance matrix for exposure effects
3	Persons at risk of radio-active contamination	Radiation Risk governance	Baseline medical assessment prior to registration as Radiation Worker. Periodic assessments. Dosimetry. Licensing process in collaboration with Radiation Protection Officer.
4	Persons at risk of communicable, destination-bound or endemic disease and air travel risk	Travel Health Programme	Pre-travel medical immunizations. Chemoprophylaxis. Travel first aid kit. Travel advisories issued to UJ population upon receipt of alerts. Notifications of local travel to ER24 to ensure dedicated response and stabilization of patients.
5	Foodborne Disease outbreaks resulting in acute incapacity and reputational risk	Food Safety auditing programme	Quarterly external auditing; results are interpreted and relayed to Registrar, Campus Directors, Property Management and (every 6 months) to the MEC Risk Management Committee.
6	Medical emergencies and fatalities precipitated by official UJ events	Event medical risk management	Comprehensive event medical risk planning. ER24 is contracted when indicated; SANS 10366:2015 engaged as guideline to allocate resources. Medical Plan for on-site response. On-site attendance and situation reporting at high-risk events. Notification of academic tours to enable remote medical response, stabilizing and transfer of patients as per contract.



7	Disaster medical risk	Triage Plan	Disaster Room equipped and maintained. Basic Life Support training arranged annually for Professional Nurses. Emergency room at all clinics equipped with emergency trolleys and protocols written.
8	Outbreaks of communicable disease	Environmental scanning	Clinical Management Guidelines obtained and updated from DOH; distribution to Health Care professionals. Continual risk scanning and contextual interpretation. Immunization campaigns National professional network established. Personal Protective Equipment to UJ Healthcare workers Post Exposure Prophylaxis to those exposed. UJ Management Plan
9	Potential delayed response time to medical emergencies at UJ campuses & sports facilities	UJ medical response default plan	Medical response by Protection Services' responders and Health Professionals by default. Control room staff requests our assistance when needed. Island Risk Assessment conducted and Risk Action Plan operationalized. Triage plans designed for each campus control room. First aid room was created and equipped at QK building.
10	Confidentiality breach	Confidentiality agreement	Confidentiality agreements signed by all Occupational Health staff.

1.3.2.2 Health risk interpretation and -response

All identified health risk is filtered, contextualized and captured in the OHP risk register and considered for the Registrar's risk register. The Registrar places serious risk items on the agenda of the MEC Risk Management Committee for noting, actioning or uptake into the Institutional risk register. Acute risk, however, is addressed immediately through telephonic or emailed contact and memorandums to relevant management structures.

The risks identified by the OHP that have been recorded in the three risk registers are reflected in Table 2.

Table 2 UJ risks recorded in three UJ Risk Registers

RISK	OHP REGISTER	REGISTRAR'S REGISTER	INSTITUTIONAL RISK REGISTER
1. Event Medical Risk			
2. Delayed response to medical emergencies on campus			
3. Travel health risks related to official travel of all stakeholders			
4. Exposure of students and staff to infectious and hazardous agents			
5. Food borne disease outbreaks due to lacking practices by food tenants at UJ			
6. Quality and quantity of water supply to campuses			

1.3.3 Occupational Health Risk Auditing 2018

1.3.3.1 Occupational Health Risk Audit Plan 2018



The annual audit plan 2018 for health risk, given legal prescription and prevailing hazards included 56 units of work, as shown in table 3. Emerging risk prompted further risk assessment. The Annual Performance Plan target, at 90%, comprised 50 units of work.

Table 3 Health Risk Audit Plan 2018 (56 units of work)

Cam- pus	Entity	Units of work 1 unit: 1h	Service Provider	Audit Date
Outsourced Occupational Hygiene surveys	FS Chemistry and Applied Chemistry laboratories Occupational Hygiene Surveys for illumination, extraction ventilation and general ventilation.	1	Aircheck	Oct 2018
	UJ Noise Survey (APK, APB & DFC) As informed by team and previous reports	3	Momentum ocsa	Oct 2018
	FEBE Occupational Hygiene Surveys for illumination, extraction ventilation and general ventilation	1	Aircheck	Oct 2018
	FADA Occupational Hygiene Surveys for illumination, extraction ventilation and general ventilation and Hazardous Chemical Agents	1	Aircheck	Oct 2018
	Water Quality Campus consultations to ID all reservoirs/tanks for 2019 survey	4	Waterlab	Transferred to Operations
	Food Safety Audits 4 rounds	4	LTL	Feb; June; Oct; May
	Subtotal	14		
APB	APB day house	1	AH/OMP	
	APB Library	1	AH/OMP	
	ICS – Library first floor	1	AH/OMP	
	AVU F RED 15	1	AH/OMP	
	Subtotal	4		
SWC	Funda Ujabule	1	MT/OMP	April
	Chemical Store room for Hygiene controllers	1	MT/OMP	June
	All areas visited 2017 follow up	5	MT/OMP	April, June, Oct
	Subtotal	7		
APK	Glass Blowing lab	1.5	ML/OMP	
	LIC	2	ML/OMP	
	Civil Engineering	1.5	ML/OMP	
	Electrical Engineering	1.5	ML/OMP	
	FS Botany	1.5	ML/OMP	
	Faculty Education	1	ML/OMP	
	Art Centre	1	ML/OMP	
	Subtotal	10		



DFC	Water Lab Research	1	MT/OMP	March
	Laser Research Lab	1	MT/OMP	April
	Campus Health Clinic	1	MT/OMP	Sep
	Library	1	MT/OMP	April
	All areas visited 2017 follow up	16	MT/OMP	March - Oct
	Subtotal	20		
RPO	Radiation audit	1	Dr Mavunda	Nov
TOTAL UNITS OF WORK		56		

1.3.3.2 Legal/professional auditing of the Occupational Health Practice

KPMG conducted an internal audit of the OHP in 2014. An overall rating of good was assigned and effectivity was found across the focus areas of the portfolio.

The strategy for 2019 is to have an internal audit done by Occupational Health professionals, applying an adapted South African Society of Occupational Health Practitioners (SASOHN) audit instrument.

1.3.3.3 Advisories regarding travel risk

Outbound UJ official travellers are exposed to a unique set of occupational destination health risks. For this purpose and in line with the provisions of the OHS Act to assess all risks associated with work, the OHP screens the global risks to health in order to alert travellers to potential risk. In addition, medical pre-travel health assessments and vaccinations are conducted on travellers to determine fitness to travel and mitigate vaccine-preventable disease.

If the degree of risk is unreasonably high, a UJ travel alert is issued to inform and advise against travel to high risk areas, such as during the Zika outbreak. Circulars are sent to UJ Travel Co-ordinators and posted on Intranet as risk emerges.

1.3.3.4 UJ Occupational Health risk profile

* Compilation of the qualitative UJ Occupational Health risk profile

Information collected from audit reports and site visits at UJ in the past 15 years since inception of this Practice has resulted in the development of a *UJ Occupational Health Risk Profile* per campus and ultimately an integrated profile for UJ as a whole (Figure 1).

The *control banding* methodology (qualitative health risk assessment) was enlisted in the rating of hazards and risks.

The risk score is expressed as a function of impact and probability and indicates the priority of a health hazard, namely low, moderate or high risk. Indices for the variables *impact*, *probability*, *risk score* and *risk priority* appear in Table 4. *The profile is updated annually in November.*

- UJ qualitative Occupational Health Risk Profile

Table 4 Indices for probability, impact, risk score and risk priority

Table 5 depicts the qualitative Occupational Health risk priorities per campus.

PROBABILITY		IMPACT		RISK SCORE		RISK PRIORITY
1	Unlikely	1	Rarely	1	Insignificant – no health effect	Low risk
2	Some Chance	2	Occasionally	2	Reversible health effect, minor	
3	Could Occur	3	Often	3	Seek medical help, temporary	Moderate risk
4	Good Chance, probable	4	Frequently	4	Irreversible health effect, permanent	High risk
5	Will Occur	5	Continuously	5	Disabled/Fatality	



Figure 1 UJ global Qualitative Occupational Health Risk Profile 2018*

*updated annually in November

IMPACT						
PROBABILITY		1	2	3	4	5
	1	CHS APK IOHA DFC	Photonics Labs APK Campus Director's Office DFC Student Judicial Services DFC LIC APB ICS APB CHS SWC	Cleaning Chemical Stores APK E Les Computer Labs APK PsyCaD DFC		
	2		LIC SWC	Laser Research Centre DFC Protection Services Main Gate APB Law Clinic SWC	Cleaning Services SWC	
	3			Auxiliary Services APK LIC APK Elec Engineering APK	SEC APK LIC DFC Cleaner Store Rooms DFC Tech & Elec Station DFC Elec & Aux Store Room DFC Plumbing & Gardening Services DFC Physiology & Anatomy Labs DFC	
	4				Operations Offices APK Student Housing office DFC	Tech Services APK
	5					



Table 5 Qualitative Occupational Health risk priorities per campus

Risk priority	APK	APB	DFC	SWC	Total no of risks
LOW RISK	<ul style="list-style-type: none"> • Photonics labs Laser exposure Loose cables • Campus Health Service (CHS) HBA exposure Bird droppings on windows 	<ul style="list-style-type: none"> • LIC Poor storage of chemicals Confined spaces can cause injury Poor lighting in electronic equipment room • ICS Risks resolved 	<ul style="list-style-type: none"> • Campus Director's office Dust due to poor housekeeping - Poor wiring system of electric & network cables - Swallow birds nest outside the office can have a negative health effect. • Student Judicial Services Mold formation in the printing room and toilets can have a negative health effect to occupants. - Roof leaks damaged ceiling can fall and cause injuries to occupants. • IOHA office - Peeling paint with mold formation can cause ill health - Loose cables under the reception counter can cause electrocution. 	<ul style="list-style-type: none"> • LIC - Poor storage of food parcels for Hygiene Controllers. - Exposed electric wires and electricity box door not closing properly. - Poor ventilation in the sorting room - Roof leaks damaging ceiling. • CHS - Transmission of communicable & airborne disease due to poor ventilation system. - inhalation of cleaning chemical due to incorrect storage - birds nests outside the clinic door and windows - Noise pollution from Student Centre 	
	2	2	3	2	9



Risk priority	APK	APB	DFC	SWC	Total no of risks
MODE-RATE RISK	<ul style="list-style-type: none"> • Library & Bindery Ventilation risk Chemical exposure Fume exposure NIHL Physical injuries • Central Cleaning Chemical stores Chemical exposure Emergency shower in middle of store • E Les Computer labs Poor ventilation Overcrowding Loose cables • Auxiliary services Poor housekeeping Poor ventilation in offices • Electrical Engineering Voltage-electrocution Poor housekeeping 	<ul style="list-style-type: none"> • Main gate diesel fume exposure Noise and exhaust fumes concentrated at bus stop and inhaled by staff at entrance gate 	<ul style="list-style-type: none"> • Laser Research Centre - Exposure to biological agents due to poor management of waste station. - Musculoskeletal- and respiratory diseases due to extremely cold (cryogenic) working conditions. • PsyCaD - Dust exposure from damaged ceiling & poor housekeeping can cause ill health. - Food poisoning due to poor storage. - Sinkholes in the assessment room can lead to injuries and damage to property - Mold in the printing room ceiling can cause respiratory diseases. 	<ul style="list-style-type: none"> • Law Clinic. - Flooding of the reception and waiting area due to poor drainage system. - Respiratory diseases due to bird droppings. 	
	5	1	2	1	9



Risk priority	APK	APB	DFC	SWC	Total no of risks
HIGH RISK	<ul style="list-style-type: none"> • Technical Services Poor house keeping • Operations Office Poor stacking Fire risk Strenuous physical work • SEC Office No bathrooms for persons with disabilities 		<ul style="list-style-type: none"> • LIC - Dust exposure due to poor housekeeping and ventilation: can cause respiratory diseases. - Musculoskeletal problems due to incorrect ergonomics techniques when pushing book trolleys. • Cleaner Store Rooms - Poor housekeeping can cause physical injuries and ill health. - Water pollution due to improper decanting of chemicals • Tech & Elec Station - Poor housekeeping that cause ill health and physical injuries. - Electrocution, trips and falls can occur due to exposed live electric wires. • Elec & Aux Store Room Poor waste management of pigeon dropping can cause serious health effects - Poor housekeeping can cause fire in the storeroom. • Plumbing & Gardening Services Exposure to paint and exhaust fumes due to poor ventilation. - Trip and falls due to electric cable on the walkway. - Poor housekeeping can cause ill health and physical injuries. - Exposure to dust due to poor ergonomic techniques. • Physiology & Anatomy Labs Chemical exposures can cause respiratory diseases. - Food poisoning due to poor housekeeping and inadequate dining space. - Poor lab temperature control can cause ill health. • Student Housing Office - General poor housekeeping due to lack of cleaning staff which can cause negative physical and health effects to occupants. - Poor maintenance of the building can cause serious to fatal injuries to occupants. 	<ul style="list-style-type: none"> • Cleaning Services Poor storage and house-keeping can lead to physical injuries and chemical inhalation. - Supervisors can trip and fall due to poor lighting. 	
	3	0	7	1	11
TOTAL	10	3	12	4	29

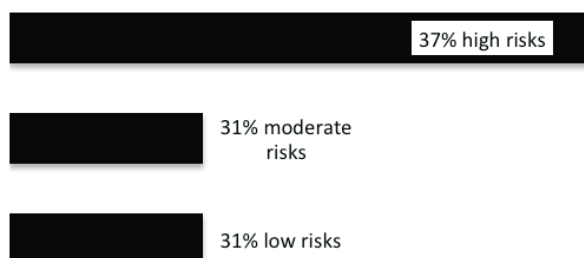


Composition of an annual qualitative UJ Occupational Risk Profile, using the control banding methodology.

Following extensive cyclic site visits over the past 15 years to assess occupational environments for its risks and hazards to the health of persons, the team has been compiling annual risk profiles per campus and for the institution as a whole. Hazards are 'sources of exposure' and risk constitutes the 'probability that injury or damage will occur'.

- Continually emerging themes regarding hazards and risks are:
 - i. Poor housekeeping can cause fire, physical injuries, food poisoning and respiratory illnesses;
 - ii. Poor ventilation can cause loss of concentration, headaches, respiratory illnesses, Building Related Illnesses and exposure to dust, paint and exhaust fumes;
 - iii. Poor temperature control in laboratories can cause ill health;
 - iv. Poor maintenance of occupational environments such as replacement of light bulbs;
 - v. Improper decanting of chemicals may pollute ground water;
 - vi. Improper storage of chemicals can lead to inhalation of such substances;
 - vii. Electrocution, trips and falls due to exposed live wires;
 - viii. Poor waste management of pigeon droppings can cause health effects.
- Profile and rating result
 - i. The profile, updated in November 2018, depicts the impacts and probability of risk and hazards to occur in given environments. The intersection of the two factors provides a risk rating of low, moderate or high.
 - ii. 29 risks were identified and allocated ratings of high, moderate or low risk. The campus presenting with the most risks overall was DFC at twelve, followed by APK at ten, SWC at four and APB at three (Figure 2).
 - 37% HIGH risks
HIGH risks consisted of poor housekeeping and poor ventilation leading to injuries and ill health. Further high risks included improper stacking,, -maintenance and -storage that might lead to serious and fatal injuries. The campus with the highest number of risk annotations was DFC at 54%, followed by APK at 30%.
 - 31% MODERATE risks
Nine MODERATE risks constituted 31% of the total and included working in cryogenic conditions, chemical exposure risk and exposure to biological agents due to poor management of waste. The campus with the highest number of moderate risks was APK at 50% of such risks.
 - 31% LOW risks
LOW risk was assigned to a further 31% of health risks, including birds' nests, exposed/loose electrical cables, roof leaks and poor ventilation, potentially causing injury, illnesses and low work performance. The campus presenting with the most LOW risk findings was DFC at three, while all other campuses showed two LOW risks.

Figure 2 Qualitative health risk type distribution



1.3.4 Occupational Health Risk prevention and mitigation

Pro-active assessment of environments for health risk, early advisories on developing risk, consulting subject matter experts and site visits are health risk mitigatory initiatives.



1.3.4.1 Completions in relation to OH risk assessment targets

Eighty (80) health risk assessments were completed in the reporting period compared to the targeted 56 for the year, yielding a completion rate of 143%. The Annual Performance Plan target, at 90% is 50. Completions against this target is 160%.

This number includes:

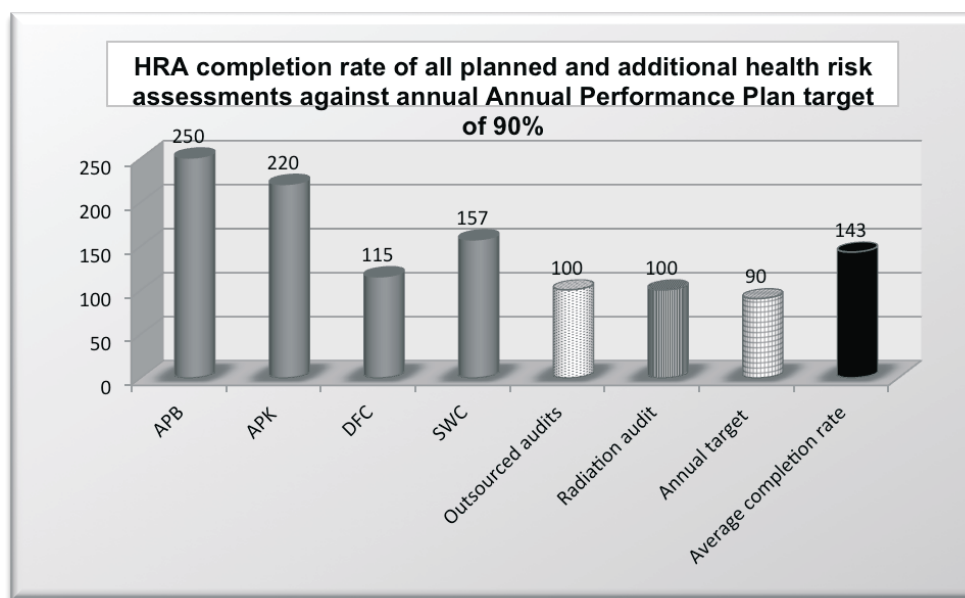
- outsourced/quantitative Occupational Hygiene- and Food Safety surveys
- risk assessments conducted by Occupational Health professionals
- the annual Radiation Audit.

CUMULATIVE COMPLETION RATE: HEALTH RISK ASSESSMENTS

160% completion rate in relation to the Annual Performance Plan target of 90%

The overall and campus completion rates on all planned and risk-prompted health risk assessments conducted for the period are reflected in Figure 3.

Figure 3 Overall and campus-specific completion rates of Health Risk Assessments against 90% annual Annual Performance Plan target



1.3.4.2 Detailed discussions on completed health risk assessments per campus

Detailed discussions on site visits and Health Risk Assessments conducted by professional colleagues are included in campus-specific Quarterly Reports, available on request.

1.3.4.3 Outsourced Occupational Hygiene/Food Safety audits for the period

a) Food Safety audits

LTL was contracted to conduct four annual Food Safety audits at all food outlets at UJ; completing the February, June, August and October rounds for the period. The annual re-certification assessment for HACCP requirements at the four UJ sites, namely JIAS, VC Kitchen, Design Café and STH Main Kitchen, was completed in August;

b) Water quality audits

Waterlab conducted selected *ad hoc* water quality audits at Windsor 48, APK LIC, APK clinic and the QK building, DFC;



c) **FEBE Occupational Hygiene (quantitative) surveys**

FEBE (APK and DFC) surveys for illumination, extraction ventilation and general ventilation were commissioned. Aircheck was selected as service provider and the site visits have been completed; reports are available;

d) **Noise surveys**

Noise Surveys at APK, DFC and APB were conducted at high risk zones in the first week of October 2018; reports have been sent to Occupational Safety colleagues to ensure correct demarcation of noise zones, and sent to Occupational Health Nursing colleagues to ensure that audiometric screening is conducted for all those exposed to noise in the demarcated zones;

e) **FADA Occupational Hygiene surveys**

At FADA, The Visual Art, Jewellery Department, Ceramic Workshop and Industrial Design laboratories were assessed for hazardous chemical agents, general ventilation and extraction ventilation in September 2018. The report is available;

f) **FS Occupational Hygiene surveys**

At the Faculty of Science, Chemistry and Applied Chemistry laboratories (both APK and DFC), Occupational Hygiene surveys were requested for illumination, hazardous chemical agents, extraction ventilation and general ventilation. The reports are available.

1.3.5 Medical Surveillance

1.3.5.1 Medical Surveillance mandate and plan

The Occupational Health team – on behalf of the institution – fulfils the UJ legal instruction as per the Occupational Health and Safety Act 85 of 1993 to execute a Medical Surveillance Programme.

An approved matrix, designed by the Occupational Medicine Practitioner, in his legal role, guides the scope and defines the nature of medical screening for employees at risk of homogenous occupational exposures. However, each person has a unique 'fingerprint', described as an Occupational Risk Exposure Profile (OREP). The OREP refines screening further to ensure that all individual exposures are monitored to prevent adverse health effects.

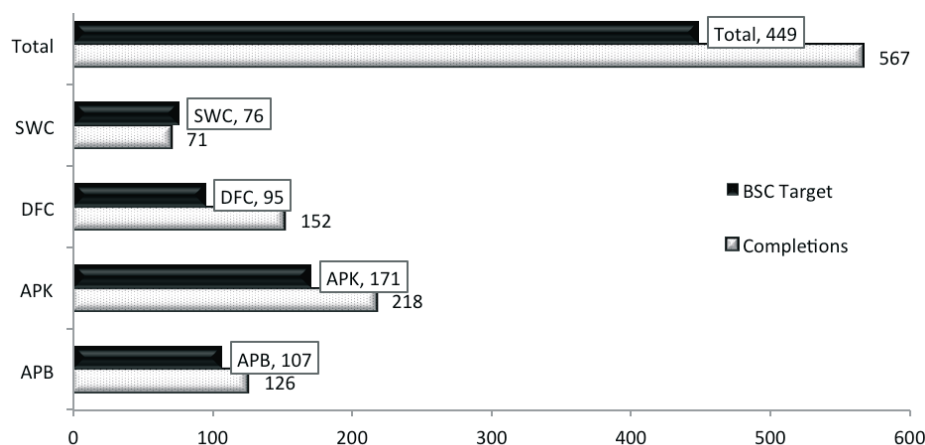
1.3.5.2 Completion rate of Medical Surveillance against Annual Performance Plan target

COMPLETIONS: MEDICAL SURVEILLANCE

Cumulative completion rate of 126% relative to the Annual Performance Plan target of 95%.

A total number of 567 medical assessments were completed year-to-date compared to the Annual Performance Plan target of 449 for the year. The completion rates are reflected in Figure 4.

Figure 4 Completion on medical assessments compared to Annual Performance Plan target



1.3.5.3 Client contact sessions

For the reporting period, **3409 client contact sessions** were provided to the UJ clientele. Contact session types included those for Travel Health, for periodic medical assessments, Primary Health, Resilience Programmes, incapacity assessments, injuries on duty, lung function tests, audiometry, emergencies and feedback sessions with the Doctor.

Figure 5 displays the annualized total client contact sessions since 2014, and Figure 6 is a graphic representation of the cumulative number of client contact sessions per campus.

The relative higher number of consultations in 2017 represents the insourcing project's impacts: it required additional baseline medical assessments to be done on all adopted staff. The project beyond the Practice's capacity necessitated additional funding to buy in mobile units to conduct testing and medical assessments.

Figure 5 Total annualized contact sessions since 2014

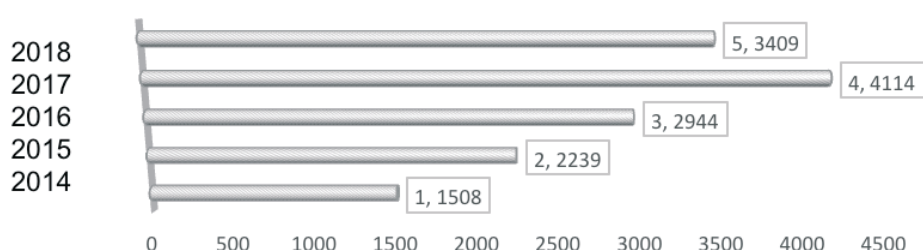


Figure 6 Cumulative number of client contact sessions 2018

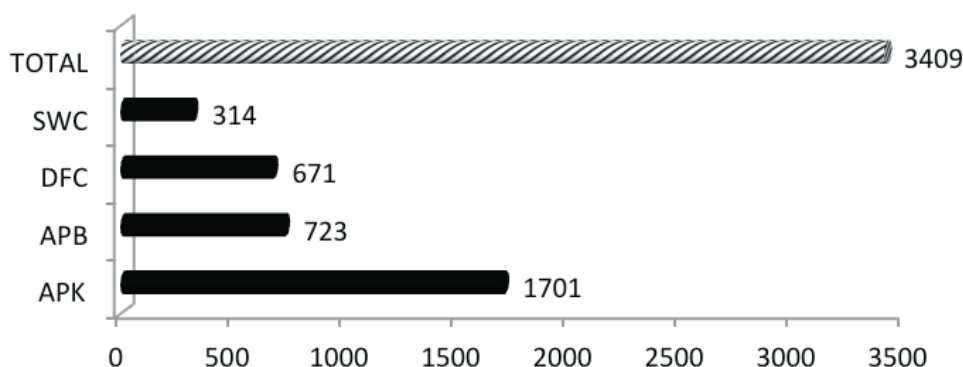
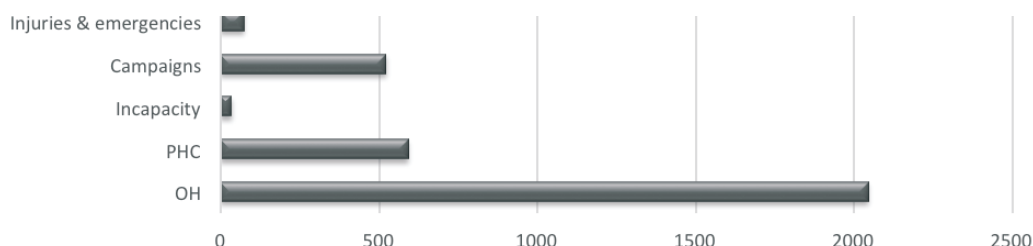


Figure 7 Client contact session type distribution for the period



Periodic medicals are conducted on at-risk groups guided by the Health Surveillance Matrix. Below, in Table 6 and Figure 7 above are some examples and uptakes of client contact session types and cumulative totals:



Table 6 Client contact session types

CLIENT CONTACT SESSION TYPES	NUMBER
Occupational Healthcare	2045
Resilience Programme ELG, PA's and 50 HOD's	13
Radiation medicals	20
Pre-placement-, baseline- & periodic medicals	540
Public Driver Permit assessments	20
Travel Medicine (pre-travel assessments; travel bags)	196
Blood tests	93
Post-exposure prophylaxis (PEP) after needle stick injury	0
Lung function tests	349
Hearing tests (audiometry)	326
Eye tests (vision screening)	470
Emotional debriefing	18
Injuries and emergencies	74
Primary Healthcare	593
Vaccinations other than the Influenza campaign	
Consultations	
Ill health retirement & Incapacity assessments	34
Campaigns	663
Vaccinations: Influenza campaign	523
Blood tests: Movember PSA campaign	140
TOTAL CONSULTATIONS	3409

1.3.6 Food Safety Auditing

Four rounds of auditing were conducted in the reporting period. The food safety practices of food service providers on UJ premises were assessed and reports issued, of which twice a year also to the MEC Risk Management Committee.

Findings

For the period, UJ attained an average **Total Score* of 88%** against international norms, statutory requirements and national standards. The score was higher than the minimum international HACCP criterion of 85% and lower than the UJ-adopted 90% compliance level as minimum criterion for UJ food service providers.

It should be noted that a new food outlet was added to the audit programme in June 2018, namely UJ Metropolitan Academy. The new outlet scored low, because no systems were in place. JBS will be added in 2019.

Compared to 2017, the scores were the same, and compared to the preceding 4 years it was lower. The evaluation by the auditors included a commendation on improved food safety systems. However, an emphasis was placed on the legal and public liability risk associated with risky food safety practices. High risk units were identified owing to their consistent poor performance. The Director: Property Management



receives all reports and performance/risk management id based on the updated UJ Food Safety Policy that includes a new chapter on management of non-compliance.

New developments

It was the further opinion of the auditors that consideration could be given to safely lower the UJ adopted compliance level to 85% without posing risk to the institution. This advisory will be submitted to the MEC Risk Management Committee (RMC) in 2019. The MEC RMC further recommended that a 'microbial alert' be added to the front page of each audit report, so as to rapidly inform on high risk pathogens present on food prepared and sold at UJ. It has been activated for 2019.

Risk scores

***Total Scores are weighted as follows:**
Microbial (bacterial count) = 50% of score
Housekeeping and Maintenance = 50% of score

The *Housekeeping & Maintenance* score improved by 3% from 79% in 2017 to 82% in 2018.

The *Microbiological score* declined by 2,5% at 94% compared to the previous year. Poor storage and transport practices contributed significantly to microbiological growth, and these poor practices were evident at UJ food outlets as a key finding.

Key marker of risk

A key marker of the potential risk for Food Poisoning is the Microbial component of the formula to calculate Food Safety risk.

Concerns, interventions and concluding remarks by the auditor

Concerns

- Poor storage and -transport practices posed a high risk at the service of food. These practices contributed directly to microbiological growth over time. This risk category is one of the major food poison contributing factors, because it supports the three major risks i.e. temperature, time and volume;
- Poor handwashing and personal hygiene practices will contaminate food with pathogens such as *E. coli*, *S. aureus* and *Salmonella*. *S. aureus* is one of the most common food poison organisms, due to the easy spread through workers. A lack of good practices will increase the *Staphylococcus* risk to unacceptable levels;
- Poor pest control practices posed a risk to food storage and specific ingredient storage. Flies and cockroaches will transfer contaminants without the staff noticing the risk;
- Poor cleaning practices is the major contributing factor to the highly dangerous *Listeria monocytogenes*. A lack of cleaning will cross contaminate cooked product from raw products;
- Poor product handling practice coupled with the lack of effective cleaning may increase the food poisoning risk tremendously.

Interventions were proposed for 2019:

- The audit risk forms needed to be reviewed;
- A new risk measurement tool should be developed to expose the units in terms of risk practices, legal compliance risk and management risk.
- The high-risk units should be assessed once-off on their operational ability including management, culture, staff ability and operational support.
- The problem units must be re-audited and measured after the intervention.
- Staff at units must be trained twice a year to ensure that continual training compensates for staff turn-over.

Concluding remarks

- It was concluded that an improvement of the food safety systems is evident from the previous year.
- It was necessary for all the food providers to become risk orientated and understand their role in food safety risk management.
- A high emphasis must be placed on legal and public liability to reduce the University's risk.

Results of the four rounds are displayed in table 7 below. View trends in Figures 8 and 9.



Table 7 Food Safety Auditing for the period

UJ FOOD SAFETY AUDIT RESULT 2018												
	HOUSEKEEPING & MAINTENANCE Score				MICROBIAL Score				TOTAL SCORE			
	Feb	June	Aug	Oct	Feb	June	Aug	Oct	Feb	June	Aug	Oct
OVERALL AVERAGE	86	81	90	77	98	86	85	90	91	87	89	84
APB	91	92	84	86	100	88	98	93	96	90	90	92
APK	85	88	84	86	99	83	100	96	92	87	91	91
DFC	82	76	78	75	98	87	100	76	89	87	87	76
SWC	88	63	77	70	100	73	100	100	93	77	85	85
SWC Informal Vendors	–	81	64	70	–	75	100	100	–	77	83	85
ISLAND	81	87	–	80	100	100	–	88	91	95	–	84
JIAS	90	89	93	85	83	100	100	100	87	95	97	93
UJMA	–	86	78	61	–	100	100	67	–	94	89	64

Figure 8 Annual average Total Food Safety Score attained at UJ Food outlets since 2013 update 2014 – 2018

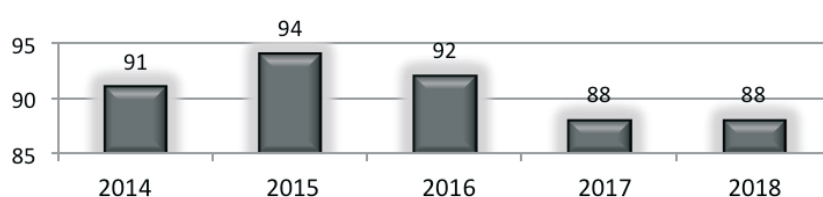
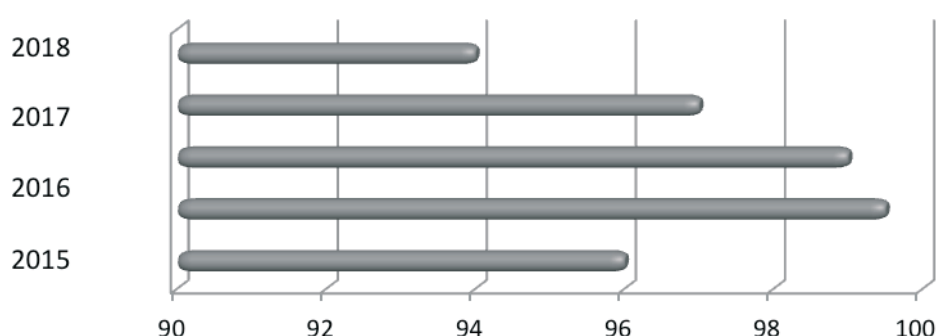


Figure 9 Microbiological score (50% weighting of total score) – annualized – attained at UJ Food outlets since 2014)



1.3.7 Event medical risk management

The OHP has, by virtue of need and legal prescription, adopted the role of medical mediator for official *academic* and *cultural* events at UJ. Each event reported to the Head, OHP, by the Event Risk Manager, is analysed for its medical risk. Sporting events' medical standby is arranged by colleague Miemie Geya: HOD: Primary Healthcare.



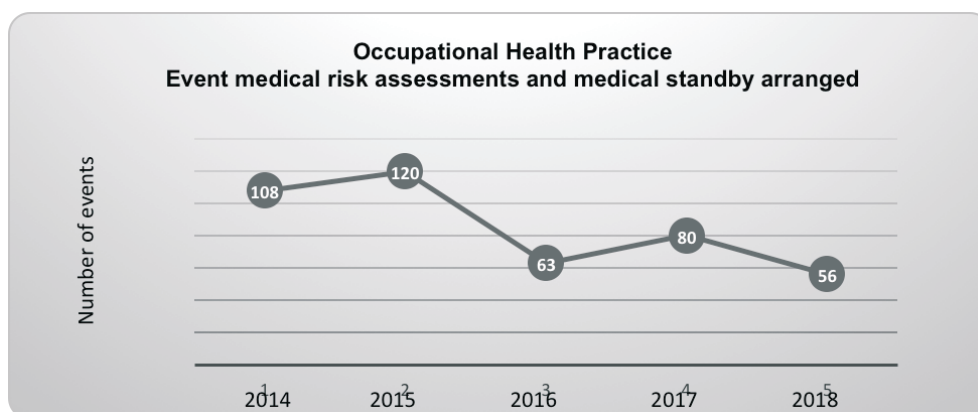
In line with contractual provision by ER24, a request for medical assistance on site or a notification is issued, depending on the level of risk.

In case of an event, as defined by legislation and the UJ SOP, on site standby is requested and medical plans are generated suited to the nature and scope of risk. Medical response is decided by ER24 in accordance with the SANS 10366:2015 standard. Care is taken to ensure that medical responders act within their Scope of Practice and that they are duly registered clinicians with the Health Professions Council of South Africa and the South African Nursing Council.

Event medical risk assessments were conducted for 59 events, of which 16 were scheduled and 43 unscheduled on the UJ Annual Calendar during the reporting period. The obvious major medical event planning and standby were for the Registration period, categorized as medium risk by the SAPS. Registration's medical standby amounted to R113 840, applying a new approach to reduce (halve) the cost. Netcare911/ER24 provided on site standby assistance for 19 events, while notifications to N911/ER24 were issued for 40 events during the reporting period.

See Figure 10 for an annual trend analysis.

Figure 10 Annual event medical risk assessments since 2014



1.3.8 Emergency medical response

Response to calls for assistance is prioritized. Two-way radio communication is monitored during crises. Deployment and co-ordination of medical response are done at incidents where assistance is called upon. Professional decisions are taken on ER24's deployment.

An analysis of EMS services delivered to UJ by all stakeholders, i.e. the contracted ER24, Professional Nurses at clinics and the Reaction Teams at Protection Services was prepared and a memo submitted to MEC. The objective was to explicate the legal-ethical background, professional Scopes of Practice of responders and clearly delineate the roles of all stakeholders in responding to medical emergencies on UJ premises.

1.3.9 Radiation exposure risk management

Monthly dosimeter disks are ordered from SABS for radiation workers at UJ. After each 4-week wearing period the batch is couriered to SABS for analyses. The results are evaluated by the UJ Radiation Protection Officer (RPO) and Occupational Medicine Practitioner. Baseline and periodic medical examinations are conducted on prospective and current Radiation Workers to duly register them at the Department of Health's Directorate of Radiation Control.

The RPO is supported by this Practice to audit sources and practices, and execute his legal duties by providing him with sensitive radiation detection equipment and an office.

In a strategic meeting with the COO, Prof André Swart and the Registrar in June, a decision was taken to move the Radiation Safety function to a direct reporting structure under the COO as from 1-1-2019. The decision has been



operationalised and the Ionizing Radiation Policy transferred to the Head: Occupational Safety who will be the new line manager for the RPO.

1.3.10 Water Quality health risk assessments

Bi-annual Water Quality Audits (Occupational Hygiene surveys) are conducted by this Practice, in fulfilment of the Hazardous Biological Agents regulations under the Occupational Health and Safety Act 85 of 1993. The 2017 audit revealed no risks of Legionella bacteria in UJ hot water systems and drinking water was found safe for human consumption. However, some findings were sent to Operations division for due noting regarding the maintenance of systems and prevention of contamination.

The three components of the project in 2017 included assessments on Legionella Risk Assessment and quantitative survey, UJ bottled water and municipal water. The next audit is due in 2019. *However, risk-based water surveillance was undertaken in several areas in recent months, namely Windsor avenue 48 (tap water found unsuitable for human consumption), the APK LIC, the QK building at DFC (ground water sources found unfit for human consumption due to mineral content) and the APK Campus Health Clinic. It was found that all water samples from the APK LIC and APK Clinic complied with drinking water bacteriological parameters and therefore deemed fit for human consumption.*

An agreement was further implemented to prevent duplication of water audits: the Executive Director of Operations (Prof André Nel) undertook to conduct water quality audits for municipal and borehole water as from 1 September 2018. This Practice will therefore, in future, only conduct water quality audits on hot water systems to investigate Legionella, and do UJ bottled water surveys.

1.3.11 Influenza campaign

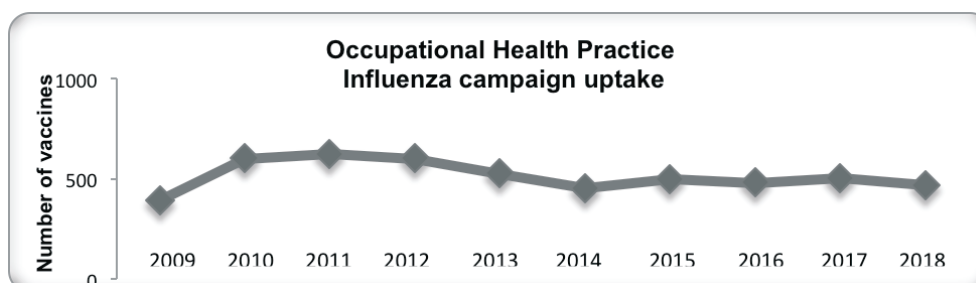
The annual Influenza campaign took place during April and May at all campuses: free of charge to employees. A total of 600 doses were procured based on historic uptake. Table 8 depicts the actual demand/uptake per campus this year.

Table 8 Influenza campaign 2018

INFLUENZA CAMPAIGN 2018				
APK	APB	DFC	SWC	TOTAL
224	59	171	69	523

The uptake trend for the past 10 years is reflected in Figure 11. N-95 masks have been ordered and are always kept in supply in case the need to curb the spread of droplet-spread respiratory disease arises.

Figure 11 Influenza campaign uptake since 2009



1.3.12 Movember campaign

The primary preventative role of the OHNP guides the second annual health promotive campaign that we offer: each year in November, an invitation is extended to UJ male employees above the age of 35 to have

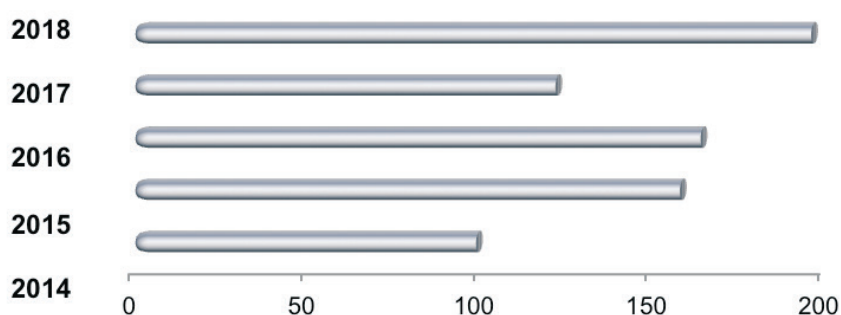


complimentary PSA blood tests done, followed by a feedback session and referrals if indicated. **140** men benefited from early screening for prostate cancer in the November 2018 campaign.

1.3.13 Travel Medicine

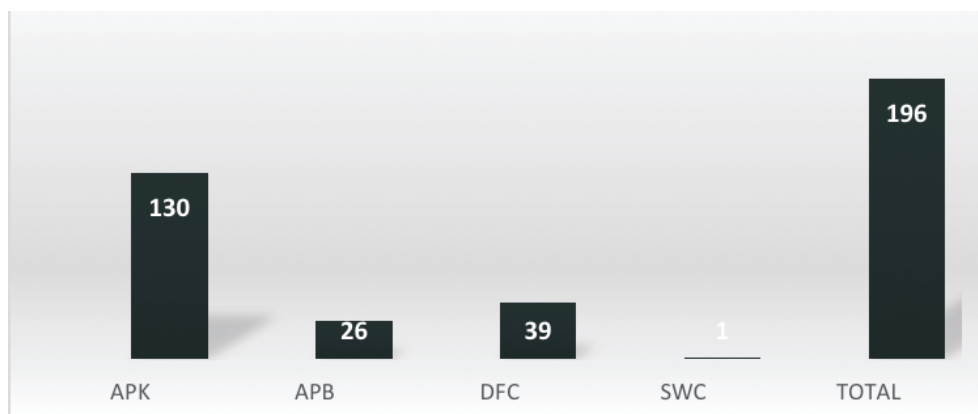
- a) Pre-travel assessments were required from official travellers. They received vaccines, first aid bags and travel medicine. A total of **196 consultations** were devoted to travel health during the reporting period. Figure 12 shows the annual distribution of consultations since 2014;
- b) *A potential gap in corporate travel at UJ was again made known to the UJ Management: UJ does not currently track nor provide emergency medical assistance or evacuation advice to travellers in real time. The International SOS proposal in this regard, was brought to the attention of the management for reconsideration. A meeting took place on 31 August 2018 with the Registrar and COO. A further meeting was envisioned, after consultation with Purco.*

Figure 12 Travel Medicine consultations since 2014



Travel medicine consultations differentiated between campuses showed that the APK clinic is used most often, followed by DFC, APB and SWC clinics (Figure 13).

Figure 13 Travel Medicine consultations per campus



1.3.14 Needle stick injuries

Post-exposure prophylaxis is available to any clinician within one hour after exposure to blood – in the line of duty. Cases involving employees are processed as Injuries-on-duty and are reported to the Workmen's Compensation Commissioner. No such injuries occurred during the reporting period.

1.3.15 Vaccination Programmes

A total number of 646 vaccines were administered to food handlers, travellers, healthcare professionals and those exposed to sewerage and Hazardous Biological agents as in Table 9 below.

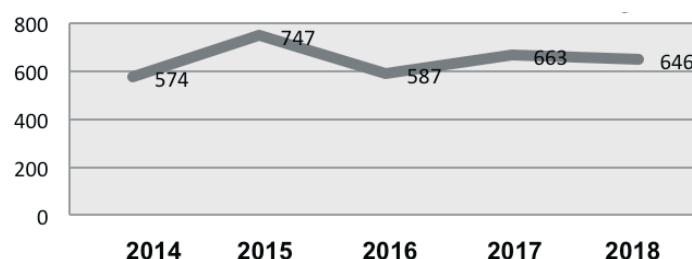


Table 9 Vaccines administered in 2018

646 VACCINES ADMINISTERED				
	APB	APK	DFC	SWC
Hepatitis A	0	0	0	0
Meningitis	0	5	8	0
Typhoid vaccine	2	13	4	1
Measles	0	0	0	0
Yellow Fever	2	13	6	1
Hepatitis A & B	1	23	16	4
Hepatitis B	0	0	0	0
Tetanus	3	11	4	0
Hepatitis A & Typhoid	0	5	0	0
SUB-TOTAL	8	70	38	6
INFLUENZA CAMPAIGN	58	226	171	69
TOTAL	66	296	209	75

The total number of vaccines administered year-on year for the past 5 years has averaged at around 640 vaccines per annum, as in Figure 14.

Figure 14 Total number of vaccines administered annually since 2014



1.3.16 Executive-, PA- and HOD Resilience Programmes

a) Tiers

The three tiers of the UJ Resilience Programmes are offering on-going assessments and support to the clientele. The Executive Resilience Programme is devoted to the ELG, the PA-RP programme to the PA's of the ELG and the HOD Resilience Programme (HOD-RP) to the 50 existing clients on the register. Further roll-out of the HOD-RP is dependent on further resources.

b) Assessments

Twenty-five (25) consultations were devoted to the three programmes for the reporting period. The baseline medical examination is usually followed by an assessment and evaluation by the Occupational Medical Practitioner. From here prescribing, referral or other interventions occur. This provides the client with year-on-year progress tracking and response to treatment.

ERP clientele are sponsored to attend UJ Gyms at the campus of their choice.

For the period, 31% of the ELG was assessed upon request. Coronary risk was calculated according to the Framingham Risk Score and referrals were offered to coronary angiogram- or calcium score scans.



1.3.17 *Mental health management*

Spontaneous contact made with this Practice or psychological/psychiatric emergencies often prompts customised or discreet interventions. PsyCaD or external psychologists/psychiatrists are consulted for such a service and professional reports. This essential service is provided from the Executive Resilience cost centre and it demonstrates caring towards the employee or colleagues of an employee in need. A report from a clinical psychologist or psychiatrists will be the determining factor in incapacity case management.

CARING

For the period no professional interventions (3 sessions are sponsored per client per issue) were sponsored for employees. However, multiple referrals to appropriate professionals were done.

1.3.18 *Business Continuity*

In September 2015 the process to brief Deloitte SA on our business processes, as part of the UJ risk management strategy, was concluded and a Business Continuity Plan has been finalised. The Plan was reviewed in May 2018.

2. STRATEGIC FOCUS AND TARGETS

2.1 OHP Strategic objectives aligned with UJ Strategic Plan 2025

The Practice's strategic alignment with UJ strategic objectives numbers four, five and six find expression in various ways.

a) UJ Strategic objective 4: An Enriching Student Friendly Learning and Living Experience

Occupational Health Risk Assessment: laboratories

The contribution of the OHP to a safe teaching and learning environment for international and resident staff and students was achieved by continual assessment of occupational health risk in laboratories, medical surveillance of research staff and provision of emergency medical services.

Food Safety monitoring

Food providers on campus are audited for compliance to food safety standards, yielding quality food and mitigating the risk of food poisoning.

b) UJ Strategic objective 5: National and Global Reputation Management

Travel Health risk surveillance and clinic

The UJ OHP has grown its assessment of destination travel risk for UJ travellers. Screening emerging travel health risk is an ongoing service. The risk is applied to the UJ context, and travel alerts or articles are posted on intranet and distributed to UJ Travel Co-ordinators.

Professional networking

Nationally, contact has been established with the Department of Labour's Directorate Occupational Health and Hygiene, the SA Society for Occupational Health Nursing Practitioners (SASOHN) and the SA Society for Occupational Medicine (SASOM). Peers at HEIs are periodically contacted for benchmarking purposes. Externally, the HOD of this Practice serves as a member of Medichem, the International Commission on Occupational Health's technical committee on Chemicals in the Workplace. The HOD of this Practice further serves on the SASOHN technical team for the review of the Hazardous Chemical Agents regulations of the Occupational Health and Safety Act.

c) UJ Strategic objective 6: Fitness for Global Excellence and Stature

Risk management and mitigation of risk

The OHP has created awareness among high risk environments, such as FS and FHS, on under- and post-



graduate research risks. Hazardous chemical substances may present physical, health and environmental hazard class risks. Health risk assessments and chemical risk assessments are conducted on new processes as soon as the OHP receives notification or is informed during site visits. In the event of an incident, medical response and case management is done. Injuries on duty are reported if an employee is injured or exposed to hazards.

Strong service point

A welcoming, caring and service orientated Practice was shown by a year on year growing utilization rate of the service and narrative feedback that displays appreciation for the service at evidenced positive feedback.

Legal and ethical compliance

Legal compliance occurs principally in accordance with the occupational health roles in the Occupational Health and Safety Act, 85 of 1993 as amended, as well as the wider regulatory framework.

Ethical compliance is evidenced from zero confidentiality breaches, a climate of caring, collegiality and professionalism in line with the Code of Ethics of the International Commission of Occupational Health and the SA Nursing Council.

2.2 OHP strategic direction, goals and targets for 2019

- a) Compliance with two legal mandates
 - i. *Health Surveillance of UJ staff* to prevent impacts of occupational stressors such as chemicals, biological agents, physical stress, noise and radiation on health. We conduct lung function tests, blood tests, hearing tests and medical assessments on all staff potentially exposed – the UJ Medical Surveillance Programme is formatted on annual/bi-annual cycles;
 - ii. *Occupational Health Risk Assessments and Occupational Hygiene surveys*: an annual Health Risk Audit Plan is followed to accommodate the prescribed intervals. For acute/emerging risk, additional surveys are designed and arranged;
- b) APK clinic extension still due to be operationalised. This will provide professional space to work in;
- c) Surveillance for global/local emerging communicable disease, e.g. such as Listeriosis, Malaria, Influenza and Measles;
- d) An application towards accreditation for UJ as a Continuous Professional development (CPD) Service Provider for Professional Nurses under the SA Nursing Council, was submitted to the body, which indicated that they are not ready to implement the system and will advise when they are. The aim is to facilitate Portfolios of Evidence for Professional Nurses in the employ of UJ. CPD is compulsory and submission of such Portfolio will be a prerequisite for annual SANC registration to practice in the near future;
- e) Approaching UJ's Division for Institutional Planning, Evaluation and Monitoring (DIPEM) to assist in creating an electronic dashboard for the Occupational Health Practice. It should serve as an indicator of progress with the annual achievement of targets and servicing legal mandates. An added, very positive opportunity now arises as the HEDA Explorer system may further be used as an institutional repository for all past and current Occupational Hygiene surveys and Health Risk Assessments, for big data analyses, trend analyses, audit purposes and epidemiology studies. Finally, improved institutional accessibility to such a shared platform among key stakeholders in Occupational Safety, Operations and Heads of Departments should increase knowledge of assessed domains and compliance levels;
- f) Legislative review project: Hazardous Chemical Agents-, Lead- and Asbestos Regulations
The HOD of this Practice acts as a representative for the South African Society of Occupational Health Nursing Practitioners (SASOHN), in collaboration with the South African Society of Society of Medical Practitioners on the Department of Labour's Medical sub-committee of Technical Committee 7. The objective of the project is to review the Hazardous Substance-, Asbestos- and Lead Regulations under the Occupational Health and Safety Act 85 of 1993. UJ hosted an intensive workshop in October 2018 and reviewed comments to legislative drafts that will have significant impacts in occupational environments nationally, with a focus on evidence-based practice.



2.3 OHP Annual Performance Plan 2018

The 2018 Annual Performance Plan is shown in Table 10.

Table 10 OHP Annual Performance Plan 2018

KPA	KPI	Tracking	2018 position	Targets 2018	
Strategic objective 6: Fitness for purpose				Floor	Target
KPA 3.1 Welcoming, caring and service orientated environment for staff students & visitors	Positive narrative feedback received	e-mails (on file), campus forum meetings, telephonic feedback	100%	90% positive feedback	95% positive feedback
	Client Satisfaction	Client satisfaction survey	100%	85% agree or strongly agree	90% agree or strongly agree
KPA 3.2 Efficient conduct of UJ business	Sound finance management	Budgeting, budget management Annual utilisation	97% spent	Spend within 10% variance of budget	Spend within 5% variance of budget
KPA 6.1 Legal and ethical compliance	Legally compliant Medical Surveillance Programme	Quarterly reports Medical Surveillance matrix	126%	95% uptake of annual Medical Surveillance Programme	95% uptake of annual Medical Surveillance Programme
	Legally compliant Occupational Health Risk Auditing	Occupational Health Risk Audit Plan and risk-based Risk Assessments executed	160%	90% of Audit Plan executed	90% of Audit Plan executed
KPA 6.2 Risk management and mitigation of risk	Effective Occupational Health risk management system	Occupational health risk assessment reports. Updated operational and risk registers. Emerging infectious disease screening & alerts.	Surveillance active	Most OH risk made known through organisational structures as it presents	Most OH risk anticipated early through organisational structures
	Nil adverse clinical events	Quarterly/ Annual reports	0%	0% adverse events	0% adverse events
	Preventable event medical risk incidents	Event medical risk assessment Medical plans Situation reports	0	Zero incidents	Zero incidents



Strategic objective 5: Reputation management					
KPA 2.2 Active participation in international networks	U-21 participation when Registrar indicates readiness	Establish benchmarking	n/a	Research and select sites to visit	Maintain virtual contact
KPA 5.2 Results realising and collegial leadership approach	Values-driven staff	Staff performance ratings	Average of 4 achieved – had to be adjusted down to 3.5 after consistency meeting advice.	Average of 3.5	Average of 4
Strategic objective 4: Student, staff; visitor experience					
KPA 3.5 A safe and secure environment	Occupational health risk exposure prevention and control in the teaching and learning environment	Occupational health risk assessments OH risk register Mitigation consultancy	0%	0 % occupational disease	0% occupational disease

2.4 Additionally adopted targets derived from legal requirements and emerging risk

Table 11 *Additionally adopted targets derived from legal requirements and emerging risk*

	Entity	Tracking	Target
1	Event medical risk at academic and cultural events	Medical Operational Plans Netcare notifications Communication with stakeholders UJ Event Safety & Security committees and charter	All medical emergencies at UJ events attended to within 5 minutes by duly registered responders in line with SANS 10366:2015.
2	Food Safety auditing	Audit reports on each food vendor	90% compliance to HACCP norms
3	Water Quality testing 3.1 Legionella pathogen in boiler rooms, cooling towers; heating systems; 3.2 Bottled water: microbiology, metals & chemicals 3.3 Borehole and municipal sources: suitability as potable water	Audit reports every 2 years <i>Ad hoc</i> audits	Compliance with 3.1 EWGLI guidelines < 1000 CFU/litre 3.2 TWQR standard by DWAF; SANBWA; SABS 3.3 SANS 241:2015 standard for drinking water



4	Provision of oxygen, equipment and medical disposables for UJ patient transfer vehicle	Stock levels & register maintained Oxygen provided and cylinders hired Infection prevention and control SOP	Continual supply chain upheld to ensure efficient service
5	Emergency medical response by clinic professionals and Protection Services	Prompt response to walk-in emergencies and calls for assistance	Prompt response to walk-in emergencies and calls for assistance. ER24 (dedicated service provider) summoned if indicated.
6	Radiation exposure risk management	Monthly Dosimetry badges issued/collected/analysed Baseline & periodic medicals on all radiation workers	No skin dose > 0,15 mSv per wearing period Annual whole body limit of 20 mSv never exceeded
7	Annual Influenza campaign	Free immunizations to staff at all campuses during April	The demand is for around 500 doses p.a. Maintain this figure. Increase this figure in case of pandemic.
8	Annual Movember campaign	Free blood tests, feedback and referrals to male staff members at all campuses during November.	The demand is for around 120 tests per annum. Maintain the service
9	Travel Health	Travel Health screening Travel alerts Vaccinations	Official travellers screened pre and post travel. Alerts and outbreaks screened continually. Travel advisories sent timeously to travellers in case of ratified travel risk.
10	Needle stick injuries	COID procedure followed in conjunction with immediate Post-exposure prophylaxis (PEP) held on site.	Patient receives Post Exposure Prophylaxis, counselling and blood tests within 1-4 hours. Re-testing at prescribed intervals. Zero seroconversion rate.

2.5 Support Services Indicators: OHP application

The central UJ document tracking performance progress for the Support domain, entitled "Support Services Indicators" refers. Three of the four elements apply to the Occupational Health Practice, and indicators were assigned as in Table 12 below.

Table 12 UJ Support Service Indicators: Occupational Health Practice contribution

UJ assigned Key Performance Areas	OH Practice Performance Indicators	2018 target
1. Transactional support services operated efficiently and effectively	a) Occupational Disease b) Food Safety Compliance rate c) Radiation exposure risk	0% 90% UJ average No skin dose > 0.15 mSv per wearing period. Annual whole body limit of 20 mSv never exceeded.



2. Satisfaction with services provided by Support Divisions	Positive narrative feedback	95%
3. Effective project management	Health Risk Assessments: annual completion rate Medical Surveillance targets: annual completion rate	90% 95%

2.6 Health Risk Audit Plan 2018

An audit plan guided annual work. See Table 3. Risk is assessed by priority – aligned with budgetary provision. A mix of external professionals and the clinicians on the team provide for the execution of the plan. Each campus has its own health risk assessment plan, which outlines the rollout to each environment.

2.7 Goals and targets for 2025

By 2025 the OHP at UJ should be renowned for its leadership and stature among peers locally and globally, and continual research on leading practice at a HEI, including the innovative introduction of digital health technologies in the UJ Occupational Health Practice's system of governance and reporting, and further into operational digitization where possible.

3. EMPLOYEE PROFILE

3.1 Overview

The Occupational Health Practice was conceptualized and founded in 2004 by the Head of the Practice as the only staff member. In time, given firm growth, additional positions were motivated for. Today the team of 9 consists of its manager, three Professional Nurses, a Doctor, an administrative assistant, two student assistants and the UJ Radiation Protection Officer.

The strategic and operational core of the OHP is at APK. From here clinicians at each campus are guided and empowered to attain campus equivalence and accessibility. Professional nursing practitioners at APK, APB and a shared position for DFC and SWC deliver an accessible programme to UJ employees and those at risk on UJ premises.

An Occupational Medicine Practitioner attends the OHP at an average of 3,5 days per month and in accordance with legal provisions of the clinic permit.

A radiation expert (physicist) was appointed as the UJ Radiation Protection Officer. He assumes responsibility for acquisition, waste disposal and monitoring of radio-active sources/practices. This Practice conducts radiation medicals to register radiation workers, periodic assessments and continuous monitoring of exposure. Jointly, radiation incidents and investigations are managed by the team.

An administrative assistant and two student assistants provide (critical) logistical support.

3.2 Employee profile

Nine positions are associated with the OHP: five permanent, two independent contractors and two temporary positions as reflected in table 13.

3.3 Equity profile

The population group equity profile of the OHP at 60% is close to the national African figure of 73,5% and the geographical figure of 76,1%. The figure compares well with the Registrar's portfolio, where 68% of staff is black.



Table 13 OHP Employee Profile

Job category	No	Occupational level	Job grading	Permanent	Contract	Temporary
Non-academic	1	Professionally qualified, experienced specialists and mid-management	6			
	2	Skilled, academically qualified	8			
	3	Skilled, academically qualified	8			
	4	Skilled, technically qualified	11			
	5	Skilled, academically qualified	8			
	6	Professionally qualified, experienced specialists and mid-management	n/a		IC	
	7	Professionally qualified, experienced specialists and mid-management	n/a		IC	
	8	Student assistant	n/a			
	9	Student assistant	n/a			

Gender equity is understood in context of the 2012 national gender profile for professional nurses, which reflects a 1:9 ratio male: female nurses.

Table 14 OHP Employee Profile

Black	White
3 (60%)	2 (40%)
Male	Female
0	5

3.4 Appointments, resignations and succession planning

The staff complement has remained stable.

It should be noted that the shared position for DFC and SWC prohibits full time access to the service at the two campuses. DFC requires 80% of the attention and time of the OHNP. In addition, the recent DFC campus upgrade has further enlarged the nature and scope of her work and in future this will have to be taken into consideration for allocation of additional resources.

The UJ Occupational Medicine Practitioner resigned in December 2017, leaving a vacancy that resulted in the appointment of Dr David Mkwana in March 2018.

3.5 Staff development initiatives and progress, qualifications of staff and staff engaged in study

All nursing professionals are in possession of Dispensing Licences.

Margareth Langeveldt plans to conduct refresher training for Vision Screening, Spirometry and Audiometry. Sheila Mgbahi is registered for a Business Administration Certificate through UJ. Anne Henning completed year two of the Further Higher National Diploma Occupational Health Nursing Science (UJ), and further completed refresher training for Vision Screening, Spirometry and Audiometry. The head of this division is enrolled in a doctoral study (DPhil (Nursing)) through Unisa, deferred to 2019.



3.6 Performance re retention and attraction of top employees

Not applicable.

3.7 Achievements and leadership development of employees

The OH team members have been allocated roles and responsibilities for selected components of the Practice. Accordingly, members do research and benchmarking, and source opportunities for development. They report on and drive their sub-portfolios as well.

Name	Roles	GES contributions 2018
Miranda Tshabangu	Ergonomics Vision screening Benchmarking surveys in SA Emergency Medical Care Island Risk Assessments	Island Risk Assessment and mock exercise.
Anne Henning	Food Safety Spirometry	HACCP Food Safety certification re-audit August 2018 Spirometry, Vision Screening & Audiometry refresher courses in Oct 2018.
Margareth Langeveldt	Travel Health Audiometry Printing of client files Movember & Influenza Drug and stock procurement	Netball team Sustained roles
Elana Venter	Practice management Research Affiliations and networking Risk profiling Digital Health technology assessment Professional registration & CPD Events	Continuous Professional Development project: application to register UJ as such with SA Nursing Council submitted in July 2018. Legislative review committee membership (TC7 medical sub-committee) Travel destination risk gap identified Emergency Medical Care risk assessment and memo New Tobacco Bill investigated Cannabis legal use investigated Research on exposome

The Radiation Protection Officer holds membership of the World Institute for Nuclear Safety and the International Atomic Energy Agency (IAEA).

3.8 Management of vacancies

No vacancies exist currently.

3.9 Management of overtime

No overtime remuneration applied.



3.10 Other applicable information

3.10.1 Dynamic nature of the OHP

The nature and scope of service delivery is highly adaptable to UJ need and risk. In addition new research and modified institutional processes result in continual health risk assessments with varying client bases. The DFC campus upgrade and JBS acquisition has, in addition, enlarged the physical area of responsibility for the OHP.

3.10.2 Capacity exceeded

The practice has, since inception, only been able to address Occupational Health Risk *by priority* due to low human resources capacity. Whilst we appoint student assistants where possible, the service we deliver is only sustainable with insourced professionals. The services of an additional permanent professional remains a requirement to cope with compliance and risk.

The UJ ratio OH Nurse hours: staff* is 29h:5590

(recommended**: 112h:5590)

The UJ OHP is therefore resourced at around 1/3 of the recommended guideline.

**Total UJ headcount as at 2 February 2018: 5590*

***National Institute of Occupational Health guideline (2005): 1 OHP hour per day
for 50 staff members, depending on industry type*

Every possible effort is dedicated to attain optimum service delivery despite the shortfall.

4. COMMUNITY SERVICE, STAKEHOLDER ENGAGEMENT, NATIONAL AND GLOBAL REPUTATION MANAGEMENT

4.1 Community service

In the light of lean resources and the clinic permit limiting the nature and scope of work to the *UJ clientele*, no professional service can be delivered to the community. This Practice, however, fully supports Mandela day initiatives annually.

4.2 Stakeholder engagement

4.2.1 Internal stakeholder engagement reports/initiatives

- a) Protection Services
- b) Primary Health Care
- c) Occupational Safety department
- d) PsyCaD
- e) Unit for Quality Promotion
- f) Biokinetics Clinic APB
- g) UJ Gym
- h) HR Wellness and Employee Relations department
- i) Operations

Protection Services are usually the first responders to medical emergencies on site and may consult us if required. Daily transport of patients to and from hospitals is taken care of. Collaborative Event Risk planning and co-ordination at all official academic and cultural events exist.

The Primary Health Care colleagues share spaces with this Practice at the Campus Health clinics, e.g. the dispensary, reception area and emergency room. The OHP provides emergency equipment, drugs and Medical Management Guidelines. Annual BLS training is facilitated for Professional Nurses.



The Occupational Safety Department is regularly briefed on safety risk findings resulting from formal Health Risk Audits. The Department is consulted where overlap occurs during process planning, incidents and risk assessments. Collaboration exists regarding injuries-on-duty: the OHP manages acute medical interventions and completes documentation to refer patient to hospital, and the Safety Department takes care of the processing of documentation.

PsyCaD delivers a service to employees who are referred to them for exposure to distressing occupational factors. In acute incidents, PsyCaD works hand-in-hand with this Practice to ensure the best outcome for acute emotional trauma.

The Biokinetics clinic at APB supports members of the UJ Resilience Programme with assessments and exercise facilities.

The UJ Gym delivers a service to ELG and HOD members of the UJ Resilience Programmes.

The HR Wellness and Employee Relations departments assist this Practice with incapacity cases.

4.2.2 External stakeholder engagement reports/initiatives

- a) Occupational Hygienists
- b) National Institute for Occupational Health (NIOH)
- c) ER24
- d) City of Johannesburg Events Management Forum, Environmental Health division & Public Health department
- e) National Institute for Communicable Diseases (NICD)
- f) LTL Food Hygiene Auditors
- g) Department of Health: Communicable Diseases division, Directorate Radiation Control and National Laser Centre
- h) Department of Labour: Directorate Occupational Health and Hygiene
- i) SA Society of Travel Medicine
- j) International SOS
- k) Centres for Disease Control (CDC)
- l) World Health Organization (WHO)
- m) MEDICHEM

Occupational Hygienists are auditors of Health Risk at UJ.

The NIOH is a national research body on Occupational Health and assists us in analyses of water. NIOH guides OH practice in South Africa and provides specialised sampling and testing, e.g. sensitization tests.

ER24 is contracted to deliver medical standby for events and dedicated, priority response to medical emergencies at all campuses. Annual training is provided as per UJ contract and American Heart Association standards.

The City of Johannesburg's (COJ) Event Management Forum is consulted in event risk planning in accordance with the Safety at Sports and Recreational Events Act. This Practice also serves on the Health Subcommittee of the COJ's Disaster Management Forum, at which an approved collaboration exists: i.a. the availing of SME's, UJ's disaster room, psychological services and residences in case of disaster. The COJ Environmental Health department made contact with us after inspections to food premises and their Public Health Department during a localized outbreak of meningitis.

The NICD advises on medical guidelines in disease outbreaks, while receiving throat swabs from UJ as part of the Viral Watch Programme.

LTL conducts Food Safety audits all UJ food outlets.

The Department of Health's Communicable Diseases division would be the contact point for Notifiable disease, the Directorate of Radiation Control in case of radiation inspections or incidents and the National Laser Centre in case of emergencies or enquiries regarding lasers at the Photonics lab.



The SA Society of Travel Medicine provides professional & medical guidelines, travel alerts and case studies, and FIDDSA keeps us in touch with Infection Control developments.

The Centres for Disease Control and World Health Organization websites are frequently accessed for international trends in disease outbreaks, travel safety and International Health Regulations, which governs Yellow Fever requirements internationally.

Medichem is the Scientific Committee on Occupational Health in the chemical industry – a body of the International Commission on Occupational Health (ICOH).

5. RESOURCE MANAGEMENT AND SUSTAINABILITY

5.1 Financial status and expenditure

Expenditure occurs within the two budgets allocated. An Occupational Health cost centre and a cost centre for the Resilience Programme are operational.

During the reporting period, 97% of the combined budget was spent compared to the approved budget.

It should be noted that both cost centres involve, other than planned cost, a discretionary approach with expenditure, governed by emerging need or health risk.

5.2 Effective management of financial and other resources

- An asset register is maintained.
- All stock is procured under condition of good expiry dates.

5.3 Environmental sustainability

Environmental sustainability efforts include full support of UJ's waste management and recycling initiatives, by conscientious use of utilities and ensuring that medical/biohazardous waste derived from clinics and the ambulance is disposed of correctly. Recommendations on correct disposal of Hazardous Chemical Substances and radio-active waste are advised and effected where required, e.g. after spillages or incidents.

At the clinics, we recycle cartridges paper and batteries, limit printing, print on both sides and switch off the lights and PC's at night.

The OH Practice commits to using bottled water only when filter water cannot be used, decanted in a glass pitcher and glasses. We further commit to using paper straws instead of plastic alternatives.

6. TRANSFORMATION, LEADERSHIP AND LEADING CHANGE

6.1 Nature and scope of initiatives to enhance the OHP's climate and culture & initiatives to support the UJ Transformation Plan

A climate of caring and collegiality has been created purposively, setting the scene for open dialogue, consistent project management and resolution of matters among colleagues as they arise. We value diversity in principle and therefore embrace inclusivity. We believe in self-evaluation and recognition of colleagues' achievements. We respect our clientele; treat them with competence, non-discrimination and confidentiality in mind. We further pursue evidence-based practice and professional independence. The HOD of this Practice is involved in the Gender Initiatives project where endeavours such as crèche facilities, Early Childhood Development facilities for employees' children on site and Breastfeeding Rooms are envisaged.

Digital Health technologies in the realm of Occupational Health services were explored by way of a literature review. It was found that Occupational Health lags behind the pace of digital transformation generally.



However, there was scope to investigate the use of drones in occupational health risk assessments, in emergency incidents such as fire and chemical spillages. Further developments available locally include cell-phone based audiometric testing (not accredited yet).

6.2 Nature and scope of initiatives to enhance the service delivery and value proposition

Initiatives in Table 15 reflect the Practice's pursuit of GES.

Table 15 Progress reflected on focus areas for the OHP 2018

Focus area	Progress as at Dec 2018
a) UJ Food Safety – Listeriosis	Alerts, information and updates posted on intranet. Outbreak was contained by NDOH and ended in August 2018.
b) Emergency Medical Services	ER24 appointed as UJ EMS service Provider for a 3 year term.
c) Radiation Protection	Strategic decision negotiated to move the role to the COO as from 1-1-2019.
d) DFC clinic construction	Construction was completed
e) UJ Island Health Risk Assessment and mock exercise with ER24	Mock exercise conducted in June 2018 with ER24, National sea Rescue Institute and UJ stakeholders
f) Research on digital health technologies in Occupational Health	Findings conveyed to management
g) Travel destination <i>SECURITY</i> risk gap identified at UJ and conveyed to management	Workshop and briefing by International SOS in August 2018.

Outcomes for the following quantifiable targets are reflected in Table 16.

Table 16 Quantifiable targets of the OHP

Entity	KPI	Progress: Dec 2018
1. Event medical risk mitigation at academic and cultural events	1. All medical emergencies at UJ events with an on-site N911/ER24 presence are attended to within 5 minutes by duly registered medical responders	1. Achieved for 59 events
2. Food Safety compliance	2. 90% compliance with HACCP norms	2. 88% UJ average for 2018
3. Response to calls for medical assistance	3. 100% response to calls to the OHP for assistance	3. Achieved
4. Radiation exposure risk	4. No skin dose > 0,15mSv per wearing period. Annual whole body limit of 20 mSv never exceeded	4. No whole body limits exceeded.
5. Needle stick injuries	5. Patient receives Post Exposure Prophylaxis, counselling and blood tests within 4 hours after exposure.	5. Achieved (nil reported)
6. Narrative feedback	6. 95% positive narrative feedback	6. 100% positive narrative feedback received
7. Annual Influenza campaign for staff	6. 500-600 free immunizations to staff at all campuses during Apr/May	6. 523 of 600 doses have been administered free of charge.



6.3 Nature and scope of the OHP's leadership footprint/impact within the institution, civil society and the national and international arena.

6.3.1 CUNY visit to the Occupational Health Practice

The Director of Health, Safety, Risk and Environmental affairs at the City University of New York, through the collaboration of the Jewish Academy for Learning and Thought, SA, enabled a site visit of Prof Howard Apsan to this Practice. Valuable benchmarking was exchanged.

6.3.2 ETH Zürich

Contact was made with ETH Zürich to enquire about the establishment of collaboration between the two institutions on Occupational Health and Safety exchange programmes. Contact detail was handed to the Registrar and for management by Internationalization department.

6.3.3 Networking with Johannesburg City Council

Local involvement with the City Council: contact and bilateral liaison occurs regarding event risk management, public health threats and food safety

6.3.4 U-21 benchmarking

The Registrar requested that international benchmarking be conducted within the Universitas-21 group. The OHP was assigned the USA and Canada to investigate. Good contact has been established with the University of British Columbia in Vancouver, where the service closely resembles the UJ portfolio.

6.3.5 Radiation Protection Officer

Dr Dazmen Mavunda has been the chairperson of the Advisory Committee in Industrial Physics at Tshwane University of Technology (TUT) for the past three years and was also nominated a chairperson for e-learning at the African Radiation Protection Association (ARPA) meeting in Ghana.

7. CONCLUSION AND WAY FORWARD

7.1 Summary of performance

7.1.1 Sustained excellence

- a) Execution of legal mandates on behalf of the institution:
 - Medical surveillance of at-risk employee groups was completed at a rate of **126%** of the Annual Performance Plan target. Medical assessments included Public Driver Permits, physical assessments, lung function tests, audiometry and blood tests and occurs in accordance with the Medical Surveillance Plan;
 - Health Risk Assessments: for the period, **80** health risk assessments were carried out by the OHP prompted by existing or emerging risk. Approved Inspection Authorities conducted quantitative legal surveys and further risk assessments were shared between the OHP team and Occupational Hygienists. The completion rate is at **160%** compared to the Annual Performance Plan target;
- b) 60% of the **3406 client contact sessions** for the reporting period were devoted to Occupational Health interventions such as the 540 baseline and periodic medical assessments. Embedded in contact sessions were 470 vision screenings, 349 lung function tests and 326 audiometric tests, while blood tests took up 93 sessions and Travel Medicine required 196 visits. A further 17% of visits consisted of Primary Healthcare such as the 646 vaccinations administered;
- c) *Event medical risk management* was completed for 59 academic and cultural events –only sixteen events appeared on the UJ Annual Calendar, necessitating accelerated action to manage the event risks associated with short lead times;
- d) *Radiation dosimetry* results displayed no deviations beyond reference ranges – thus no occupational overexposure of radiation workers at UJ;



- e) Vaccines were administered to 523 permanent employees during the annual Influenza campaign in April and May – free of charge at all campuses;
- f) The state of **food safety** at UJ was audited against compliance to HACCP standards and the UJ norm of 90%. UJ, after steady growth since 2011, achieved an average Total Food Safety score of 88% for the reporting period: similar to the previous year, indicating consistent, commendable practices in general. Despite an average decline of 2.5% in the 2018 microbial sub score compared to 2017, no pathogens were isolated. However, receiving of products, temperature recordings, product storage and handling needed to improve. (The microbial sub score is a key indicator of potential food safety risk that is related to poor personal hygiene of food handlers, lacking temperature monitoring of food, poor storage practices, lacking sanitizing systems and staff wearing jewellery that may precipitate contamination.) The newly adjusted Food Safety Policy was approved by MEC on 25 September, formalizing the process to follow in case of non-compliance to Food Safety norms.
- g) Consistent, *high client satisfaction rates* and positive narrative feedback exceeding 95%.

7.1.2 Key/unique contributions towards GES in the reporting period

- a) **UJ Island Risk Assessment and Emergency Medical Response mock exercise**
A Health Risk Assessment was conducted at the UJ Island and findings submitted to relevant line managers. A mock Emergency Medical Response exercise was arranged to familiarise the newly contracted ER24 with the site and to enhance collaboration with the National Sea Rescue Institute at the Island, that will provide logistical support during medical emergencies during inclement weather.
- b) A Guideline entitled **Healthcare during Student Protest** was prepared and sent to Registrar for consideration.
- c) **Travel Destination Risk: gap at UJ**
A potential gap in corporate travel at UJ was again made known to the UJ Management: UJ does not currently track nor provide emergency medical assistance or evacuation advice to travellers in real time. The International SOS proposal in this regard, was brought to the attention of the management for reconsideration. A meeting with the Registrar and COO took place on 31 August 2018.
- d) **Radiation Protection Officer: migration to COO domain negotiated**
In a strategic meeting with the COO, Prof André Swart and the Registrar in June, a decision was taken to move the Radiation Safety function to a direct reporting structure under the COO as from 1-1-2019. The objective was to correctly position the RPO within UJ having regard for the institution-wide and critical role. The 2018 Radiation Protection Audit and Report was completed and is attached hereto as Annexure 1. In May 2018, MEC requested a comprehensive review of Radiation Protection at UJ. Such a presentation was done in collaboration with the RPO.
- e) **Emergency Medical Care (EMC) at UJ**
 - i. ER24 SLA – tripartite agreement underway; Operational meetings held and case management via sms
 - ii. The UJ ambulance was decommissioned in line with the latest legislation that requires of an institution to be duly registered and managed as an Emergency Service (a system that proved not to be feasible in terms of the cost of facilities, vehicles and registered paramedics required)
 - iii. Memo on EMC at UJ, delineating scopes of practice and roles; accountabilities:
An analysis of EMC services delivered to UJ by all stakeholders, i.e. the contracted ER24, Professional Nurses at clinics and the Reaction Teams at Protection Services was prepared and a memo submitted to MEC. The objective was to explicate the legal-ethical background, professional Scopes of Practice of responders and clearly delineate the roles of all stakeholders in responding to medical emergencies on UJ premises.
- f) **City University New York (CUNY) visit to the Occupational Health Practice**
The Director of Health, Safety, Risk and Environmental affairs at the City University of New York (CUNY), Prof Howard Apsan, visited this Practice during a South African excursion mediated by the Jewish Academy for Learning and Thought, South Africa. Valuable benchmarking resulted.



g) **New Tobacco Bill**

The recently published Tobacco Products Bill was examined for its relevance and future update of UJ Tobacco Policy. No further developments at the time of report writing.

7.1.3 Key short, medium and long term initiatives in support of the role to enhance the excellence and stature of UJ

7.1.3.1 Short and medium term initiatives

- a) Compliance with two legal mandates
 - i. Health Surveillance of UJ staff to prevent impacts of occupational stressors such as chemicals, biological agents, physical stress, noise and radiation on health. we conduct lung function tests, blood tests, hearing tests and medical assessments on all staff potentially exposed – the UJ Medical Surveillance Programme is formatted on annual/bi-annual cycles;
 - ii. Occupational Health Risk Assessments and Occupational Hygiene surveys: an annual Health Risk Audit Plan is followed to accommodate the prescribed intervals. For acute/emerging risk, additional surveys are designed and arranged;
- b) The APK clinic extension is due to be operationalised. This will provide professional space to work in;
- c) Approaching the UJ Division for Institutional Planning, Evaluation & Monitoring (DIPEM) to assist in creating an electronic dashboard for the Occupational Health Practice. It should serve as an indicator of progress with the annual achievement of targets and servicing legal mandates. An added, very positive opportunity now arises as the HEDA Explorer system may further be used as a repository for all past and current Occupational Hygiene surveys and Health Risk Assessments, for big data analyses, trend analyses and epidemiology studies. Finally, improved institutional accessibility to such a shared platform among key stakeholders in Occupational Safety, Operations and Heads of Departments should increase knowledge of assessed domains and compliance levels;
- d) Surveillance for emerging communicable disease, e.g. such as Listeriosis, Malaria, Influenza and measles for its potential impacts on UJ staff and Students;
- e) The HOD of this Practice acts as a representative for the South African Society of Occupational Health Nursing Practitioners (SASOHN), in collaboration with the South African Society of Society of Medical Practitioners on the Department of Labour's Medical sub-committee of Technical Committee 7. The objective of the project is to review the Hazardous Substance-, Asbestos- and Lead Regulations under the Occupational Health and Safety Act 85 of 1993. UJ hosted an intensive workshop in October 2018 and reviewed comments to legislative drafts that will have significant impacts in occupational environments nationally, with a focus on evidence-based practice;
- f) Intention to become a Continuous Professional Development (CPD) Service Provider: an application was submitted to the South African Nursing Council (SANC). The aim is to facilitate Portfolios of Evidence for Professional Nurses in the employ of UJ. CPD is compulsory, and submission of such a Portfolio will be a prerequisite for annual SANC registration to practice in future.
- g) Legislative review project: Hazardous Chemical Agents-, Lead- and Asbestos Regulations
The HOD of this Practice acts as a representative for the South African Society of Occupational Health Nursing Practitioners (SASOHN), in collaboration with the South African Society of Society of Medical Practitioners on the Department of Labour's Medical sub-committee of Technical Committee 7. The objective of the project is to review the Hazardous Substance-, Asbestos- and Lead Regulations under the Occupational Health and Safety Act 85 of 1993. UJ hosted an intensive workshop in October 2018 and reviewed comments to legislative drafts that will have significant impacts in occupational environments nationally, with a focus on evidence-based practice.
- h) The Occupational Medicine Practitioner has been tasked to conduct site visits at the current 6 off-campus premises of UJ, in order to include all in the health risk assessment plan. The six areas are UJMA, UJ Island, JBS, Sports Fields, TTO and Molesley avenue offices.
 - i) Subsequent to the legalization of cannabis for private use, further exploration of the impacts in the



occupational environment is needed. The impacts on the UJ Substance Abuse Policy, owned by Protection Services, will need to be reviewed. A collaboration is anticipated and an article has been sent to the department.

7.1.3.2 Long term initiatives

- a) Strong bilateral collaboration with equivalent peers such as in Sigma Theta Tau International (Honor Society for Nurses), Medichem Scientific Committee, legislative reviews for Technical Committee 7 and consistent contact with the International Commission for Occupational Health;
- b) Innovative introduction of digital health technologies in the UJ Occupational Health Practice's system of governance and reporting, as well as operational digitization where possible;
- c) Trendsetting in OHP governance at a HEI.

Sr Elana Venter

Head: Occupation Health Practice



Annexure 1

Radiation Protection Report 2018

UNIVERSITY OF JOHANNESBURG (UJ)

Annual Report 2018-2019

RADIATION PROTECTION

All X-ray equipment and the radioactive sources present in different Departments of the University of Johannesburg (UJ) are listed on tables 1-5 and their licenses number 973; 5316; 6172; 10973 and 12386 respectively. The university has 4 radioisotopes authorities.

1. AUCKLAND PARK CAMPUS (APK)

Auckland Park Kingsway Campus (APK) has 6 XRD; X-ray equipment 3 in Chemistry and applied Chemistry, 3 in Physics and 1 in SPECTRAU. 2 XRF, X-ray equipment 1 in Geology and 1 in SPECTRAU; 7 laser machines; 2 in SPECTRAU, 2 in Biochemistry, 4 in Geology and 1 in Physics; Radionuclides present: 8 in Physics, 3 biochemistry and 2 in Botany.

2. DOORNFONTEIN CAMPUS (DFC)

FSH: MRC 1 bone density X-ray unit; Radiography 1 diagnostic X-ray machine;
FS: Physics 56 radionuclides; applied chemistry 1 XRD machine.
FEBE: Civil Engineering 2 radionuclides.

The 2018 audit findings are as follows:

A. X-RAY EQUIPMENT

1. Auckland Park Campus X-ray equipment's license number 973

- Philips PW 1729/00 licence No. 973/6: C1 LAB 1
- Joel (JCXA-733) licence NO. 973/11: C1 LAB 350
- Philips MAGIX PRO licence No.973/12: C1 LAB 228
- CAMECA SX 100 licence No. 973/13: C1 LAB 346
- Philips XL40 licence No. 973/14: C1 LAB 346
- PANALYTIC MINIPAL licence No. 973/15: C1 LAB 351
- Philips XPERT PRO licence No. 973/16: C1 LAB 351
- Joel JSM-5600 licence No. 973/17: C1 LAB 347
- EIFERT DX-W10X1-5 licence No. 973/18: C1 LAB 135

2. Auckland Park Campus X-ray equipment's license number 10973

BRUKER APEX DUO licence No. 10973/1: C2 LAB 316

3. Doornfontein Campus X-ray equipment's license number 5316

- SIEMENS TRIDOROS 5 S licence No. 5316/1: Level 2 Room RG100



- SHIMADZU MC 100L10 No. 5316/2; Engineering Block-Room 2100
- SHIMADZU UD150L-F licence No. 5316/3: X-Ray Dept. Health Centre
- PHILIPS ORALIX 65 licence No. 5316/4: Level 2 Room RG 100
- SIEMENS MAMMOMAT 3000 licence No.5316/5: X-Ray Dept. Health Centre.

4. Doornfontein Campus X-ray equipment's license number 6172

SEIFER ERESKO licence No. 6172/1: Store room John ORR Building.

5. Doornfontein Campus X-ray equipment's license number 12386

- RIGAKU PRIMUS II No 12386: Engineering John ORR room 1402
- TESCAN VAGA 3 XMU No. 12386/2: Engineering John ORR room 1402
- RIGAKU ALTIMA IV No. 12386/3: Engineering John ORR room 1402
- TESCAN VAGA 3 XMU no.12386/4: Engineering John ORR room 1402.

B. NUMBER AND LOCATION OF RADIONUCLIDES

1. AUCKLAND PARK CAMPUS: Authority number 0243/1/17/1603

Physics: 8; Biochemistry: 3 and Botany: 2

2. AUCKLAND PARK CAMPUS: Authority number 0243/1/15/0622

Unsealed sources of Radionuclides licenced: 7: Department: SPECTRUM

3. DOORNFONTEIN CAMPUS: Authority number 0274/1/01/0768

Number of Radionuclides: 4: Department: Civil Engineering

4. DOORNFONTEIN CAMPUS: Authority number 0274/06/0452

Number of Radionuclides: 59: Department: Physics

C. NEW RADIONUCLIDE SOURCES

1. Professor G Hearne has place an order for 2 Co-57 radioactive sources (10mCi and 25mCi) which are expected to arrive in South Africa at the end of March 2019. The source will be stored and used at C1 LAB 149 in Physics Department. The Authority will update.

2. An application for the authority is in progress for the production of Ar-39 in SAFARI-1 at Necsa which will be analysed at C1 LAB 337 Geology Department, UJ.

D. DISPOSAL OF RADIONUCLIDES

On the 28 February 2018, 26 radionuclide sources were disposed at Necsa after following the procedure of Department of Health: Radiation Control.

E. URANIUM AUTHORIZATION

UJ is authorized by the Department of Energy to acquire, possess, use, Import and transport uranium material. A quarterly report is sent to the Department of Energy as required by law.

F. INSPECTIONS

Inspection of X-ray equipment and radionuclides was conducted as scheduled in November 2018 at APK and DFC campuses and the findings are discussed in tables 1-5.



G. RADIATION WORKERS

All radiation workers are registered with SABS as such and are monitored on a monthly base. Medical records are also kept at Occupational Health Department. The in-house Medical doctor together with the UJ RPOs constantly monitors closely the monthly dosimeter results.

H. RADIATION OVERDOSE

One incident of over exposure was reported in 2018. An investigation as to how overexposure happened is under investigation.

New radiation overdose was reported on the 19 February 2019. This will be investigated and the report will be made available to Occupational safety, medical station and the affected radiation workers. The concern is that 5 radiation workers and unused dosimeter reported an overdose.

I. UPDATES

Annual report of non-proliferation documents for the University of Johannesburg are processed as a requirement by Department of Trade and Industry (DTI).

The Radiation Protection report was prepared by:

Dr RD Mavunda

Qualification: PhD (Physics) (Wits); MSc (MED) (Wits);

Nuclear Medicine (Johannesburg Hospital) and Radiography (MEDUNSA).

Specialties: Nuclear Physics, Nuclear measurement, environmental assessment,
CVD diamond research (Solid state); RPO; Nuclear Medicine





Primary Healthcare Service

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1. OPERATING CONTEXT, GOVERNANCE AND RISK MANAGEMENT

Introduction

Primary Health Care is a division in medicine that refers to essential health care that is universal and based on sound principles and technology. It is one of the Department of Health's flagship divisions in ensuring healthcare services are brought as close as possible to the community. The University of Johannesburg has placed the division in the Registrar's portfolio, which is a functional placement rather than a statutory one. The function of the Primary Health Care (PHC) service unit is guided by the Charter for PHC and operates under the Core Standards for Primary Health Care as directed by the National Department of Health (NDoH). A PHC service is available at all four campuses and comprises Primary Health Care Nurse Practitioners, Administrative Assistants and HIV/AIDS counsellors. A minimum of two nurses are available at each clinic. The medical doctor is employed on a sessional basis and is available on specific days at each campus. The primary clientele is the students but the service is extended to some staff members and all persons within UJ experiencing a medical emergency.

Operating Context

A fully functional and well equipped PHC clinic exists on all four campuses. Services rendered are:

- Primary Health Care;
- HIV Testing Services (HTS);
- Reproductive Health Services;
- Travel Health;
- Event medical risk for Sports;
- Health promotion.

Further to the listed operational areas above is the support for those diagnosed with HIV, and testing for non-communicable conditions commonly known as chronic diseases. The services are offered at no cost to students with the exception of non-essential health monitoring such as cholesterol and blood glucose monitoring. A well established relationship exists between the clinic and the local hospitals and clinics to take over patients requiring higher level of care. Essential drugs are provided by the Department of Health (DOH) as part of the PHC Standard Treatment Guidelines. Additional essential medicines are purchased as provided for in the departmental budget. These guidelines are followed in the provision of services in the PHC and reproductive health services. The clinic operates from 08:00 to 16:00 from Monday to Friday. Healthcare services after hours are provided with support from the Protection Services Division. A contract exists with ER24 to provide immediate healthcare in emergency cases and transportation to the nearest medical facility. Those with medical aid will be transferred to a private clinic, and those without to a public hospital. The use of ER24 services is done in relation to medical risk assessment, and the planning for medical intervention is done according to Safety at Sports and Recreational Events Act requirements. Travel health is provided as licensed by the Department of Health, with a Yellow Fever Certificate No YF000232 qualification obtained by the manager. Health promotion including travel alerts is done via awareness campaigns, posts on *ULink* and the use of social media platforms such as *Twitter* and *Facebook*.

2. GOVERNANCE

The Manager of PHC is a member of several university committees. She is a member of the HIV/AIDS Committee, Wellness Committee and the Primary Health Care Committee. All committees meet on a quarterly basis. The PHC committee is convened by the PHC manager, operates under the PHC charter and comprises the Primary Health Care Nurse Practitioners (PHCNPs), the Health Training Centre manager, a representative from PsyCaD and a manager from UJ Sport. Through the committee, several departmental



policies and Standard Operating Procedures (SOP) have been put in place. On an ad hoc basis, additional staff will be invited when there is a need for intervention that requires their expertise, such as the head of the Institutional Office for HIV and Aids (IOHA). The Risky Student Behaviour Forum has been revived and is now operational under the leadership of the Executive Director: Student Affairs. The primary aim of this Forum is collaboration with various departments to curb the incidence of students engaging in risky behavior, with attention being paid to associated health elements.

The Division focuses primarily on student health regarding the maintenance of a healthy lifestyle, prevention of disease, management of identified illnesses and health promotion. We are therefore guided by the following vision, mission and values as the cornerstone of the available health programmes:

- **Vision:** To be a Leader in Excellent Healthcare Service Delivery.
- **Mission:** Providing the UJ community with optimum preventative, promotive and curative healthcare while making use of appropriate referral systems.
- **Values:**
 - The promotion of ethical integrity and accountability towards the profession, patients and the university.
 - The promotion of cultural diversity and unconditional acceptance of all individuals in our care.
 - We recognize and promote innovation in healthcare delivery and health promotion.

3. RISK MANAGEMENT

- The division's inherent risk is the accidental exposure of patients, staff and students to infectious agents through needle stick injuries. This has been mitigated by the availability of a policy that outlines the procedure to follow should such an injury occur. Blood tests that need to be taken and anti-retroviral medicines are provided for in the clinic. Accidental needle stick injuries for staff are catered for by the Occupational Health Practice division under the Occupational Health and Safety Act 85 of 1993. Patients and students are catered for by the PHC clinic as part of risk management for the institution. The management of accidental exposure for students is overseen by an HIV specialist Dr. K. Mohamed whose practice is based at Garden City Clinic. The cost of this is borne by PHC and included in the annual budget.
- Travel health risks in relation to official excursions expose students to illnesses and injuries at the particular destination. A pre and post travel health assessment is done on clients that use the clinic. Essential health information such as the outbreak of an infectious disease is communicated to students on the ULink and other social media platforms.
- Delay in medical response due to unforeseen circumstances poses a risk, in that patients may not receive prompt high level intervention from ER24. A contract exists with emergency medical support from ER24 and continuous monitoring of the costs incurred in conjunction with the Occupational Health Practice division.
- An emerging risk is that of minimal availability of Termination of Pregnancy (TOP) Clinics offered by the Department of Health. This exposes students to illegal means of TOP. The risk is mitigated by continuous monitoring of patients and improving SRH services to all.

4. STRATEGIC FOCUS AND TARGETS

Focus on the Strategic Objectives 2018-2025

The strategic focus for the service is aimed at supporting the students in their living experience within the university.

- **Strategic objective four:** *An Enriching Student friendly learning and living Experience.*
 - Primary Healthcare Service supports this objective by providing excellence in Primary Health Care according to the National Core Standards determined by the National Department of Health.



- PHS follows the DOH National Strategic Plan 2018/9 and is in accordance with HEAIDS strategic plan on HIV/AIDS programmes within Higher Education.
- **Strategic objective five: National and Global Reputation Management.**
 - The objective is supported by stringent risk identification and mitigation thereof within the medical management of patients thereby eliminating risk of injury.
 - This is also achieved through thorough event medical risk assessment for sporting events taking place at UJ.
- **Strategic objective six: Fitness for Global Excellence and Stature.**
 - This is achievable by ensuring good governance in relation to human and financial resources to ensure sustainability of the service, while taking care of the environment locally and globally.
 - Students undertaking international trips are assessed to ensure their health status is satisfactory, and prophylactic medication is provided to protect them against prevalent medical conditions and risks.

Strategic objectives and targets for the period 2018-2019

- **Short-term goals**
 - Health promotion: use of peer education to promote awareness;
 - Risky Student Behaviour forum: Engage residences and day houses in addressing identified health related risky behaviour;
 - Provision of anti-retroviral medication to students via Themba Lethu Clinic in Helen Joseph Hospital, as provided for in the Right To Care MoA;
 - Maintain a high client satisfaction rate of 85% and above;
 - Achieve a 5% annual increase in HIV counselling and testing;
 - Maintain a 0% rate of adverse medical events;
 - Completion and occupation of the new DFC clinic;
 - Engage with Departments of Health and of Social Development to facilitate awareness of and resources for drug and substance abuse, including alleviation of student hunger.



The new DFC Clinic: peer educators in front of the new clinic



■ Long-term goals

- Memorandum of Agreement with Department of Health at UJ level, and an expectation to increase the same to all Gauteng universities;
- The PHC Clinic to be on the District Health Information System for accurate record keeping and future resource allocation;
- Restructure the APK clinic to accommodate an additional consulting room
- Engagement with DOH to expand services such as mental health, dentistry, dietetics/nutritionists, etc.

5. PRIMARY HEALTHCARE SERVICE PERFORMANCE

PHC Committee

The meetings were attended as scheduled with changes in the last meeting that was replaced by a strategic planning session by PHCNPs. The matters of discussion were among others to keep staff allocation as is for the year. The attendance of the SAACHS conference was pivotal as it is hosted by the Gauteng Region in January 2019. All nurses were attending as this was the least cost considering the location being Johannesburg. The emergency medical procedure will be enhanced by training of students for First Aid being the project to embark this year. The occupation of DFC clinic had challenges which meant all staff will assist with the moving in to the new building. The invitation of IOHA will be done when the need arises with the close relations the two divisions were having.

PERFORMANCE

Consultations

The total number of consultations for the year provided by healthcare practitioners at the clinics was 26466 of which 1457 were employees. The number of employees consulting at the clinic has subsided over the past 2 years since the insourcing of contract employees. It dropped from an annual figure of 9% to 5.5% of consultations which is very commendable, as the service is primarily intended for students. The division has resolved to provide healthcare primarily to students and low category staff (P17-15) exclusively, but also providing emergency medical care to staff as and when need arises. Most students do not have funds or medical aid to cater for their healthcare needs, while most staff do. Staff continues to receive Family Planning Services from the clinic on a specific day for a set amount of time. The medical doctor works on a sessional basis from Tuesday and Thursday, consulting with patients. Each patient is allocated 15 minutes except for Family Planning, which takes a shorter period.

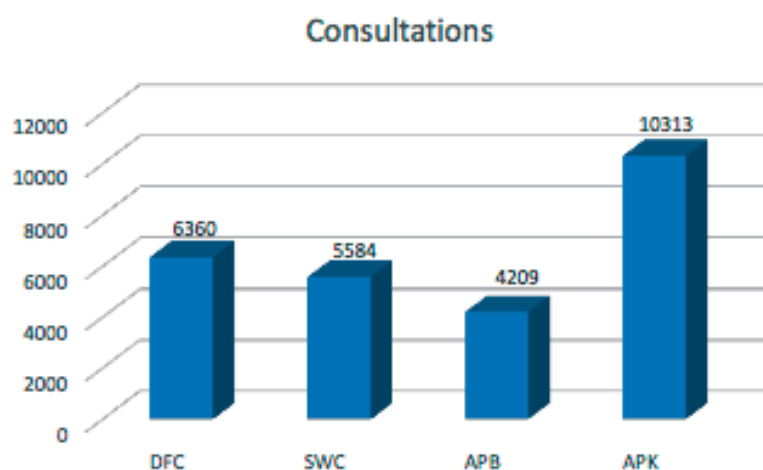
Staff vs Students Consultations

Staff vs Students Consultations				
	Q1	Q2	Q3	Q4
Students	5966	6331	6964	5748
Staff	410	383	370	294
Total	6376	6714	7334	6042
26466				

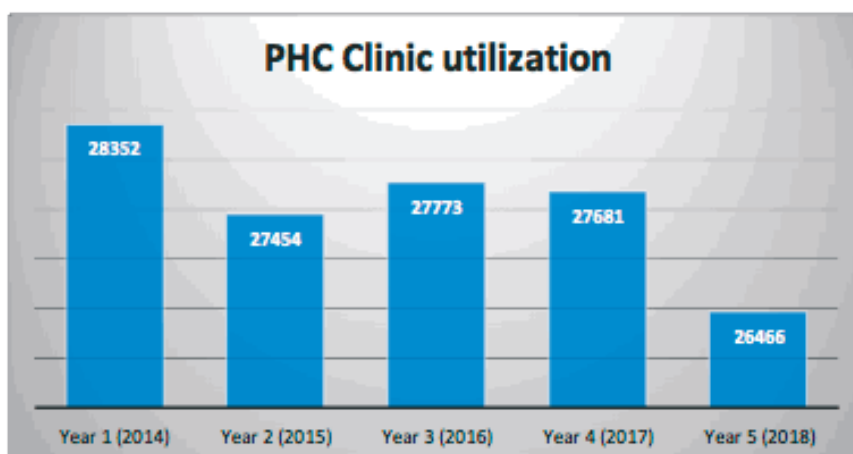
Consultations at UJ PHC clinics excluding HIV testing

The clinic with the highest number of consultations is APK due to its size and number of students on campus. This is then followed by DFC, then SWC with APB being the lowest. It is anticipated that APB numbers will increase with the appointment of a permanent PHC Nurse Practitioner in 2019 as the position has been motivated for and subsequently approved.

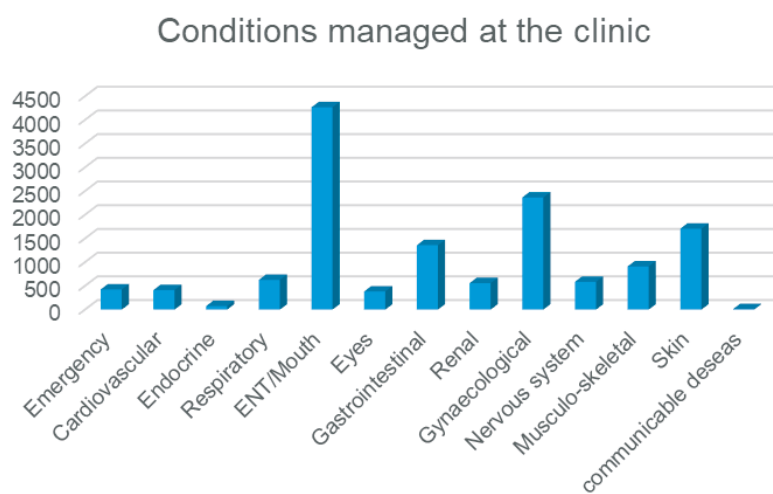




Consultations per clinic



Utilization of clinic services over a 5 year period



Common conditions treated at the clinic



The graph illustrates conditions managed mostly by nurses and some by the doctor. It shows a high number of ear, nose, throat and mouth conditions which are followed by gynaecological and skin conditions. Conditions of the upper respiratory tract are very common as the mode of transmission is mostly airborne. Conditions are mostly acute in nature and are treatable through lifestyle modification and medication. Those not resolving in a set period are referred for further management at health facilities around the university or private hospital if they have medical aid.

Most conditions are managed by PHC nurses, as they are qualified to examine, diagnose and treat patients with medicines from Schedule 0-4 according to Section 56(6) of the Nursing Act 33 of 2005 and the Medicines and Related Substances Act 101 of 1966 Section 22(1). More complex cases are referred to the medical doctor and/or referred to the nearest higher level medical facility. Medical emergencies are attended to promptly as they present to the clinic.

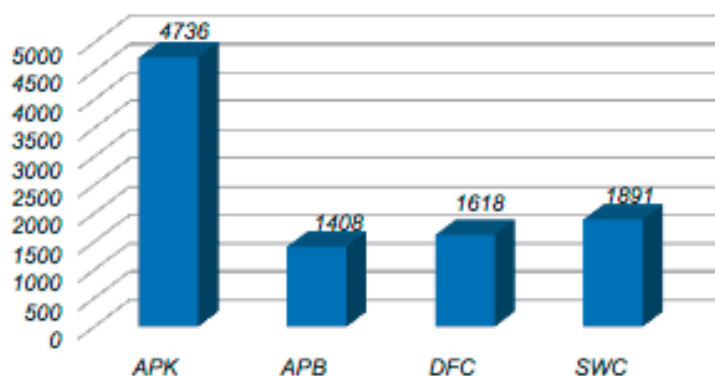
Emergency medical care: This is an essential part of caring for patients that experience sudden illnesses. **Protection Service's** role is essential, as their personnel are the first to respond to calls when students and staff experience an emergency. The control room has personnel that screen the calls and dispatch first aid responders who then transport the ill or sick person to the clinic or hospital. If very ill, **ER24** can also be accessed directly to respond to the emergency directly from the scene of the incident or from the clinic. ER24 is contracted to the university to provide emergency medical care to UJ students and staff, including visitors in need. The service includes transportation to the nearest medical facility at no cost to the patients whether on or off campus.

Clinic consultation processes and procedures

Patients are consulted for 15 minutes each. Bookings are made to accommodate class time and avoid overcrowding and prevention of cross infection in the waiting areas. Students can either call or come in person to make a booking. Travel Health consultations are encouraged for all students travelling on UJ assigned projects; they receive prophylactic medication at no cost. Post Exposure Prophylaxis to infectious agents is provided for at all campuses. Dr Karoonisha Mahomed provides ART to students mostly from FHS if accidental needle pricks occur, to prevent HIV infection. Emergency healthcare is provided as emergencies occur; these are prioritized above "regular" consultations. Patients are referred to hospital for higher level of care when indicated.

Sexual Reproductive Health (SRH) Services

The DOH prioritizes the provision of free reproductive health services, as these address the Sustainable Development Goal relating to the empowerment of women and girls. The contraceptive methods provided are injectable, oral, subdermal implant and the barrier method in the form of both male and female condoms. Family planning is the most used service across the clinics at UJ. SRH is a service essential to the youth health aspect of PHC. The graph below indicates that the students and staff are optimally utilizing the services.

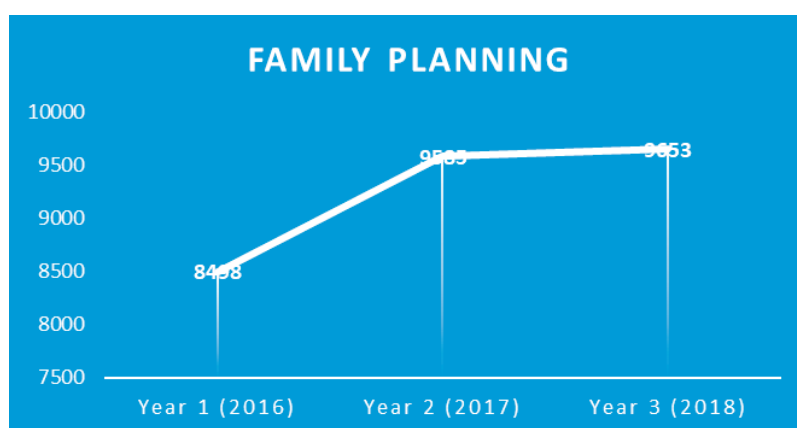


Family Planning usage at all clinics



Family planning was provided to 9653 clients, including both staff and students across the university. The overall utilization is similar last year as demonstrated in the graph below. An increase is noted in all clinics with a slight 1.5% drop at APK. All other previous years have seen an average of over 12% increase per annum. This may indicate the beginning of a plateau in the usage of FP methods, which was expected.

The challenge noted is the less supply of injectable contraceptives from the DOH. This leads to more use of oral contraceptives as most people are still not keen on using the 3 year implant. The concern is incidences of unplanned pregnancy may increase. This is a nationwide challenge and has been acknowledged by DOH.



FP Utilization over a 3 year period

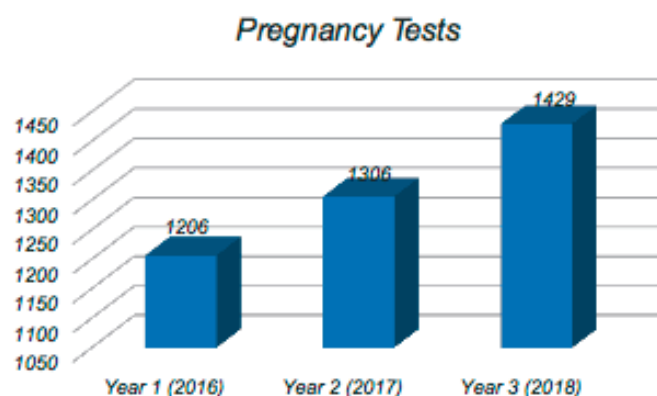
More pregnancy tests were done this year in comparison with the previous two years. An average annual increase of more than 100 clients as seen in figure below. These are clients who would have not used a condom or any form of contraceptive. Clients who test positive for pregnancy are offered counselling, as most pregnancies are unplanned. They are also encouraged to do HIV testing so as to benefit from anti-retroviral medication, to prevent HIV transmission to the unborn child. This service is however provided at public health centres. Of all diagnosed pregnant, 35.7% opted to be referred for Termination of Pregnancy (TOP) – an increase from 31% in 2017. It seems more students are becoming aware of their right to choose TOP as there is an overall annual increase of around 4%. There is no record however indicating whether students actually go ahead with the termination or not. Support is provided throughout, with assistance from DOH health facilities and PsyCaD.

Pregnancy testing, Emergency Contraceptive and TOP referrals

Campus	Pregnancy tests	Pregnant	TOP	EC
APK	505	116	51	87
APB	291	44	24	44
DFC	283	86	21	66
SWC	270	81	21	46
Total	1429	327	117	243

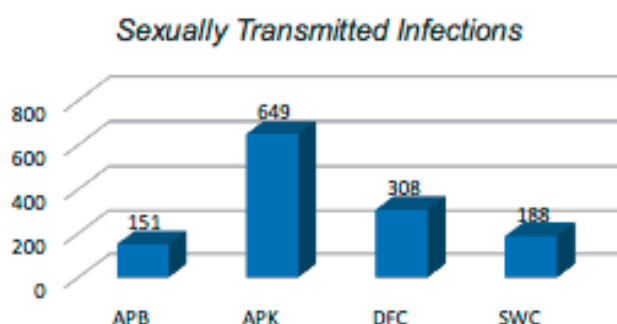
Emergency contraception (EC), commonly referred to as the “morning after” pill, was given to 243 patients which is 30% more than in 2017 after a drop of 17.5% in the year before i.e. 2016. This trend may indicate more risky sexual behaviour with less or inconsistent use of preventative methods such as condoms. The increased use may also indicate benefits of awareness by students of clinic services. It has been established that students also make use of service providers around campus for EC especially pharmacies as test kits can be sold over the counter.





A gradual increase in pregnancy tests (2016-2018)

Sexually Transmitted Infections (STIs): These are treated using the syndromic approach as stipulated in the Standard Treatment Guidelines as approved by the WHO and subsequently DOH. The challenge with this approach is the increased possibility of resistance to some antibiotics which may contribute to increased consultations for the same disease. Such cases are referred to hospital for higher level of management which may include laboratory tests. It was indicated in the 2016 report that there had been a drop of 30% in STIs treated at the clinics. This changed in 2017, with a 12% increase to the total of 1296 patients treated for various forms of STIs. This year (2018) has seen a 4% increase with a total of 1354 patients treated. These clients are encouraged to bring their partners for treatment to avoid re-infection and spreading the infection. However, very few patients do report to the clinic with the referral letter.



STIs treated at all clinics

SRH collaboration with Netcare

The relationship with Netcare hospitals remains in place. In cases where individuals report a sexual assault in the form of rape, they are referred for counselling with subsequent management for prevention of STI, pregnancy and HIV infection for free any of the Netcare hospitals. The service is available to the general public; with the collection of specimens as evidence should the client pursue criminal charges. Nurse practitioners from Milpark hospital were invited to the UJFM radio slot to share their services with students during the Orientation period. Due to confidentiality of patient information, the hospital does not provide information of patients that seek assistance from them. Sexual assault is a very sensitive matter and patients are assured that confidentiality will always be maintained.

HIV Counselling and Testing

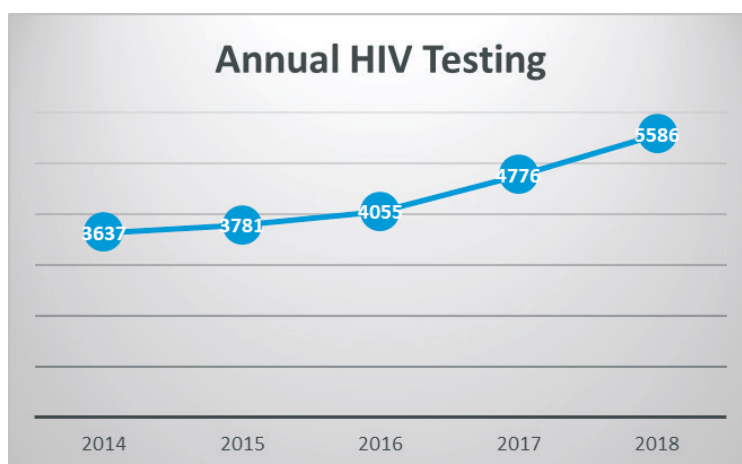
A total of **5586** clients were tested in all the clinics with 71 clients being found to be HIV positive, this yielded a 1.3% prevalence rate for those testing at the clinic. SWC clinic had a marked increase in testing and positive case finding, leading to more clients being referred for anti-retroviral treatment. They have also



Quarterly summary of HIV testing

Campus	Q1	Q2	Q3	Q4	Annual	HIV +
SWC	439	372	372	297	1480	14
APK	515	459	566	542	2082	35
APB	255	304	291	143	993	8
DFC	259	207	325	240	1031	14
Total	1468	1342	1554	1222	5586	71
5586						

been the most improved testing clinic in this year. It should be noted that clients who were diagnosed HIV positive has decreased in comparison to last year i.e. 85 in 2017, despite the increase in testing numbers. This may be a sign of a reduction of HIV infection among the youth. This is however not supported by various studies in the realm of HIV/AIDS.



Gradual increase in HIV testing Services

There has been a marked improvement on the number of tests done at the clinics over the past 5 years. The increase has been as a result of including Social Work and Psychologists Interns in HIV testing. A sharp increase in 2018 was a result of taking HIV testing outside the clinic. This has prompted a discussion with IOHA to have HIV testing removed from the clinical setting as it is not yielding the desired 90% testing of the UJ community. Provision of ART has not commenced, but a commitment from Thembaletu Clinic (TLC) is to refer clients on treatment to UJ for their follow up medication. The collection point for ART medicines at UJ clinics was not achieved in 2018 as the Right to Care's contract with DOH was not guaranteed to continue. This will be revisited when the new organisation takes over the TLC clinic.

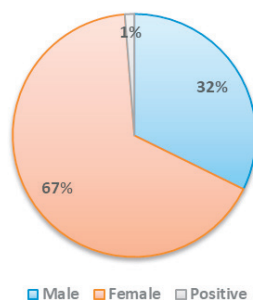
Pre-Exposure Prophylaxis regimen

This was introduced by the DOH with support from NGOs like Wits Reproductive Health Institute (WRHI). This is aimed at young people at risk of contracting HIV infection to take ART on a daily basis while they are still negative. The purpose is to prevent the infection from occurring. We refer students to TLC, Hillbrow CHC and Lillian Ngoyi clinics for this purpose which includes Post Exposure prophylaxis (PEP). The latter (PEP) referring to incidences such as unprotected sex or incorrect use condoms.

There is a consistent difference in male vs female HIV testing at the clinic. The clinic with the most males testing is DFC. The drive of encouraging males to test more is done via the wellness days done mainly in collaboration with IOHA.



Gender comparison



The difference between genders in HIV testing

The client satisfaction survey was at an average of 92% across all campuses, with APK at 98%, SWC scoring 91%, both DFC and APB tied at 90%. The staff are providing excellent professional service to patients. This rating is above the set standard of 85% satisfaction rate. Most clients report that they will encourage others to use the clinic facilities and that they were treated with dignity. A few challenges were identified mostly at APB and were successfully resolved. These were resolved with the hope that allocating a second nurse will assist in alleviating strain on the clinic.

Travel health is provided to students travelling on UJ assignments. The service was accessed by a total of 479 clients. This shows a 19% increase from last year. There was a sharp increase of 70% after the introduction of the “Africa by Bus” initiative. A pre-travel assessment was done on all with prophylaxis given, which includes anti-malaria, yellow fever vaccination and information on keeping safe and prevention of diseases and accidents. Post-travel assessments revealed no development of diseases upon returning home. There is a marked increase in the need for travel health, and the challenges regarding the cost of medication were discussed with the Internationalization Office. A system to curb abuse of the service was devised such that all clients will be referred via the Office, so as to keep record of those using the service.

Health Promotion: This service is provided from the clinic with support from IOHA. HIV Counsellors oversee peer educators with nurses teaching students various health topics for dissemination to their peers. This is part of a Wellness drive that involves Blood Pressure monitoring, Blood Glucose testing and HIV testing at locations outside of the clinic. Residence visits, health awareness days and certain events were used as opportunities for health promotion.



Peer educators participating in the February STI week



- STI/Condom week: all campuses observed the sexual and reproductive health month in February which was in collaboration with IOHA
- TB awareness month was commemorated in March of which the 23rd was World TB Day. This was done in in collaboration with Helen Joseph Hospital (HJH), the Wits Clinical HIV Research Unit and with IOHA, HR Wellness as internal partners. TB screening and testing was done by the Health division of City of Joburg with no positive tests detected. This included opportunities for other wellness tests such as HIV, Blood glucose and cholesterol testing. Students were also encouraged to test for cervical cancer at no cost by doing a Pap Smear test.
- Wellness drive at the residences took place by going to various residences and encouraging HIV testing within the living environment of students. The positive response is demonstrated at the continuous invitation from students and for peer education to be visible at the residences.



Participation with the residences and day houses

- UJFM "Educational Tuesday" is a 30 minute slot used by various health professionals to share information. This has seen the collaboration between the radio station and the clinic reaching more students, even the non UJ community that listens to the radio. Contributions have been from organisations such as Right To Care, Netcare-Milpark hospital, Helen Joseph Hospital, Themba Lethu Clinic, Sanofi Pasteur, DOH and PHC staff;
- The other health information is shared via Twitter and Facebook including the ULink platform. It was however decided in the strategic session held that we focus on the Facebook page as students engage actively as opposed to Twitter.

Marketing

The webpage is up and running on the intranet and available on the internet as well. Facebook (FB) continues to be the most utilized online form of communicating with students. Collaboration with 3rd year Public Relations students has seen an increase in the use of the page. This was part of marketing clinic services to the wider student population. The information on clinic services has also been shared via the "Success 101" established in the FYE programme. Accessing the ULink also provides information to students about services and new initiatives such as campaigns.

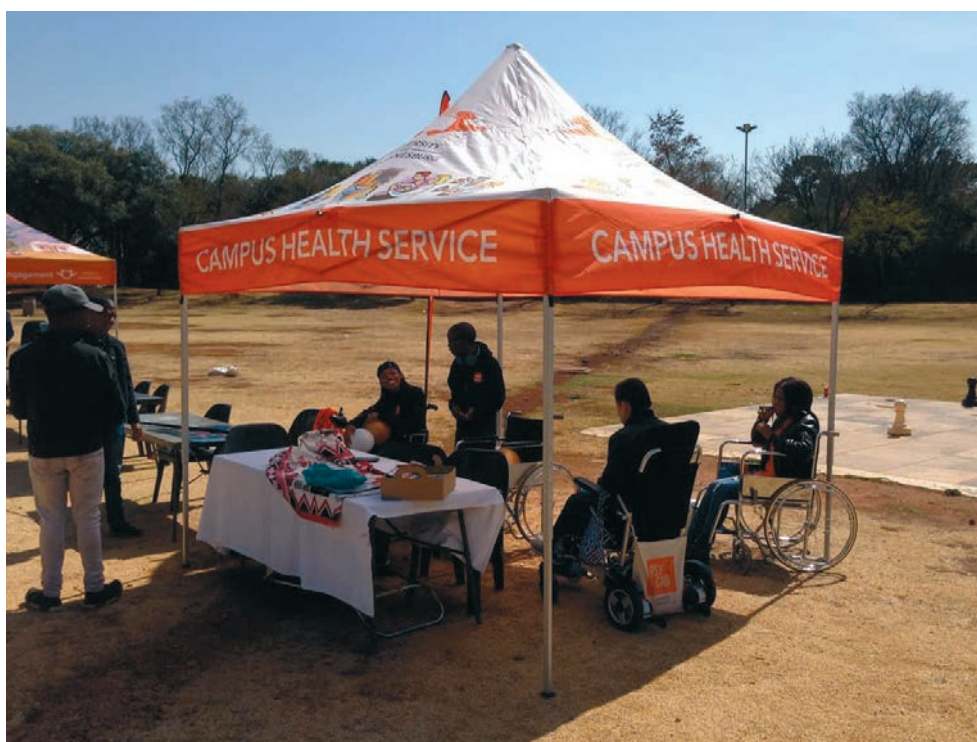
Engagement with student bodies:

The different SRC members had created relationships with clinics in their own campus. It must be noted that 2018 engagements were much less in comparison to previous years. The student society, "DARE" representing students with disabilities have a very good relationship with the APK clinic in particular. A wellness drive was held for them with specific focus on SRH. The Engineering students organised a successful wellness day for their department too. These will be escalated in the future.

Risky Student Behaviour (RSB) activities

The Risky Student Behaviour Committee was underway with a completed "Terms of Reference" document drawn up, the HODs of both IOHA and PHC were co-chairs to this engagement. Protection Services, PsyCaD,





Engagement with various student bodies in health promotion

Student Affairs, IOHA and Transformation unit agreed to intervene at departmental level. Challenges were among others poor attendance and coordination at the committee level. This resulted in divisions providing RSB initiatives that involve the divisional objectives. In the case of PHC; issues such as risky sexual behaviour resulting in infections and unplanned pregnancies will be reported on. Going forward it was indicated that the Transformation Unit will lead the RSB in 2019.

First Year Experience (FYE)

- The health calendar was shared on *Blackboard* which includes services provided by the clinic and relevant health information;
- Orientation sessions took place as invited by the following faculties and departments: Education, Science, FADA, Law, Business Management and Health Sciences. A video presentation was used to address various health issues students are challenged with when at university. This was used as a platform to discuss and show them where to seek assistance;
- The FYE committee was challenged to include Health and Wellness content in the new "Success 101" module that will be introduced as part of the FYE. Content was developed in collaboration with IOHA and is currently accessible on blackboard;
- PHC and IOHA still consider the health and wellness of students to be an integral part of the first year orientation into university life.

Prevention Care and Support to HIV positive students

Patients diagnosed HIV positive are referred for ART at Themba Lethu Clinic or their preferred healthcare provider as the required by the new HIV Management guidelines.

Students who are accidentally exposed to needle stick injury are at risk of HIV and Hepatitis B infection among others. This usually occurs in Health Sciences Faculty as students perform their clinical work. The Policy for the Management of Staff, Students and Patients to infectious agents are put on the Post Exposure



Event Medical Planning and support by PHC

Events with medical operational planning done by PHC			
Event name	Event date	ER24 Medical staff	UJ Medical staff
Varsity Rugby	29/01/2018	Intermediate Life Support (ILS) & Basic Life Support (BLS)	Professional nurse and Sports Physician on site
	05/02/2018		
	26/02/2018		
	05/03/2018		
	26/03/2018		
	16/04/2018		
First Year Athletics	10/03/2018	BLS	N/A
Mass Participation Day	26/05/2018	BLS	N/A
Disabled students Sports day	26/05/2018	BLS	N/A
Varsity Football	26/07/2018	ILS, BLS and First Aiders on site	Sports Physician
	02/08/2018		
	09/08/2019		
	23/08/2019		
Stigma Knockout	31/08/2018	BLS and First Aiders on site	N/A
I Pledge	07/09/2018	BLS	Professional nurse
ADC Sports day	19/09/2018	Requirements: 2 BLS and 2 ILS	N/A
UJ Schools league	29/09/2018	ILS, BLS on site	N/A
Varsity Netball	24/09/2018	BLS, ILS on site	N/A
SRC Cup	06/10/2018	ILS, BLS	N/A
Netball Open day	13/10/2018	ILS, BLS	N/A
RAG	19/10/2018	ILS, BLS	N/A
68 notifications were done for sporting activities at UJ and those travelling via air or road transport			

Prophylaxis (PEP) regimen under the guidance of Dr. Kay Mahomed based at Garden City as the HIV clinician. There were no reports of needle stick injuries that required PrEP in the 1st semester.

Medemass-Healthone

The electronic patient information system is in place and being used by administrative staff, HCT counsellors and medical staff. The challenges experience have been resolved through interaction with ICS division and technicians fro Medemass. No malfunction or adverse incidents have been reported thus far. The new challenge proposed to Medemass is to ensure that the mass HIV campaigns can be done completely online to cater for the patient signature of consent. This will be looked at in 2019.



Employee Profile

Position	Gender	Race	Peromnes	Number	Employment
Head	F	A	6	1	Permanent
Medical Doctor	F	I	6	1	Temporary
Primary Health Care Nurse Practitioner	F	A	8	5	Permanent
	F	I	8	1	Permanent
	F	C	8	1	Permanent
	M	A	8	1	Permanent
Administrative Officer	F	C	10	1	Permanent
Administrative Assistant	F	A	11	4	Permanent
	F	C	11	1	Permanent
HIV Counsellor	F	A	13	2	Permanent
	M	A	13	2	Permanent

Classification of employees (total 20)

Head of division: Sr. Molimi Geya					
Medical Officer: Dr Shireen Surtee					
Campus	PHC Nurse Practitioner	Admin Officer	HCT Counsellor	Admin assistant	Student assistant
APK	3	1	1	2	2
APB	1		1	1	1
DFC	2		1	1	1
SWC	2		1	1	1

Employee profile per campus

Staff development

Name	Category	Course	Institution	Outcome
Molimi Geya	Manager	Management Advancement Programme (MAP)	Wits Business School	Completed
Boitumelo Khabi	PHCNP	MCur (Community Nursing Science)	UJ: Faculty of Health Sciences	Graduating 2019
Tshidiso Ntshabele	PHCNP	Travel Health Course	Wits School of Public Health	Completed
Althea Jacobs	PHCNP	BCur Ed (Et Adm)	UJ: Faculty of Health Sciences	2 nd year
Emma Bodiba	Admin Assistant	BA (Communication Science)	UNISA	2 nd year
Esther Poto	Admin Assistant	BA Social Work	UNISA	Graduated 2018
Martha Mogodi	Admin Assistant	Office Administration	UJ HR In-house Training	Completed 2018
Wendy Smith	Admin Assistant	Office Administration	UJ HR In-house Training	Still on
David Moshwene	PHCNP	Dispensing License	Sefako Makgatho HSU	Completed

Staff undergoing formal educational programmes



New Positions

Mr Olebogeng Moshwene was appointed on the 1st July 2018 after a Sr Badiri Pule went on early retirement in February of the same year. Ms Minnie Matela was appointed on the 01 December in the position of HCT Counsellor after Ms Lebo Tharasimbi resigned.

Motivation for a PHCNP position was approved by MEC to be allocated to APB as it was identified that a clinic is not suitable to be facilitated by one nurse. It is envisaged that the position will be advertised early 2019.

Training and development

- PHCNPs attended the NIMART training offered by Right to Care. This is in preparation for provision of Anti-retroviral medicine to HIV positive patients;
- Mr T Ntshabele has been nominated to serve on the South African Nursing Council for a five year term. This is a prestigious and high level position that participate in the strategy of SANC as appointed by the Minister of Health Dr A. Motsoaledi. He was nominated to the organising committee for the annual SAACHS Conference;
- All administrative staff attended a two-day training and enrichment session in recognition of Secretary's day.

6. COMMUNITY SERVICE, STAKEHOLDER ENGAGEMENT AND REPUTATION MANAGEMENT

Internal stakeholder engagement

- Collaborations with IOHA and PsyCaD on various projects as these include the different aspects of student health and wellness;
- The Wellness Committee under the leadership of the Executive Director HR
- The continuous FYE was done in collaboration with Academic Development Support Department in the "Success 101" project;
- Collaboration with Protection Services division on emergency responses and transportation to the nearest medical facility;
- Close collaboration with OHP on the management of patients and the shared facilities ensure that resources are optimally used by both divisions;
- UJFM radio slots done weekly to share health information with listeners;
- Maintenance department made an assessment regarding the remodeling of the reception area. Work will be done as soon as quotations are done;
- The APB Clinic HIV Testing and Occupational Health office re-arranged their workspaces to improve on efficiencies. New cupboards will be required to ensure proper storage and record keeping in the HIV testing office;
- Residences, both on and off campus are supported on wellness drives and evening educational talks.

Special Projects:

- APB: The HIV testing room and the Occupational Health consulting were exchanged in an effort to maximize use of the space within the clinic. This resulted in purchase of cupboards that improved the filing system and storage of equipment;
- A request to expand the APK Clinic to provide a consulting room the doctor and the HIV counsellor. This has been forwarded to Operations division for evaluation and budgeting.

External Stakeholders

- City of Johannesburg (CoJ) has provided training on Basic First Aid and Basic Firefighting to 94 students. This programme will be escalated;



- DOH: the issues around anti-retroviral medication, HIV testing, Service level agreement were discussed in a meeting with other NGOs in the region;
- HEAIDS: Through the National Forum for Campus Health Services HODs; the issues around health service provision and support from the DOH are being escalated to the Director general level;
- Right to Care (RtC)'s Themba Lethu Clinic based in Helen Joseph Hospital for the provision of ART for HIV positive patients;
- The City of Joburg supports the campaigns such as TB awareness and wellness programme;



Students who completed the Basic first aid and firefighting offered by CoJ EMS



Cllr Michael Sun of CoJ and UJ team: Certificate awarding ceremony

- Netcare Hospitals continues to provide emergency medical care to students injured during the sporting activities as referred and recommended by the Campus Health managers;
- National Health Laboratory Services (NHLS) continues to support the blood testing procedures in the HAST programme;



- Dr Kay Mahomed from Garden City is contracted to provide PEP to students in the Faculty of Health Sciences;
- ER24 for the provision of emergency medical care for sporting events;
- Ampath Laboratories: their services are paid for via medical aid and they offer a very reduced rate to students for Pap Smear test;

7. RESOURCE MANAGEMENT AND SUSTAINABILITY

Financial Governance

The division operates a budget set at four cost centers reflection the clinics at all campuses. The usage is monitored on a monthly basis and there are no deviations, 99% has been utilized in the operational expenses portion. A proposal for the budget has been forwarded to cater for the equipment of the APK clinic expansion.

Environmental sustainability

- Awareness on less printing and if necessary, printing done on both sides;
- Communication done via email instead of hard copies;
- Recycling of cartridges, paper and batteries;
- Eco-friendly fridge at all campus clinics with uninterrupted power supply at APK;
- Clinic lights are switched off over night and over weekends;
- Correct disposal of hazardous and non-hazardous waste;
- Medical waste disposal is managed by an accredited medical waste company (Budget Waste). An improvement in the system was instituted to allow for disposable boxes of medical waste instead of re-using plastic containers which is considered best practice;
- The use of UPS is used in critical areas to ensure continuity of services in case of load shedding;
- Tele-conferencing is used as much as possible to avoid unnecessary travelling to have meetings.

8. LEADERSHIP

External leadership

- SAACHS Gauteng region secretariat with all PHCNP's being active membership;
- Chairperson of the National Forum for Campus health HODs within universities in South Africa;
- Presented as Chairperson at the SAACHS 2017 Conference hosted by the Free State region;
- All PHCNPs belong to the South African Society for Travel Medicine (SASTM). Practitioners;
- Sr Geya was nominated to represent higher education in the Civil Society group of the South African National Aids Council;
- Membership in the Community Advisory Board of the Clinical HIV Research Unit (CHRU) based at Helen Joseph Hospital.

Internal Leadership

- FYE programme extended with ADS with the Success101 project for first year students;
- Provision of medical support to UJ Varsity Rugby and Football;
- Membership of the HIV/Aids and Wellness Committees;
- Chair and steering of the PHC Committee.

TRANSFORMATION MATTERS

Following training of staff of all levels on topics that were core to the divisional operations, discussions were expanded include social issues affecting members. Customer Care was still seen as vital and core to the optimal experience of both staff and students. Communication improvement was also highlighted in



engagements with staff at all clinics. A team-building engagement has been planned for early in 2019. It was also agreed that, going forward, Nurses Day (12 May) will be a recognised day in the clinic's calendar with a theme based approach implemented.

Strategic planning sessions have also become more efficient manner. Nurses will lead strategy at their clinics after a joint planning session as senior members of staff with the manager. This will ensure ownership and strong engagement with their own campuses. This is also seen as transfer of skills in terms of management, and paves the way for succession planning.

9. CONCLUSION AND WAY FORWARD

The continuation of departmental objectives as set out for the year ahead, among which are the following:

- Commitment to have a strategic planning session led by PHCNPs annually;
- Increase in cervical cancer screening;
- Continued readiness for the provision of anti-retroviral medication;
- Handover of HIV testing services to IOHA;
- Continue providing support to R-Exco's secretariat;
- Engage Medemass-Healthone to improve electronic records for HIV testing outside of the clinic;
- Explore the opportunity for a health pre-screening app for students;
- Collaborate with IT students and CAT to look at an online booking system or an app;
- Increase First Aid training in collaboration with the City of Johannesburg EMS;
- Continue with the expansion of the APK clinic;
- Explore a smoke free environment within the university.

Sr Molimi Geya

Head: Primary Healthcare Service





Institutional Office for HIV and AIDS (IOHA)

BACKGROUND

The mandate of the Institutional Office for HIV and AIDS (IOHA) is to fulfil a coordination role for the HIV/AIDS programme following the National Strategic Plan (NSP) for HIV/ AIDS and related diseases, and the HEAIDS Strategy 2012. It functions within the legal and management framework of the University of Johannesburg following the Charter of UJ's HIV/AIDS Committee to ensure the realisation of the strategy.

The Office is also mandated to facilitate the implementation of the provision of combination prevention interventions and strategies aimed at reducing new HIV infections and providing holistic service for HIV/AIDS related matters within the UJ community. The core operational function includes HIV prevention through sexual and reproductive health, peer education, community engagement, mass HIV counselling and testing, care and support for people living with HIV. The purpose of the report is to provide an overview of the coordinated institutional HIV/AIDS response, which is monitored and evaluated by the HIV/AIDS Committee.

STRATEGIC FOCUS AND TARGETS

IOHA's measurable targets for 2018

- **Prevention, Care and Support**
 - Peer Education – Work towards registering the LINK E-learning programme through the faculty of education.
 - Residence Programme: Sustain and expand Sexual Reproductive Health and Rights (SRHR) awareness through campaigns and events at both external and internal residences on current “hot” topics, e.g. Sugar Daddy, Suicide and depression.
 - Mass HIV Counselling and Testing: investigate the testing profile of the UJ community, e.g. First Year programme effectiveness, and where students test other than at UJ etc. Explore a better data management system to allow for UJ statistical profiling.
 - Promote and advocate human rights issues related to marginalized groupings such as People with Disability (PWD):
 - Strengthen the Safe Zone campaign through partnerships with different internal and external stakeholders, and develop a sustainable year plan through the consolidation of different calendars.
 - Offer Care and Support for People with HIV (PWHIV) through an individual and group wellness programme: expand the service to students who did not test internally.
- **Fitness for Global Excellence and stature**
 - Prevent HIV and promote Sexual Health by addressing social drivers to the spread of HIV and AIDS including risky student behaviour. This will involve:
Coordinate the Risky Student Behaviour (RSB) committee and formalize the governance thereof;
Participate in programme planning and implementation with involved stakeholders;



Partner with the Department of Social Development and Soul City on a substance abuse program during campaigns and events, and with a conference to increase social mobilization.

- **National and Global Reputation Management**
 - IOHA desires to be the epicentre of knowledge creation globally with regard to HIV/AIDS, STI's and TB within the higher education sector (which includes research, curriculum integration and innovation) by:
 - Offering an Internship program for Social Work and Marketing students;
 - Coordinating the research task team and implementing agreed objectives in partnership with faculties and departments;
 - Partnering with faculties (a minimum of three) to publish work done on SRHR and to do more collaborative research work with their students;
 - Publishing a minimum of two articles on an SRHR related trending topic.
- **Global Excellence**
 - Revive the regional forum in partnership with surrounding HEI's;
 - Coordinate the RSB program through HEAIDS funding 2018-2019.
- **2020 targets:** sustained excellence of service on all campuses with a client satisfaction rate of 85%; Expansion of the Link network to 2000 members; A significant positive shift in knowledge, attitude, perceptions and behaviour regarding risky student behaviors (as indicated by internal and external surveys); Focused quarterly awareness campaigns run jointly with Campus Health; Incorporation of educational material into induction programmes such as FYE, SRC, RAG, house committees and societies.
- **2025 targets:** similar to 2020 targets with the following extension, namely: sustained excellence of service on all campuses with a client satisfaction rate of 90%; Expansion of the Link network to 3000 members; Programme on risky student behaviour / healthy lifestyles to all students as part of FYE and SSE.

INNOVATIVE ACHIEVEMENTS IN 2018

Prevention, Care and Support

- **HIV Prevention**
 - HIV Counselling and Testing (HCT) is one of the key contributors towards the realization of 90-90-90, i.e. 90% of the community to know their status, 90% diagnosed with HIV infection to know their status and 90% virally suppressed. The First-Things-First strategy adopted by HEAIDS for HEIs and TVETs contributes significantly to this, as young people between ages 15-24, who are at high risk for contracting the disease, are at these institutions. In line with the strategy to create a testing culture amongst UJ Community, mass testing campaigns were done in March, May and August coordinated by IOHA, while daily one is offered at Campus Health, despite the new challenges experienced in 2018. Regarding profiling, **97%** are students as HR Wellness is responsible for target testing for staff and **68%** of clients are females. This is consistent with a national profile where the majority of people testing are females. UJ Student incidence rate remains below 1%.
 - Conversely, a total of 1883 staff members were tested through various campaigns i.e. 36% of UJ staff population. Staff prevalence is **10% (128)**, based on the total number of staff tested and the highest number is amongst the female employees at **106**.
 - This year during the mass testing campaign, the consent form demographic data was updated to include Non-conforming for the community who do not identify as male or female as part of a social inclusion initiative. A total of 235 i.e.2% clients who identified as Non-conforming to any gender were tested and appropriate referrals were done for those needing support.
 - **HIV Care and Support:** The Care and Support programme is a pillar developed through the UJ wellness program and aims to ensure optimal health and functioning for students and staff infected with HIV at UJ through the provision of social and educational support.
 - This year support programme was extended to the general community, which did not test through the two departments and currently there are **12** clients supported.



- Students are supported through face to face consultation, WhatsApp group, buddy system and social club. This is one of the flagship programmes in HIV Care, and Support as UJ has invested in a client centered approach, which is producing positive results and can be one of the flagship programmes in Higher Education.
- **Awareness Programmes and Events**
 - Integrated approaches have been identified to influence behaviour change amongst our student community. Edutainment is one of the multi-prolonged approaches utilized to preventing HIV & AIDS infections and has been recommended as an effective tool that can be used for behaviour change (Farr AC et al., 2005). These include:
 - Library Talks: Several Library dialogues were hosted in partnership with different partners.
 - **Campaigns and Events based on HEAIDS Big 7 Projects** and programs aimed at the fast-tracking response to HIV and AIDS through comprehensive, combination strategies, i.e. First Things First, Men's Health, Women's Health (ZAZI), LGBTI-MSM, Balance your life and Future Beats. The topics discussed included issues relating to social drivers for HIV, e.g. Gender-Based Violence, Multiple partner relationships, LGBTI-MSM, Sugar Daddy, Absent Fathers, Partner Disclosure, Consent, Body Shaming and Drug and Alcohol use/abuse.
 - **Residence Programs:** Residence programs "Risky Student Behaviour (RSB) programs": Health and Wellness Days: Risky Student Behaviour (RSB) continues to be a concern within various university communities. Exposure to various risky behaviours is further seen to have an impact on the student's health & wellness, academics and social aspect. Providing health and wellness programs to address risky student behaviour within residences is critical in extending services to students who might not be able to access health services during their day to day busy academic schedules.
 - Peer educators hosted numerous residence talks within the UJ internal and external residences. Various topics were discussed in various residences depending on the need, which include "SEX IN THE CITY" and social drivers of HIV/AIDS (Gender Based Violence (GBV), the use of Alcohol and Drugs, etc.) and a focus on contraceptives and family planning. At another residence, the peer educators addressed issues regarding "my body my rules" which seeks to address GBV issues, which include awareness and where to seek support if an individual has been violated. The response from the students has been positive since most students are available after their busy schedules and classes.
 - **UJ FM SLOTS:** "Positive conversation" Through the continuous effort to educate and share information related to sexual reproductive health and rights, IOHA uses the UJ FM platform as means to communicate with the broader community. Various themes and topics were presented from February until to date: gender and sexual Diversity, sexual health month (Activities: FTF etc.), positive living, being and becoming a peer educator and women's health topics. Various experts and students formed part of the different slots.
 - **Social Media:** Monthly updates IOHA Social Media Platforms: IOHA continues to have a substantial social media presence, which increases social mobilization and access to topics and awareness events. The stats show that males participate more on social media than females, therefore, the platform will be capitalized on to engage them and increase awareness on topics affecting them;
 - Twitter review:** The IOHA twitter page earned **60 706** impressions for the year 2018(meaning number of people who have seen and read tweets from the page). Quarter 1 had the highest interaction with 19 400 impressions;
 - Facebook Audience Review:** The total number who visited the page during 2018 was **49 385** with quarter 3 having the highest audience number. The audience increase is due to online campaigns such as the Iconic Man campaign meaning more such initiatives are needed;
 - The website had a total interaction of 3 424.** (number of people who visit the website).
- **National and Global Reputation Management**
 - The UJ RSB Committee (IOHA, Campus Health, Student Affairs, PsyCaD and Transformation Office) organized different events to address critical issues on risky behaviour. The committee held three meetings and reports on work is done, is submitted to the IF and Transformation Committee.



- **LINK/Peer Educators:** Peer educators in the LINK program continue to play a critical role in supporting the Institutional Office for HIV & AIDS (IOHA) and in sharing Sexual Reproductive Health & Rights (SRHR) information with their peers in the different platforms of the university community and beyond. Although the training was completed in the first academic block, some students continue to show an interest in joining and are welcomed into the program. This is evident that IOHA peer educators continue to act as role models to their fellow peers hence the interest to join the program is stimulated;

E-Learning module: In addition to the face-to-face induction training, all peer educators are required to complete three (3) e-learning modules by the end of the year. Students who completed the modules were awarded certificates at the end of the year;

On the other hand, the process to formalize the program and register it as a short learning module has started through the Faculty of Education. The indication is that the process will take one to two years to be completed. One of the LO lectures is also doing a research project on peer education and has currently received ethical clearance from both UJ and HEAIDS. She started with data collection with the IOHA peer educators at the end of October.

- **Leadership:** IOHA has been invited by HEAIDS to be part of facilitators for peer education training at two institutions this year, including one for high school learners;

IOHA hosted a delegation from Mozambique accompanied by HEAIDS to benchmark on the implementation of the First Things First programme. UFH also visited the department during their benchmarking exercises. Both gave positive feedback on learning lesson regarding Peer Education and Programme Implementation;

IOHA Peer educators were invited to exhibit at the Gauteng youth expo in Nasrec, and they will be participating annually;

IOHA head was one of the 20 leaders internally and externally, who were awarded by Community Engagement for the contribution the department play in mentoring future leaders;

NMU hosted a one-day colloquium on Higher Education Leadership in partnership with the University of Bath in November, where IOHA head formed part of the panel discussion;

The HEAIDS funding project is implemented as per the proposed plan. This was of great assistance in realizing hosting a youth conference on Drug and Alcohol.

- **HIV curriculum integration** is implemented through innovative and participatory approaches to produce AIDS competent graduates and to strengthen prevention messages of HIV & AIDS. This is done through:

Social Work research project: This is a three-year collaborative project, which focuses on addressing aspects around university students' safe sex empowerment that are often stigmatized as female condoms, masturbation and possibly other sexual pleasure activities to promote safe sex empowerment with university students but are often neglected;

Training Workshops: IOHA was invited by various departments and faculties to present about the current SRHR/HIV information and how the students can use the discourse within their practice. Various engagements were conducted to help the students understand and apply the discourse in relevance to their courses;

Internship Program: In contributing positively towards graduate competencies and the HIV curriculum integration program, IOHA is currently hosting two (3) Community Development and Leadership students as availed by the Social Work Department. The interns will be exposed to several HEAIDS/IOHA projects and assist in building a stable platform to enhance SRHR issues with the university community and beyond;

Project Based Learning: IOHA supervised four students from IT on a project to design a website for the department, which is youthful but also educative. Students presented to IOHA at the beginning of October and also at the faculty for final presentation. The system was intended to give IOHA feedback reports in a faster manner without any loss of data. It will be particularly helpful during



testing campaigns, condom distribution, event evaluation and more. The current system has drawbacks and is a challenging process. One student from Marketing also developed a social media blog as part of his project;

Research Task Team: IOHA in partnership with the Social Work department is piloting the students' willingness to use Smart Cups as an alternative to sanitary pads. The challenge experienced with the research project is to have a research assistant who can assist with data collection and the publication thereof.

PERFORMANCE IN 2018

■ HIV Prevention

- The HIV Counselling Service (HCS) is one of the key contributors towards the realization of the 90-90-90 HIV prevention strategy, i.e. 90% of the community to know their status, 90% diagnosed with HIV infection to know their status and 90% to be virally suppressed. The First-Things-First strategy adopted by HEAIDS for HEI's and TVETS contributes significantly to this, as young people between the ages of 15-24, who are at high risk for contracting the disease, are at these institutions.
- A total of **10 945** clients tested in 2018, compared to **10 879** in 2017, which was an increase of **67**, i.e. **1%**. The target for 2018 HCT was **11 355**, and the actual was **4%** less than the expected target. This is attributed to several factors, which included uncondusive weather for testing, unavailability of testing providers due to funding and revised testing policy and changed academic calendar as in May the three-week testing, had to be cut to one week due to tests and exams. The most affected campus was APK which has the most numbers and failure to achieve targets mainly impacted the overall results. In 2019, more testing providers will be sourced as back up, the strategy to have PHC counsellors testing in tents outside clinics will be formalised and managed, and mass testing dates will be aligned according to the academic calendar and students' availability. Additionally, testing targets will be set according to the campus population with the aim of the testing minimum of 20% at each. This is to also to actively contribute towards the UNAIDS-DOH 90-90-90 HIV prevention strategy as a University.
- Regarding profiling, **97%** are students as HR Wellness is responsible for target testing for staff and **65%** of clients are females. This is consistent with a national profile where the majority of people testing are females. **29%** of people who test are first-year students and **22%** test for the first time. This shows the success of DOH strategy to intensify testing amongst the youth between the ages of 15-24.
- Conversely, a total of **1883** staff members were tested through various campaigns. **84%** tested through campaigns organised by HR Wellness, **10%** from the IOHA testing campaigns and **6%** tested from the Campus Health Clinics. Staff prevalence is **12%** and highest number is amongst the female employees at 106.

■ HIV Care and Support

- Since the begging of the year, a total number of students and staff who tested positive is **104**, with **92** of them diagnosed at PHC and IOHA testing. This year support programme was extended to the general community, which did not test through the two departments and currently there are **12** clients supported. A total of **74** (80%), of the people, diagnosed agreed to be referred to IOHA and of these **69** (92%) joined the internal care and support programme. Currently, **62** (85%) on Anti-Retroviral Therapy (ART) based on clients referred. UJ Student incidence rate remains below **1%**, based on number of clients tested at IOHA and Campus Clinic.
- This success exceeds the current national status where 86% is on the programme, and 65% is on treatment, with regards to the UNAIDS 90-90-90 strategy, i.e., to have at least 90% of diagnosed students joining the program; 90% initiated on treatment and 90% virally suppressed by 2020.
- Students are supported through face to face consultation, WhatsApp group, buddy system and social club. This is one of the flagship programmes in HIV Care, and Support as UJ has invested in a client-centered approach, which is producing positive results.



- The CBE continues to lead with regards to the number of students testing positive and the 2nd years are currently leading with regards to the field of study.

■ **Barrier Methods**

- Different barrier methods are available across campuses. Correct and consistent use of barrier methods like condoms has been identified as an effective means to protect against STIs including HIV. Additionally, condoms are the only contraceptive method that also provides dual protection, i.e. against STIs and pregnancy. Therefore, increased awareness and availability remain essential prevention strategies. More than a million male condoms and fifty thousand female condoms were distributed, which is an increase of 2% and 16% respectively from 2017. More than 7000 lubrication packets were also distributed, even though it is still not easily accessible from DOH.

■ **Peer Education**

- LINK Program is vital in the realization of the two strategic objectives, i.e. Students Living and Learning Experience and Global Excellence Stature. The 2018 peer educator's recruitment commenced between November 2017 and February 2018 at various media platforms such as social media, UJ FM, including during the First Year Seminar (FYS) and other departmental presentations.
- IOHA held an open day in March to introduce the volunteer group to the IOHA team and introduce new peer educators to IOHA team. The purpose of the meet and greet was for students to not only get to know each other but adopt a buddy system for each other and an open relationship with IOHA in encouraging a safe zone/space.
- Peer educators training plays a critical role in empowering students who further share the knowledge learnt with their peers within the university community and beyond. A two-day introductory training workshop was held. **292** students attended the training. Topics covered were the background to HIV, social drivers of the epidemic, diversity issues and barrier methods. To continuously empower new peer educators and students who missed the initial training workshop, senior peer educators executed additional training workshops to students. The topics covered include basic information about HIV/AIDS and a detailed focus on the use of barrier methods.
- Also, the City of Johannesburg (CoJ), Emergency Management Services (EMS) executed a two days basic first aid and firefight training workshop to student volunteers from IOHA, Campus Health and Community Engagement. These are skills, which students will use on campus during campaign executions and in various communities beyond the university whenever needed.
- **E-learning:** To transform and adapt to current trends around the peer educator training, UJ is integrating and implementing the programme into an e-learning platform. The programme has been designed in a manner that enhances student 'graduateness', further capacitating peer educators with skills relevant to the 21st-century job market. Such skills include presentation & communication skills, proposal and report writing, use of technology/social media to market projects and working in teams while embracing diversity. A total of **166** applications were received from current LINK members, the LINK network and some staff members to join the e-learning program. In further empowering students, peer educators were exposed to advanced training workshops which were offered by both internal and external partners.
- A total of **135** students participated in the program, compared to a target of **65**.
- Peer educators camp and appreciation ceremony: **95** of these peer educators received an opportunity to attend two-day empowerment and appreciation camp, hosted by IOHA in November. Apart from executing the counselling training at the camp, the facilitator and educational psychologist, who is an HIV committee member, conducted an assessment which seeks to analyze peer educator's knowledge and attitudes regarding Sexual Reproductive Health & Rights (SRHR) and HIV in particular. The results will be shared with IOHA once the data has been analyzed;

The first day was concluded by a special appreciation ceremony where peer educators were honored for contributing positively towards the UJ, IOHA, HEAIDS, WHO and SDG strategy in promoting sustainable health and wellness services and overall contributing positively towards students'



success. Peer educators were awarded certificates acknowledging their participation in SRHR training and for actively being involved in the IOHA programs. Lastly, IOHA HOD's distinguished awards were given to peer educators who have supported the office beyond the call of duty and have participated in the program remarkably thus far. The categories include best peer educator of the year, the best marketing student and the leadership awards for students taking leadership roles within the various programs.

The empowerment camp was concluded by a peer educators program's feedback and strategic session. The session gave an opportunity to peer educators to provide input regarding challenges faced during various project implementation, further providing strategies on how such challenges could be addressed in 2019. Furthermore, the IOHA team had an opportunity to clarify the IOHA strategy, processes and procedures when it comes to implementing projects. In overall, the empowerment camp was well received and has been seen as a motivation for peer educators to remain committed towards the program.

- **Skills development (Gauteng Youth Expo):** The peer educators participated in the 2018 Gauteng Youth Expo which was hosted at NASREC Centre in June as part of youth empowerment and celebrating youth month. "The Youth Expo is a multi-event with 140 exhibitors to provide information and live services to youth on careers, jobs and work exposure, as well as how to start, run and operate a business,". 50 Peer educators, interns and student assistants had an opportunity to attend several empowerment sessions and dialogue with potential future employees' and structures, which support young people concerning entrepreneurship. Students were empowered, thus suggested that IOHA should partake in the 2019 youth expo as session facilitators and exhibitors.
- **Senior peer educator's appreciation tea with the Registrar:** In October, senior peer educators were invited to the Registrar tea event. The meeting was aimed at appreciating the senior peer educators for the extended services rendered through community service and active citizenship. Many lives have been touched through their selfless service to humanity, further contributing positively to behavioral change. Such an initiative will continue in 2019, anticipated that it would motivate more peer educators to remain part of the program until they graduate.
- **Peer educators work readiness program and financial wellness seminar:** IOHA in partnership with ABSA and Experian hosted a work readiness and financial wellness seminar. The seminar was targeted at preparing students who are about to go into the workplace in 2019. Peer educators were exposed to workshops such as how to write a winning CV, attending a mock job interview, personal/self-branding and financial wellness literacy. The seminar was well received by the delegates, which require the office and partners to host more seminars in 2019.
- **Peer educators' community engagement projects:**

Peer educators in partnership with RAG a student society executed a community project at went to a Home for the disabled in Tembisa. The student collected clothes and non-perishable food items during the semester, which they, therefore, donated at the shelter for people with disability.

Nelson Mandela Day: Isizinda so Mpilo (ISO) collaborated with IOHA in executing the Emaweni Primary School Mandela day program. The day kick-started with a short program that was therefore followed by a walk around the school with the teachers, community members, parents as well as peer-educators. The organizations present were involved in various activities were planned for the day, which includes repainting of the school's classrooms and bathroom, cooking and dishing up for learners as well as entertainment for the learners. The peer educators were happy to form part of a beautiful project, which reminded them of the legacy that Tata Mandela has always promoted, which is giving back to the community.

DFC soup kitchen with the Community Engagement (CE) office: The city center of Johannesburg has a considerable number of homeless individuals, whom at many times to do not have access to necessities such as food, clothes and shelter. In reaching out, CE in partnership with IOHA hosted a soup kitchen day to help provide food to the community. Apart from providing food, IOHA provided



the community with SRHR information such as the importance of utilizing condoms, HIV pamphlets and resources of where they can access health services. The volunteers gave and experienced love and joy through the serving of each meal. *"It is about more than simply feeding the hungry, it is about breaking down the social barriers that exist between us, and connecting people regardless of their gender, color, religion or social status. We also want to help people to help themselves, through our soup kitchen"* one peer educator mentioned. It is therefore essential to encourage students to participate in giving back to the community, further contributing positively towards the Sustainable Development Goals (SDG).

Peer educators' residence dialogues: Peer educators hosted numerous residence talks within the UJ internal and external residences. Various topics were discussed in various residences depending on the need, which include "SEX IN THE CITY" and social drivers of HIV/AIDS (Gender Based Violence (GBV), the use of Alcohol and Drugs, etc.) and a focus on contraceptives and family planning. At another residence, the peer educators addressed issues regarding "my body my rules" which seeks to address GBV issues, which include awareness and where to seek support if an individual has been violated. The response from the students has been positive since most students are available after their busy schedules and classes.

Residences dialogues

Name of residence	Date	Location	Focus
Phumulani Residence	1 March	DFC	Sexual Health and HIV
Kopano Residence	9 March	DFC	RSB
Gateways Residence	21 April	DFC	Sexual health and HIV
Phison of Soweto	11 May	SWC	RSB
Phumlani Residence	30 July	DFC	"Sex in the city" and social drivers of HIV/AIDS
Robin Crest Residence	16 August	DFC	"Sex in the city" and social drivers of HIV/AIDS
Gauta Residence	23 August	DFC	"My body my rules."
YMCA Residence	15 August	SWC	"Sex in the city" and social drivers of HIV/AIDS
Ulwazi Residence	16 August	SWC	"Sex in the city" and social drivers of HIV/AIDS
YMCA Residence	20 August	SWC	"Sex in the city" and social drivers of HIV/AIDS
Hector Peterson	25 October	SWC	Men's program (#Legacy)
The Fields	25 October	DFC	Women's program (GBV)

■ Curriculum Integration, Research and Innovation

- Department of Social Work: "Social Work research project": In 2018 the Social Work Department in partnership with IOHA will continue to facilitate the Social Work 4th-year research report module. The study plans to address aspects around university students' safe sex empowerment that are often stigmatized as female or male condoms, masturbation and possible other sexual pleasure activities to promote safe sex empowerment with university students that are often neglected. Furthermore, even though UJ has an Institutional Office for HIV and Aids (IOHA), there are challenges in terms of awareness, outreach and programmes. This study also builds on a recent UJ IOHA pilot survey on female condoms that included 191 students from nine faculties, ranging from the first year to postgraduate students that reported a limitation of the survey since respondents could not stipulate and support their answers as would be possible in interviews. Approval from the departmental research committee has been granted, and an ethics clearance number has been provided. Currently, the students are attending various research and evidence-based seminars in preparation for their research processes.



- **BCur Nursing Department:** As part of the curriculum integration program, the 1st year Nursing students were once again granted an opportunity to attend the Sexual Reproductive Health and Rights (SRHR) workshops. Thirty-three students attended workshops that covered topics men and women's, with a specific focus on Sexual Transmitted Infections' (STI's), HIV and reproductive health targeted at contraceptives. Two (2) additional training workshops (gender & sexuality, GBV and people with disability (PWD) in the scope of SRH) were executed in the second semester. Students well-received training workshops and positive feedback were provided.
 - **FADA (Visual Design Department):** IOHA conducted an SRHR training workshop with students from the Visual Design Department. This year's training workshop focuses on Risky Student Behavior (RSB) which is at the core as a social driver to HIV. The core seems driven by social drivers which young people are participating in such as substance use/abuse, sex parties, other behaviours which put students at risk of contracting HIV. The training workshop was well received as per feedback received from students. More SRHR workshops will be executed in the 4th quarter with other departments. The Interior Design, Graphic Design, Visual Art departments in partnership with IOHA hosted the annual HIV exhibition in October. The exhibition focused on issues around Risky Student Behaviour (RSB) and the link to HIV. The students received numerous RSB and sexual reproductive health training workshops, which individuals were further expected to produce artwork in response to the content provided. In conclusion, prizes were awarded to students who responded and produced the best artwork within the three participating departments.
 - **PsyCaD Interns:** A training was held for PsyCaD interns in January. The training covered HIV statistics and its significance, Universal Tests and Treat, and Care and Support. The training received an excellent response. The students appreciated the interconnectedness of different profession.
 - **Somatology students:** Another training was held for somatology students, and the main topic of discussion was on Gender-Based Violence. The training received an overwhelming response since the student could associate GBV with their course and that was not the case initially.
 - In contributing positively towards 'graduateness' and the HIV curriculum integration program, IOHA is currently hosting two Community Development and Leadership students as availed by the Social Work Department. The interns have been exposed to several HEAIDS/IOHA projects and assist in building a stable platform to enhance SRHR issues with the university community and beyond.
 - **Project Based Learning:** IOHA supervised four students from IT on a project to design a website for the department, which is youthful but also educative. Students presented to IOHA and presented the final work to the department in October. The system will give IOHA feedback reports in a faster manner without any loss of data. This will be particularly helpful during testing campaigns, condom distribution, event evaluation and more if accepted and adopted by ICS department. The current system has system has drawbacks and is a challenging process. One student from Marketing also developed a block as part of his project.
- **Campaigns and Awareness Programmes**
- Awareness regarding issues relating to Sexual Reproductive Health and Rights (SRHR) and RSB is enhanced due to strengthened partnerships and collaboration between Library, Residences, PHC, Faculties, Student Affairs, UJ Sports, HR Wellness and PsyCaD. IOHA strategizes its HIV/AIDS prevention programmes within the HEAIDS 'Big Seven' projects namely: First Thing First HIV Counselling and Testing (HCT) Programme; Men's health through HEAIDS Brother's for Life, Woman's Health (ZAZI), LGBTI-MSM programme, Balance Your life, Future Beats-Campus Radio project and Monitoring and Evaluation. The following is highlighted:
- First Thing First HIV Counselling and Testing (HCT) Programme.** HCT is basic to the efforts to mitigate the spread of HIV and AIDS. To know one's HIV status is the basis for caring for oneself, and the loved ones, and protecting the broader community from HIV and AIDS. To test HIV negative calls for behaviour to stay HIV negative through responsibility concerning the HIV risk. To test HIV positive calls for precautions to protect oneself further and others, and to be enrolled in wellness and treatment, care and support programmes. There are three main targeted mass testing



campaigns namely, February – Condom and STI awareness, May – Care month and August – Stigma Knockout month. Testing campaigns are executed across campuses and include participation in the residences, in Risky Student's Behavior (RSB), and Health & Wellness drives in partnership with Residence Life; additionally, participating in TB day as hosted by Campus Health.

TB Day: The month of March is earmarked for TB awareness. Additionally, South Africa is having one of the highest burdens of TB in the world. This year the theme was "UNITE to End TB". UJ in collaboration with City of Joburg and the Department of Social Development took a stance against TB. Students and staff were encouraged to protect themselves and their family by being tested. Services on offer were TB screening and testing, HIV Testing, Blood Pressure and Glucose. Campuses involved were APK and DFC. A total of **160** staff and students were screened, and none referred for further investigations.

Health and wellness boot-camp: IOHA was invited to partner with Campus Health and UJ Gym. The set up was in front of the gym hall with the aim of highlighting the importance of knowing ones' status as well as keeping fit. IOHA was asked to provide health talks as well as condom demonstration. The event was a success though the attendance was not that good as compared to set up done at the student center.

IOHA was invited to form a partnership with community engagement in a peace walk from APB to APK. Students walked with placards with different messages that were emphasizing peace. The walk was concluded with a clean-up campaign where students embarked on cleaning Kingsway campus. The walk and campaign was a great success, and prizes were given to students with the largest refuse bags.

Cyber safety panel discussion: IOHA was invited by the office of Community Engagement (CE) to embark on a discussion about cyberspace safety. The discussion revolved around dangers and threats brought by social media and how one can protect oneself from being vulnerable to human trafficking to how the 4th industrial revolution will be changing jobs to be more advanced technology.

IOHA was invited to offer HIV testing and address different social issues students face during the diversity week organized by Transformation Unit in September. It was facilitated by the crew from the "locked down". The theme was on addressing risky behaviour and social issues. These issues included drug and alcohol abuse, gender-based violence and depression. The event was of great success for both APB and APK campuses.

Postgraduate health and wellness day: Through the efforts to provide comprehensive health and wellness services, IOHA in partnership with internal stakeholders hosted a postgraduate health and wellness day in August. Health and wellness screenings that were rendered include HIV screening, blood pressure, cholesterol, weight management and facilitated reproductive health education dialogues. Also, psychological/mental health and substance use/abuse awareness information were provided to the students and staff who participated. Such an initiative has been well received since most postgraduate students feel that the priority is given to undergraduates; this includes the element that most students do not have time to visit the health centers due to the academic demands.

In partnership with campus health, IOHA held an awareness drive that was explicitly addressing breast cancer in October. This opportunity was used to promote health and wellness screenings that included HIV testing, BMI, Blood glucose level over and above the self - breast exam that was taught to students. The event was of great success and students felt the time allocated was not enough.

Stigma Knockout Challenge: In concluding the August Stigma Month, UJ hosted its annual Stigma Knockout Challenge in partnership with Student Affairs, UJ Sports, and UJ FM. The initiative has been used to tackle issues of stigma and discrimination through the use of various sporting codes being netball and female football since sports has so much impact on individuals and groups.

■ **Addressing Risky Student Behaviour:**

- **Drug and alcohol youth conference:** In addressing the Risky Student Behaviour (RSB), explicitly targeting on issues related to drug and alcohol use/abuse within intuitions of higher learning, IOHA



in partnership with internal and external partners (Soul City, VUT, HEAIDS, Department of Health and Positive Convention) hosted a student and youth conference under the theme: “shinning the light on alcohol and substance abuse”. The conference was hosted in July, at the University of Johannesburg, Sophiatown Residence. The conference hosted students and staff from Higher Education Institutions (HEIs) and TVET’s within and around Gauteng. The conference focused on two main themes: RISKY BEHAVIOUR ASSOCIATED WITH DRUG & ALCOHOL ABUSE; HEALTH WELLNESS. A total of 224 delegates attended the conference and students submitted recommendations to HEAIDS, on changes they would like to see to address these challenges at different campuses.

– **Men’s Programme:**

Men’s dialogues: As part of the men’s health and empowerment pillar, the Institutional Office for HIV (IOHA), Campus Health, UJ Employee Wellness office, DFC library and Student Affairs hosted a book discussion which focused on **Uncovering Men:** rewriting masculinity and health in South Africa. The topics covered during this spectacular even include defining what it means to be a man in the 21st century, men who sex with men (MSM) and how men can support women in ending Gender Based Violence (GBV). Issues of concern, which came from the discussion were the issue of sexual consent, which young men did not understand and touched on women rights and the view that women are responsible for their pleasure.

In addition, **UJ gentlemen’s club** formed by peer educators, together with IOHA, Campus Health and Employee Wellness office has hosted numerous men’s health dialogues. This is in response to the need to empower men with regards to issues of health and wellness, which men are usually not found to access or talk about. The themes have been influenced by the top ten men’s health conditions that are seen as problematic and killing men almost every day. The topics discussed so far are alcohol use and the impact on the reproductive system (testicular function and hormone production), depression and suicide: men at risk and chronic conditions affecting men (Cardiovascular diseases and diabetes). The participants have been captivated concerning how the dialogue was structured and facilitated around the critical points of the dialogue. Furthermore, men have requested more health talks about issues concerning men.

Father presence/absence and iconic man awards: The Transformation Office in partnership with IOHA hosted a dialogue around father presence/absence and UJ Iconic Man Awards within the men’s health and empowerment program. The dialogue explored the role of father’s presences/absences and impacts it has towards children, especially males, which might be a contributing factor to how society has become in the current state. Apart from the discussion, the 2018 ‘Iconic Men’ were awarded as per nomination, based on the categories of Community engagement, Transformation & social justice, entrepreneurship & innovation and lastly, curriculum integration, research and innovation. This was all done with the aim to encourage men who were doing profound work within the various communities and spaces, further contributing positively towards social and economic development. The UJ community were encouraged to vote and nominate their 2018 Iconic Man via social media. The online campaign was a huge success with 7 nominees being nominated. The overall winner voted for unanimously was **Lesiba Mandla Kekana** for his outstanding contribution in the Community Engagement space.

– **Women’s Programme:**

Miss-Behave book discussion: IOHA in partnership with the SWC Library hosted a book discussion titled: “Miss Behave.” The debate was aimed at empowering women, who have been silenced in various spaces with the idea to promote patriarchy. Such a dialogue provided a platform for both males and females to talk about how they can relate to each other within the 21st century through shared roles, responsibilities and accountability. In conclusion, the Library will be hosting a book club that focuses on women’s empowerment through literature.

Book talk discussion – Khwezi – The Remarkable Story of Fzekile Ntsukela Khuzwayo: IOHA in partnership with the APK Library hosted a book talk titled: Khwezi written by Redi Tlhabi. The book also raises the rarely discussed issue of Gender-Based Violence (GBV). The launch was engaging and



interactive with some students sharing their experiences, which further requires various institutions to provide support to victims and survivors.

Girls' talk on "Body Shaming": The IOHA sisterhood club host an intimate dialogue on body shaming which was held at APK in May. The discussion was of great success, engaging and eye-opening as well. The students got a chance to speak freely about the pain they go through because of body shaming while others explained why they hated the person that looks different to them. The focus was aimed at empowering students on how to accept themselves irrespective they look and how other people think about them. It is evident that more dialogues that enable women to take charge of their self and health need to happen continuously with the aim to reduce issues of self-hate and embarking on unhealthy lifestyle choices.

Women's high tea: As part of the women empowerment program, IOHA hosted a women's high tea event, under the theme: *"I am a true reflection of myself #beautiful"*, which seek to address issues of body shaming and women's self-esteem. The event was hosted in August. The event was graced by a profound speaker, named Ms Lebogang Ramafoko, CEO of Soul City Institute for health and development communication. The speaker focused on reminding delegates to value themselves despite the challenges that they might face and never to compromise their values with the need to fit in. The conversation revolved around accepting ones' self, irrespective of how you look or what you decide to wear to how to recover from depression and turn everything to your advantage.

No filter flash-mob and dialogue: #mybodymyrules. As part of women's month, IOHA together with the International Partnership for Microbicides (IPM) hosted a "no filter flash mob and dialogue". The aim of the event was to acknowledge the fact that most women walk around with masks of big smiles, make-up, weave or anything that enhance outer beauty while they are suffering inside. Paper masks worn by participants represented pain, suffering and covering their authentic self. After the flash mob, participants engaged in a dialogue, which was facilitated by a guest speaker from IPM. Different forms of "masking" covering pain, together with issues faced by women within the university space were spoken about. Participants came up with resolutions on how to combat body shaming and judging each other amongst students; the resolutions include but not limited to the following: Refraining from saying negative things about other people, not judging people and concluding on the kind of people they are, without any knowledge of what they may be going through, starting and building a culture where females support each other.

- The University of Johannesburg and partners hosted an *"I pledge event"* under the theme: *"#BreakTheSilence"*, In light of the recent scourge of gender-based violence, human-trafficking activities and increased rape cases in Johannesburg (especially in student affiliated areas), young leaders felt not only concerned but also compelled to take active steps as the youth to bring about change. Statistics show that 21% of women over the age of 18 reported that they had experienced some form of violence at the hands of a partner and that which 8% of these cases had taken place in the last year (2017, Stats SA in partnership with the South African Medical Research Council). These and other suppressing issues, including those concerning men, women, the LGBTQI+ community and disabled students led to the initiation of the "I pledge event". The themes of the event were based on the following topics: Human trafficking, rape and gender inequality. Profound panel speakers such the UJ Registrar (Prof Kinta), HEAIDS CEO (Dr Ramneek), Student Affairs (Mr. Ntombela), Campus Health (Sr. Geya), SRC representative (Mr. Takalani) graced the event, which include the keynote speaker Mr Alfie Phokobye, the author of a book titled *"blessers and side chicks"*. The event created a platform where students could engage with the UJ management concerning the topic at hand. In conclusion, a memorandum was handed to the Registrar to implement what the students are requesting that seek to address issues of sexual gender-based violence.
- **LGBTI Programme:**
IOHA participated as partners in the UJ LGBTQI+ summit, which was led by the Transformation Office. Staff and peer educators participated in various programs within the summit, which include presenting a practice-based intervention titled: "Defining LGBTQI+ experiences in spaces of Higher



Learning Institutions” that was aligned to LGBTI+ issues within higher education spaces. Apart from the presentation, IOHA was responsible for exhibiting and inviting health and wellness organisations (Campus Health & ANOVA) to exhibit at the event, with the aim to link to delegates to health and wellness services internally and externally. Lastly, organisers and delegates attended the dialogue session titled “rewriting the narrative” which was graced by profound speakers who have written and implemented work around gender and sexuality. More platforms such as the LGBTIQ+ summit which seek to address the topic at hand will be hosted annually until the university implements comprehensive strategies for all staff and students to benefit.

Queer Open Debate: The UJ Debate Union and Wits Debate Union as supported by IOHA and Transformation Office hosted a queer open debate aimed at creating a radically queer space where debaters could debate about queer issues that speak intimately to the identities and oppression of queer bodies. The 2018 Queer Open was the first time debate event that the South African debating circuit had a tournament of this kind, where issues surrounding the LGBTQIA+ community are discussed in the form of debates for 3 days. ANOVA a health and wellness organisation that supports the LGBTQIA+ was present to provide sexual reproductive health information and avail barrier methods (lubrication, condoms, etc.) to the delegates. Apart from the debates, delegates had the opportunity to attend the 2018 Soweto pride, a significant event that seeks to celebrate diverse sexualities. More debates of such nature will be hosted continuously next year.

Residence Programs: Residence programs “Risky Student Behaviour (RSB) programs”: Health and Wellness Days: Risky Student Behaviour (RSB) continues to be a concern within various university communities. Exposure to various risky behaviours is further seen to have an impact on the student’s health & wellness, academics and social aspect. Within the Sexual reproductive health and rights (SRHR) field, risky behaviour such as sexual behaviour, substance abuse, abusive relationships etc. contributes to the increase of contracting HIV new infections. The following were residence campaigns and events:

Risky student behavior, health and wellness drive: The interventions focused on addressing risky behaviors which was done in partnership with both internal and external departments/organizations (Residence Life, IOHA, Sedibeng Sa Bophelo, SANCA, Wits Reproductive Health Institute (WRHI), ANOVA men’s health, Isizindasempilo (ISO) and UJ Campus Health). Apart from addressing RSB issues, students had the opportunity to access various health screenings such as STIs, HIV test & counselling, body mass index (BMI), blood pressure, etc. this includes direct consultations regarding substance abuse and helps availed by rehabilitation centers. As this is a Residence Life project, residences took the opportunity to exhibit their residences, this was also used as an opportunity for some of the residences to fundraise, through selling various things. The participation of students was encouraged through the handing out of residence RSB, Health & Wellness certificates once the student has participated.

Residence Health and Wellness

Name of residence	Date	Location	Focus
Ulwazi parking	10 April 2018	SWC	Health and Wellness Drive
Gauta lawns, (informally known as the F7 lawns)	11 April 2018	DFC	Health and Wellness Drive
Ndlovukazi lawns	12 April 2018	APB	Health and Wellness Drive
APK Student Centre (APK Residences)	13 April 2018	APK	Health and Wellness Drive
Saratoga Residence	2nd August	DFC	Health and Wellness screenings
Gateways Residence	24th August	DFC	Health and Wellness screenings



Drug and Alcohol Talk: The UJ RSB Committee (IOHA, Campus Health, Student Affairs, PsyCaD and Transformation Office) in partnership with SANCA hosted a UJ residence drug and alcohol talk in April. Substance use/abuse continues to be a challenge within our various community, which is one thing that cannot be ignored amongst the student population as some students utilize substances as a coping mechanism. The dialogue provided a platform for students to converse about substances and the impact thereof on health, although some students challenged the notion. Through the student's feedback and outcomes, it is evident that more dialogues of such nature need to continuously be hosted including availing support services to students who might be struggling with the use of substances.

Sophiatown Debate on being HIV positive and disclosure: As part of addressing stigma within UJ community, IOHA aims to hold conversations that are engaging and interactive and therefore in partnership with Debating union and Sophiatown Residence, IOHA hosted a debate that was aiming at dealing with stigma associated with HIV. The motion was "The House Believes That" *'IT IS THE MORAL OBLIGATION TO DISCLOSE ONE'S HIV STATUS UPON ENTERING A ROMANTIC RELATIONSHIP.'* The public debate was held in Sophiatown Residence Hall in April. About 112 students attended and mostly 1st-year students. The debate was robust, relevant, engaging and interactive.

In October, IOHA in partnership with the Fields residence a student accommodation located at Doornfontein (DFC) hosted a GBV dialogue. The theme of the dialogue was titled "breaking the silence, say no to gender-based violence". The primary purpose of the encounter was to create awareness around issues of GBV and safety at the DFC. Various forms of GBV were presented to the students, further empowering them with information on how and where to report such cases. In conclusion, residence students who attended the dialogue were given GBV information pamphlet, further highlighting the DFC safety corridors or pathways that are much safer to use.

IOHA in partnership with the Hector Peterson residence situated at Soweto (SWC), hosted men's dialogue in October. The dialogue was titled "#Legacy", aimed at reminding men to make informed and responsible choices as they build and live behind a respectable legacy for their families and communities. Apart from reminding students, the dialogue was utilized to tackle issues around risky student behaviour amongst men and how it continues to impact on their life negatively. More sessions of such nature, have been requested for 2019.

Mental health and suicide awareness campaign #youmatter: In collaboration with Maqhawe, Cornerstone and Magnolia residences, IOHA ran a successful yet emotional event on mental health and suicide awareness. This event was implemented as a response from the three (3) residences mentioned above following attempted and succeeded suicides that were reported within the University space.

■ **Social Media: Website, Facebook and Twitter**

- IOHA's objective is to create the next HIV free generation by developing a community that is informed, educated, self-aware and inspired. Together with the University of Johannesburg and other partners, by leveraging the power of social media and campus radio, it becomes possible to reach out to youth in ways that are fun, engaging and interactive, thus breaking the barriers of stigma and, discrimination. There is a growing body of evidence which supports the incorporation of social media into health promotion, and health promoters and seekers increasingly utilise social media websites such as Facebook, YouTube, and Twitter.
- Monthly updates IOHA Social Media Platforms: IOHA continues to have a substantial social media presence, which increases social mobilisation and access to topics and awareness events.
- Current website stats for the year were **3 424**; Quarter 1: **665**, Quarter 2: **978**, Quarter 3: **780** and Quarter 4: **1 001**. The website had an overall **52%** male compared to **48%** female visitors, except for quarter three where **72%** were females.
- Facebook likes have increased per quarter. Stats show that posing a question from our hot topics list, competitions and dialogue show more significant impact and interest. The number of people visiting our Facebook page shows the following numbers: Quarter 1: **10 255**, Quarter 2: **7 435**,



Quarter 3: **18 393** and Quarter 4: **13 302**. The months of March, May, September and October showing the highest numbers. Total for the year was **49 385**.

- Twitter is consistently showing a higher audience interaction compared to Facebook with a total of **60 706**. Quarter 1: **19 400**, Quarter 2: **11 200**, Quarter 3: **16 569** and Quarter 4: **13 537**. The month of July had the highest interaction due to the SYC conference with **8 583** impressions. In the last quarter, October had the highest interaction on FADA exhibition.
- It has also been observed that campaigns, where there was the partnership with other departments internally and externally, received the highest reviews, i.e. TB day, youth conference, Stigma Knockout and Worlds AIDS day.

EMPLOYEE PROFILE

Staff Composition – Total 5

Gender	Demographics	Diversity
3 Females	3 African	0
2 Males	2 African	2 LGBTI

- **Staff development:** Staff members are attending training and workshops as per their development plan and also workshops orienting them to UJ governance, e.g. health and safety and HR. Coordinators have also enrolled to attend Management courses offered by HR so that they can have insight into high-level strategy and given the IOHA succession plan. HIV Programme coordinators also present at conferences and workshops as part of contributing towards UJ's global footprint.

RESOURCE MANAGEMENT AND SUSTAINABILITY

- **Financial governance:** The HIV/AIDS committee budget for 2018 amounted to **R125 500.00** and **81%** of the budget were used. The Institutional Office for HIV and AIDS budget for 2018 amounted to **R 3 958 042.34**, and **93%** of the budget was spent.
- **Monitoring and evaluation:**
 - Overall client satisfaction rate during HCT testing campaigns average was **95%**;
 - Capacity Building workshops training feedback averaged at **91%**. Students continue to raise concerns mainly with regard to the limited time allocated for training, which doesn't allow much engagement;
 - Client satisfaction regarding events hosted was **90%**.

NATIONAL AND GLOBAL REPUTATION MANAGEMENT

- **Leadership Initiatives:** IOHA has been invited by HEAIDS to be part of facilitators for peer education training at two institutions this year, including one for high school learners;
 - IOHA hosted a delegation from Mozambique accompanied by HEAIDS to benchmark on the implementation of the First Things First programme. UFH also visited the department during their benchmarking exercises. Both gave positive feedback on learning lesson regarding Peer Education and Programme Implementation;
 - IOHA Peer educators were invited to exhibit at the Gauteng youth expo, and will be they will be participating annually;
 - IOHA head was one of the 20 leaders internally and externally, who were awarded by Community Engagement for the contribution the department play in mentoring future leaders;
 - NMU hosted a one-day colloquium on Higher Education Leadership in partnership with the University of Bath in November, where IOHA head formed part of the panel discussion.



- The HEAIDS funding project is implemented as per the proposed plan. This was of great assistance in realising hosting a youth conference on Drug and Alcohol.
- IOHA has so far hosted two youth conferences since 2017, one international and one provincial, as part of sharing their flagship projects such as peer education work, curriculum integration and social mobilisation. This is done at no cost to students, as efforts are made to mobilise sponsorships on their behalf;
- **HIV Committee meeting:** Meetings are coordinated as planned according to the annual calendar. Some faculties and departments reported that academics still have a challenge in conceptualizing ways to include HIV awareness in their curriculum. FADA and IOHA are working on publishing the artwork done by the students in the magazine, which will also be displayed at the library. It was further recommended that artwork be shared with faculties to inspire conversations and further create awareness in class as one of the tools departments can use. The Faculty of Education with IOHA are still working on the E-Learning module accreditation. The long-term plan is to extend the module to educators at schools as well. Additionally, Social Workers will be offered a module for their Continuing Professional Development (CBD) points and roll-out for their plans, accredited. Risky student behavior remains to be one of the issues of concern, including marginalized communities. The committee discussed the current trends of risky behaviors. Awareness and active participation by faculties and support departments are critical to minimizing the potential risks posed by these behaviors. The committee will be focusing on revising the University's HIV, TB and STI policy and charter in 2019.

CONCLUSION AND WAY FORWARD

The strategic focus for 2019 will be on the following:

- **HIV Prevention, Care and Support:**
 - **HIV Testing Services:** Implement a survey to know where students and staff test plan for a comprehensive care and support programme;
Find ways of mitigating the potential risk for students who are not coping, due to the Government's introduction of the distribution of an HIV self-test kit, without providing the necessary linkage to care;
Targets to be set according to the campus student population;
Utilize social media platforms to recruit and inform students about the available UJ care and support programme, to encourage joining;
Publish an article / information on internal stigma, as this has been identified as a consistently emerging theme from social clubs;
Establish a process to link students to care after leaving UJ through proper referral;
Evaluate the success of the UJ Care and Support programme by contacting previous students to find out how has the programme assisted them, their views on current projects and on ways to improve the programme.
 - Promotion and facilitation of Behaviour Change and Communication (BCC):
Residence Program: Sustain and expand SRHR awareness through campaigns and events at both external and internal residences on current "hot" topics, e.g. Sugar Daddy, Suicide and depression;
Promote and advocate human rights issues related to marginalized groupings like women, PWD, LGBTI+ and PWHIV.
 - Active participation at the South African AIDS conference through facilitating a track and exhibiting. If possible, peer educators to be actively involved:
Book a space to facilitate a youth track session where, if possible, peer educators at UJ can present;
Apply for exhibition space where UJ can showcase current projects and success nationally, e.g. FADA curriculum integration project, FYS film on awareness about RSB issues, and youth dialogue on current trends affecting young people;
 - Fast track and finalize the plan to consolidate the monitoring of health and wellness comprehensively through restructuring the RSB committee to be a Student Health and Wellness committee;
 - Contribute towards producing competent graduates who are sensitized towards social issues



impacting on SRHR and HIV/AIDS epidemic by continuing to offer internship programme and project based learning;

- **Peer Education:**

Continue with the project of registering the peer education program as a short learning programme, with assistance from the Faculty of Education;

Initiate social entrepreneurship and work readiness initiatives for senior LINK participants;

Explore the digitalization of peer education workshops.

- Coordinate the RSB program through HEAIDS funding 2018-2019; in 2019 the proposal is to focus on Health and Wellness for LGBTI+ Community;

- Be involved in the Southern Regional Youth SRHR conference hosted in Zambia by Zimbabwean partners SAYWHAT. If budgets allow, involve senior peer educators:

UJ to participate at the biannual conference and report on progress made since the UJ conference in 2017.

- **New 4IR initiatives**

- Develop an electronic database system, where the HIV consent form will be completed electronically in partnership with PHC, while also generating stats automatically to minimize waiting times and reduce human errors: in this way, increase the reliability and validity of our HIV stats;

- Increase debates and dialogues on social media, instead of only at designated venues, for greater social mobilization and reach;

Continue to collaborate with IT to assist in improving the IOHA website to be youth friendly and minimize manual monitoring and evaluation process.

Sr Rainny Nkhatho

Head: Institutional Office for HIV and AIDS



EVENTS AND CAMPAIGNS PICTURES

Peer Education



RAG and IOHA community engagement



Peer educators work readiness program and financial wellness seminar



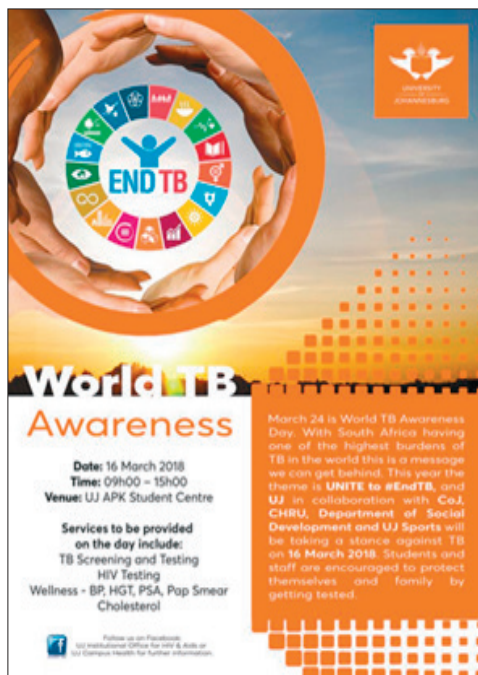
Residence Programme:

Residence Health and Wellness



Campaigns and Events according to programmes:

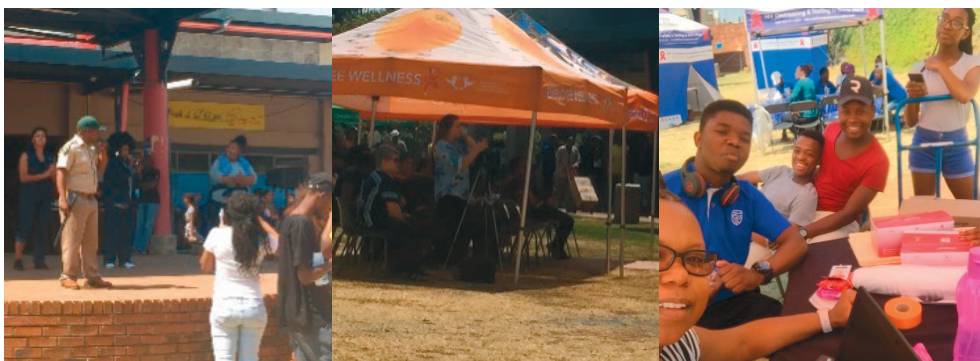
Health and Wellness Testing Campaigns



Risky Student Behaviour (Drug and Alcohol Talk)



UJ Diversity Week

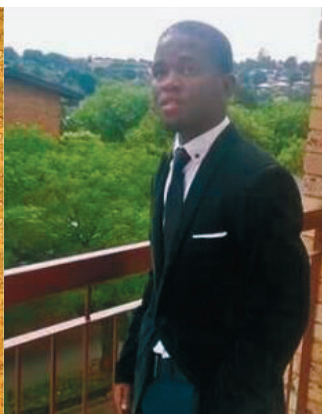


Stigma Knockout Challenge 2018



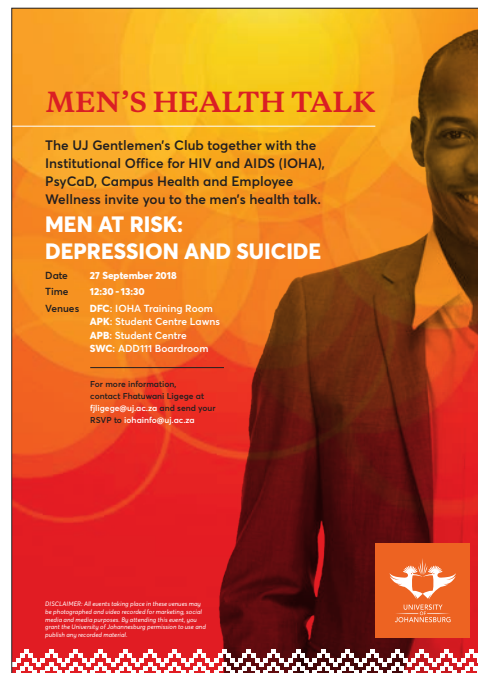
Men's Programme

UJ Iconic Man



Men's program Dialogue(#Legacy).

Dialogue UJ gentlemen's club and men's health talks



Women's Programme

UJ Annual High Tea 2018



*“Breaking the silence,
say no to gender based
violence” DFC Dialogue*



LGBTI+ Programme

2018 Queer Open Debate /

WITS DEBATING UNION & UJ DEBATING UNION
proudly present the first ever:

QUEER OPEN

Queer open is a debating tournament aimed at creating a radically queer space for debaters from the Lesbian, Gay, Bisexual, Transgender, Queer, Intersexual, Asexual (LGBTQIA+) community and their allies. The aim is to facilitate debates on queer issues that speaks closely to the identities and oppression of queer bodies.

Date 28-30 September 2018
Venue University of Johannesburg on the 28th | University of the Witwatersrand on the 29th and 30th
Registration details The registration fee is R65 for participants and R90 for observers (Lunch will be provided).
Register online at https://docs.google.com/forms/d/e/1FAIpQLSf50J_rT00YMstebwDdN-AX78d3kOvk65GwULcLZ39aIRQupA/formResponse
Convener details
Ruth (+27 72 0777 990)
Dan Lee (+27 72 067 0125)
queeropendebating@gmail.com
Participants will eat and Soweto Gay Pride on 29 September

Logos: WDU, UJ Debating Union, GALA (Gay and Lesbian Memory in Action), Disability Rights Unit, and IOHA.



2018 UJ LGBTQI+ Summit



UJ LGBTQI+ Summit 2018

“Collectively advancing health, safety, fairness and inclusion”

The Future. Reimagined.

A one-day seminar facilitated by the UJ Transformation Unit, Faculties of Humanities and Law, and the UNISA Department of Corrections Management.

An expansive scope of contentious issues is currently arched under the umbrella of diversity management, including concepts such as diversity management, valuing diversity, affirmative action and equal opportunity, all advocating systemic transformation aimed at achieving social cohesion and empathy. These themes also correspond with the omniscient themes of global sustainability, corporate social responsiveness and design thinking. Against this background, the series of presentations in this seminar aims to address issues from a multidisciplinary perspective that encompasses the following topics under three main themes:

- Gender-based violence, including male rape, stigmatisation, corrective rape, and other forms of gender discrimination
- The language of minority groups and basic human rights
- The mediated construction and re-construction of gender

THEMES

- 1) The challenges facing minority groups in South Africa, including, among other, topics such as cultural, sexual, religious, linguistic, and legal disparities.
- 2) Accommodating the needs of sentenced offenders and remand detainees from the LGBTQI+ community in Correctional Centres in South Africa.
- 3) Strategising social transformation through stakeholder cultivation, engagement and activation in South Africa.

SUBMISSION OF ABSTRACTS ■ Scholars are invited to submit abstracts of 500-700 words addressing one of the three themes.

SUBMISSION DATE ■ Abstracts should be submitted to cdavis@uj.ac.za by no later than 15 August 2018.

SEMINAR FEE ■ The seminar fee will be R695.00 per person, including refreshments and lunch.

DATE AND VENUE ■ The seminar will take place on 3 September 2018 in the Council Chambers at UJ's Auckland Park Kingsway Campus, from 08:00-14:00, followed by panel discussions from 15:00-17:00.

UNISA | 

Call for abstracts

