



UNIVERSITY
OF
JOHANNESBURG

Registrar's Portfolio

ANNUAL REPORT 2016

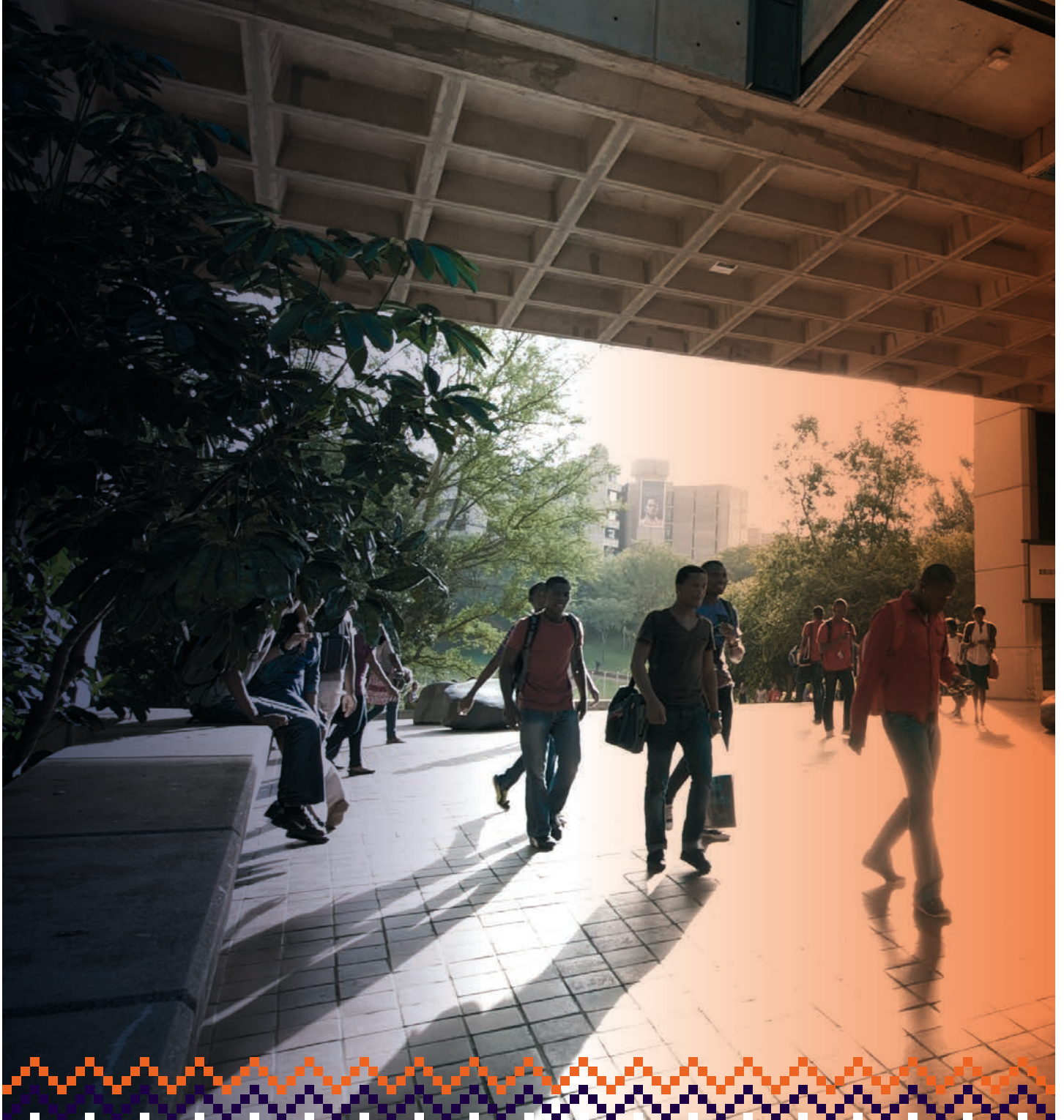




TABLE OF CONTENTS

<i>EXECUTIVE SUMMARY</i> _____	3
<i>REPORTS FROM DIVISIONS</i> _____	13
<i>(CENTRAL) ACADEMIC ADMINISTRATION</i> _____	13
<i>CENTRAL ADMINISTRATION</i> _____	31
<i>CORPORATE GOVERNANCE</i> _____	37
<i>UNIT FOR QUALITY PROMOTION</i> _____	45
<i>OCCUPATIONAL HEALTH PRACTICE</i> _____	57
<i>PRIMARY HEALTHCARE SERVICE</i> _____	87
<i>INSTITUTIONAL OFFICE FOR HIV AND AIDS</i> _____	110

REGISTRAR'S PORTFOLIO

Executive Summary

The Registrar's portfolio consists of the following divisions: (Central) Academic Administration (CAA), the Unit for Quality Promotion (UQP), Central Administration, Corporate Governance, the Occupational Health Practice (OHP), Primary Health Care (PHC), and the Institutional Office for HIV and AIDS (IOHA). The Registrar's Executive Committee (comprising the Heads of the seven units) oversees the governance within the portfolio and meets monthly.

The primary focus of the diverse units which form the Registrar's portfolio is on 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 and the operational quality of support units, to the assurance and promotion of the quality of programmes, faculties, support divisions and even campuses.

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. In addition, increasing numbers of staff in these units are contributing research papers to national and, on occasion, international conferences. In short, the work of these units is focused and underpinned by a strong commitment to the institutional strategic goals, and to the overarching goal of Global Excellence and Stature.

Identified risks from the various divisions are taken up in the Registrar's risk register and, where high risk is identified, ultimately in the Institutional risk register. The Registrar's risk register is assessed on a monthly basis at the Registrar's meeting with the heads of the various divisions. In light of the continued student protest actions in 2016 the register was revised, in particular with regard to the potential impact of such unrest on registration, examination and graduation processes.

The Registrar's portfolio comprises 131 permanent and fixed term staff, of which 71% are from the designated groups. Nine new appointments were made during 2016 of which 100% were from the designated groups; and seven members resigned in 2016, all seven members were from designated groups.

The Legal Services Division (comprising two staff members, under Corporate Governance) was transferred to the Office of the General Counsel from January 2016.

The entire portfolio is committed to transformation matters. Staff are making use of the various opportunities for staff development, e.g. in-house and external programmes for skills development and participation in conferences. In addition, several staff are engaged in further studies, including master's and doctoral studies.

The operational expenditure for 2016 was 100.68% against a budget of R30 680 327.

In the following, progress and notable achievements as well as some future priorities are reported in summary format per division. More detail is provided in the attached reports from the various divisions.

ACADEMIC ADMINISTRATION

Applications

The University again promoted the utilisation of the online application system by means of the No Application Fees policy. 95% of applicants applied online as opposed to 87% in 2015 and 11% in 2014, before the No Application Fees Policy was introduced. 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 new pre-screening function gave applicants an early warning where they did not meet the minimum entrance requirements. Nevertheless, the number of headcount applicants rose from 124 081 (application in 2015 for enrolment in 2016) to 135 540 (application in 2016 for enrolment in 2017). A database of unsuccessful yet qualifying applicants was developed to use as a potential pool of applicants in case enrolment targets were not met.

Pleasing to note is the increase of “Orange Carpet” applicants, i.e. the applicants with an Admission Point Score of at least 37 (Life Orientation excluded) in Grade 12 and no subject below 70%. In 2016 we had 1 879 applicants in this category, compared to 1 624 in 2015.

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. In 2016 the CLEAR (Choose, Learn, Earn, Apply and Register) campaign was again implemented, and the dedicated application enquiry system and call centre were further enhanced. 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. All four UJ campuses were closed during the period 3 to 7 January 2016 and only card-carrying students were allowed on campus for, amongst others, CEP supplementary assessment sessions.

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 2016.)
- 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.
- A student satisfaction rate of 86% was reached for registration, a slight improvement on 2015.
- The academic record module on Integrator 3 was enhanced to include the GPA rankings to enable the international conversion of results. This development will be fully implemented in the first semester of 2017.

Module exemptions

The office of the Registrar undertook an intensive investigation into the potential risks relating to the process of awarding module exemptions. The University's systems regarding the recording of marks, changes of marks, the verification of the proper completion of qualifications and the management of module exemptions have been significantly improved. Improvements in the systems include:

- ITS access for the capturing of module exemptions and mark changes was restricted to senior faculty staff (Senior Faculty Officer and Head of Faculty Administration).
- Exceptions reports are generated on a monthly basis to verify that change requests have been duly authorised and correctly captured on ITS.
- A 0% test is conducted after each examination session to verify that all module requirements have been fulfilled before the qualification is awarded.

Timetables

The Celcat timetable optimisation software which was implemented in 2012, has been utilised for the optimisation of the DFC, APB and SWC lecturing timetable over the past three years. The re-optimisation of the assessment timetable for the period 2016 to 2018 was successfully completed for all campuses. Dynamic e-forms were implemented to facilitate timetable change requests. Further enhancement of the interface between Celcat and Adapt IT is, however, needed and will be addressed in 2017.

Academic calendar

The new academic calendar approved by Senate in 2015, was implemented in 2016. The new calendar has longer open periods in January and in June/July with the purpose to allow for more uninterrupted research time as well as for the offering of support and enrichment programmes to students and for inbound and outbound international studies. The new academic calendar was well received by staff and students.

Assessment

The Management of Assessment Mark System (MAMS), as fully implemented in 2015, was enhanced in 2016 for semester and year modules. This system has increased the governance regarding marks significantly, and a central repository has been established to assist with the early identification of at-risk students.

Examination security

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. Towards the end of 2016 it became clear, however, that the requisite technical support for this system was inadequate, and CAA will be investigating new service providers in the first semester of 2017.

To enhance the integrity of assessments further, surveillance cameras were installed in large venues where the layout of the venue inhibits physical invigilation. CCTV cameras have been installed and are active in A-Ring G01, G02, B-Les 100 and B-Les 101 to monitor and record the proceedings of assessment opportunities. Recorded material may be used as evidence in assessment transgression cases. The installation of cameras in the remaining main assessment venues is under investigation. Cameras have also been installed in all the assessment printing venues.

Students who for religious reasons could not sit for assessment opportunities scheduled on Saturdays were accommodated: they could either write a deferred assessment or write during the supplementary assessment period in July and November 2016.

Graduations and Certification

12 169 students graduated at 79 centrally coordinated graduation ceremonies. A large number of ceremonies had to be moved at short notice to the APK Art Centre in June due to the destruction of our main auditorium by fire. This added levels of complexity and considerably increased the number of ceremonies required. Nevertheless, a student satisfaction rate of 99% was reached, which is the highest in the past three years.

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. The new advanced certificate paper incorporates cutting-edge security features such as visible deterrents that are almost impossible to replicate. The unique key features, as recommended by international document security standards, are fused into UJ's certificate paper. In addition, the new UJ certificates incorporate micro-numismatic invisible, ultra violet, anti-tampering technology similar to bank note-level security. Certification printing software was acquired in 2016 and will be fully installed in two phases in 2017, which will further enhance the security aspects associated with issuing certificates and also provide the functionality of verifying qualifications on the UJ website.

In addition, external auditors performed the annual compliance audit. As for a number of years now, no exceptions were recorded.

Management of student unrest during the final quarter of the year

When the University re-opened on Monday 26 September 2016 for the fourth and final quarter of the 2016 academic year, sporadic disruption of lectures and class tests was experienced. Wednesday 28 September 2016 was most affected, with 21.45% of classes on APK disrupted, 22.76% in DFC, and 41.64% on Soweto campus.

On Tuesday 4 October 41.67% of SWC classes were again disrupted. In spite of the general climate of unrest, of the 14 782 scheduled teaching sessions for the above period 26 September to 6 October 2016 on all campuses, fewer than 10% were affected. Where this was the case, tests were rescheduled and additional teaching sessions were scheduled to make up for lost academic activities. All students were continuously informed of these changes by means of SMS, email and the student portal (uLink).

After this initial two-week period disruptions declined to lower than 1%. In total, of the 23 613 scheduled teaching sessions for the fourth quarter, fewer than 5% were disrupted by student protests.

In this situation of unrest, in preparation for the end-of-year final assessments, enhanced security arrangements were put in place, including improved access control at assessment venues by means of exam timetable verification at the entrances, and the de-activation of access cards after the students' last assessment date; for students in residences, after 48 hours. These arrangements proved successful and final assessments ran without any disruption.

Academic Administration's strategic objectives for 2016

- **Turnaround times and student satisfaction rates** will be sustained or enhanced.
- **Admission and registrations:** The current successful use of technologies for selections, registration and security, will be further enhanced to improve, inter alia: selection of undergraduate international applicants and centralised electronic selection of Honours and taught Master's degree students; upgraded call centre and implementation of ONLINE-CHAT text message enquiries for use especially during registration; online registration for mobile devices.
- **Readiness of administrative systems and processes for online programme offerings.**
- **Timetables:** re-optimisation of APK lecturing timetable; full implementation of Dynamic e-forms.
- **Assessment:** further roll-out of biometric scanning during assessments on all campuses; automisation of Varsity Cup credit and performance calculation/evaluation.
- **Graduation:** Sustained student satisfaction rate of 99% for graduation.

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; Graphic Design Studio; Postal Services Unit; and University Secretariat. The different sub-sections within the directorate have performed

well 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.

Committee governance and University Secretariat

Amendments to the UJ Statute were supported by Council in 2016 and submitted to the Minister of the Department of Higher Education and Training for approval. The most significant amendment pertains to the reduction of the members of Council – from 30 to 21 (13 external and 8 internal). Other amendments include alignment of definitions and concepts in accordance with new government structures. The revised composition of Council will be implemented from 1 July 2017.

The first five-year term of office of the UJ Chancellor, Prof NS Ndebele, will expire on 30 September 2017. In accordance with the UJ Statute, a Chancellor may be reappointed for a second and final term of office. We are pleased that Prof NS Ndebele is available for a second term of office as approved by Council.

The Council and its committees completed its performance reviews using the new performance review instruments, which were arranged in the following sections: Organisation of the committee; Execution of functions; Role of members and Chairperson; Administration.

The performance review instruments were converted into online forms and completed individually.

The 2016 combined averages achieved (on a 5-point scale) for the four sections contained in the performance review instruments were as follows:

2016	Organisation of the committee	4.5
	Execution of functions	4.5
	Role of members and Chairperson	4.7
	Administration	5.0

The workload of the University Secretariat staff increased significantly in 2016, specifically because of the special MEC meetings held on a daily basis from 25 September 2016 to 9 December 2016 to discuss the management of the student protest action; and the ad hoc committee of Senate to discuss issues relating to student protest, decolonisation, etc. Nevertheless, the University Secretariat has continued to function exceptionally well. The following were implemented in 2016 to enhance the governance and reporting of statutory committees in 2016:

- Updating schedules of business of the Council committees, using the following seven cross-cutting directives: strategy, policy, performance, risks, innovations, sustainability and transformation.
- Reviewing the charters of the applicable Council committees.
- Developing new performance review instruments of the Council committees.
- Converting the committee performance review instrument into online forms using Google Forms.
- Updating the Rules for Effective Meetings to include additions to the general meeting procedure relating to electronic participation prior to and after meetings, as well as additions relating to declaration of conflict of interest and other minor amendments.

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 Legal Services Division (comprising two staff members, under Corporate Governance) was transferred to the Office of the General Counsel from January 2016.

Records Management: Implementation of the recommendations of the Gap Analysis Report

During 2016 three e-forms were implemented within three environments, namely mark changes, historical data changes and university timetables. Digital signatures were also implemented.

Business Continuity Management

Business Continuity plans and battle boxes procedures were prepared and assessed. The first disaster exercise was completed. Staff attended further training for the second phase of the Business Continuity roll-out.

POPI roll-out throughout the institution

The MEC provided the Corporate Governance Division with a mandate for the full implementation of the Protection of Personal Information (POPI) Act 4 of 2013 within UJ. The Act imposes stringent obligations on UJ pertaining to the collection, storing, processing, sharing, archiving and destroying of personal information and data. This roll-out implied training of all UJ employees, system implementation and handling of all personal information in a secure manner. During 2016 gap analysis workshops were presented and gaps were identified. The final report on the implementation of POPI was compiled and will serve at MEC during 2017.

B-BBEE certification

The compilation of all the data and the application for UJ's B-BBEE certificate were completed and the B-BBEE certificate was issued. As the codes for the 2016 B-BBEE certificate had changed, the necessary training was provided to stakeholders. The new certificate for 2016 – 2017 was received. This information gathering exercise takes place annually.

Legal and compliance advice within contract management

Within an environment of contract management and systems, clients were provided with assistance from development stage to signatures. Contracts were secured as vital records, with easy access to information to make informed decisions. The Contracts Manual was finalised and two training sessions were presented on how to draft contracts.

Environmental sustainability

The Division focused on the roll-out of technology implementations in order to handle processes and record-keeping electronically as far as possible, and strongly discouraged printing of documents. Technology implementations now include the e-Ballot system; web-based requests for information; the Electronic Documents and Records Management System (EDRMS) and the Qualification Verification System. These systems actively contribute to reduction of the carbon footprint of the University.

Focus Areas for 2017

- Auctioning of the upgrade of the Electronic Document and Records Management System to ImageNow 7.
- Conclusion of the implementation of recommendations from the Records Gap Analysis Report, and the development of an institutional file plan for Records Management.
- Further implementation of POPI throughout the institution in accordance with the POPI Gap Analysis Report.

UNIT FOR QUALITY PROMOTION

The Unit for Quality Promotion (UQP) focuses on sustaining, supporting and improving the UJ Quality Promotion System within the context of the UJ Strategic Plan 2025. This involves overseeing and facilitating the implementation of different kinds of quality reviews that range from module and programme reviews to faculty and campus reviews, and also reviews of service and support divisions.

Further progress was made with the rollout of further programme reviews during 2016 in line with targets as per the UJ 2025 Strategic Plan; however some planned reviews had to be postponed due to a lack of progress in preparations and the unavailability of some external reviewers due to the student unrest. A report on the programme reviews conducted in 2015 was presented to the STLC; individual faculty reports as well as an institutional overview were developed; and key commendations and recommendations with regard to programmes were reported on. The main areas highlighted for further action include teaching and learning, curriculum, programme management and the value added by reviews. A task team is following up on these matters. The final three Faculty reviews were conducted during 2016, as well as one campus review.

The UQP maintained its strong involvement in the national Quality Enhancement Project. With the institutional progress report on Phase One of the QEP submitted in December 2015, the CHE site visit took place on 3 June 2016. The follow-up report from the CHE is awaited. Several UJ staff members acted as peer reviewers during the QEP site visits at other institutions.

The chief risk identified by the UQP in the rollout of UJ's Quality Promotion System is a lack of commitment to the process by some academics, and superficial improvement plans. These risks are being addressed by means of the Quality Discussion Forums, the involvement of members of the UQP as critical readers of reports with provision of feedback, training of review report writers, and the establishment of the Quality Working Group.

The UQP will continue to address the challenges regarding quality raised in 2016 by customising support for the different kinds of reviews, and keeping careful track of the progress in faculties and in the service and support units.

THE OCCUPATIONAL HEALTH PRACTICE

The institutional Health portfolio is managed at UJ through the Occupational Health Practice (OHP) (with a focus on staff) and the Primary Healthcare Service (focusing on students). The two units collaborate closely, and services are available on all campuses, free of charge.

Achievements

- **Medical surveillance** of at-risk employee groups was completed at a rate of 245% of the scorecard target. (This figure includes the 258 baseline medical assessments done on insourced staff. The OHP was able to accommodate these additional requirements despite budgetary constraints.)
- **Health Risk Assessments:** a total of 59 health risk assessments were carried out by the OHP prompted by existing or emerging risk. The completion rate is at 179% compared to the scorecard target.
- **Event medical risk management** was completed for 63 academic and cultural events – a lower than average figure consistent with postponed and cancelled events due to student protest action risks in 2016.
- **Radiation dosimetry results** displayed no deviations beyond reference ranges – thus no occupational overexposure of radiation workers at UJ.
- **The annual Influenza campaign** reached 500 employees across all campuses.
- **The annual Movember campaign** aimed at promoting men's health (early detection of prostate cancer) benefitted 41 clients, who each had a complimentary blood test, evaluation and feedback or referral as indicated.
- **Food Safety auditing:** The state of food safety at UJ was audited against 90% compliance to HACCP standards. UJ, after steady growth since 2011, achieved an annual average total Food Safety score of 92% in 2016. This status prompted certification for HACCP compliance at four UJ food vendors, where a gap audit was done in anticipation of such certification in 2017. Certification occurs in alignment with the International Standards Certification.
- **Comprehensive protest action medical planning:** Events during second semester were assessed for medical risk in the context of protest action risks and hazards. Daily monitoring of developing situations followed on two-way radio and through site visits. Netcare was placed on high alert and kept informed. Medical casualties, staff and students, were treated at the clinics.
- **Medical Triage** plans were created to guide medical response to emergencies at all campuses.

Focus areas looking ahead

- Zika virus infection and other emerging communicable diseases: Comprehensive monitoring to continue into 2017, including health education, awareness and travel alerts issued to the UJ travelling population.
- National Food Safety certification for UJ: Completion of the National Food Safety certification process for UJ.
- Further refinement of the UJ Qualitative Occupational Health Risk Profile;
- Strong bilateral collaboration with equivalent peers.

PRIMARY HEALTHCARE SERVICE

Clinic performance

The annual utilization of services of 27 773 consultations was similar in comparison with 2015. Of those, 24 484 were with students and 3 262 with UJ employees. A client satisfaction of 90% was attained.

Reproductive health

The new Family Planning (FP) Contract for private providers was signed by the Department of Health's Reproductive Health Division. Various methods of FP were provided to 8 498 clients, which is a 13% increase from last year. A total of 1 206 pregnancy tests were done, with 327 testing positive and 110 referred for termination of pregnancy; 205 patients accessed the 'morning after' pill.

Health Promotion and campaigns

A series of campaigns was held during the year. These included: Condom/STI month which focused on Sexual Reproductive Health programmes (February); Tuberculosis awareness month (March); the annual vaccination drive (April); Drug and alcohol abuse (May); Gender based violence (August); Breast Cancer (October) and Men's health (November).

Focus areas for 2017

- Restructuring of the APK Clinic to add an additional consulting room.
- The Service Level Agreement and Memorandum of Agreement to be reached with the DOH.
- Continued collaboration with student leadership.

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.

The overall client satisfaction rating during HCT testing campaigns was 90%, while feedback from capacity building workshops and training averaged at 85%.

HIV Counselling and Testing

IOHA and the campus clinics have collaborated in mobilizing for mass testing as an option to test. Mass testing campaigns were successfully undertaken in March, May and August, and during the second semester wellness initiatives were taken to residences and student gyms. A total of 8 887 students and staff were tested compared to 8 093 in 2015, an increase of 10%, and above the target of 8 498. This includes the one mass testing campaign done during the World TB day awareness in March, in collaboration with COJ Health department and Right To Care HIV research unit. 107 clients tested HIV positive, i.e. prevalence remained at 1.2%, which is below the 3.4% prevalence average for HE in South Africa.

Prevention and awareness

- The condom distribution process at campuses, residences and Campus Health, has been streamlined. 1 267 340 male condoms were distributed, compared to 798 000 in 2015. There was a significant uptake in distribution of female condoms to 47 050, compared to the 12 500 distributed in an initial rollout in 2015. Lubrication is also more frequently being requested, with more than 10 000 packages distributed.
- The Peer Education programme (Link) was expanded to 129 members, with 48 receiving a certificate of training and participation.
- Awareness was enhanced through strengthened partnerships and collaboration between the Library, residences, PHC, faculties, Student Affairs, UJ Sports, HRWellness and PsyCaD. Campaigns were often linked

to international commemorative days and included the following: First Things First Testing Campaigns during February, May and August 2016; TB and HIV screening during March; Zero Discrimination Day; May Care Month; AIDS candlelight memorial in May; IOHA Annual High Tea for ladies in August; UJ Iconic Man; and the One Million Pads Campaign.

- The HIV/AIDS Committee continued to monitor and supervise 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 relationships, Gender Based Violence (GBV), 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.

Focus areas for 2017

- Strengthening of Care and Support through better coordination and streamlining of services amongst IOHA, PHC and PsyCaD. This will include improved linkages to care processes, to ensure that no clients are lost in follow up.
- Further improvement of curriculum integration, with the goal of achieving the active participation of all faculties.

IN CONCLUSION

The Registrar's portfolio has developed considerable strength in the development and use of online, technological and automated approaches to academic administration and governance (primarily in Central Academic Administration and Corporate Governance), and is increasingly considered to show national leadership in this field. These approaches have been proven to be essential in ensuring that the academic programme can continue in the current climate of student unrest. The portfolio intends building further on these strengths. Continued international liaison, for instance with other U21 universities, will be likely to give even more impetus to this expertise.

In 2017 the portfolio's focus will be on:

- Further enhancements of systems and processes to improve the security, effectiveness, efficiency and integration of our processes and systems, particularly in view of the likelihood of ongoing volatility in the HE system.
- Ensure system readiness for the successful rollout of the pilot online programme offerings.
- In collaboration with faculties, revision of rules that may contribute to barriers in students' progress and to drop-out rates.
- Closing the gaps regarding compliance with UJ regulations and policies: enhance awareness, training and monitoring, in the academic and support environments.
- Continued raising of student awareness of risky student behaviours and their possible consequences, and further enhancing of inclusiveness in our diverse student body.



(Central) Academic Administration (CAA)

1. OPERATING CONTEXT AND GOVERNANCE

Academic administration refers to the management and governance of the academic life cycle of the student, from application to graduation. Academic administration 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 to this, various specialised operational committees exist within Central Academic Administration (CAA) to attend to operational matters.

The Director: Academic Administration 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 3 from Adapt IT. Academic Administration governance is divided into the following units: Faculty Coordination, including Academic Structure, HEMIS Coordinator, Registration Logistics, Student Enrolment Centre, Timetabling, Assessment and Graduations. 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 charters approved by Senex.

Organisational design

The organisational design follows the academic administration life cycle process and is as follows:

Registrar: Prof IC Burger (Kinta)

Academic Administration

Director: Mr DC Eyssen

Student Enrolment Centre

Senior Manager: Mr G van Wyk

▪ **Contact Centre**

(Ms M Alwar)

Application enquiries

Call Centre

▪ **Biographical data: Applications**

(Ms J Kemp)

Capturing of applicants' biographic information

Update Grade 12 status

Biographic data quality

▪ **Biographic data: Current students**

(Ms J Kemp)

Update of biographic information

Biographic data quality

- **Selections** (Ms A Mphahlele)
 - Selection of applicants
 - Admission documents
 - Electronic routing of applications
 - Admission statuses
 - Admission communication
 - **Supervisor SEC systems and processes** (Mr G Kotze)
 - Management of application and selection processes
 - Application and selection process solutions
- Faculty Coordination** Senior Manager: Mr T van Zyl
- **Registration** (Mr L Fourie)
 - Planning and coordination of registration logistics
 - **Study record management** (Mr T van Zyl)
 - Integrator access control
 - Integrator system problem-solving
 - Faculty coordination by means of meetings and work schedules
 - **Graduation** (Ms F Moola)
 - Planning and coordination of graduation ceremonies
 - **Certification and verification** (Mr G du Preez)
 - Issuing of degree/diploma certificates for subsidised and non-subsidised programmes (Continuing Education Programmes (CEP))
 - Verification of certificates
 - **Academic structure** (Ms E Barkhuizen and H Shaik)
 - Maintenance of the Academic Structure of subsidised and CEP programmes
 - DHET Compliance and Qualification Data Quality
- Assessment** Senior Manager: Mr P Fourie
- Planning and coordination of assessment opportunities (on-site and off-site)
 - Planning for adequate assessment invigilation
 - The management of the publication of marks and results
 - **Off-site Assessment Centres** (Ms K Letsoalo)
 - Identification of off-site assessment venues
 - Appointment of off-site invigilators
 - Coordination of assessment papers and answer sheets
 - **External invigilators** (Mr E Vuyk)
 - Selection and appointment of external invigilators
 - Training of external invigilators
 - External invigilator timesheet management
- Training** Senior Manager: Ms R Genis
- Drafting, updating and revising of Integrator training manuals
 - Presenting training sessions on new programmes and on request for existing programmes
 - Testing of new Integrator programmes/enhancements
 - Mentor for HFAs
- Timetables** Senior Manager: Ms M Bester
- Planning and coordination of lecturing and assessment timetables
 - Optimisation of lecture venue usage
 - Ad hoc venue bookings
 - **Assessment Timetables** (Ms G Language)
 - Compilation of assessment timetables including supplementary and special assessments
 - Assessment venue optimisation



- **Lecturing Timetables** (Ms E Hand)
 Compilation of lecturing timetables
 Lecture venue optimisation
- **Test Timetables & Ad Hoc Venue Bookings** (Mr N Marubini)
 Supervising ad hoc venue booking functions of the Division for all campuses.
 Centralising and optimising semester test timetables. Implementing CELCAT Roombooker – a centralised self-help-service for ad hoc venue bookings.

HEMIS Senior Manager: Ms L Steyn

Managing of data quality for students, HR and Space
 Submission of HEMIS reports to DHET

- **Data Quality Officer** (Ms F Sass)
 Support the management of data quality for students, HR and Space
 Support the process of submitting of HEMIS reports to DHET

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. The academic administration risks are listed below. The impact on the institution and the effectiveness of the mitigation strategies are reviewed on an annual basis.

A register reflecting the conflict of interests declared by employees (e.g. family members registered at UJ) is compiled on an annual basis and applicable internal controls are in place to mitigate risks related to assessment marks on the student data system.

Disruption of lectures and final year-end assessments due to student unrest

When the University re-opened on Monday 26 September 2016 for the fourth and final quarter of the 2016 academic year, sporadic disruption of lectures and class tests was experienced. Wednesday 28 September 2016 was most affected, with the following percentages of class disruption on that day reported (see table 1):

Table 1: Percentage of class disruption

CAMPUS	%
APB	2,56
APK	21,45
DFC	22,76
SWC	41,64

On Tuesday 4 October 41,67% of SWC classes were again disrupted.

In spite of the general climate of unrest, of the 14 782 scheduled teaching sessions for the period 26 September to 6 October 2016 on all campuses, fewer than 10% were affected. Where this was the case, tests were rescheduled and additional teaching sessions were scheduled to make up for lost academic activities.

After this initial two-week period, disruptions declined to lower than 1%. In total, of the 23 613 scheduled teaching sessions for the fourth quarter, fewer than 5% were disrupted by student protests.

Risk Mitigation

In this situation of unrest, active risk mitigation was put in place, specifically to ensure that final assessments were not disrupted.

- Students to arrive at least one hour prior to the start of the assessment session.
- Strict access control at entrances at campus with security vetting stations to assist with enquiries.
- Improved governance in terms of safekeeping venues and the “no bags” rule in the assessment venues.
- Improved access control at assessment venues by means of exam timetable verification at the entrances.
- De-activation of access cards after the students’ last assessment date. (Residences after 48 hours.)

These arrangements proved successful and final assessments ran without any disruption.

Large number of late applications/walk-ins

The University of Johannesburg (UJ) has a legacy practice of late applications/walk-ins at all campuses during the days following the release of the Grade 12 results in January. To mitigate the 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 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. Application statuses were also available on the UJ home page. All four UJ campuses were closed during the period 3 to 6 January 2016, and students were only allowed on campus for, among other reasons, supplementary assessment sessions.

Risk Mitigation

Comprehensive risk mitigation strategies were also 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.

- Only online off-site registrations were accepted. (Assisted on-site registrations decreased from 40% in 2015 to 15% in 2016.)
- 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.

Risk mitigation planning for 2017

Due to the risks related to walk-ins/late applications after the release of the Grade 12 results and more recently the #FeesmustFall campaign, walk-ins and registration represent periods of high risk to the University. Based on the experience of registration in 2016, comprehensive planning was undertaken in preparation for registration in 2017. In addition to the volatile climate within higher education, NSFAS decided to centralise all NSFAS applications from 2017 onwards, with outcomes only available on 20 January 2017. As a result, universities would no longer be able to assess these applications, which might also negatively impact on UJ's registration processes scheduled to commence on 9 January 2017.

A medium-risk classification was again assigned, to provide for heightened visibility and responsiveness by Public Order Policing. Once again, strict access control to all campuses is to be in place during the period following the release of the Grade 12 results in January 2017, while at the same time adequate support will be ensured for entrants who wish to submit late applications, register online and offsite, and have queries answered.

Module Exemptions

The office of the Registrar undertook an intensive investigation into the potential risks relating to the process of awarding exemptions. The University's systems regarding the recording of marks, the change of marks and the verification of the proper completion of qualifications have been significantly improved. Improvements in the systems include:

- ITS access for the capturing of module exemptions and mark changes were restricted to senior faculty staff (Senior Faculty Officer and HFA).
- Exceptions reports are generated monthly to verify that change requests were duly authorised and correctly captured on ITS.
- A 0% test is conducted after each examination session to verify that all module requirements have been fulfilled before the qualification is awarded.
- ImageNow was implemented for the electronic storage of source documents to improve document management.

3. STRATEGIC FOCUS AND TARGETS

Realisation of Goals and Targets in 2016

Applications

The University again promoted the utilisation of the online application system by means of the No Application Fees policy. 95% of applicants applied online as opposed to 87% in 2015 and 11% 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 lists the qualifications for which the candidate qualified. Although applicants were allowed to select a qualification for which they did not meet the minimum entrance requirements, this new pre-screening function gave applicants an early warning where they did not meet the entrance requirements. The number of headcount applicants increased from 124 081 for 2016 to 135 540 in 2017. A database of unsuccessful 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, which resulted in increased efficiency and cost saving. Applicants whose IDs could not be verified, were requested to submit a paper copy for verification.

Registration

A student satisfaction rate of 86% was reached for registration. The academic record module on Integrator 3 was enhanced to include the GPA rankings to enable the international conversion of results. This development will be fully implemented in the first semester of 2017.

Timetables

The Celcat timetable optimisation software which was implemented in 2012, has been utilised for the optimisation of the DFC, APB and SWC lecturing timetable over the past three years. The re-optimisation of the assessment timetable for the period 2016 to 2018 was successfully completed for all campuses. Dynamic e-forms were implemented to facilitate timetable change requests.

Assessment

The Management of Assessment Mark System (MAMS) was fully implemented in 2015 and enhanced in 2016 for semester and year modules. This system has increased the governance regarding marks significantly and a central repository has been established to assist with the early identification of at-risk students.

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. Unfortunately by the end of 2016, it became clear that the requisite technical support for this system was inadequate, and CAA will be investigating new service providers in the first semester of 2017.

To enhance the integrity of assessments further, surveillance cameras were installed in large venues where the layout of the venue inhibits physical invigilation. CCTV cameras have also been installed and are active in A-Ring G01, G02, B-Les 100 and B-Les 101 to monitor and record the proceedings of assessment opportunities. Recorded material may be used as evidence in assessment transgression cases.

The installation of cameras at the rest of the main assessment venues is under investigation. Cameras have also been installed in all the assessment printing venues.

Students who for religious reasons could not sit for assessment opportunities for modules scheduled on Saturdays were accommodated to either write a deferred assessment or write during the supplementary assessment period in July and November 2016.

Graduations

12 169 Students graduated at 79 centrally coordinated graduation ceremonies. A student satisfaction rate of 99% was reached. Unfortunately, due to the arson attack on the main auditorium, a large number of ceremonies had to be moved to the Soweto Imbizo and APK Art Centre, which considerably increased the number of ceremonies required.



SWC Imbizo Stage

Streaming of Graduation Ceremonies on YouTube

The global reach of graduation streaming is now 138 countries, and the number of viewed ceremonies streamed since 2014 has been 32 448. With the permanent streaming equipment having been damaged in the auditorium fire, a temporary set up was arranged for the UJ Art Theatre, including further enhancements of a picture-in-picture view which allowed for a zoomed-in image of each graduate at the point of having their names announced, as well as an extended view of the functionaries delivering speeches.



UJ Art Theatre Stage Setup

Certification

Enhancement of certification business process

Fraudulent higher education documents, or fake degrees and diplomas, are not only on the increase locally, but across the world. UJ, recognising the need to increase its security features on certificate paper, partnered with an international secure certification solutions company, Advanced Secure Technologies, specialising in overt and covert certificate security features to enhance the University's certificate paper, to prevent certificate fraud, to stop counterfeiting and to avoid fraudulent alterations.

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 acquired in 2016 and will be fully installed in two phases in 2017, which will further enhance the security aspects associated with issuing certificates and also provide the functionality of verifying qualifications on the UJ website.

In addition, external auditors perform an annual compliance audit, and for the past number of years no exceptions have been recorded.

Electronic Selection of International and PG Applicants

The software for the automated selection of international students was developed in 2016 and will be implemented before the start of the 2017 application cycle.

Upgrade of Academic Record HEQSF Alignment and GPA Score

The new programme was successfully developed and will be implemented in the first semester of 2017.

4. 2016 STRATEGIC OBJECTIVES PER ACADEMIC ADMINISTRATION LIFE CYCLE PROCESS

Student Enrolment Centre

- A selection turnaround time of 15 days including postgraduate and international selections.
- Implementation of automated selection of undergraduate international applicants.
- Centralised electronic selection of Honours and coursework Master's degree students.
- Application satisfaction of 80%.
- Application Rating System development for CEPs.
- Upgrading of call centre and implementation of ONLINE-CHAT text message enquiries for use especially during registration.
- Develop a separate landing page for RPL, inbound/outbound and postgraduate applications.
- Investigate automated indexing of admission documentation.
- Quality/efficiency review of undergraduate, postgraduate and international, RPL and CEP application process.

Registration

- Development of online registration interface for mobile devices.
- Student satisfaction rate of 86% for registration.
- Implementation of qualification verification software (dependent on budget allocations).
- Investigate alternative student management software service providers, like the Tribal system, which could potentially replace ITS in the next 5 to 10 years.
- Adjust academic structure to deal with online programme offerings including numerous intakes.

Timetables

- Re-optimisation of 2017 APK lecturing timetable. (Subject to necessary staffing)
- Preparation for two assessment sessions (if approved by Senate).
- Publication of Honours and taught Master's degree lectures and assessments in centralised timetable.
- Development of a centralised test timetable for all campuses. (Subject to necessary staffing.)
- Preparation for the implementation of Roombooker in 2016. (Subject to necessary staffing.)
- Full implementation of Dynamic e-forms. (ImageNow for UTC.)
- Implementation of rooming by means of Celcat for assessments including supplementary assessments.

Assessment

- Further rollout of biometric scanning during assessments on all campuses. (selectively) (two assistants per campus).
- Automisation of Varsity Cup credit and performance calculation/evaluation in collaboration with HEDA.
- Development and implementation of electronic workflow for external invigilator payments in collaboration with HR.
- Enhancement of MAMS system to include log files and optimisation of access.
- Processing of marks from assessment date to publishing of marks within 12 days.
- Quality review of examination process (departmental, faculties and CAA).

Graduation

- Sustained student satisfaction rate of 99% for graduation.
- Implementation of software to issue academic records in the certificate printing process.
- Quality review of certification process.

Student data quality

- Student data quality: no more than 50 HEMIS student data fatal errors.
- Automation of post-doctoral database.

- Fewer than 4 000 data warnings (excluding students who did not register the previous year).
- Further rollout of HEDA data evaluation on CEP.

Academic Administration training

- MAMS re-training of academics and support staff.
- Alignment of Academic Administration training manuals for Integrator 3.
- Implementation of training for electronic assessment (Blackboard) for Academic Administration staff.
- Documentation of local software specifications.
- Review of local software vs the standard Integrator software.

5. EMPLOYEE PROFILE

Employee profile per employee type

Registrar: Academic Administration: Per Employee Type								
Employee Type	Timetables	Assessment	Faculty Coordination	HEMIS	Training	SEC	AA	TOTAL
FT Contract	1							1
Permanent	8	7	8	2	0	36	2	63
Vacant	3					1		4
	12	7	8	2	0	37	2	68

Ms Rene Genis was permanently appointed as Manager (Business Analysis) in 2016 and will in future report to Mr Maxwell Huma at ICS. However she is still responsible for training, student system development and enhancement for CAA.

Employee profile per peromnes level

Registrar: Academic Administration: Per Peromnes Level								
Peromnes Level	Timetables	Assessment	Faculty Coordination	HEMIS	Training	SEC	AA	TOTAL
P4							1	1
P6	1	1	1	1		1		5
P7				1		1		2
P8	2	1	5			3		11
P9	3	1						4
P10		3				7		10
P11	3	1	2			24	1	31
Vacant	3					1		4
Grand Total	12	7	8	2	0	37	2	68

Employee profile per age

Registrar: Academic Administration: Per Age								
Age	Timetables	Assessment	Faculty Coordination	HEMIS	Training	SEC	AA	TOTAL
20s	2		1			9		12
30s	2	3	5			13		23
40s	1	2		1		11		15
50s	3	1	1	1		3	1	10
60s	1	1	1				1	4
Vacant	3					1		4
Grand Total	12	7	8	2	0	37	2	68

74% of the CAA employees are in the age category below the age of 50.

Employee profile per race and gender

Registrar: Academic Administration: Per Race and Gender											
Peromnes Level	Race	Gender	Timetables	Assessment	Faculty Coordination	HEMIS	Training	SEC	AA	TOTAL	
		Male	2	2	3	0	0	2	1	10	
		Female	3	0	2	1	0	5	1	12	
	White Total		5	2	5	1	0	7	2	22	
	African	Male	3	0	0	0	0	8	0	11	
		Female	1	4	1	0	0	12	0	18	
	African Total		4	4	1	0	0	20	0	29	
	Coloured	Male	0	0	0	0	0	1	0	1	
		Female	0	1	0	1	0	5	0	7	
	Coloured Total		0	1	0	1	0	6	0	8	
	Indian	Male	0	0	0	0	0	0	0	0	
		Female	0	0	2	0	0	3	0	5	
	Indian Total		0	0	2	0	0	3	0	5	
	Total:			9	7	8	2	0	36	2	64
	Vacant:			3	0	0	0	0	1	0	4
Grand Total:			12	7	8	2	0	37	2	68	

Employee profile per job grade, race and gender

Registrar: Academic Administration: Per Peromnes Level								
Peromnes Level	Timetables	Assessment	Faculty Coordination	HEMIS	Training	SEC	AA	TOTAL
P4							1	1
P6	1	1	1	1		1		5
P7				1		1		2
P8	2	1	5			3		11
P9	3	1						4
P10		3				7		10
P11	3	1	2			24	1	31
Vacant	3					1		4
Grand Total	12	7	8	2	0	37	2	68

Peromnes 4

Registrar: Academic Administration: Per Job Grade, Race and Gender											
Peromnes Level	Race	Gender	Timetables	Assessment	Faculty Coordination	HEMIS	Training	SEC	AA	TOTAL	
P4		Male							1	1	
		Female									
	White Total									1	
	African	Male									
		Female									
	African Total										
	Coloured	Male									
		Female									
	Coloured Total										
	Indian	Male									
		Female									
	Indian Total										
	P4 Total									1	1

Peromnes 6

Peromnes Level	Race	Gender	Timetables	Assessment	Faculty Coordination	HEMIS	Training	SEC	AA	TOTAL	
P6	White	Male		1	1			1		3	
		Female	1			1				2	
	White Total			1	1	1	1	1		5	
	African	Male									
		Female									
	African Total										
	Coloured	Male									
		Female									
	Coloured Total										
	Indian	Male									
Female											
Indian Total											
Vacant										0	
P6 Total			1	1	1	1		1		5	

Peromnes 7

Peromnes Level	Race	Gender	Timetables	Assessment	Faculty Coordination	HEMIS	Training	SEC	AA	TOTAL	
P7	White	Male						1		1	
		Female									
	White Total								1	1	
	African	Male									
		Female									
	African Total										
	Coloured	Male									
		Female					1				1
	Coloured Total						1				1
	Indian	Male									
Female											
Indian Total											
P7 Total						1		1		2	

Peromnes 8

Peromnes Level	Race	Gender	Timetables	Assessment	Faculty Coordination	HEMIS	Training	SEC	AA	TOTAL	
P8	White	Male	2		2					4	
		Female			1					1	
	White Total		2		3					5	
	African	Male						2			2
		Female			1						1
	African Total				1			2			3
	Coloured	Male									
		Female									
	Coloured Total										
	Indian	Male				2			1		3
Female											
Indian Total					2			1		3	
Vacant			1							1	
P8 Total			3	1	5			3		12	

Peromnes 9

Peromnes Level	Race	Gender	Timetables	Assessment	Faculty Coordination	HEMIS	Training	SEC	AA	TOTAL	
P9	White	Male		1						1	
		Female	1							1	
	White Total		1	1							2
	African	Male	2								2
		Female									
	African Total		2								2
	Coloured	Male									
		Female									
	Coloured Total										
	Indian	Male									
Female											
Indian Total											
Vacant			2							2	
P9 Total			5	1						6	

Peromnes 10

Peromnes Level	Race	Gender	Timetables	Assessment	Faculty Coordination	HEMIS	Training	SEC	AA	TOTAL	
P10	White	Male									
		Female						2		2	
	White Total								2	2	
	African	Male							1		1
		Female			2				3		5
	African Total				2				4	6	
	Coloured	Male									
		Female			1				1		2
	Coloured Total				1				1	2	
	Indian	Male									
		Female									
Indian Total											
Vacant								1		1	
P10 Total				3				8		11	

Peromnes 11

Peromnes Level	Race	Gender	Timetables	Assessment	Faculty Coordination	HEMIS	Training	SEC	AA	TOTAL	
P11	White	Male									
		Female	1		1			3	1	6	
	White Total		1		1				3	1	6
	African	Male	1						5		6
		Female (*)	1	1	1				9		12
	African Total		2	1	1				14		18
	Coloured	Male							1		1
		Female							4		4
	Coloured Total								5		5
	Indian	Male							2		2
		Female							2		2
Indian Total								4		4	
P11 Total			3	1	2			24	1	31	
Grand Total			12	7	8	2	0	37	2	68	

62% of CAA employees are from the designated groups.

Employee profile per gender

Registrar: Academic Administration:		
Per Gender	Total	%
Female	42	62
Male	22	32
Vacant	4	6
Total	68	100

6. APPOINTMENTS, RESIGNATIONS, SUCCESSION PLANNING

The Senior Manager: Training position was moved to ICS (new title Manager: Business Analysis), however this position is a dedicated resource allocated to CAA and will still be responsible for the training needs within the department.

Both Mr DC Eyssen (Director: Academic Administration) and Mr P Fourie (Senior Manager: Assessment) retired at the end of December 2016.

There have also been a small number of resignations and appointments within the operational environments of CAA.

Mr MP van Zyl was appointed as the new Director: Academic Administration and Ms S Rooi in the position of Senior Manager: Assessments.

7. STAFF DEVELOPMENT PROGRAMME AND INITIATIVES

Some staff members attended training programmes provided by Human Resources and a number of others represented UJ at the following conferences:

- ITS User Group
- EXAF (Examination Administrators Forum)
- CELCAT (Timetabling software)
- HEFAF (Higher Education Faculty Administrators Forum)
- SAAIR (South African Association of Institutional Researchers)

The following employees were registered for formal qualifications:

Faculty Coordination	
Employee Name	Qualification
L Fourie	Bridging: Transport & Supply Chain Management SK
F Moola	Diploma in Office Management and Technology
T van Zyl	PhD (Management)
C Fourie	One Year Course: SLP Certificate in Project Management
F Moola	One Year Course: SLP Certificate in Project Management
Student Enrolment Centre	
Q Mogoai	BSc Computing
A Mphahlele	MCom Business Management
F Dube	BCompt Accounting
J Thebe	ND Mechanical Engineering
L Mashele	BA Corp Communication
D Sekgale	MTech Operations
M Alwar	One Year Course: Business Administration
P Makoloko	One Year Course: Business Administration
S Olsen	One Year Course: Business Administration
S Botes	One Year Course: Business Administration
A Homann	One Year Course: Business Administration
T Segami	One Year Course: Business Administration
B Segwagwe	One Year Course: Business Administration
N Sutherland	One Year Course: Business Administration
A Swarts	One Year Course: Business Administration
Assessment	
M Mutenda	BA Public Management and Governance
K Mamabolo	Honours Degree Bachelor of Administration
Timetables	
P Molepo	BCom Honours Investment Management
S Zani	BCom Accounting
TR Ramafoko	BCom Finance

Summary of CAA employee qualifications

Employee qualifications profile

	Timetables	Assessment	Faculty Coordination	HEMIS	SEC	AA	Fixed Term Contract	TOTAL
Qualification	Number	Number	Number	Number	Number	Number	Number	Number
< Grade 12	1							1
Grade 12	1		3	1	10		1	16
Post-School Certificate	2	1			5			8
Diploma	2	3	2		5	1		13
B-Degree	4	1	2		11			18
Honour's		2			3			5
Master's			1	1	2	1		5
Doctor's								
TOTAL	10	7	8	2	36	2	1	66

Approximately 62% of the CAA employees have a three-year and higher qualification.

Management of overtime

Overtime was paid to two staff members due special projects requested to be completed urgently by the Director and Registrar.

Ten staff members received a long service award.

8. STAKEHOLDER ENGAGEMENT AND REPUTATION MANAGEMENT

Internal stakeholders

The most important internal stakeholders are the students registered with the University, as well as the applicants. Sustained excellence in service delivery to the students, applicants and graduates is therefore important. Satisfaction surveys were conducted during registration, assessments and graduation. These survey results were reflected in the cycle reports that also served at the various governance structures.

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

Student satisfaction survey

Activity	2014		2015		2016	
	Participation Rate %	Survey Satisfaction Rate %	Participation Rate %	Survey Satisfaction Rate %	Participation Rate %	Survey Satisfaction Rate %
Registration	23	85	11.08	86	19.59	90.6
Assessment	7	85	8.1	86	10.4	86
Graduation	13	92	21.94	98	25.4	99.8

The other internal stakeholder group are the employees, 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.

This portfolio requires collective leadership and teamwork to succeed.

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 the official photographer at graduation ceremonies.

The qualification Verification System (QVS) was the service provider for the verification of qualifications and servicing of alumni when academic transcripts were requested.

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.

Celcat Software (a 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.

9. RESOURCE MANAGEMENT AND SUSTAINABILITY

Financial Sustainability

Overview of CAA Budget for 2016

Expenditure for 2016 was within the required variance of a 5% budget range.

Division	Total operating	Actual expenditure	Available	%
Director CAA	622 935.00	636 434.00	-13 499.00	102.17
Faculty coordination	323 601.00	616 955.00	-293 354.00	190.65
Registrations	804 488.00	1 292 812.00	-488 324.00	160.7
Graduations	481 916.00	290 304.00	191 612.00	60.24
HEMIS	65 074.00	43 065.00	22 009.00	66.179
Examinations	977 031.00	536 914.00	440 117.00	54.954
Training Officer	40 795.00	4 679.00	36 116.00	11.47
Biographics	23 720.00	5 633.00	18 087.00	23.748
SEC	1 771 677.00	987 859.00	783 818.00	55.758
Contact Centre	1 075 740.00	882 413.00	193 327.00	82.028
Student Administration	9 360.00	970.00	8 390.00	10.363
Access Cards	925 000.00	1 427 624.00	-502 624.00	154.34
Class & Timetables	535 850.00	600 510	-64 660.00	112.07
TOTAL	7 657 187.00	7 326 172.00	331 015.00	95.677

The following donation was received:

Official graduation photographer: Gordon and Harris: R 60 595.00

The donation from Gordon and Harris was donated to the UJ "Missing Middle" fund.

Environmental sustainability

An online application system, including the electronic attachment of admission documentation, was available to applicants in addition to the paper application form. The *no fee for online applications* policy was again applied to promote the online application system. The student system was electronically updated with the Grade 12 results including the IEB results. All ID documents were electronically verified against the Department of Home Affairs database.

Final admission statuses were electronically calculated based on the published admission requirements, and statuses were communicated to applicants by means of an SMS within two days following the release of the Grade 12 results. The application statuses were also accessible via the UJ webpage. UJ furthermore has an online registration system which is fully integrated, including the real-time validation and governance checks required for registration. The online credit card payment system is linked to the registration system and can be used for fee payments throughout the year. With the online registration system, registration, agreement and coding forms no longer need to be scanned, indexed and stored. All timetables and assessment results can also be accessed on the Student Portal (uLink). The need for paper documentation was therefore minimised.

10. LEADERSHIP

The following leadership development programmes were attended:

Seminar	Name
29 th Annual ITS User Group Conference – 2016	DC Eyssen and R Genis
Celcat Usergroup	R Genis and E Hand
SAAIR, HEMIS Institute	L Steyn, I Barkhuizen and F Sass
EXAF	G du Preez, F Moola and T van Zyl
HEDA Usergroup	L Steyn

A heightened awareness of global excellence in academic administration was created based on continuous benchmarking and university engagements. UJ's academic administration compared favourably nationally and internationally in terms of the following systems: online applications and registrations; electronic selections, security features on graduates' certificates, and timetabling.

11. CONCLUSION AND WAY FORWARD

Central Academic Administration reached most of its performance targets and achieved an 86% in the registration student survey and a 99% in the graduation survey. The selection of undergraduate students, including the partially electronic selection of applicants, was executed successfully. Software for the electronic selection of undergraduate international students was developed and will be implemented in 2017. The risk of walk-in late applications was effectively mitigated by means of an 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. The triennial re-optimisation of the assessment timetable and the re-optimisation of the lecturing timetable on the Soweto campus were also completed successfully. Further enhancement of the interface between Celcat and Adapt IT is, however, needed and will be addressed in 2017.

The Management of Marks System (MAMS) was successfully implemented in 2015 and further enhancements were done in 2016. Sustained excellence in data quality was achieved in 2016, and the assessment processes were successfully completed without any major disruptions.

The arson attack on the UJ Auditorium on APK necessitated the use of the SWC Imbizo for CEP graduation ceremonies, and the UJ Art Theatre for curricular programmes. This posed a significant challenge of rescheduling ceremonies which could accommodate 230 graduates at a time in the Auditorium, to the UJ Art Theatre which accommodates only 100 graduates at a time – requiring double the number of sessions. The number of graduates for the CEP's was not affected with the change of venue.

A total of 12 169 qualifications were awarded at 79 centrally coordinated graduation ceremonies held in March, April, May, June, September and October 2016.



UJ Art Theatre

No certification risks were identified/reported during 2016. Two audits were done on certification in 2016, an internal audit in March 2016 and the annual external audit in November 2016, and no exceptions were reported.

Additional measures put in place to minimise the disruptions created by the “#feesmustfall” movement prevented any significant disruptions of academic activities, and the final assessments were concluded on time in 2016.

Central Academic Administration successfully performed and completed all life cycle processes.

Tinus van Zyl
Director: CAA



Central Administration

1. EXECUTIVE SUMMARY

Central Administration is comprised of several units namely:

- Director's Office
- Graphic Design Studio
- Postal Services Unit and
- University Secretariat.

Central Administration aims to provide an excellent support service by creating a welcoming and caring environment with a strong service orientation for staff, students and visitors. In this light the different units within Central Administration strive for alignment with the following UJ strategic objectives:

- Fitness for global excellence and stature,
- National and global reputation management, and
- Excellent student experience and support.

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 and ensuring the efficient use of the Madibeng conference venues.

The workload of the University Secretariat staff increased significantly in 2016, specifically because of the following:

1. The special MEC meetings held on a daily basis from 25 September 2016 to 9 December 2016 to discuss the management of the student protest action.
2. The ad hoc committee of Senate to discuss issues relating to student protest, decolonisation, etc.

The University Secretariat serviced 199 statutory committee meetings in 2016. There was positive feedback from all the parties concerned.

The Graphic Design Studio processed a total of 1 611 projects which included 6 722 designed pages (which may be posters, brochures, placards, cover pages, advertisements, stickers, transparencies, certificates, promotional material etc.).

The Postal Services Unit spent a total of R317 750 on outgoing mail while a mere R543 was handled in the form of incoming registration fees etc. because of online registration. Bulk mail totaled R373 000 while courier services to the value of R1 617 539 were processed and 166 circulars were posted. However, it must be borne in mind that the amount of post being handled is decreasing rapidly, for example, 69 bags of post were received at the beginning of 2015 while only 2 were received at the beginning of 2016.

The Director's office ensures the efficient and effective use of the different Madibeng conference venues which has resulted in the optimum utilization of these venues. The improved sign-posting has made it much easier for visitors to Madibeng to find their way to the relevant venues. The Director's office played a significant role during the 79 graduation ceremonies where 12 352 students received their qualifications.

2. OPERATING CONTEXT, GOVERNANCE AND RISK MANAGEMENT

Governance structures and quality management

The core business of the University Secretariat is to render professional support to the following 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 the Council and the MEC.

In addition to the professional support being rendered to the selected statutory committees, the Department also offers support to employees responsible for committees by assisting with agenda compilation and minute writing sessions upon request by the environment concerned.

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 its purpose	A submission template has been developed and is circulated to non-members to assist them when compiling a submission to a statutory committee (they can adjust as required).

- Quality control is an on-going exercise in the Department, with the draft minutes being reviewed for style and content, where required, prior to being submitted to the Chairperson for sign-off;
- The quality of submissions is also reviewed if time allows, and submissions are referred back to the author should they be unclear or not in the prescribed format. By checking the quality and the accuracy of the content of submissions, the Committee Administrators make valuable contributions towards improving the overall governance of the committees.
- New performance review instruments for the Council and its committees were developed and these approved by Council. The performance review instruments of all the statutory committees were sent as online forms to committee members after the final meetings of 2016. The process yielded more respondents than in previous years.
- Induction packs: Committee-specific induction packs for new members and permanent invitees of Council and Council committees, Senate and Senate Committees and MEC and MEC committees were provided to new members. These gave an overview of the following:
 - Overview of the committee;
 - Functions of the committee;
 - Composition of the committee;
 - Charter for the committee;
 - Rules for Effective Meetings;
 - Officers of the committee (Chairperson and Secretariat);
 - Minutes of the last four meetings of the committee;
 - Meeting schedule for the year;
 - Relevant policies (where applicable).

There was positive feedback from all the parties concerned.

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

In terms of quality management the designers strive for excellence by keeping up to date with the latest global design trends, as well as attending the annual Design Indaba in Cape Town, which is a leading design and creativity conference.

Client satisfaction is measured by an electronic feedback form which is available on the intranet. Clients are encouraged to provide feedback.

The Postal Services Unit strives to ensure efficient, accurate distribution and dispatch of mail for the entire University on all Campuses for both students and staff members.

Accidents that occur cause delays in delivering and collecting of mail, and impact on areas such as the delivery of agendas, internal mail and official mail, as mail will not be collected from the Post Office.

In terms of machinery and equipment Postal Services has two franking machines worth at least R200 000.00 each, many computers and printers. If fire were to break out, the equipment could be destroyed.

The biggest risk, however, relates to Courier Services/Post Offices. If these service providers are on strike, no mail goes out and that creates a problem in that the University mail gets delayed. At the same time, however, we can receive what is due to the University from courier services and the South African Post Office.

The Director's office accepts responsibility for the efficient use of the conference venues in Madibeng and fulfils a governance role at graduation ceremonies by providing procession master services.

The Director meets 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. STRATEGIC FOCUS AND TARGETS

Central Administration contributes to the following strategic objectives of the UJ 2025 Strategic Plan:

Strategic objective 1: Excellence in research and innovation

Excellent student experience and support;
Positive student survey results,

Strategic objective 5: National and global reputation management

Dynamic brand;
Established global excellence.

Strategic objective 6: Fitness for global excellence and stature

A welcoming and caring environment with a strong service orientation;
A welcoming and caring for staff, students and visitors;
A service orientation for staff, students and visitors;
Efficient conduct of university business;
Fitness for purpose and efficient structures/committees.

4. EMPLOYEE PROFILE

All of the 25 employees within Central Administration are permanent and full time. The equity profile of Central Administration is currently acceptable as can be seen from the table on the next page.

FEMALE EMPLOYEES			MALE EMPLOYEES		
African	Coloured	White	African	Coloured	Indian
3	2	9	9	1	1
12%	8%	36%	36%	4%	4%
Female			Male		
14			11		
56%			44%		
Black			White		
16			9		
64%			36%		

5. COMMUNITY SERVICE, STAKEHOLDER ENGAGEMENT AND REPUTATION MANAGEMENT

In terms of stakeholder engagement there is regular engagement with committee members on all aspects of statutory committees and engagement with non-committee members who prepare submissions for statutory meetings. There is also engagement with employees who are responsible for faculty/departmental meetings to advise on agendas and minutes as well as engagement with employees who provide support to the functioning of the statutory committee functioning, e.g. the Audio Visual Unit, Maintenance etc.

There is regular external engagement with peers at other higher education institutions to exchange ideas on relevant matters.

The Graphic Design Studio is involved on a design level, in the activities of the Transformation Unit, Campus Health Services, the Institutional Office for HIV and AIDS, the Community Engagement Unit, PsyCaD and the HR Wellness Office. The studio also partakes fully in the UJ Staff Day, Mandela Day and Diversity Week.

The Postal Services has two employees who trained as wellness champions and partake fully in wellness campaigns. The full Postal Services personnel have adopted children at the Hotel Hope in Melville and regularly feed these children.

The Director's office is responsible for the arrangement of Diversity Week on the APK Campus.

6. RESOURCE MANAGEMENT AND SUSTAINABILITY

In terms of resource management all the units within Central Administration exercise tight control over their respective budgets, and all have remained within budget, which speaks of line managers who monitor their budgets very closely. Expenditure on telephone and printing costs is regularly checked.

- Paperless meetings
 - Meeting packs are distributed to the members on a CD or via email for all statutory committees where external committee members are involved;
 - Exceptions are made for the chairpersons of some committees, e.g. Council, who are provided with hard copies of agenda packs;
 - The use of paperless meetings has been cascaded down within the institution and staff members have been encouraged to implement paperless meetings at all levels within the UJ.
- Waste management

Environmental sustainability efforts include full support of UJ's waste management and recycling initiatives by recycling paper, limiting printing and printing on both sides, and switching off lights at night.

All artwork done by the Graphic Design Studio is now digital and transferred via the WWW to clients and service providers, e.g. Print-houses. Printing is done selectively and all the paper used in the Studio is recycled, as well as plastic, tin and other recyclable materials.

The Graphic Design Studio is the in-house design studio for the whole of UJ. Clients pay a small (internal) design fee for each project; these funds are used to meet the needs of the studio. Each year-end the surplus funds go back to UJ. The Studio has the latest design hard- and software – Apple Macintosh Computers and licenced Adobe Software. It also has an 8KVA UPS for power supply so that production can continue in cases of power failures or load shedding.

7. LEADERSHIP

- Internal leadership impact of the Secretariat:
 - Engagement with committee members on all aspects of statutory committees;
 - Engagement with non-committee members who prepare submissions for statutory meetings;
 - Engagement with employees who are responsible for faculty/departmental meetings to advise on agendas and minutes;
 - Engagement with employees who provide support to the functioning of statutory committees, e.g. the Audio Visual Unit, Maintenance.
- National/International leadership impact of the Secretariat:
 - Engagement with peers at other higher education institutions to provide and/or receive advice on committee functioning.

The Graphic Design Studio contributes to UJ's Global Excellence and Stature by designing academic and research posters for presentations at national and international conferences. Marketing materials for national and international conferences are also developed.

The entire portfolio is committed to transformation matters and a number of employees serve as transformation facilitators. Transformation "champions" have been identified in each of the units. It stands to reason that employees within Central Administration have been very supportive of transformation and diversity matters initiated by UJ and the chief co-ordinator for UJ diversity week is from Central Administration.

8. CONCLUSION AND WAY FORWARD

The University Secretariat is generally acknowledged of one of the leaders in South Africa, and a number of our peer departments engage with us on processes and procedures. Further benchmarking will be undertaken with leading peer institutions, specifically in Universitas21, in order to identify areas of further improvement.

The aim going forward will be to improve the security of electronic agenda packs, in consultation with relevant staff in UJ, as well as enhancing our presence by creating a dedicated website on the UJ website.

Basil Rhodes (Dr.)

Director: Central Administration



Corporate Governance

1. OPERATING CONTEXT, GOVERNANCE AND RISK MANAGEMENT

1.1 Core business

The Corporate Governance Office 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, its vision, mission, values and objectives. The Office, although diverse in nature, strives towards excellence in delivering a quality service in all of its divisions. Our clients include internal clients as well as our external clients. Corporate Governance also strives to improve our footprint at national and international level. The function of the Corporate Governance Office includes the legislative and compliance framework within Records Management, Corporate Governance (compliance) and Contract Management. The Corporate Governance Office and subdivisions have a footprint on all four campuses and are technology driven, which includes internal as well as external systems.

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;
- Enriching Student-friendly Learning and Living Experience.

The functions of the divisions within the Corporate Governance Office include:

- Nominations and elections of statutory committees;
- Access to information;
- Contract management;
- Policy development;
- B-BBEE status preparation for B-BBEE certificate to be issued.
- Records Management
- POPI awareness and gap analysis report;
- KPMG compliance maturity audit;
- Commissioners of Oaths;
- Compilation of the Academic Regulations.

2. OPERATING CONTEXT, GOVERNANCE AND RISK MANAGEMENT PER DIVISION

2.1 Compliance

Nominations and elections

The core business function is to guarantee optimal participation of stakeholders in the nomination and election processes and to secure reliability and authenticity of the outcomes and results of nominations

and elections. Clear directives, guidelines and procedures that guide nominations or elections are executed in compliance with the Policy on Nominations and Elections and the Charters of Statutory Committees. During 2016, 37 nominations and elections were executed at statutory committees.

The main risk within Nominations and Elections remains unreliable membership lists, as information on divisions is not updated on systems at the same time. Reliable information takes time to gather and needs input from many stakeholders to ensure a reliable election process.

Access to information

Access to information is a human right that is protected by Section 32 of the Constitution of South Africa. In addition to this human right, the Promotion of Access to Information Act 2 (PAIA) of 2000 protects and upholds the rights of people to access information. The PAIA is promulgated to enhance the transparency, accountability and effectiveness of government. Principles of good governance are openness, the free flow of information and keeping citizens properly informed. The Protection of Personal Information Act 4 (POPI) of 2013 recognises and aims to strike a balance between the right to privacy of an individual and the free flow of information. UJ is privy to great amounts of personal information. How we collect, process and safeguard this information will come under scrutiny if information that is not valid leaves the institution. Therefore, the Governance documents governing access to information are the Policy on Access to Information, the Manual on Access to Information and the PAIA and POPI system to manage access of information.

The number of access to information requests executed during 2016 was 3 690. The turnaround time of responses improved from three working days to two working days. These requests include PAIA and POPI requests for information, qualification verification and requests for academic records and transcript supplements from alumni, and internal requests for information.

The greatest risk and challenge is that reliable information must leave the University. This places a heavy burden on this function as only two employees are responsible for the information leaving the University.

Furthermore, the records of previous institutions are not always available.

This function is closely linked to the function of the Records Management Division and relies on the EDRMS system to access information.

2.2 Contract Management

The development of contracts and agreements in terms of legal compliance moved to the Office of the General Counsel. To close the development loop, the Director Corporate Governance provides compliance input into the contracts and then issues Governance approval of contracts for signature.

When signed contracts are received, they are captured, classified, indexed and saved into the EDRMS where the life-cycle management of the contracts is monitored up to the termination date and archiving and destruction, in accordance with the retention schedule. The paper records are labeled and sent to the off-site storing facility.

During this reporting year, contracts for which Governance approval was issued amounted to 432 contracts. Furthermore, compliance input was provided for 543 contracts.

Contracts are a dual responsibility between the Office of the General Counsel and Corporate Governance.

Benchmarking is under way to guide the establishment of a compliance office with compliance officers as well as the development of contracts in the workflow of the EDRMS system.

Policy development

The Policy on Policy Development provides guidelines for the development of policies that will serve as a common point of departure within the broader framework of the University. It promotes coherence and interdependence between policies. Furthermore, this policy serves as a quality mechanism to promote and manage the quality of policies while also guiding the quality focus and elements in each policy.

New policies captured on the EDRMS during 2016 amounted to 29. These were uploaded on the Intranet, Web, EDRMS and uLink.

The flow of policies from the policy owners after approval by the statutory committees is not ideal. The policy owners must provide a final version of the policy to the Corporate Governance Office. Gaps are experienced regularly as policies do not reach this Office or they are not the approved version of the policy.

B-BBEE

The information gathering for the B-BBEE certificate for the years 2016 and 2017 was executed by the Corporate Governance Office. This entailed meetings, training and information validation. This is a function that was moved from the DVC Finance to the Office of the Registrar. The B-BBEE certificate was issued for the period 31 August 2016 to 30 August 2017. The Broad-Based BEE status of UJ is at Level 7 in accordance with the new codes.

2.3 Records Management

Records Management (RM) is tasked to ensure the creation, capture and management of authentic, reliable and useable records, capable of supporting business functions and activities for as long as they are required. Records Management must also provide guidance on the responsibilities of records management within the institution. Records Management further maintains the EDRMS system where vital records of the previous institutions and the UJ are secured. It must be noted that this Division also secures the paper records of the University and makes them accessible to employees to make informed decisions.

Records Management operates within a highly legislative and compliance framework managing the life cycle of a record from development to destruction or archiving of records. File plans and retention schedules were developed in accordance with the phased-in approach and aligned with legislation, ISO standards and business requirements.

Retention schedules for the vital records were finalised in accordance with the phased-in approach. Born-digital e-forms were implemented in University timetabling, historical data changes and mark changes.

POPI Awareness and Gap Analysis Report

MEC provided the Corporate Governance Office with a mandate for the full roll-out of the implementation of the Protection of Personal Information (POPI) Act 4 of 2013 within UJ. The aim of the Act is to regulate the protection of personal information. The Act imposes stringent obligations on UJ pertaining to the collection, storing, processing, sharing, archiving and destroying of personal information and data. This roll-out implied training of all UJ employees (completed), implementing a system (completed) and handling of all personal information in a secure manner (completed). During 2015, gap analysis workshops were presented and gaps were identified (100% completed). A final report on the implementation of POPI was delivered to the Registrar. Refinement of the report was necessary. The report will be tabled to MEC during 2017 for approval and implementation.

Emerging risks are noted in the undermentioned risk table. UJ must move forward to an Enterprise Content Management in a profound manner. This roll-out must involve a closer relationship with ICS and the development of a file plan and records review of the records of the institution.

KPMG Compliance Maturity Report

Corporate Governance was tasked to review the maturity of the UJ Compliance Framework. The primary objective was to assist UJ in assessing and analysing the awareness and maturity of compliance with the following areas as identified by UJ management: Human Resources, Research and Development, Finance, Information Technology, Academic Administration including Corporate Governance, Safety, Health and Wellness and University Secretariat. This process included interviews; legal interpretations of specific legislation; and departments scoping their own compliance maturity. The KPMG Audit Report was received by MEC and the project was 100% completed during 2015.

The compliance maturity audit must be carried through to all other divisions within UJ. Furthermore, compliance must be monitored in an ongoing manner.

Commissioners of Oath

Commissioners of Oaths were appointed and rendered a good service throughout the reporting period 2016 on all four campuses. Four external Commissioners rendered a service in 2016 during the Registration period.

Academic Regulations 2016

The Academic Regulations needed major updates as many vital policies were developed during 2016 that had an impact. Development started in February and the Academic Regulations were approved by all applicable statutory committees.

In Summary

It must be noted that the divisions within Corporate Governance performed excellently and were focused on excellent support to internal and external clients, which included but was not limited to the application and selection process within SEC; access to information; preparation and information gathering in compliance with the BEE status of the institution; reliable nominations and ballots; and compilation of the UJ Academic Regulations.

3. GOVERNANCE STRUCTURES AND COMMITTEES

The Corporate Governance Office reports to the Office of the Registrar. The Corporate Governance Committee is governed in accordance with its charter and reports to the Registrar's Portfolio. The Records Management Committee meets weekly to monitor progress as set out in the action list. The Access to Information Committee meets weekly and the Contract Management Committee meets monthly. Policies, guidelines and standard operating procedures guide the functions within Corporate Governance and include the Records Management Policy, the Contract Management Policy, the Nomination and Election Policy, the Guidelines for Effective Meetings, the Manual on Access to Information, Policy on Privacy, the Protection of Personal Information and the Policy on Access to Information, to name but a few. Furthermore, the Corporate Governance Risk Register is closely linked with the Registrar's Risk Register and focuses strongly on non-compliance with legislation, records management standards and information validity and integrity.

3.1 Risk Management within Corporate Governance linked to the Registrar's Risk Register

Risk	Control	Mitigation of risks
Institution-wide non-compliance with legislation and best practices with regard to access to information throughout the institution	<ul style="list-style-type: none"> • Policies with regard to access to information and protection of personal information • POPI Gap Analysis Report 	<ul style="list-style-type: none"> • Awareness presentations and workshops are held throughout UJ to enhance awareness of access to information. • Training and gap analysis workshops in all divisions of the institution. Awareness campaigns are conducted throughout the institution to minimise ignorance about legal compliance.
Non-compliance with legislation regarding institutional records management	<ul style="list-style-type: none"> • Corporate Governance Committee • Records Management Committee • Policies and SOPs • Recommendations of the Gap Analysis Report 	<ul style="list-style-type: none"> • Awareness campaigns on RM throughout the institution. • Training during roll-out of projects for paper and electronic records. • Classification system of records in place. • Monitoring of retention and destruction of vital records. • Academic records of non-subsidised programmes previously kept by academic departments were sourced, scanned and indexed on the EDRMS. • File plan implementation. • Retention schedule of vital documents.

3.2 Emerging Risks

Emerging risk	Possible controls	Mitigation of potential risks
POPI gap analysis implementation	Gap Analysis Report on Records Management.	Approval by MEC.
System integration	ICS and Corporate Governance to work closely together.	Divisions to work closely together.
	Systems integration ICS Steering Committee.	Start with closing gaps with divisions' input.
Closing of gaps in every division	Recommendations of the Gap Analysis Report: Financial and non-financial tick list. Policy on Protection of Personal Information.	Closing of gaps with institutional impact.
Classification of all UJ vital documents	Retention schedule and file plan development throughout the institution.	Records Management to oversee the implementation of classification of records.
Internal controls to handle POPI and PAIA requests and information gathering that have integrity and validity	POPI and PAIA systems to handle requests for personal information.	Succession planning to secure position for an information and compliance officer.
Absence of a Compliance Management Office at UJ: compliance monitoring	KPMG Compliance Audit Report 2015 implementation in 2016.	MEC to take strategic decision and way forward.

4. EMPLOYEE PROFILE OF CORPORATE GOVERNANCE

This Division consists of 11 UJ employees of whom 9 are permanent full-time employees. Two temporary administrative assistant positions were converted to permanent positions. Four rounds of advertisements and interviews to fill these positions were conducted and one of these positions was filled in October 2016. Currently, there are one vacant system administrator positions that placed tremendous burden on the already thinly spread employees in Corporate Governance.

It must be noted that the Office of the General Counsel was established and from January 2016 the legal advisors no longer functioned under Corporate Governance but had joined the Office of the General Counsel.

Employee profile

EMPLOYEE	FUNCTION	PROFILE
De Wet, Elize	Director Corporate Governance	Permanent full-time
Jackson, Mercedes	Administrative Assistant	Temporary employee
Lekalakala, Phemy	Snr Records Management Officer	Permanent full-time
Vacant	Systems Administrator	Permanent full-time
Vacant	System Administrator and Developer	Permanent full-time
Mathe, Rosinah	QVS Administrator	Permanent full-time
Nephawe, Faith	Administrative Assistant	Permanent full-time
Olivier, Nicolette	Records Manager	Permanent full-time
Schlechter, Marieta	Administrative Assistant	Permanent full-time
Vacant	Administrative Assistant	Permanent employee
Zungu, Sane	Administrative Assistant	Permanent full-time

One administrative assistant position is still vacant. A new resourcing process will be actioned in 2017. This position is vital as all the imports and quality assurance of images into the Electronic Document and Records Management System (EDRMS) must be actioned. During this reporting year, the pressure still remained in this Division to render the service as two positions for system administrators were also vacant. One incumbent will start on 1 January 2017, after three rounds of interviews were conducted.

The equity profile of the permanent employees within Corporate Governance is reflected in the table below:

Black Female	White Female	Vacant Positions: Permanent
4	3	3
40%	30%	30%

Skills development

- Ms N Olivier, within the Records Management Division, obtained her Certificate in Archives and Records Management through Unisa.
- The administrative assistant, Ms R Mathe, within the Access to Information Division is busy with her BCom at Unisa.
- Mrs E de Wet and Ms P Lekalakala participated in the 360 Leadership Development focus group discussion.
- Mrs Elize de Wet did training on the King IV principles.
- Mrs E de Wet attended Business Continuity Management Training.
- Ms S Zungu did a three-day course at the Faculty of Management in Records and Information Management.

5. RESOURCE MANAGEMENT AND SUSTAINABILITY

5.1 Financial status

No financial deviation was reported during this reporting year. The budget for 2017 was compiled and the budget that served at the budget meeting was approved as presented.

5.2 Environmental Sustainability

Corporate Governance focuses on technology implementations to handle records electronically as far as possible. Printing is therefore limited and strongly discouraged. Technology implementation and enhancements included the following:

Internal and external clients are offered ways to submit documents without having to create paper copies such as contracts. The total contract development process (from email to final approval) is executed within the EDRMS.

The first step of born-digital documents was developed within the EDRMS. E-forms are now used to log historical data changes, mark change requests and University timetable forms.

Within Records Management, 20 353 tons of ad hoc records were disposed. Scheduled disposals amounted to 19 470 tons of records within divisions that had reached their retention period, contributing to environmental sustainability.

The implementation of the PAIA and POPI systems on the web for requests for information is handled paperless. No paper records are moving through the system, only electronic records.

Internal and external auditors use the EDRMS system to audit UJ's records, which results in electronic records and no printing of vital records.

6. COMMUNITY SERVICE, STAKEHOLDER ENGAGEMENT AND REPUTATION MANAGEMENT

Corporate Governance established an institution-wide footprint by ensuring a presence on all four campuses within all the subdivisions. Initiatives that were implemented were the awareness and gap analysis campaigns on all campuses.

As Corporate Governance is an institution-wide responsibility, the stakeholders are spread throughout the institution. Internal partnerships were formed with various faculties, divisions and departments where Corporate Governance is rendering service.

Corporate Governance has formed good relationships with our external partners:

- Metrofile and Docufile – Off-site storage facilities
- Summanet – POPI and PAIA system
- QVS – qualification verification
- Cor Concepts – Records Management and enterprise content management
- Inbox Filing solutions – File plan and records review
- BEE Matrix – status of UJ

7. CORPORATE GOVERNANCE LEADERSHIP FOOTPRINT

Internal Leadership

Ms E de Wet is a member of the following committees:

- Diversity Committee of UJ
- Brand champion of UJ
- Registrar's Executive Committee
- Risk Management Committee of UJ
- Business Intelligence Committee
- ICS Committee
- Steering Committee of Managing Outsourced Printing Services

External Leadership

- Chairperson of the ImageNow Users Group of South Africa
- Member of the Legal Practitioners Forum

External impact

- Elize de Wet delivered a paper to the business fraternity of Metrofile on the POPI Act at the Metrofile Networking Breakfast.
- On request from CPUT, Elize de Wet presented a workshop on Enterprise Content Management to senior management of CPUT.
- On invitation of UCT, Elize de Wet engaged with the Registrar and administrative employees in different divisions on POPI, qualification verification and records management.
- The Records Management team participated in benchmarking discussions with the Central University of Technology, University of Stellenbosch and the University of Cape Town.
- Relationships with national and international universities and professional bodies were formed, which include Legal Practitioners Forum for HEIs – compliance environment.

8. CONCLUSION AND WAY FORWARD

Although 2016 was a challenging year, Corporate Governance progressed well with the deliverables according to the focus points of 2016. A summary of the progress made during 2016 includes:

- The Gap Analysis Report on POPI was completed;
- The implementation of the gap analysis recommendations in Records Management progressed well but needs further refinement during 2017;
- The retention schedule and the file plan roll-out were managed within the divisions in accordance with the phased-in approach;
- Born-digital documents as well as digital signatures were implemented in Records Management;
- The BEE information gathering was concluded and the BEE certificate was issued.

The focus during 2017 will be the restructuring of the Compliance Office and its functions. This will also include the direction of this Division for the future and succession planning within the Division. The focus points, strategic plans and action plans for 2017 were compiled. Corporate Governance is looking forward to a successful 2017.

Further developments will include:

- The upgrade to the next version of Perceptive Content 7.1.5 – Implementation of new version on 1 April 2017;
- Business intelligence module in Perceptive Software to generate reports to clients;
- E-form workflow for policy development;
- E-form workflow for contract development;
- Institutional file plan and retention schedule for records within faculties need to be developed.

All these achievements were made possible with dedicated employees. The Corporate Governance Division would like to extend our appreciation to every employee who contributed to our performance during 2016.

Elize de Wet

Director: Corporate Governance

Unit for Quality Promotion (UQP)

EXECUTIVE SUMMARY

The goals of the UQP (aligned with UJ Strategic Objectives 2 and 6) are to:

- provide leadership and support with the implementation of the UJ Strategic Plan 2025 with respect to quality reviews;
- sustain, support and improve the UJ Quality Promotion System,
- enhance the effective functioning through ethical and good governance of the UQP.

The UQP oversees and facilitates the implementation of:

- Module and programme reviews;
- Faculty and campus reviews;
- Reviews of service and support divisions.

During 2016, the UQP has continued to build credibility with stakeholders. A major accomplishment is that the Unit accomplished many of the annual targets for reviews despite having one vacancy from the end of May and a staff member on maternity leave from October.

An area of concern is that some faculties have not yet conducted any reviews. This poses a serious risk to achieving institutional targets in 2017.

Strategic Focus and Targets

The strategic focus of UQP centres on providing support for reviews at UJ. Progress towards institutional targets for reviews is discussed below:

Quality reviews in faculties

The following progress (up to the end of December 2016) has been made with reviews in faculties:

Table 1: Progress with reference to targets for 2016

Type of review	Target 2016	Completed 2016	Completed 2011-2016	% Completed 2011-2016 ¹
Qualifications: undergraduate	46	41	115	23%
Modules	14	13	51	No institutional target
Qualifications: postgraduate	27	4	184	37%
Non-subsidised whole qualifications	7	2	15	34%
Short Learning Programmes	5	0	13	No institutional target
Faculty reviews	3	3	9	100 %

¹ 2014 baseline used to calculate %

Quality reviews in the service and support domain

Progress with regard to quality reviews in the service and support domain is as follows:

Table 2: Progress with reference to targets for 2016

Type of review	Target 2016	Completed 2016	Completed 2011-2016	% Completed 2011-2016 ²
Service and Support Divisions	2	0	12	57%
Campus reviews	1	1	1	25%

The site visits of the following 14 reviews (programmes and Service and Support Divisions) had to be postponed to 2017 because of lack of progress with preparations:

Table 3: Reviews for 2016

	Faculty/Division	Programme/Unit
1	Central Academic Admin	Student Enrolment Centre
2	Central Academic Admin	Examinations
3	Central Academic Admin	Certification
4	International M&D student experience	
5	FADA	BA Industrial Design
6	FEFS	Extended year of all undergraduate degrees
7	FEFS	MCom Development Economics
8	FEFS	Bridging Programme in Finance
9	FEFS	Bridging in Financial Management
10	FEFS	Adv Dip in Financial Management
11	Heath Sciences	Research M&D review
12	Humanities	Research M&D review
13	FoM	HCert Business Management: Project Management; Adv Dip Business Management: Project Management; SLP Project Management
14	FoM	Research Awareness for Leaders; Industrial Policy; Transitional Justice; Strategic Diplomacy SLPs in the School of Leadership

The workload of academics/staff members is mainly cited as the reason. Another reason for postponement is that panel members could not leave their institutions during the student unrest. Preparations for these reviews, as well as some other reviews with site visits early in 2017, are in progress.

The UJ Quality Promotion System

As far as the UJ Quality Promotion System is concerned, the following have been achieved:

- A report on the programme reviews conducted in 2015 was finalised and presented to the STLC on 10 May 2016. Individual faculty reports as well as an institutional overview were developed. Key commendations and recommendations with regard to programmes were reported on. The main concerns include teaching and learning, curriculum, programme management and the value added by reviews.
- Quality reviews conducted in 2016 included faculty reviews, which are more strategic in nature and

² 2014 baseline used to calculate %

more forward looking than other reviews.

- A campus review, which focused on the effectiveness of the management of the campus, was conducted.
- The UQP maintained its sustained and committed participation in UJ committees and structures, i.e. the STLC, Faculty Review Management Committee, Faculty Quality Discussion Forum, Programme Working Group, Quality Working Group, First Year Seminar Committee and the Community Engagement Advisory Board.
- The UQP continued monitoring of and support for the submission of improvement plans and progress reports to the STLC and other committees, according to the reporting lines.
- Benchmarking the UJ Quality system: the UQP contributed to external/national higher education structures, associations and forums, e.g. HEQC, SAAIR, international conferences, GARMIN Group, etc. In February 2016, three UQP delegates attended the Garmin Group – an inter-institutional quality discussion forum. The discussions focused on *Closing the Quality Loop*. All attendees participated and shared challenges as well as best practices. One way of judging the value added by programme reviews was perceived to be by conducting a second round of programme reviews to ascertain improvements. UQP will investigate the possibility.
- Ina Pretorius and Dragana Weistra attended a CHE workshop on 23 August. The discussions centred on the theme: *From Policy to Practice*.
- QEP: The UJ QEP Plan was approved in 2013. UJ submitted its report in 2014. After the second institutional submission in 2015, the CHE visited UJ on 3 June 2016. UQP was responsible for all logistical arrangements. The report after the CHE visit is awaited.

Risks and Challenges

The UQP regards itself as the custodian of the quality review processes to ensure credible peer review reports to faculties and divisions. Guarding against practices/approaches that may have a negative impact on the credibility of the review process and ultimately on the peer review report is an ongoing responsibility of the UQP. Since the beginning of 2014, a questionnaire focussed on the key areas of the quality review process is completed by each peer review panel member on the last day of a site visit. Peer review panel members identified the following areas as high risk in quality reviews:

- Development of a superficial or incomplete self-evaluation report (SER), i.e. no real self-evaluation in the SER, no buy-in into the development of the SER;
- Incomplete or unstructured evidence management, making it difficult to triangulate.

UQP's interventions were targeted at addressing these areas of concern. The impact of these interventions was gauged again using feedback from peer review panel members. Fewer problems with these aspects were recorded in 2016.

UQP identified the following as risks within the quality review processes:

- Lack of commitment to the quality review process in some departments;
- Superficial improvement plans and lack of commitment to real improvement in some departments. In some cases it seems that this may be due to a lack of commitment to quality, but in the majority of cases it seems that time constraints and heavy academic workload are barriers.

These risks are mitigated by means of the Quality Discussion Forums for faculties, the involvement of members of the UQP as critical readers of reports with provision of feedback, training of review report writers, the establishment of the Quality Working Group and an online survey to determine client satisfaction with UQP services.

Conclusion and the Way Forward

The flexibility of the *UJ Strategic Plan 2025*, combined with the decision to review all programmes by 2025, poses on-going challenges to the UQP: customising support for the different kinds of reviews (e.g. module reviews, combined programme and departmental reviews, non-subsidised programmes, etc.); and keeping track of the progress in faculties and in the service and support units.

A major challenge for 2017 will be the filling of two vacancies (Head and Coordinator posts) in the UQP and provision of training for these new staff members.

1. OPERATING ENVIRONMENT

OPERATING CONTEXT

UQP operates within the general policy environment of the Council on Higher Education as well as the requirements of various professional bodies. In addition, it responds to the *UJ Strategic Plan 2025* by aligning itself to Strategic Objectives 2 and 6. This alignment is made explicit through the UQP goals as follows:

Goal 1: the UQP strives to provide leadership and support with the implementation of the UJ Strategic Plan 2025 with respect to quality reviews.

Goal 2: the UQP strives to sustain, support and improve the UJ Quality Promotion System.

Goal 3: the UQP strives to enhance effective functioning through ethical and good governance of the UQP.

Institutional targets have been set for quality reviews at UJ.

2. GOVERNANCE STRUCTURE

The Unit for Quality Promotion (UQP) reports to the Registrar. There is also a dotted reporting line to the DVC: Academic. The UQP oversees and facilitates the implementation of different kinds of quality reviews that range from module and programme reviews to faculty and campus reviews, and reviews of service and support divisions.

An organogram and overview of the functions of each individual is presented under section 5.1 Human Resources.

The UQP is involved with a number of internal as well as external governance mechanisms. These are outlined in the table in section 3.1 UQP goals for 2016.

3. RISKS AND MANAGEMENT OF RISKS

The UQP regards itself as the custodian of the quality review processes to ensure credible peer review reports to faculties and divisions. Guarding against practices/approaches that may have a negative impact on the credibility of the review process and ultimately on the peer review report is an ongoing responsibility of the UQP. Since the beginning of 2014, a questionnaire focussed on the key areas of the quality review process is completed by each peer review panel member on the last day of a site visit. Peer review panel members identified the following factors as being in need of attention:

- Development of a superficial or incomplete self-evaluation report (SER), i.e. no real self-evaluation in the SER, no buy-in into the development of the SER
- Incomplete or unstructured evidence management, making it difficult to triangulate.

UQP's interventions seem to have had some impact on these factors:

- In the 2016 results fewer problems were listed with SERs e.g. contradictions, lack of depth and analysis, and 'not a true reflection of challenges' was not mentioned. The majority of responses can be categorised as problems with how comprehensive the SER received was.
- In the 2016 results, there was far fewer mention of incorrect referencing or unclear referencing.

UQP identified the following as risks within the quality review processes:

- Lack of commitment to the quality review process in some departments
- Superficial improvement plans and lack of commitment to real improvement in some departments. In some cases, it seems that this may be due to a lack of commitment to quality, but in the majority of cases it seems that, time constraints and heavy academic workload are barriers.

These risks are included in the Registrar's Risk Register.

These risks are mitigated by means of:

- Quality Discussion Forums for Faculties;
- meetings and consultations with faculty quality managers, departments and programme groups;
- UQP staff members act as critical readers of the SERs and provide extensive feedback as needed;
- reflection and benchmarking of the process with other universities;
- the Quality Working Group to review improvement plans and progress reports;
- workshops/discussion sessions on developing improvement plans and progress reports;
- questionnaires to determine panel members' satisfaction with the quality review process; and
- an online survey to determine client satisfaction with UQP services.

4. STRATEGIC FOCUS

4.1 UQP goals for 2016

The UQP goals for 2016 are aligned with the *UJ Strategic Plan 2025*. UQP objectives have been identified for 2016. These are aligned to institutionally set targets. The table below provides additional information and indicates alignment between UJ strategic targets and UQP objectives and goals as follows:

Table 4: UQP Goals

UQP GOALS	UQP OBJECTIVES: 2016
Objective 2: Excellence in teaching and learning <i>Programmes that are regularly quality assured and enhanced</i>	
Provide leadership and support with the implementation of the <i>UJ Strategic Plan 2025</i> with regards to programme reviews.	Facilitate and support the review of: <ul style="list-style-type: none"> • Undergraduate programmes:46 • Postgraduate programmes: 27 • Non-subsidised whole programmes: 7 • Modules: 15 • SLPs: 5 A thematic review of the international students' experience (from a faculty and support perspective)
Objective 6: Fitness for global excellence and stature <i>Satisfaction with Support Units</i>	
Provide leadership and support with the implementation of the <i>UJ Strategic Plan 2025</i> with regards to faculty reviews and reviews of service and support divisions.	Facilitate and support the review of: <ul style="list-style-type: none"> • Faculties: 3 • Campus (APB): 1 • Service and support divisions/units: 1
Objective 6: Fitness for global excellence and stature <i>Good Governance</i>	
Sustain, support and improve the UJ Quality Promotion System.	Sustain, support and improve the UJ quality promotion system with regards to: <ul style="list-style-type: none"> • Policy reviews. • Facilitation of the Quality Working Group to monitor and screen the submission of improvement plans and progress reports to the STLC. • Benchmarking key elements of the UJ quality reviews with SA universities to improve the UJ system. • Sustained and committed participation in UJ committees and structures, i.e. the STLC, PWG, QEPTT, QWG, Faculty Review Management Committee, Community Engagement Advisory Board. • Organise at least two Faculty Quality Discussion Forums to discuss relevant institutional quality matters. • Enhance and support scholarship in quality promotion. Facilitate and support the UJ Quality Enhancement Project as part of the HEQC second cycle of institutional reviews. This includes supporting the Quality Enhancement Project Task Team and logistical arrangements for the CHE site visit. Participate in and contribute to national and regional discussion forums and conferences.

UQP GOALS	UQP OBJECTIVES: 2016
Objective 6: Fitness for global excellence and stature <i>Financial Sustainability, Sustainability and Ethical compliance and Good Governance</i>	
Enhance effective functioning through ethical and good governance of the UQP.	Enhance the effective functioning through ethical and good governance of the UQP with regard to: <ul style="list-style-type: none"> • performance management to achieve pre-determined objectives • management of vacancies • management of temporary appointments within budget • professional and career development of staff capacity • financial management with a budget variance not more than 5% • capital expenditure within budget • Infrastructure and facilities.

4.2 UQP strategic plan

One of the UQP's main goals is focused on the implementation of the quality reviews as stated in the *UJ Strategic Plan 2025*, with special reference to the targets for 2020. The UQP has developed its own strategic plan with operational targets for the quality reviews. This is being done in consultation with the faculties and service and support divisions.

5. PERFORMANCE

5.1 Programme reviews

The tables below provide a summary of the progress (as at December 2016) made with the achievement of the UQP goal on *providing leadership and support with the implementation of the UJ Strategic Plan 2025*, with special reference to programme reviews. "Reviews" refer to the number of qualifications reviewed up to site visit.

5.2 Faculty reviews and reviews of service and support divisions/units

Table 5: Progress with regard to Registrar's Scorecard: Programme Reviews

Strategic Goal 2: Excellence in Teaching and Learning	Target 2016	Site visit completed In 2016	Site visit early in 2017
Qualifications: Undergraduate	46	41	–
Modules	15	13	–
Qualifications: Postgraduate	27	4	35
Non-subsidised whole qualifications	7	2	3
SLPs	5	0	2

The site visits of 10 programme reviews (see table below) had to be postponed to 2017 because of lack of progress with preparations. The workload of academics is mainly cited as reason. Another reason for postponement is that panel members could not leave their institutions during the student unrest. Preparations for these reviews, as well as some other reviews with site visits early in 2017, are in progress.

(a) Faculty reviews: Progress

The Faculty of Education, Faculty of Art, Design and Architecture as well as the Faculty of Science conducted their faculty reviews in September 2016. This completed the first cycle of faculty reviews. A report was compiled on all faculty reviews and was submitted to the DVC: Academic.

(b) Reviews in service and support divisions/units: Progress

The following progress has been made up to November 2016:

Table 6: Planned Programme Reviews 2017

	Faculty	Programme
1	FADA	BA Industrial Design
2	FEFS	Extended year of all undergraduate degrees
3	FEFS	MCom Development Economics
4	FEFS	Bridging Programme in Finance
5	FEFS	Bridging in Financial Management
6	FEFS	Adv Dip in Financial Management
7	Health Sciences	Research M&D review
8	Humanities	Research M&D review
9	FoM	HCert Business Management: Project Management; Adv Dip Business Management: Project Management; SLP Project Management
10	FoM	Research Awareness for Leaders; Industrial Policy; Transitional Justice; Strategic Diplomacy SLPs in the School of Leadership

With reference to the Registrar's Scorecard, progress can be summarized as follows:

Table 6: Progress with regard to Registrar's Scorecard: Service and Support Divisions

Strategic Goal 6: Fitness for Purpose	Target 2016	Site visit completed in 2016	Planned Site visits early in 2017
Service and support divisions/ environments	2	0	2
Campus reviews	1	1	0

The site visits for some reviews have been postponed to 2017 because of lack of progress with preparations (see table below). Often there is a lack of capacity in the service and support sector with regard to finding a suitable individual to develop a comprehensive self-evaluation report. The process, therefore, tends to require more support and usually takes longer in these divisions. The preparation of the SERs is, however, still in progress.

Table 7: Planned Site Visits 2017

	Division	Unit
1	Central Academic Admin	Student Enrolment Centre
2	Central Academic Admin	Examinations
3	Central Academic Admin	Certification
4	International M&D student experience	

5.3 Supporting and improving the UJ Quality Promotion System: Progress

The following progress has been made with the achievement of the UQP goal on sustaining, supporting and improving the UJ Quality Promotion System:

Table 8: Supporting the UJ Quality Promotion System

Performance indicators	Progress towards targets
Implementation of the <i>UJ Strategic Plan with regards to quality reviews</i>	<p>(i) A report on the programme reviews conducted in 2015 was presented to the STLC. Individual faculty reports as well as an institutional overview were developed. Key commendations and recommendations with regards to programmes were reported on.</p> <p>The main concerns included curriculum, programme management, teaching and learning and the value added by reviews.</p> <p>(ii) At the STLC meeting of 22 August 2016 two presentations were of special interest to UQP: Prof Alex van der Watt (FEFS) presented on Programme Management. He referred to the subject leaders and the programme coordinators. Prof Daneel van Lill (FoM) presented on the value of programme reviews. According to him: "The more the quality improves, the better the market responds".</p> <p>(iii) D Weistra is developing a manual for the quality reviews of online programmes. This can be finalised once the UJ Online Policy Framework has been approved.</p> <p>(i) D Weistra developed an online questionnaire for postgraduate students. This will allow students to make input in the development of the SER of a programme(s).</p> <p>The questionnaire will be piloted for the research-based M and D reviews in 2017.</p>
Sustained and committed participation in UJ committees and structures, i.e. the STLC, Faculty Quality Discussion Forum, Committee, PWG, QWG, CE Advisory Board.	<p>(i) UQP staff members are members of all these committees – attend meetings regularly and provide support as required.</p> <p>(ii) Rajen Padayachi participated in the FYE seminar of the Faculty of Law to create quality awareness among students.</p> <p>(iii) UQP provided secretarial support for the Faculty Review Management Committee. The committee had four meetings in 2016.</p> <p>(iv) UQP also provided support to faculties under review with critical reading of faculty reports and logistical arrangements for the site visits.</p>
Monitor and support the submission of improvement plans and progress reports to the STLC and other committees (according to the reporting lines).	<p>The Quality Working Group screens improvement plans and progress reports. The QWG reports to faculties/divisions, and joint reports are submitted to both the STLC and MECO i.e:</p> <ul style="list-style-type: none"> - joint QWG-Faculty reports on individual plans or reports to the STLC, and - joint QWG-Division plans and reports to MECO. <p>In 2016 the QWG had ten meetings during which 15 Improvement Plans and 22 Progress Reports were discussed.</p>
Benchmarking UJ Quality system; contributing to external/national higher education structures, associations and forums, e.g. HEQC, SAAIR, international conferences, GARMIN Group, etc.	<p>(i) In February 2016, three UQP delegates attended the Garmin Group – an inter-institutional quality discussion forum. Institutions which attended were NMMU, NWU, TUT, VUT, CUT, UL and UJ. The discussions focused on <i>Closing the Quality Loop</i>. All attendees participated and shared challenges as well as best practice. One way of judging the value added by programme reviews was perceived to be a second round of programme reviews. UQP will investigate the possibility.</p> <p>(ii) H Geyser and I Pretorius reviewed proposals for the SAAIR Forum in October.</p> <p>(iii) H Geyser and I Pretorius presented a paper at the SAAIR Forum in October. The paper was entitled: <i>Reporting on programme reviews: a research approach</i>.</p> <p>(iv) H Geyser visited Walter Sisulu University on 16 August as panel member for the CHE's QEP project.</p> <p>(v) I Pretorius and D Weistra attended a CHE workshop in August. The discussions centred on the theme: <i>From Policy to Practice</i>.</p>
Facilitate and support the UJ Quality Enhancement Project as part of the HEQC second cycle of institutional reviews.	<p>The UJ QEP Plan was approved in 2013. UJ submitted its report in 2014. After the second submission in 2015 the CHE visited UJ on 3 June 2016. UQP was responsible for all logistical arrangements. The report after the CHE visit is awaited.</p>

5.4 Effective functioning of the UQP: Progress

The following progress has been made with the achievement of the UQP goal on the enhancement and contribution to the effective functioning of the Unit for Quality Promotion:

Table 9: Effective functioning of the UQP

Performance indicators	Progress towards targets
Provide effective leadership and management of the human resources of the Unit to optimise the Unit's core functions.	<ul style="list-style-type: none"> • Monthly staff meetings are held with a formal agenda and minutes (decision register) of the previous meeting. • Monthly updating of the UQP Tracking System (by all staff members, but managed by Dragana Weistra) is undertaken. This is an important tool in HR management in the UQP. • Similarly, Ina Pretorius is responsible for the management of peer review report writers. • Refloee Kose is responsible for overseeing the student assistant.
Provide effective leadership and management of financial resources of the Unit to optimise the Unit's core functions by limiting budget variance expenditure to not more than 5%; Keeping capital expenditure within budget, and complying with the institutional indicator on encumbrances transferred to next year.	Monthly staff meetings are held with a formal agenda and minutes (decision register) of the previous meeting. A standing item on the agendas of these meetings is the financial record of the Unit's expenses, management of financial resources, etc. Refloee Kose is responsible for financial administration in the Unit. She keeps track of expenses as they are incurred to prevent overspending.
Provide effective leadership and management of infrastructural resources of the Unit to optimise the Unit's core functions.	On-going. This is also a standing item on the UQP agendas for the monthly meetings.
Develop a culture of performance by implementing the UJ Performance Contract system in the Unit.	Performance contracts were drawn up, signed and submitted at the end of March. Progress reports were submitted in June. Final reports were submitted and discussed in October.
Oversee and contribute to activities that address the professional development, wellness and overall resilience of the UQP staff. Increase participation in cultural integration activities in at least two (institutional/ UQP) events.	Wellness and transformation activities have been combined and a combined program for UQP and DIPEM was developed. Staff members of UQP participated in the UJ Staff Day on 26 August by hosting a workshop on making blankets. Using UJ funding, 31 blankets were made and submitted to the Community Engagement Office for distribution.
Establish an open and conducive climate, e.g. via periodic brainstorming and self-reflection sessions.	Self-reflection sessions are conducted ad-hoc.
Liaise with partners in the support sector of the University and external role players.	<ul style="list-style-type: none"> • Mr L Netshifhefhe of the University of Venda attended the site visit of Food and Biotechnology as an observer to benchmark practices. • D Weistra and I Pretorius attended a CHE workshop on 23 August. The theme of the workshop was <i>From Policy to Practice</i>.

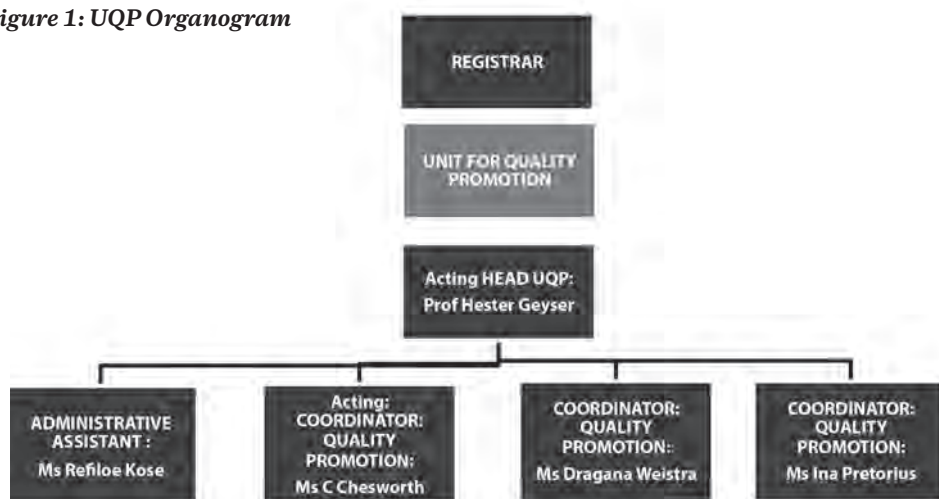
Performance indicators	Progress towards targets
Oversee and guide the development and regular updating of a website for the UQP.	Dragana Weistra has updated the UQP website.
Policy review and RPL	<ul style="list-style-type: none"> The RPL task team customised RPL guidelines for postgraduate students. The guidelines served at MECA. Hester Geysler benchmarked fees. The second draft of the guidelines served at MECA again and is available on the UJ website. <ul style="list-style-type: none"> An interim RPL Advisory Group was established with Hester Geysler as convenor. The group will support faculties with RPL applications. She also streamlined the application process. Hester Geysler is involved in policy revisions, especially the Assessment Policy, but also the A Regulations and the Online Policy.
(i) Scholarship	<p>The Unit has identified the following two research projects:</p> <ul style="list-style-type: none"> Student involvement in UJ quality processes; and Feedback from peer review panel members on the UJ quality processes. <p>Hester Geysler was requested to write a chapter for a book published by SAAIR. The chapter is entitled <i>Quality Assurance and Institutional Research</i>.</p> <p>Hester Geysler and Ina Pretorius presented a paper at the SAAIR Forum in October.</p>

6. RESOURCE MANAGEMENT

6.1 Human Resources

The UQP consists of five staff members and one student assistant. Four of the five staff members have permanent appointments.

Figure 1: UQP Organogram



As far as gender is concerned, the UQP staff component (excluding student assistants) consists of:
Females: 5 (100%).

In terms of race, the staff component consists of:

African: 1 (25%)

White: 4 (75 %).

An overview of the functions of staff in the office is provided below:

I. Head:

- Provides leadership and support with the implementation and enhancement of the institutional quality promotion system.

- Facilitates a range of quality reviews (up to improvement plans and progress reports) in the University such as programme, module and campus reviews, and also reviews of continuing education programmes and service and support divisions.
- Provides leadership with the development of new programmes, as well as the transformation and continuous improvement of existing academic programmes.
- Liaises with institutional management.
- Liaises with national role players and international leaders in the quality assurance and programme development domain.
- Maintains a scholarly approach to quality assurance (QA) and programme/curriculum development.
- Optimises the UQP's role and functioning in the institutional quality promotion system.

II. Coordinator:

- Coordinates, facilitates, advises on and supports the practice of quality promotion in the University across faculties, programmes and academic development, service and support divisions. This includes the coordination and facilitation of the establishment and alignment of quality structures, management and procedures with institutional policies and strategies; self-evaluation, external peer and national reviews, as well as reviews by statutory bodies/professional councils
- Coordinates, facilitates, advises on and supports the development of improvement plans, monitoring of progress reports.
- Liaises closely with colleagues in academic departments, academic development, service and support divisions on internal, institutional and national quality matters.
- Liaises and provides support to faculties and the relevant service and support structures on student engagement in quality promotion.
- Comments on relevant national and institutional documents.
- Serves on and liaises with the various institutional, external and national forums, committees and bodies responsible for quality assurance and promotion.
- Initiates, plans and conducts research projects in the area of quality assurance and promotion in higher education.

III. Administrative assistant:

- Provides administrative support for the effective functioning of the Unit for Quality Promotion.
- Provides secretarial and administrative support for the Head and staff of the UQP.
- Organises meetings, workshops, seminars and functions.
- Manages infra-structure; equipment and facilities.
- Provides support with financial management such as temporary appointments, procurement, budgets, etc.

UQP faces a few HR challenges:

- Rajen Padayachi resigned at the end of May. The vacant position was advertised twice and two sets of interviews conducted. Ms C Chesworth was appointed on a temporary basis in the interim.
- Although Hester Geysler retired at the end of 2015 she was appointed Acting Head: UQP for the rest of 2016.
- On request of the Registrar a first meeting to explore the possible restructuring of UQP was held with Prof R Ryan, Ms T Gibbon and Dr K Menon. Follow-up discussions were held on collaboration between programme-related support units.
- The position of Head: Unit for Quality Promotion was advertised in January and interviews conducted. No interviews were conducted after the advertisement in October. No appointment has been made as yet.

6.2 Financial Management

In UQP, the secretary, Ms Refiloe Kose, provides support with regards to procurement, payments, and related financial transactions. All purchases are discussed in the Unit. The financial statements are included in all the agendas for staff meetings.

The budget for 2017 was developed and further cuts were incorporated as requested.

6. STAKEHOLDER ENGAGEMENT

7.1 National Involvement

National engagement includes attendance of/visits to:

- A small inter-institutional quality discussion forum (the Garmin Group);
- CHE workshop;
- SAAIR Forum.

7.2 Internal Engagement

Within UJ, staff members of UQP were involved in the following engagement activities:

- UQP members serve on a number of UJ committees, task teams and working groups such as the STLC, the PWG, CEAB, the Quality Working Group, the Faculty Review Management Committee and the QEPTT.
- UQP staff members participated in the UJ Staff Day by hosting a workshop on making blankets.

7. ENVIRONMENTAL SUSTAINABILITY

The use of paperless meetings has been cascaded down within the institution and UQP staff members are being encouraged to implement paperless meetings.

Environmental sustainability efforts include full support of UJ's waste management and recycling initiatives by recycling paper, limiting printing to both sides and switching off lights at night. A challenge is that, although our laptops are old, they cannot be replaced.

8. LEADERSHIP FOOTPRINT

Internally, the UQP provides leadership/expertise in a number of areas, such as:

- The faculty reviews to be conducted in 2016, especially with the site visits, SER development, etc.
- Support for the Quality Enhancement Project Task Team (QEPTT).
- Involvement in Policy revision.
- Involvement in institutional RPL committee.

9. CONCLUSION AND THE WAY FORWARD

The flexibility of the *UJ Strategic Plan 2025*, combined with the decision to review all programmes by 2025, poses an on-going challenge to the UQP: customising support for the different kinds of reviews (e.g. module reviews, combined programme and departmental reviews, non-subsidised programmes, etc.) and keeping track of the progress in faculties and in the service and support units are on-going challenges.

Matters that should be discussed in 2017 include:

- The process of allocation of reviews to UQP coordinators should be streamlined to allow for a more equitable distribution of workload.
- A more efficient process for the second cycle of reviews should be developed.
- Governance of quality processes needs to be discussed, including reporting on an institutional level.
- Student engagement in quality processes.

The UQP remains responsible for the custodianship of the quality review processes. It is through the process of reviews that the UQP aims to help develop a 'culture of quality' throughout the UJ.

Hester Geyser (Prof)
Acting Head: UQP

Occupational Health Practice (OHP)

A deep commitment, purposive application of resources and innovation drives the Occupational Health (OH) team to fulfil its fiduciary duty towards UJ while strongly supporting GES initiatives and providing a caring, professional environment for the employee and other persons at risk.

1. OPERATING CONTEXT, GOVERNANCE AND RISK MANAGEMENT

1.1 Nature and scope of organisational design

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. An Occupational Medicine Practitioner holds the appointment as the designated medical officer and visits the OHP periodically. The Doctor authorizes Professional Nurses to execute their independent clinical work. The UJ Radiation Protection Officer (RPO) forms part of this structure due to appointment by this Practice as Independent Contractor, and therefore radiation reports are assimilated into the reporting structure.

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 converted to 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 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 radioactive 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. Participation is upheld in the HIV/AIDS Monitoring and Evaluation task team where quarterly reports serve as part of the HEPF requirements. 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 of policy documents, three policies and five procedures are being reviewed this year.

Reports

OHP reports serve at the MEC Risk Management Committee, Registrar's Exco, MEC, HESA and the PRCC.

1.3 Risks and interventions/initiatives to mitigate risks

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.

The local regulatory universe is clear on the concept 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 Occupational Health Practice 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 coverage regarding 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 resource allocation
- 6) Medical response to disaster
- 7) Travel Health governance.

1.3.2 Emerging/potential 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 will, however, be 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
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 Netcare911 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. Netcare911 contracted when indicated; SANS 10366 engaged as guideline to allocate resources. Medical Plan for on-site response. On-site attendance and situation reporting at high-risk events. First Aid Rooms equipped and staffed where required. 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 and medical responders. UJ ambulance equipped and stocked. 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' medical responders and Health Professionals by default. Radio is monitored for response time; 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. Netcare911 was informed and shown DFC campus upgrades. First aid room was created and equipped at Perskor 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 will place 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 2017

1.3.3.1 Occupational Health Risk Audit Plan 2017

The annual audit plan 2017 for health risk, given legal prescription and prevailing hazards includes 89 units of work, as shown in table 3. Emerging risk may prompt further audits. The scorecard target, at 90%, will be 80 units of work.

Table 3 Health Risk Audit Plan 2017 (89 units of work)

Campus	Entity	Units of work 1 unit = 1 hour	Service Provider	Audit Date
All	FHS <i>Occupational Hygiene quantitative surveys on chemicals, biological agents, noise, ventilation and ergonomics</i>	1	Outsourced	
	Legionella audit <i>Re-assess hot water systems</i>	1		
	Water Quality audit <i>Perskor ground water suitability as potable water</i>	1		
	Food Safety Audits <i>4 rounds</i>	4		Feb; May; August; Oct
	Subtotal		7	

APB	Maintenance workshop	1	Occupational Health team	23 Feb
	Auxiliary store areas	2		23 Feb
	Biokinetics department	1		23 Feb
	Residence cleaners store areas	2		23 Feb
	Research village	4		April
	ICS/ technicians	2		April
	STH	2		June
	FADA	5		August
	UJ Sports fields gardeners	1		Oct
	APB Gymnasium	1		Oct
Subtotal		21		
SWC	Operations	4	Occupational Health team	March
	Faculties: FL, FH, FEFS and FM	2.5		Sep
	Gym & cleaners	3		July
	SWC clinic (PHC & OH)	1.5		May
Subtotal		11		
APK	Geology; Zoology	2	Occupational Health team	Feb
	Protection Services; Transport; Chemistry	2		March
	Physics, Botany, Biokinetics; Gym	2.5		April
	Faculties: FE, FM, FH, FL; FEFS	2.5		May; Oct
	Cleaners	1		June
	PHC	0.5		July
	Operations	4		Aug; Sep
	Biochemistry; Spectrum	2		Oct
Subtotal		16.5		
DFC	FEBE	7	Occupational Health team	April/May
	Operations	6.5		Feb, Mar, July
	FS	8		Feb, June; July
	FHS	11		Mar, Aug, Sep; Oct
Subtotal		32.5		
All	Radiation audit <i>Audit of sources on register; Incident report</i>	1	Dr Mavunda	
TOTAL UNITS OF WORK		89		

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 seven focus areas of the portfolio.

The strategy for 2017 is to have an external audit done by ISO18001 auditors, applying the 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. The 2016 outbreak was declared to be a 'Public Health Emergency of International Concern' and spread to multiple countries, including Cape Verde. Implications for UJ existed in persons who attended the Olympic Games in Rio during August/September and were explained in a circular, advising against travel by pregnant females.

An outbreak of Yellow Fever in Angola that has spread to the DRC and further into mid-Africa was followed closely and included in Travel Risk Assessments.

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 13 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.

- UJ qualitative Occupational Health Risk Profile (see page 64)

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

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	

Table 5 depicts the qualitative Occupational Health risk priorities per campus. (See page 64)

- Discussion of qualitative health risk assessment findings

Hazards ('sources of exposure') and/or risks ('probability that injury or damage will occur') have been identified across all campuses. Six crosscutting themes regarding hazards and risks include:

- 1) poor indoor air quality;
- 2) food poisoning risk;
- 3) risk of transmission of communicable diseases to UJ healthcare workers owing to contact with

Figure 1: UJ Qualitative Occupational Health Risk Profile

		IMPACT				
		1	2	3	4	5
PROBABILITY	1			DFC Chemical exposure risk in labs SWC Welding fumes & noise Tech services	APK Bee stings	
	2	DFC Psycho-social risk Protection Services SWC Food Poisoning	DFC Workshop hazards APB student Centre food outlet compliance risks SWC Psycho-social risk Protection Services APK food tenant practices APK Healthcare worker hazards	APB STH kitchen & store hazards APK library ventilation risks	DFC Hazardous Biological Agents Healthcare workers (HBA HCW) SWC HBA HCW	
	3		APB Maintenance & workshop hazards DFC Food poisoning APK Workshops & gardening services hazards APK Psycho-social risk Protection Services	APB FADA Poor ventilation APB FADA Jewellery workshop risks APK Chemical exposure risk	APB FADA Visual Art & Ind Design workshops: poor ventilation DFC Psycho-social risks during student protest SWC Psycho-social risks during student protest	
	4			APB clinic/PS emergency communication		
	5					

Table 5: Qualitative Occupational Health risk priorities per campus

Risk priority	APK	APB	DFC	SWC	Total no of risks
LOW	3	1	2	2	8
	<ul style="list-style-type: none"> • Food tenant practices • Risk of transmission of communicable diseases to UJ healthcare workers owing to contact with hazardous biological agents • Psycho-social stressors at Protection Services 	<ul style="list-style-type: none"> • Student Centre food outlet practices 	<ul style="list-style-type: none"> • Psycho-social stressors among Protection Services • Welding fumes, noise and dust at technical workshops 	<ul style="list-style-type: none"> • Psycho-social stressors among Protection Services • Food poisoning risk 	
MODERATE	3	4	2	1	10
	<ul style="list-style-type: none"> • Chemical exposure at laboratories • Library ventilation risk • Workshop hazards 	<ul style="list-style-type: none"> • FADA poor ventilation • FADA Jewelry workshop hazards; exposure to chemicals • STH kitchens and stores: hazards • Maintenance workshop hazards 	<ul style="list-style-type: none"> • Chemical exposure at laboratories • Food poisoning risk 	<ul style="list-style-type: none"> • Welding fumes & noise exposure risk 	
HIGH	1	2	2	2	7
	<ul style="list-style-type: none"> • Bee sting risk 	<ul style="list-style-type: none"> • FADA Industrial Design & Visual Art workshops : poor ventilation • Emergency response & communication by Protection Services 	<ul style="list-style-type: none"> • Psychosocial risks during student protest • Risk of transmission of communicable diseases to UJ healthcare workers owing to contact with hazardous biological agents 	<ul style="list-style-type: none"> • Psychosocial risks during student protest • Risk of transmission of communicable diseases to UJ healthcare workers owing to contact with hazardous biological agents 	
TOTALS	7	7	6	7	25

- hazardous biological agents such as TB, Meningitis; Hepatitis B;
- 4) risk of exposure to hazardous chemicals at research and workshop sites;
- 5) welding fumes, poor housekeeping, noise and dust in predominantly technical workshops;
- 6) psycho-social hazards, especially in Protection Services.

- Significance of the occupational health risk profile

It was significant to find that the majority (43%) of high risks related to Protection Services: psycho-social risks during protest action and sub-optimal communication with the clinic.

Two of the high risks across campuses (29%) were linked to healthcare worker contact with hazardous biological agents, such as TB, Hepatitis and HIV.

14% of high risks were found at the FADA Industrial Design & Visual Art workshops, where poor ventilation and potential build-up of fumes could occur.

A final 14% was associated with the risk of bee stings on APK campus.

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 assessments

Fifty-nine (59) health risk assessments were completed in 2016. This number includes the audit plan target of 37 as well as 22 additional health risk assessments to ensure all risk receive early assessment and mitigation treatment.

A 179% completion rate in relation to the scorecard target of 90% was attained.

The overall and campus completion rates on all planned and risk-prompted health risk assessments conducted for the period are reflected in Figure 2.

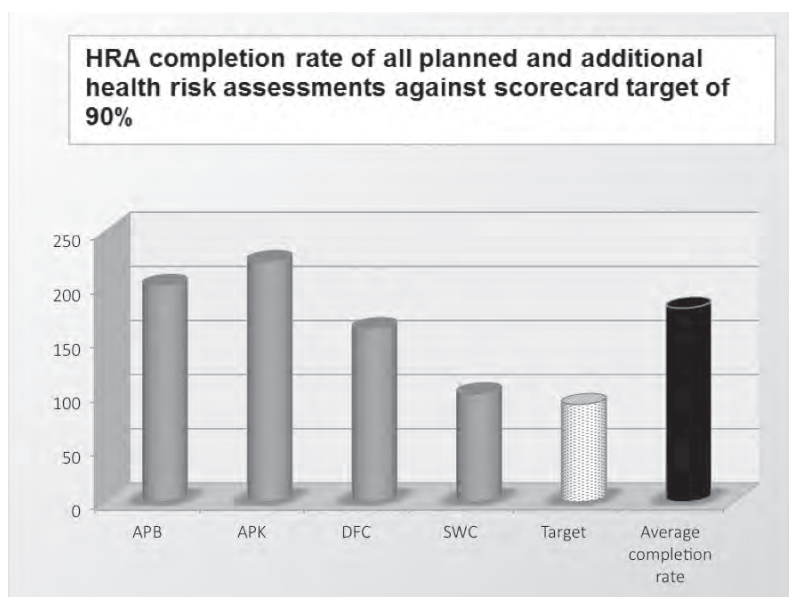


Figure 2: Overall and campus-specific completion rates of all planned and additional Health Risk Assessments against 90% scorecard target

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 under Annexure 1.

A generic observation on health risk reporting

It was found that poor ventilation, natural and artificial, was the most frequently reported health risk issue to the Practice, with poor ergonomics a close second. It causes discomfort, loss of productivity and ill health.

1.3.4.3 Outsourced health risk audits 2016

- LTL was contracted to conduct three Food Safety audits at all food outlets at UJ as well as a gap analysis at STH, VC Lounge, Design Café and Johannesburg Institute for Advanced Studies;
- A historical review of all past Occupational Hygiene audits for Faculty of Science (FS) was conducted by Occupational Care South Africa to identify themes and gaps in terms of legal compliance and recurring themes;
- Aircheck was assigned the brief to assess risks to health after both the Zoology fire and the Auditorium fire. Incidentally, asbestos was found that will lead to further investigations and advisories regarding waste removal, given legal prescription.

1.3.5 Medical Surveillance

1.3.5.1 Medical Surveillance mandate and plan

The Occupational Health team 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 scorecard target

An overall completion rate of 245% was reached concerning the scorecard target of 95%.

A total of 650* medical assessments were completed year-to-date compared to the scorecard target of 265 for the year.

* *The significantly higher number of completions is indicative of the dynamic, solution designing ability of this Practice: the 258 insourced workers had to be accommodated for their legally required baseline medical assessment (pre-placement medicals). Completions therefore occurred over and above annual targets, and external service providers had to be enlisted to support the one staff member appointed at both the DFC and SWC campuses.*

The completion rates are reflected in Figures 3 and 4.

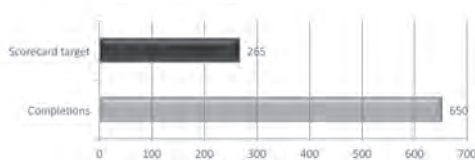


Figure 3: Overall completion on medical assessments compared to adjusted scorecard target

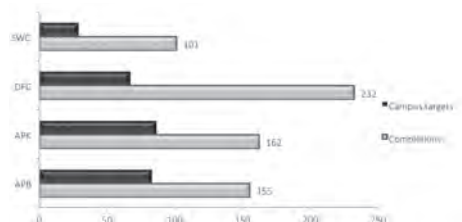


Figure 4: Completed medical assessments per campus versus scorecard targets

1.3.5.3 Client contact sessions

For the reporting period, 2944* client contact sessions were provided to the UJ clientele. Contact session types included those for Travel Health, for 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 2012, and Figure 6 is a graphic representation of the cumulative number of client contact sessions per campus.

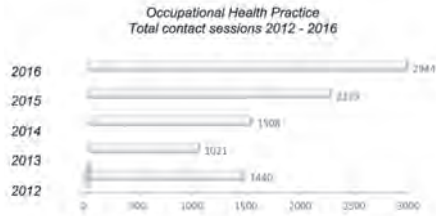


Figure 5: Annual totals: OHP client contact sessions since 2012

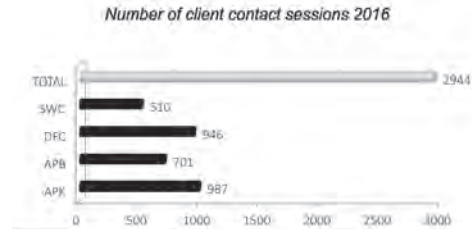


Figure 6: Number of client contact sessions per campus

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

Table 6: Client contact session types

Client contact session types	Number
Occupational Healthcare Resilience Programme ELG, PA's and 50 HOD's Radiation medicals Pre-placement-, baseline- & periodic medicals Public Driver Permit assessments Travel Medicine (pre-travel assessments; travel bags) Blood tests Post-exposure prophylaxis (PEP) after needle stick injury Lung function tests Hearing tests (audiometry) Eye tests (vision screening) Emotional debriefing	2013
Injuries and emergencies	50
Primary Healthcare Vaccinations (including Influenza campaign) Consultations	859
Ill health retirement & Incapacity assessments	22
TOTAL CONSULTATIONS YTD	2944

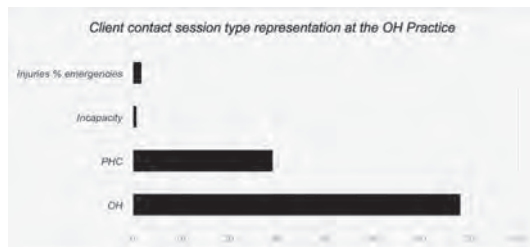


Figure 7: Client contact session types

1.3.6 Food Safety Auditing

Three rounds of auditing were conducted in the reporting period. The food safety practices of food service providers on UJ premises were assessed. Food safety auditors conducted the audits in February, July and the final round in October.

A gap audit was conducted in November/December to assess HACCP certification readiness of four UJ Food provider environments, namely JIAS, Madibeng Lounge, STH Main Kitchen and Design Café. Although insufficient equipment and facilities initially seemed to preclude the four spaces from achieving certification, the leading finding in the audit report was related to sub-optimal documentation. This obstacle is expected to be overcome with support and therefore HACCP certification has become an achievable goal for these environments in 2017. Such development will constitute a first for an HEI in SA.

UJ attained an average of 93% against Hazard Analysis and Critical Control Point (HACCP) criteria* (internationally accepted norm), a consistent performance exceeding the minimum international criterion of 85% for the past four years. UJ has consequently adopted the 90% compliance level as minimum criterion for UJ food service providers.

Results are displayed in table 7 below. View trends in Figures 8 and 9.

- Auditing occurs against the international HACCP food provider criteria; a minimum of 90% should be attained. Total scores are weighted as follows:

Housekeeping and Maintenance = 50% of score
Microbial (bacterial count) = 50% of score

Table 7: Food Safety Auditing 2016

UJ Food Safety Audit Result 2016												
	Housekeeping & Maintenance Score				Microbial Score				Total Score			
	Feb	July	Oct	-	Feb	July	Oct	-	Feb	July	Oct	-
OVERALL AVERAGE	80	87	88		100	97	100		90	90	93	
APB	79	84	87		100	100	100		89	92	93	
APK	84	90	91		100	100	100		92	95	96	
DFC	81	91	83		100	100	100		89	95	90	
SWC	75	83	86		100	100	100		88	88	93	
ISLAND (n/a)	-	-	-		-	-	-		-	-	-	

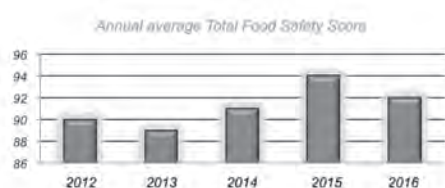


Figure 8: Annual average Total Food Safety Score attained at UJ Food outlets since 2012

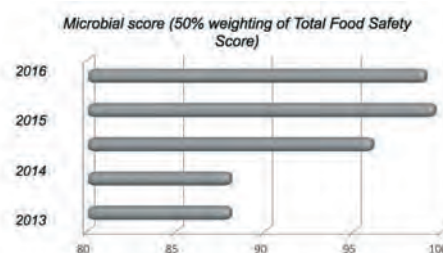


Figure 9: Microbial score (50% weighting of total score) attained at UJ Food outlets since 2012

The microbial score serves as a marker for food pathogens tested for on the hands of staff, cutting boards, dish cloths and food items present at food outlets. The November score is 100%, indicating no risk for food poisoning, while the annualised figure is 99%. See Figure 9 for the annualised scores since 2012.

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.

In line with contractual provision by Netcare911, a request for medical assistance on site or a notification is issued, depending on 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 Netcare911 in accordance with the SANS 10366:2009 standard. Care is taken to ensure that medical responders act within their Scope of Practice and that they are duly registered clinicians with the HPCSA and SANC.

A total of **63 events**, of which **11 (17%)** were **scheduled** and **52 (83%)** unscheduled on the UJ Year programme, were assessed for event medical risk during the reporting period. The obvious major medical event planning and standby was for the Registration period, categorized as medium risk by the SAPS, the Varsity Cup semi-final with the same categorization and the International Day, where medium risk ratings were also assigned. Registration's medical standby cost UJ R390 000. Netcare911 provided on site standby assistance for 33 events, while notifications to Netcare911 were issued for another 30 events during the period.

During student protest action in the last week of September, Netcare911 (N911) was summoned to be on site at each control room from 09:00 – 17:00. The objective of this arrangement was to free up the Protection Services resources given the serious situation.

See Figure 10 for an annual trend analysis, ascribed to the new event management software system and growing awareness and compliance among event organizers within UJ.



Figure 10: Annual event medical risk assessments since 2012

1.3.8 Provision of medical supplies and oxygen to UJ ambulance

The provision of medical disposables, medical devices, protective personal equipment (gloves; masks), servicing and calibration of equipment, and sourcing of appropriate disinfecting agents for infection prevention and -control in UJ patient transfer vehicles was upheld.

1.3.9 Emergency medical response

Response to calls for assistance is prioritized. Two-way radio communication is screened during office hours. Deployment and co-ordination of medical response are done at incidents where assistance is called upon. Professional decisions are taken on Netcare911's involvement.

A comprehensive proposal was prepared for MEC after research into gaps in emergency medical response at UJ. The proposal was approved. As part of the no-cost solution, the mobile application known as **MySOS** was introduced to the UJ community. All staff and students have received invitations to accept the application on their cell phones. The purpose is to shorten reaction time in case of a medical emergency at any UJ site. Pamphlets were printed and distributed during a further awareness launch at the Staff Day.

1.3.10 Radiation exposure risk management

Monthly dosimeter disks are ordered from SABS for radiation workers at UJ. After a 4-week wearing period the batch is couriered to SABS for analyses. The results are evaluated by the 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.

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 500 doses were procured and 480 doses administered on request. The remaining 20 vaccines were subsequently further administered to invited staff who would benefit from its protective effect.

Table 8 depicts the demand/uptake per campus.

Table 8: Influenza campaign 2016

Influenza Campaign 2016				
APK	APB	DFC	SWC	TOTAL
240	100	90	50	480

The uptake trend for the past 8 years is reflected in Figure 11. N-95 masks have been ordered and are always kept in supply in case the need arises to curb the spread of droplet-spread respiratory disease.

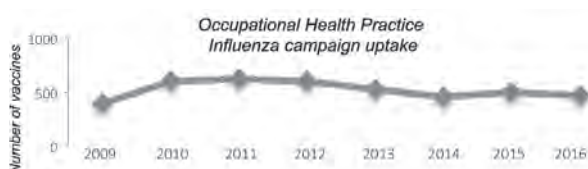


Figure 11: Influenza campaign uptake since 2009

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 45 to have complimentary PSA blood tests done, followed by a feedback session and referrals if indicated. **41** men benefited from early screening for prostate cancer.

1.3.13 Travel Health

- Pre-travel assessments were required from official travellers. They received vaccines, first aid bags and travel medicine. A total of **164 consultations** were devoted to travel health during the reporting period. Figure 12 shows the growth in number of consultations since inception.
- The Ebola Viral Disease (EVD) outbreak in Guinea and Liberia was monitored. External stakeholders such as Netcare911 and the National Institute for Communicable Diseases were debriefed and their medical management roadmaps were obtained. Communications lines were re-established for EVD outbreak response. The UJ clinics, the emergency medical responders and the Health Training Centre were informed and they were alerted to the new SOP that was created for clinicians. Clinics were issued with impervious gloves, masks, disposable gowns and goggles. Circulars sent to travel co-ordinators and employees to inform them of travel risk into West Africa. After approval by the MEC, a travel alert was issued to the UJ travelling population to **avoid travel to the affected countries till further notice** owing to the risk of the developing outbreak.
- An outbreak of Zika infections in South America, with its associated microcephaly and Guillian-Barre syndrome, has spread to multiple countries. A risk exists for pregnant females considering travel to the affected areas. Such a travel alert was issued to the UJ population.
- A yellow fever outbreak in Angola, which has resulted in more than 1 400 suspected cases, has spilled into the DRC and further afield into mid-Africa. A shortage of vaccines exists for preventative campaigns. Aedes aegypti mosquitoes that transmit dengue and Zika viruses also transmit yellow fever virus.

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.

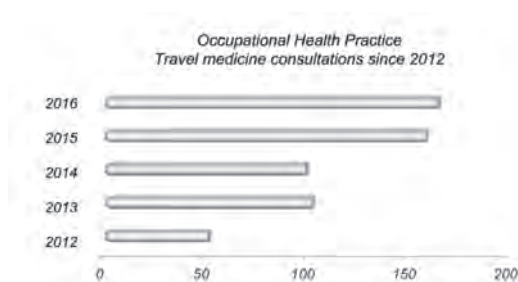


Figure 12: Travel Health consultations since 2012

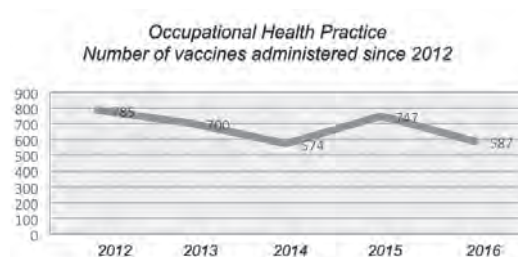


Figure 13: Total number of vaccines administered annually since 2012

1.3.15 Vaccination Programmes

A total of 587 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: 2016

587 Vaccines Administered				
	APB	APK	DFC	SWC
Hepatitis A	1	19	0	0
Meningitis	0	2	0	0
Typhoid vaccine	2	1	0	0
Measles	0	0	0	0
Yellow Fever	1	2	2	0
Hepatitis A & B	26	8	18	0
Hepatitis B	0	4	0	0
Tetanus	2	10	0	0
Hepatitis A & Typhoid	0	9	0	0
Sub-Total	32	55	20	0
INFLUENZA CAMPAIGN	100	240	90	50
TOTAL	132	295	110	50

The total number of vaccines administered year-on year for the past 5 years has averaged at around 680 vaccines per annum, as in Figure 13.

1.3.16 Siyabuswa task team

The Netcare911 contract extension was negotiated and activated to include the site until December 2016.

The task team has been dissolved and oversight for health risk has been concluded.

1.3.17 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

14 consultations were devoted to the three programmes. The baseline medical examination is 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.

Low GI, portion-controlled healthy snacks and meals have been introduced through STH.

For the period, 21% 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.

1.3.18 Caring

Spontaneous contact made with this Practice or psychological/psychiatric emergencies often prompt 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.

Student protest action commenced during the last week in September. In response, this Practice sent a Circular to reinforce to staff that UJ resources are available for *physical and psychological trauma support* (HR, PsyCad and OHP). The circular was posted on Intranet (UJ Daily Updates) and the OH intranet page. A *Safety Information document* was created in collaboration with Occupational Safety.

For the period 24 interventions (3 sessions sponsored per client per issue) were arranged for seven employees.

1.3.19 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.

2. STRATEGIC FOCUS AND TARGETS

2.1 Progress by the OHP for 2016 and beyond

2.1.1 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 ICOH Technical Committee on Chemicals in the workplace.

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 evidenced by a year on year growing utilization rate of the service and narrative feedback which displays appreciation for the service at 100% 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

2.2.1 Goals and targets for 2016 – 2017

2.2.1.1 The OHP's focus for 2016

- a) Refining the UJ global Occupational Health Risk profile based on qualitative risk assessment;
- b) Assimilating insourced workers into the Medical Surveillance Programme by conducting pre-placement medicals on all;
- c) Food Safety (HACCP) certification for four UJ vendors, namely VC lounge, STH Main Kitchen, Design Caf? and JIAS;
- d) Producing a 10-minute DVD on the Occupational Health Practice for posting on intranet and the web;
- e) Establishing an Alcoholics Anonymous group for employees at APK as a pilot project before expansion to all campuses;
- f) Plans to create a Lunchtime Garden Walk and a netball team to promote activity;
- g) Fitness testing for 150 Protection Services staff members: the OH Practice has conducted baseline medicals on all. Prof Coopoo will further assess their physical fitness, recommend exercise and arrange for reasonable rates at the UJ Gyms;
- h) Tracking and facilitating progress on the Tobacco Control policy implementation.

2.2.1.2 OHP Scorecard 2017

The 2017 scorecard is shown in Table 10.

Table 10: OHP Scorecard 2017

KPA	KPI	Tracking		Target	
Strategic objective 6: Fitness for purpose			Current position	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		90% positive feedback	95% positive feedback
	Client Satisfaction	Client satisfaction survey		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		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		90% uptake of annual Medical Surveillance Programme	95% uptake of annual Medical Surveillance Programme
	Legally compliant Occupational Health Risk Auditing	Occupational Health Risk Audit Plan executed		80% 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.		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% adverse events	0% adverse events
	Preventable event medical risk incidents	Event medical risk assessment Medical plans Situation reports		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		Research and select sites to visit	visit 1-2 U-21 members in 2015 - 2017

KPA 5.2 Results realising and collegial leadership approach	Values-driven staff	Staff performance ratings		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 % occupational disease	0% occupational disease

2.2.1.3 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
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 maintained (stock register) Oxygen provided and cylinders hired Infection prevention and control SOP written	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. Netcare911 (dedicated service provider) summoned if indicated; use of MySOS mobile app by any UJ employee
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 600 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 70 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	COVID procedure followed in conjunction with immediate Post-exposure prophylaxis (PEP) held on site.	Patient receives PEP, counselling and blood tests within 1-4 hours. Re-testing at prescribed intervals. Zero seroconversion rate.

2.2.1.4 Support Services Indicators

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	2017 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%

2.2.1.5 Health Risk Audit Plan 2017

An audit plan guides annual work. See Table 3. Risk is assessed by priority - appropriate to 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.

2.2.1.6 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 use and management of Hazardous

Chemical Substances, should be published. The performance above is dependent on an inspired, committed team with long-term tenure at UJ.

3. EMPLOYEE PROFILE

3.1 Overview

The OHP was conceptualized and founded in 2004 by the Head of the Practice as the only staff member. In time, correlating with 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 three 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 below.

Table 13: OHP Employee Profile

Job category	No	Occupational level	Job grading	Permanent	Contract	Temporary
Non-academic	1	Professionally qualified, experience 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			

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.

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 OMP resigned after 12 years of service to UJ. A second incumbent, Dr Basil Dhaniram, was appointed in May.

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

All nursing professionals are in possession of Dispensing Licences.

The annual SA Society of Occupational Health Nursing Practitioners (SASOHN) congress was attended by two professional members.

The administrative assistant commenced her N4 studies in Business Management through HR.

The head of this division has embarked upon a doctoral study (D. Phil Nursing) through Unisa.

Two occupational health colleges attended the “Ergonomic and work - related limb disorders repetitive strain injury and office ergonomic training” presentation. As part of the practical side of the training they need to do 10 ergonomic assessments on our clientele at UJ.

Sr Anne Henning attended HACCP certification training together with the HACCP team of STH. She further attended a one day Vision Screening Course.

Sr Miranda Tshabangu completed her Spirometry refresher training and further needs to complete practical work in 2017. She completed the Samtrac introductory course in May 2016 and hopes to proceed with the Health and Safety studies in the new year.

A clinical session on Bee Sting management was presented to the team by Sr Margareth Langeveldt on 16 March 2016. Margareth also attended the Travel Medicine course through SASTM – and is awaiting her result. She further attended the annual SA Society of Travel Medicine conference.

3.6 Performance re retention and attraction of top employees

Not applicable.

3.7 Achievements of employees

The OH team members have been allocated roles and responsibilities for 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.

The Radiation Protection Officer holds membership of the World Institute for Nuclear Safety.

3.8 Management of vacancies

No vacancies exist currently.

3.8 Management of overtime

No overtime remuneration applied.

3.9 Other applicable information

3.9.1 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 has, in addition, enlarged the physical area of responsibility for the OHP.

3.9.2 Capacity exceeded

The practice has, since inception, only been able to address Occupational Health Risk by priority due to low human resources capacity.

The UJ ratio OHP*: FTE staff is 1:1084 while the industry norm is 1:500.

**OHP: Occupational Health Practitioners: 3,6 Professional Nurses and a Dr 24h/month.*

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

Protection Services are 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. Ambulances are provided with medical disposables, oxygen and monitoring/defibrillating equipment. The OHP informs medical responders of the annual Basic Life Support (BLS) course to keep clinical skills updated in accordance with the SA Resuscitation Council protocols and the HPCSA Scope of Practice.

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 PHC and OHP 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 stressors. 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) Netcare911
- 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)

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.

Netcare911 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.

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 2016, 105 % of the former and 94% of the latter had been 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.

5.3 Effective management of financial and other resources

An asset register is maintained and all stock (medical disposables) issued to the UJ Protection Services staff is recorded.

All stock is procured under condition of good expiry dates.

In line with our fiduciary duty, a vitamin survey was conducted amongst ELG members in 2015 to ascertain the uptake and preferences. Subsequent deliveries in 2016 were adapted accordingly.

5.4 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.

6. TRANSFORMATION, LEADERSHIP AND LEADING CHANGE

6.1 Nature and scope of initiatives to enhance the OHP's climate and culture and 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.

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

Initiatives in Table 15 reflect the pursuit of the OHP towards GES.

Outcomes for the following quantifiable targets have been tracked and are reflected in Table 16.

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 Gap analysis for national Food Safety certification for UJ

A pilot project that has been underway to achieve HACCP certification for UJ food service providers, namely at STH Main Kitchen, JIAS, Design Caf? and Madibeng Lounge, has been advanced. The gap audit found

Table 15: Progress reflected on focus areas for the OHP in 2016

Focus area	Progress as at December 2016
a) UJ Food Safety certification strategy: national certification by the HACCP system was envisaged as pilot project for STH, VC kitchen, JIAS and Forum. UJ projected to become the first SA HEI to achieve this certification;	The Gap-analysis was completed in December 2016; yet the roll-out occurs in the future; pending funds.
b) The HOD of this Practice is enrolled in a doctoral programme focusing on guidelines on the use of chemicals at a HEI chemistry laboratory;	Research proposal is being prepared.
c) Use and health risks associated with biometric finger pads at UJ access control points	Article on biometric device completed and submitted to the Registrar.
d) Integrated health and safety compliance reporting requested by UJ Council	First integrated report developed collaboratively between Occupational Safety and the Occupational Health Practice, and submitted along with the Annual Report since 2015.
e) design and implementation of the new Fitness Programme for Protection Services in collaboration with Prof Yoga Coopoo; commencing at DFC;	The OH Practice is ready; 150 Protection Services staff have been assessed medically and will undergo fitness assessments in Feb/March 2017; then referrals to gyms.
f) Establish an intranet page for the Occupational Health Practice.	A consultant was appointed to assist with technical design and posting. The basic home page was completed and regular updates are posted. SharePoint has been used to post the Tobacco Control policy for comments. A second assessment tool was developed for blue-collar workers.
g) Update the UJ Intranet with relevant information on the OH Practice.	The Intranet has been updated and information appears under the Registrar's Portfolio.

Table 16: Quantifiable targets of the OHP

Entity	KPI	Progress: Dec 2016
1. Event medical risk mitigation at academic and cultural events	1. All medical emergencies at UJ events with an on-site N911 presence are attended to within 5 minutes by duly registered medical responders	1. Achieved for 63 events
2. Food Safety compliance	2. 90% compliance with HACCP norms	2. Achieved (92% UJ annual average)
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 free immunizations to staff at all campuses during Apr/May	6. 500 doses administered.

that certification is achievable on condition that documentation is implemented to reflect practices and processes. Apart from reputational excellence, academic excellence should be arrived at upon certification;

6.3.2 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;

6.3.3 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 2013;

6.3.6 MySOS

The mobile application was made available to all UJ employees and students via the current contract with Netcare. Approval was obtained to send invitations to both databases, after which the UJ population now is able to alert emergency services and GPS co-ordinates will be sent to call centres and next-of-kin.

6.3.7 Zika

Research into the developing outbreak of the Zika Virus infection and updates were posted on the OH intranet page. A circular was sent to employees and the UJ Travel-Co-ordinators. An article was written for the UJ web as well.

6.3.8 Emergency Medical response at UJ

A comprehensive investigation was undertaken to assess gaps in emergency medical response at UJ globally. A memorandum was written and proposals with quotations were obtained to remedy the equitable response to all medical emergencies at UJ and to add new resources. A proposal was submitted to Prof Kinta Burger who placed it on the MEC agenda; all proposals were approved.

6.3.9 International collaboration

E. Venter is a member of the Medichem Scientific Committee on Occupational Health in the chemical industry – a body of the International Commission on Occupational Health (ICOH). An invitation to submit a paper at their International Congress 2016 in Basel, Switzerland, was received. However, lack of funding precluded the delivery of the presentation.

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 all employee risk groups were completed at a rate of 245% of the targeted medical assessments (e.g. Public Driver Permits; physical assessments; lung function tests, audiometry; blood tests) annually; far exceeded because of the insourcing process demands;
 - Health Risk Assessments: annual planned programme of auditing based on legal cycles, as well as ad hoc assessments prompted by risk. For the period, a total of 59 on-site health risk assessments were carried out by the Occupational Health team prompted by current or emerging risk. The completion rate is at 179% in comparison with the scorecard target;
- b) Event medical risk management was conducted for 63 academic and cultural events of which the largest projects included the Registration period and Varsity Cup semi-finals;

- c) Radiation dosimetry results have shown no deviations beyond skin dose reference ranges – results are assessed by the Radiation Protection Officer and the OMP;
- d) Travel Medicine
A large component of the APK, DFC and APB Practice clinics. Travel medicine, vaccinations, travel medicine bags and receiving travel alerts regarding outbreaks of disease (e.g. the Yellow Fever & Zika outbreaks) have become entrenched destination risk management practice for a large number of official travellers at UJ. 115 contact sessions occurred in 2016;
- e) Food Safety auditing
The state of food safety at UJ is audited against 90% compliance to HACCP standards. UJ, after steady growth since 2011, achieved an average total Food Safety score of 92% for the year;
- f) Emergency Medical Response was examined to assess risk and design a solution for UJ. This proposal served at MEC and was approved. The MySOS mobile application was launched and should enable more rapid response time to all UJ sites.

7.1.2 Key/unique contributions towards GES in the reporting period

- a) Potential national Food Safety certification for UJ food vendors
Following five years of Food Hygiene assessments at UJ food vendors, and exceeding international norms for Food Safety, namely 92% average for UJ in 2016, a level of maturity has been reached. This status prompted an assessment towards certification of UJ food vendors, which was embarked upon in 2015. The certification for HACCP compliance occurs in alignment with the International Standards Certification. A gap audit conducted in November/December 2016 revealed that certification is achievable through attention to documentation of systems and processes;
- b) Tobacco Control policy roll-out
Since approval, designated smoking zones have been identified by the Snr Director: Campuses. Signage will be posted after establishment of the zones. A progress report was submitted to the Registrar in March 2016;
- c) Emergency medical response at UJ
Draft regulations, when promulgated, will compel UJ to be duly registered and compliant as an 'Emergency Medical service' to enable service delivery and own an ambulance. The ambulance must also be registered annually, comply with minimum criteria and will be inspected annually. Medical responders will have to be employed as medical responders and not fulfil a dual role in future. Currently, emergency medical response at DFC is not optimal and not congruent with APK response. Protection Services staff are under pressure to respond to medical emergencies, even if they are not qualified under the Health Professions Council of SA. This implies risk to UJ. Implications were investigated and relayed to the Registrar, who posted the matter on the MEC agenda in June 2016. It was agreed that the implementation of the draft regulations would not be an option for UJ. All proposals were approved, including the conversion of the UJ ambulance to a patient transfer vehicle;
- d) Zika/Ebola Virus Disease and other emerging communicable diseases
Comprehensive monitoring was sustained. Destination risk was assessed and health education, awareness and travel alerts were issued to inform the UJ travelling population;
- e) Seamless upward adjustment of Medical Surveillance targets to assimilate the insourcing project
Despite already scarce resources at the Practice, 258 additional baseline medical assessments had to be incorporated into the annual targets;
- f) A presentation on the HOD's Master's study
Presentation was prepared for the Medichem International Conference and was accepted; on the Programme; but lack of funds prohibited attendance;
- g) Student protest action
Medical standby was arranged, appropriate to the prevailing protest risks and intermittent health risk assessments were done. Radio contact was maintained to enable early response to emerging risk;
- h) Occupational Health Practice: intranet and web pages
Both sites are maintained with health promotive articles and regular updates on Travel Alerts, and latest contact and emergency contact numbers.

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) Conduct baseline or pre-placement medical assessments on insourced employees in addition to annual medical surveillance targets;
- b) Produce a 10 minute video clip on the OH Practice and post on web and Intranet;
- c) Facilitate Food Safety certification for VC Lounge, STH Main Kitchen, Design Café and JIAS;
- d) Establish Alcoholic Anonymous group sessions for staff;
- e) Zika virus infection and other emerging communicable diseases: comprehensive monitoring continued into 2017, including health education, awareness and travel alerts issued to the UJ travelling population;
- f) Doctoral study proposal submitted on a model for the safe use of Hazardous Chemical Substances at HEIs;
- g) Publication on master's study in the academic journal Occupational Health SA.;
- h) Fitness Programme for Protection Services staff.

7.1.3.2 Long term initiatives

- a) Strong bilateral collaboration with equivalent peers such as in U-21, Sigma Theta Tau International (Honor Society for Nurses), Medichem Scientific Committee role and the International Commission for Occupational Health;
- b) Trendsetting in OHP governance at a HEI.

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Elana Venter (Sr.)

Head: Occupational Health Practice

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Primary Healthcare Service

1. OPERATING CONTEXT, GOVERNANCE AND RISK MANAGEMENT

1.1 Introduction

Primary Healthcare is a division in medicine that refers to essential healthcare that is universal and based on sound principles and technology. It is one of the Department of Health's flagships in ensuring that healthcare services are brought as close as possible to the community. The University of Johannesburg has positioned the division in the Registrar's portfolio, which is a functional placement rather than a statutory one. The function of the Primary Healthcare (PHC) service unit is guided by the Charter for PHC and operates under the Core Standards for Primary Healthcare as directed by the national Department of Health (DoH). A PHC service is available at all four campuses and comprises of Primary Healthcare 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 clinic primarily focuses on student health but due to the uniqueness of our environment, staff, contractors and visitors are attended to when in need.

1.2 Operating Context

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

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

Further to the listed operational areas above is the support for those diagnosed with HIV, and testing for non-communicable diseases, commonly known as chronic illnesses. The services are offered for free to students with the exception of non-essential health monitoring such as cholesterol and blood glucose monitoring. A well-established relationship exists between the PHC clinics and the local hospitals and clinics to take over patients requiring higher levels of care. Essential drugs are provided by the Department of Health (DoH) as part of the PHC Standard Treatment Guidelines, with additional essential medicines purchased as provided for in the departmental budget. The 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 for with support from UJ Protection Services in conjunction with Netcare911. A contract exists 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 Netcare911 services is managed 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 as a qualification obtained by the manager. Health promotion including travel alerts are undertaken via awareness campaigns, posts on *ULink* and the use of social media platforms such as *Twitter* and *Facebook*

1.3 Governance

The manager of PHC is a member of several university committees. She is a member of the HIV/AIDS Committee, the Wellness Committee and the Primary Healthcare 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 Healthcare Nurse Practitioners (PHCNPs), Health Training Centre manager, a representative from PsyCaD and a manager from UJ Sport. On an ad hoc basis, 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). From the committee, several departmental policies and Standard Operating Procedures (SOP) have been put in place. 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 between various departments to curb the incidence of students engaging in risky behaviour. The health element is given attention and appropriate interventions put in place.

The PHC unit 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 health programmes available:

- 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.

1.4 Risk management

- The division's inherent risk is the accidental exposure of patients, staff and students to 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 the 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 an outbreak of an infectious disease is communicated to students on *ULink* and other social media platforms.
- Delay in medical response due to unforeseen circumstances poses a risk such that patients may not receive prompt high level intervention from Netcare911. A contract exists with emergency medical support from Netcare911, with continuous monitoring of the costs incurred in conjunction with the Occupational Health Practice division.
- The current location of the DFC clinic poses risk to patient confidentiality, as it is not a suitable environment. The clinic is currently housed in the Health Sciences Faculty's Health Clinic. It is a small passage with space for 2 consulting rooms and a reception office. A new location has been identified, with renovations expected to be completed within the 1st term of 2017.
- The clinic has renewed its license to operate as a health facility, as signed off by the Director-General of the National Department of Health. This was done after the resignation of Dr G van Zyl.

2. STRATEGIC FOCUS AND TARGETS

2.1 Focusing on the Strategic Objectives 2017-2025

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 Healthcare according to the National Core Standards determined by the National Department of Health.
 - PHC follows the DOH National Strategic Plan for 2014/5 to 2018/9, in accordance with the 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 to patients.
 - This is also achieved through thorough event 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 in order 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 adequate, and prophylactic medication is provided to protect them against prevalent medical conditions.

2.2 Strategic objectives and targets for the period 2017-2018

- 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 behavior.
 - 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 and resources for drug and substance abuse.
- 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 APK clinic to accommodate an additional consulting room.
 - Engagement with DOH to expand services such as mental health, dentistry, dietetics/nutritionists, etc.

2.3 PHC Committee Service Performance

The committee is chaired by the PHC manager, and the secretariat is provided by the administrative officer. The quarterly meetings took place as scheduled with the focus being on the strategic objectives for the year and progress regarding the action plans. The meetings have resolved issues around the following:

- Intern psychologists still have an integral part to play within PHC, with a focus on HIV testing and counselling clients who choose to go for termination of pregnancy.
- Event risk management to sports continues in collaboration with Netcare911, with a registered nurse providing on-site support in Varsity Sports Rugby.
- Nurse Initiated ART training will be done with support from Right To Care Themba Lethu Clinic in 2017.

- Social Work students will be allocated to all clinics to provide therapeutic support to clients making use of the clinic services.
- Training and development for staff will be done on a rotational basis to ensure continuity of service across the clinics.

3. PERFORMANCE PER CLINIC

3.1 BUNTING ROAD CAMPUS

Utilization of services

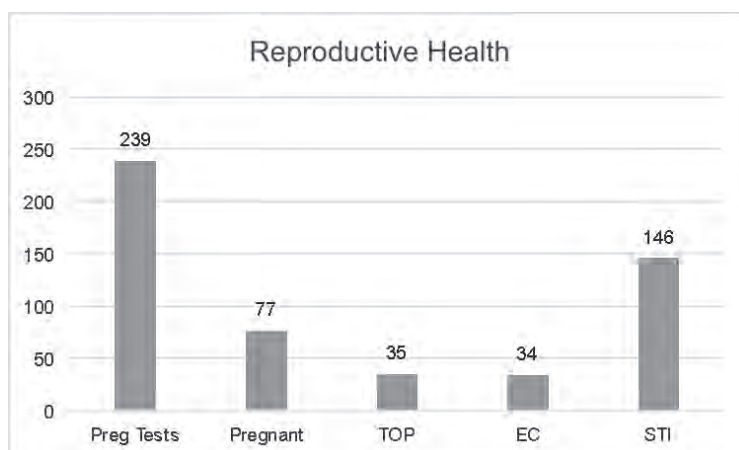
The clinic is located at Duiker Court; has one permanent PHC Nurse Practitioner working for 5 days per week and a locum PHC nurse working for 3 days, with the medical doctor working for 2.5 hours; this was subsequently increased to 4 hours during the last 3 months of the year. A total of 4 224 patients were seen by both nurses and the doctor. Both staff and students use the clinic optimally as seen in the table below, with 14% of consultations being by staff. This shows that some staff members still prefer using the clinic despite having medical aid. These include management of minor ailments and Family Planning services.

Total of PHC clinic consultations (APB)

Consultations			
APB	Student	Staff	Visitor
Q1	762	165	1
Q2	1 206	168	3
Q3	959	104	0
Q4	754	100	2
Total	3 681	537	6

Sexual Reproductive Health Service

Reproductive health services include injectables provided at 8 and 12 weekly intervals, oral pills taken daily and a subdermal implant given every 3 years. The implant has not had the desirable uptake as expected, with 3 insertions and 45 removals for the year. All other methods had a total of 1003 clients using other FP methods from the clinic.



Graph showing risky sexual behavior according to SRH clinic data (APB)

Patients who were diagnosed as pregnant were referred to Crosby Clinic or their own private gynaecologist to monitor the pregnancy. Those choosing termination of pregnancy (TOP) are referred to Rahima Moosa

Hospital, Hillbrow CHC or private providers. The challenge is that there are too few such providers in the public sector, and it does not seem as if the DOH has any new strategies to expand the TOP sector.

Condom use is lower than anticipated as reflected in the graph above. This graph reflects clients who did not use condoms and were subsequently treated for sexually transmitted infections, or tested for pregnancy – some of whom were indeed pregnant. STIs are much lower than the pregnancy tests, and this is an indication that those who tested for pregnancy may not always have been infected, even though the possibility remains. About half of those diagnosed as pregnant chose to terminate the pregnancy, as illustrated in the graph above.

HIV Testing Service

Engagement in risky sexual behaviour exposes individuals to HIV infection, as it clearly reflects inconsistency in condom use as a form of protection against STIs.

APB Annual HIV Testing Service

Students		Staff		Prevalence
Negative	Positive	Negative	Positive	
737	15	24	2	2%

The table shows clients who tested for HIV at the clinic. The HIV counsellor provides the service, with the intern psychologist providing the same service for 4 hours a week. The concern regarding this service is that the prevalence rate is at 2.2%, which is approaching the national one of 3.4%, yet we have the lowest student population in comparison to other campuses at UJ. APB campus has the highest prevalence rate within the university. More interventions need to be done to bring awareness to students and staff.

Health promotion

The national calendar is used as guiding principle for the awareness programme. February is Sexual Reproductive Health month. Sr Chetty and Wonga Mthetho took part in the “sex and sexuality” information session. This was in collaboration with the library to celebrate Valentine’s Day with students. Other campaigns were done in collaboration with IOHA and were aimed at increasing HIV testing and bringing awareness regarding the clinic services available for students.

October was held as Breast Cancer Awareness month. Information sessions were held for both staff and students with a very good turn-out. The clinic was declared as the runner-up in the competition for the best breast cancer awareness campaign.



Student session during breast cancer month (October) at the Library

First Year Experience

Orientation sessions were organized by the FYE Committee, but were reduced to one week as a result of the student protests that affected the different universities in South Africa. Faculties and departments that invited the Clinic during Orientation were FADA, various departments within the Faculty of Management and School of Tourism and Hospitality.

Challenges

Availability of continuous electricity supply at the clinic has not been provided for in the budget. This has been raised at the Campus Forum but no funds have been allocated as yet. This may result in a loss of medicines in the fridge in the case of power cuts that last for more than 48 hours.

Another challenge is the reception area which is not optimal for efficient customer care purposes. The receptionist has no full view of people coming into the clinic and has no access to the monitor that plays videos on health information.

3.2 KINGSWAY CAMPUS

The location of the clinic is on the E-Ring basement area with 3 PHC consulting rooms, 1 HIV Testing room, a sick bay that doubles a Doctor's consulting room, an emergency room and 2 offices, of which one is for the manager and one for the administrative officer. The reception area has a glass partition, which ensures protection for receptionists against exposure to infectious diseases. All high risk areas are installed with ultra violet light which eliminates the TB bacteria that may be in the air spaces. Students are given specific time slots to consult in an effort to avoid overcrowding and cross-infection of air-borne diseases.

This clinic has a high utilization as a result of the high number of students on campus.

Annual Consultations done at APK

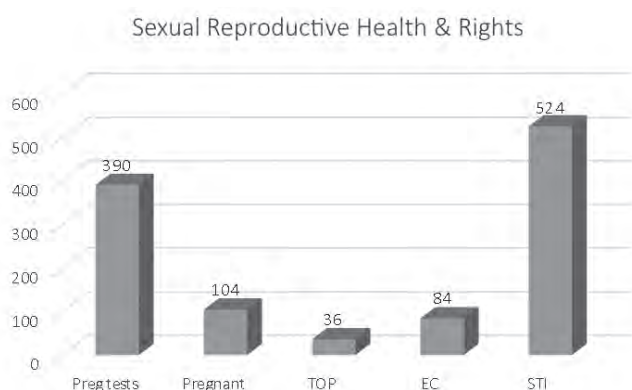
Date	Students	Staff	Visitors
Q1	2 203	298	5
Q2	2 933	370	3
Q3	2 461	333	2
Q4	2 441	203	4
Total	10 038	1 204	14

A total of 11 256 consultations were done at APK. This is made possible in that the doctor spends 4 hours per week at the clinic and there are 3 PHC nurses providing the service. Consultation times are 15 minutes per patient with Family Planning (FP) consults taking much less.

Sexual Reproductive Health Service

Family planning accounts for a large number of the consultations referred to above. A total of 4 661 consults were done. A single client can be seen on average 4-6 times per annum owing to the 8-12 week cycle of the injectable methods and oral contraceptives. The clients coming for FP come as "walk ins" and do not have to make appointments. A dedicated nurse provides the service to make it a "fast queue" arrangement, as most clients are not ill and do not require a holistic health assessment on every visit. Abnormalities that are identified are referred to the doctor for further intervention.

The 3-year subdermal contraceptive device has not received the uptake anticipated. We have inserted 9 devices and removed 37. This is mainly due to the side effects experienced by these clients. The Pap Smears done as part of a Global Fund project saw 99 done by end March. In addition, those done as part of the regular clinical process are done through *Ampath Laboratories* at a reduced cost negotiated specifically for UJ students, and totaled 74. Referrals to hospital were done on those found to have abnormal cells.



Reproductive Health Services at APK

The graph clearly indicates that condom use is not consistent based on the number of consultations relating to sexually transmitted infections (STI), pregnancy tests and emergency contraceptives (EC). Fewer than half of those diagnosed as pregnant have been referred for termination of pregnancy (TOP). This means they chose to keep the pregnancy; or had opted to terminate at a later stage and not at the point of diagnosis. It is interesting to note that STIs are higher in number than pregnancy tests which is not the case at APB. The challenge of this engagement in risky sexual behaviour is the high possibility of HIV infection. We have progressed in the sense of ensuring all those diagnosed are put on anti-retroviral treatment. Efforts to prevent HIV infections remain paramount.

HIV Testing Service at APK

Students		Staff		Prevalence
Negative	Positive	Negative	Positive	
1515	24	75	8	2%

The table above refers to a total of 1622 clients (both students and staff) testing for HIV with 32 testing positive. The clients who test positive are given further counseling and referral to the nearest health facility for anti-retroviral medication. IOHA provides further education and support to these clients. The prevalence of these clients is at 2% which is higher than the UJ average prevalence rate. This is however; lower than the higher education sector's 3.4 % prevalence rate. The number of clients tested was increased by including HIV testing at the gymnasium in the afternoons. This was done by the social work intern who was contracted to do HIV testing after hours.

Health Promotion

The health calendar was followed in implementing the awareness campaigns. February was Reproductive Health month, followed by March being TB Awareness month coupled with Zero Discrimination Awareness championed by IOHA. Peer educators had a wall of signatories where students committed themselves to acting against discrimination. The two book launches held at the APK Library focused on encouraging students to abstain from risky sexual relations including transactional relationships. The two books were "EXIT" and "Hamba Sugar Daddy", with both authors being available to take questions and explain the journey travelled in writing the books. The last major campaign done was about breast cancer, which attracted more students as it included breast examinations.

Travel Health

Students travelling to locations that have travel health requirements are encouraged to visit the clinic before departure. Yellow Fever vaccination and malaria preventative medication is the usual precautionary medicine that is required. This is mostly for tropical areas. 34 clients were provided with the service, with none reporting back with any illness from their travels.



Photo booth and paintings from the cancer awareness campaign

3.3 DOORNFONTEIN CAMPUS

The campus clinic is currently located in the Health Training Centre of the Health Sciences Faculty. This is not an ideal location as it is small and infringes on the privacy of patients. A new location has been identified with the intention of occupying the building on 1st April 2017. There are 2 PHCNPs, a receptionist and an HIV testing Counsellor. Dr Surtee is allocated 3 hours per week.

Utilization of services

Patients treated totaled 6 554, with 15% being staff coming for consultations at the clinic. This is the highest in comparison with other campuses that range between 11 – 12% of consultations by staff.

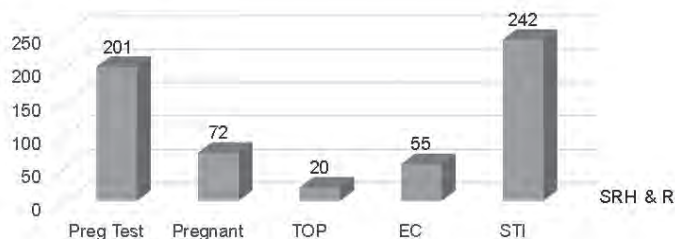
Consultations at DFC Clinic

Consultations			
DFC	Students	Staff	Visitors
Q1	1 244	261	1
Q2	1 695	289	1
Q3	1 494	260	1
Q4	1 133	175	0
Total	5 566	985	3

Reproductive Health Service

The consultations indicated above include Family Planning which accounts for 1 343 consultations. The service is meant to reduce unwanted and unplanned pregnancies. Methods used include the 3-year Implanon, a subdermal implant which has slowed down notably in uptake since its inception in South Africa two years ago. The clinic has inserted 8 and removed 3 Implanons. It is evident that there are more implants inserted than removed. This is unusual compared to the other UJ campuses, although the numbers are still very low.

Sexual Reproductive Health & Rights



Reproductive Health at DFC

The graph shows the incidences of risky sexual behavior as treated in the clinic. Sexually Transmitted Infections (STIs) are the highest followed by those tested for pregnancy. Those treated for STIs are likely to be tested for pregnancy as both indicate the lack of condom use. It is important to note that fewer than half of the pregnancy tests were positive, meaning less interruption of the academic year for the female students. A very small number of students did not want to keep the pregnancy, with only 19 being referred for TOP. The morning after pill is offered on a needs basis and is considered an emergency. Clients do not have to book a time slot to be given medication to stop the pregnancy. As stated before, this poses a higher risk for HIV infection which is expressed below.

HIV Testing Services

HIV testing at DFC

Students		Staff		Prevalence
Negative	Positive	Negative	Positive	
921	13	31	1	1.50%

The table above reflects a total of 975 clients testing for HIV with 14 testing positive. The positive clients are given further counseling and referral to the nearest health facility for anti-retroviral medication. IOHA provides further education and support to these clients. The prevalence is at 1.5% which is lower than the UJ average prevalence rate of 1.7%. This is still lower than the higher education sector's 3.4 % prevalence rate. The number of clients tested was increased by including the HIV testing at the gymnasium in the afternoons; however this was then stopped as there were too few clients testing.

Health Promotion

The health calendar was followed in implementing the awareness campaigns. February was Reproductive Health month, followed by March as TB Awareness month coupled with Zero Discrimination Awareness championed by IOHA. Peer educators had a wall of signatories where students committed themselves to acting against discrimination. A major highlight at this campus is the enthusiasm in organizing the events and capturing the targeted audience. The Faculty of Engineering and Built Environment was approached for a wellness day event. This was successful in that collaboration with IOHA resulted in 56 students being tested in one day, which has improved the clinic usage by students. Breast Cancer was also another successful campaign, with a GBV discussion on UJFM where one survivor shared her story.



Pictures from the breast cancer awareness at APK

3.4 SOWETO CAMPUS

The clinic is located in a stand alone building named after Dr Nthato Motlana who was a renowned medical practitioner in the Soweto area. The building is in a good condition with six consulting rooms; 2 are for PHCNPs, 1 for the Doctor, 2 for HIV Testing and one for the Occupational Health nurse. A sick bay with space for 2 patients and a storage area are also available.

Utilisation of services

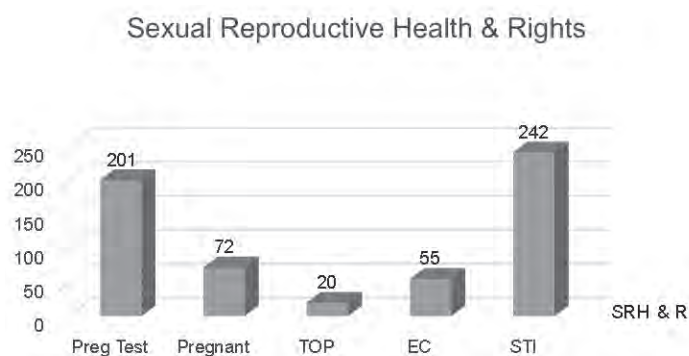
A total of 5 739 consultations were done with 10% being staff members. The 15 minute consultation is also applicable with FP being included in the service.

Consultations as SWC

Date	Students	Staff	Visitors
Q1	1 140	134	0
Q2	1 583	152	3
Q3	1 182	123	0
Q4	1 294	127	1
Total	5 199	536	4

Sexual Reproductive Health and Rights

The graph clearly indicates that condom use is not consistent, based on the number of sexually transmitted infections (STI), pregnancy tests and those requiring emergency contraceptives (EC). About a quarter of those diagnosed pregnant opted for choice on termination of pregnancy (TOP). A challenge of this engagement in risky sexual behaviour is the high possibility of HIV infection.



HIV Testing Service

The table above refers to a total of 660 clients testing for HIV with 10 testing positive. This is the lowest when compared to other UJ clinics. The clients testing positive are given further counseling and referral to the nearest health facility for anti-retroviral medication. IOHA provides further education and support to these clients. The prevalence is at 1.5% which is lower than the UJ average prevalence rate. It is also lower than the higher education sector's 3.4% prevalence rate. Testing at the UJ gymnasium was not successful and hence discontinued. There will be further exploration of ways to increase the number of clients.

Students		Staff		Prevalence
Negative	Positive	Negative	Positive	
639	6	21	4	1.50%

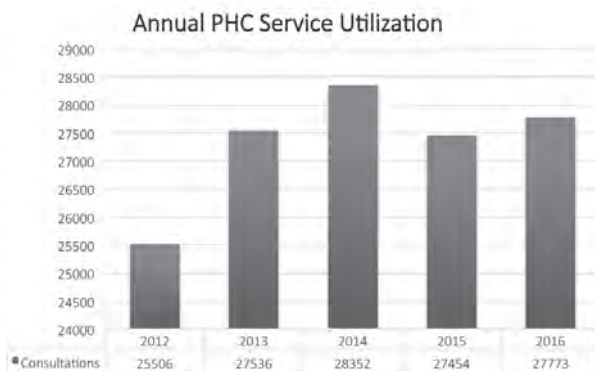
3.5 OVERVIEW OF PRIMARY HEALTHCARE SERVICES AT UJ

3.5.1 Overview

The total number of consultations in the quarters provided by healthcare practitioners at the clinics was **27 773**. Of those **24 484** were students and 3 262 were employees. The *employees* in this case refer to contractors and UJ remunerated staff. This illustrates the challenge of ensuring the capacity to provide students with adequate healthcare, when this is also used by staff. More resources could have been allocated to students who in most cases do not have alternatives to healthcare. It should be noted that APB has only one PHCNP on a permanent basis. Unique Nursing Agency provides for a nurse 3 times a week.

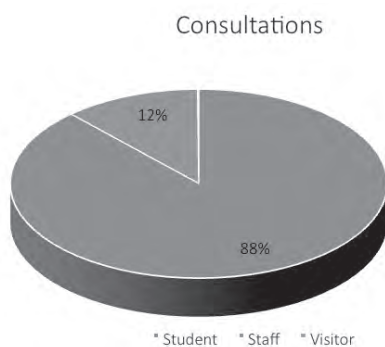
Consultations at UJ PHC clinics excluding HIV testing

Campus	Student	Staff	Visitor	Total
APK	10 038	1 204	14	11 256
APB	3 681	537	6	4 224
DFC	5 566	985	3	6 554
SWC	5 199	536	4	5 739
Total	24 484	3 262	27	27 773



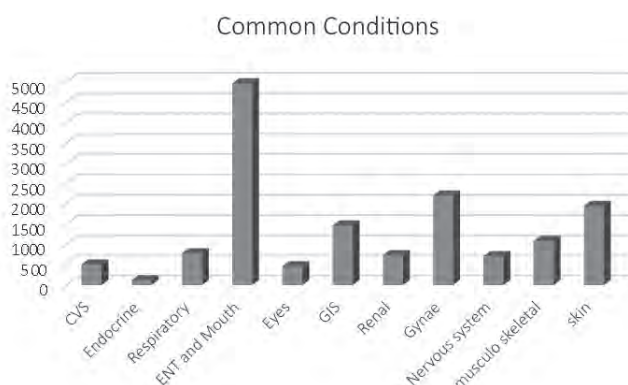
Annual PHC Service Utilization (5-year period)

Stability in the human resources of the PHC clinics provides us with the opportunity of providing consistent healthcare services. The graph shows an average of 27 500 consultations in the last 4 years. This includes the highly utilized Family Planning clinic which will be given focus later in this report.



Comparison of the utilization by all staff and students

The chart illustrates that 12% of consultations were allocated to staff at no cost. There has been a 1% increase in comparison with the previous year, which is attributable to more insourced staff making use of the clinic facility. More students could have been attended to, as most do not have medical aid insurance, as opposed to staff who receive a medical aid allowance from the University. It is envisaged that in future, the PHC clinic will focus on being a student health facility. Staff will be provided for, in that medical emergency incidents occur, with additional reproductive health services for female staff only. This is necessitated by the limited resources and effective use of available personnel.



Common conditions treated at the clinic

The most common health problems that present at our facilities relate to ENT (ear, nose & throat), & mouth conditions, gastrointestinal, gynecological, skin and central nervous system ailments. Gynae conditions are common as most are related to reproductive health issues, with skin conditions being mostly acne and skin infections related; which is explained by the young population seen at the clinics. Cardiovascular (CVS) conditions are of a serious nature but not as prevalent; similarly endocrine system conditions are also quite low; the most known being diabetes mellitus. Nurses use the Standard Treatment Guidelines based on WHO requirements and adapted by the DOH and incorporated into the South African health system to treat various diseases. Nurses are able to prescribe and dispense medicines from schedule 0-4 which includes certain antibiotics and analgesics. All clinics have well stocked pharmacies that meet the minimum standards as determined by the Medicines and Related Substances Act No 101 of 1965 as amended. This is possible as the medical practitioner oversees the management of these, with referrals where a higher level of care is desirable.

3.5.2 Clinic consultation processes and procedures

Patients are consulted by making bookings which allocate 15 minutes per patient. Medical emergencies are always prioritized. The booking of appointments has been noted as undesirable by students at various platforms. However, this system is the most viable method of ensuring that overcrowding at clinics is avoided. It also protects patients from the possibility of cross infection while waiting in queues, and enables them to attend classes according to their timetables.

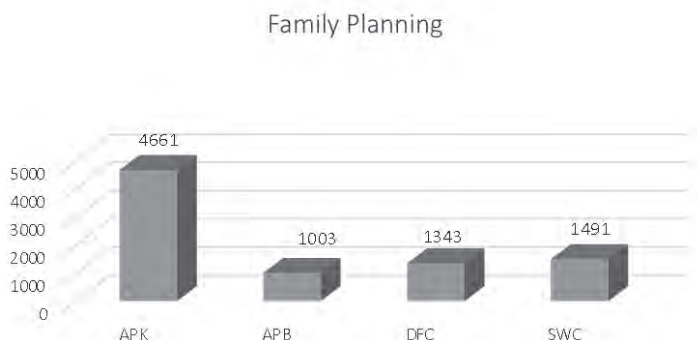
Vaccinations are provided for Travel Health purposes and to Health Sciences students to protect them against accidental exposure to bodily fluids; according to the Policy for Accidental Exposure to Infectious Agents as approved by MEC in 2016. A total of **332** vaccines were given to students. This mostly refers to Hepatitis A & B and Tetanus, and to a less extent Yellow Fever vaccinations. Other vaccines include MMR and meningitis, which is mostly given due to travel requirements. There was an 11.4% increase in the uptake of vaccinations in comparison to 2015 which can be attributed to more information being available about the clinic services.

Three needle stick injuries were referred to Dr. Kay for Post Exposure Prophylaxis, which excludes the Emergency Medical Care (EMC) and Nursing Science students who are treated on a separate contract and at the allocated clinical facility respectively. Students put on prophylactic treatment were all subsequently re-evaluated after 3 and 6 months. No HIV sero-conversion cases have been reported thus far.

3.5.3 Reproductive Health Services

The DOH prioritizes the provision of free reproductive health service as it addresses the Sustainable Development Goal relating to empowerment of women and girls. It is said that women who have access to this service are likely to further their education and provide for their families in the longer term. The contraceptive methods provided are: injectable, oral, subdermal implant and the barrier method in the

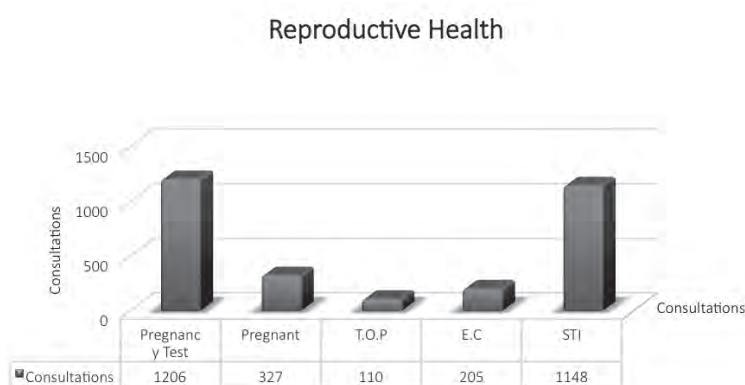
form of both male and female condoms. The introduction of the banana and grape flavoured condoms and more recent “Max” that were introduced by the Deputy President in Parliament have received applause from the youth and are being used more often in comparison with the old “choice” condoms. Family planning is the most used service across the clinics at UJ.



Family Planning usage at all clinics

The graph shows the incremental usage of the contraceptives across the clinics. APK is the busiest clinic in general and with FP specifically. Almost 30% of all clinic consultations are for FP. A total of **8 498** consults were for FP, which is a 13.2% increase from last year. This is a good indicator of the acceptability of the contraceptive methods available. The APK clinic has a dedicated nurse who focuses on family planning only. This is due to the high number of students in the campus. The 3-year implant has not received the desired increase in usage due to side effects experienced by patients. It causes some women to have uncontrollable menstrual bleeding. The matter has been brought to the attention of the DOH. This was followed up by a week’s training and evaluation of the implant by *JH Piego* in collaboration with the Reproductive Health Service department of the DOH. This was attended by one PHCNP, with feedback that intense education should be given prior to insertion of the implant. This year we have only managed to insert 36 implants and removed 99. Patients cannot be denied their right to remove the implant especially when it is having undesirable side effects.

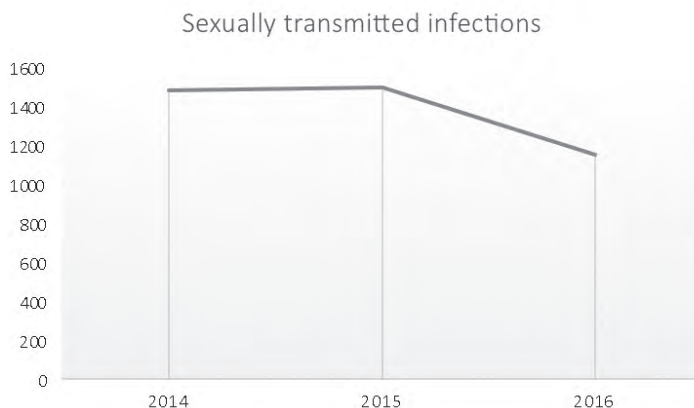
The **new Family Planning Contract** for private providers was signed with the Department of Health’s Reproductive Health division. The contract enables the clinic to continue receiving contraceptives from the regional pharmacy at no cost.



Reproductive health services at UJ excluding Family Planning

Sexual Reproductive Health (SRH) is a service essential to the youth health aspect of PHC. The challenges of unplanned pregnancies and incidences of sexually transmitted infections remain a point of concern in higher education health services. Consultations with pregnancy tests were **1 206** with **327** testing positive. Clients requesting to terminate the pregnancy were referred appropriately via PsyCaD for counselling. STIs

are treated with antibiotics with a partner notification slip which urges the partner to come for treatment to curb repeating the infection. The rate of STIs is still a concern as it indicates engagement in risky sexual behaviour. It is encouraging to note a **30%** decline in STIs when compared to same period in 2015. The graph shows the decline in STIs over the past 3 years.



A decline in STIs illustrated

This may be an indication that health information works positively and students are engaging less in risky sexual behaviour. It is however interesting to note that the number of STIs and pregnancy tests are almost identical. An inference can be made that those who contract STIs are likely to be those testing for pregnancy. It may show awareness of exposure to risk and the need for an immediate intervention to expedite return to health. The supply of both female and male condoms has been improved with the addition of flavoured male condoms. Educational materials are provided for patients to be informed continually about how to prevent recurrence of STIs.

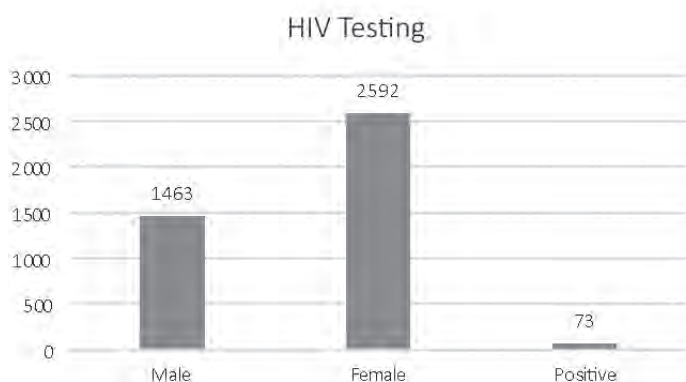
The service is used optimally by most females in the University because of the various methods of contraceptives available on campus. It is to be noted that pregnancy testing is still high which may explain the equally high STIs. This shows risky sexual interaction as condoms are not in use or used to a less extent. Various studies have indicated that young people do not use condoms consistently, hence the continuous challenge of STIs and unplanned pregnancies with the concomitant usage of emergency contraceptives. The risk is mitigated by treating those diagnosed, providing contraceptives at all times and providing the “morning after” pill (emergency contraceptives) on request. The latest updated SRH guidelines reported that the morning after pill should be given up to a maximum of 5 days after exposure to unprotected sex.

3.5.4 SRH collaboration with Netcare

In cases where students indicate that a sexual assault took place, they are referred for counselling, and Netcare hospitals provide medication to prevent and/or treat sexually transmitted infections, with the collection of specimens should the client pursue criminal charges. Cases that have been reported to the clinic totaled four across the campuses. Most report a day or two after the incident has occurred. The specimen will be used as evidence in court. The patient also receives anti-retroviral medicines to prevent the possibility of HIV infection. All this is provided at no cost to the survivor. The service is also available in the public sector at no cost. The challenge is students who do not want to press charges yet indicate that they were sexually assaulted. The support continues nevertheless. Only one case was reported to the clinic in the month of July. Proper support was provided, the SJES department and Protection Services were also engaged in this matter.

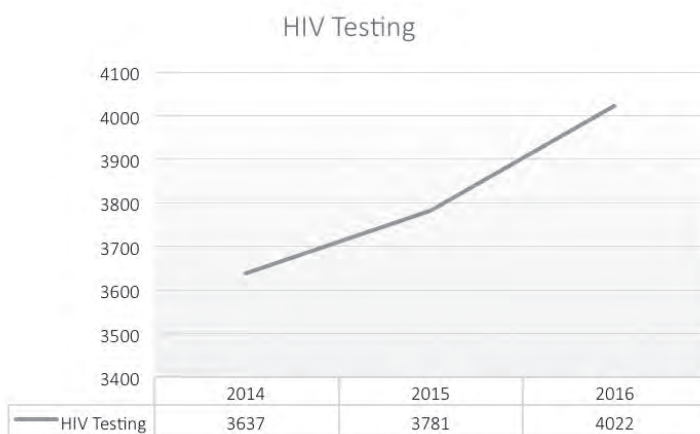
3.5.5 HIV Counselling and Testing

The graph above gives an overall picture of all who tested for HIV at PHC clinics. This includes students and employees. A total number of **4 055** clients tested for HIV and **73** tested positive. The number of



HIV Testing Services

clients tested at the clinic has increased by 6% in comparison to the previous year. The prevalence rate has increased to 1.8% from 1.7% in 2015. Even though the rate is still below the 3.4% rate nationally, as stated in the last HEAIDS led study conducted in 2010, the concern remains of a reduction in those testing in the clinic. It is also possible that we are not recruiting those that are engaging in risky sexual behaviour. It is interesting to note that DFC has a higher number of males testing in comparison to females although this has evened out in the 4th term. This is different to what is common on other campuses and in the country, but can be explained by the typically male dominated degrees/programmes offered at the DFC campus. Students have also shown preference for a system of not making appointments when coming for HCT. There has been an 11% increase in males testing for HIV in comparison with the previous year. The rate of male to female testing stands at 1:2, which is a marked achievement as the national ratio is 1:4. This also responds to an objective raised by the minister of health regarding the recruitment of men to test for HIV.



Incremental usage of HIV testing service

The clinic makes use of lay counsellors who have been trained to do tests by finger pricking patients in the rapid HIV testing technique. Clients who test positive are referred for medical intervention by PHC nurses. Follow up is done by collecting blood samples for a CD4 count. Since September all patients testing HIV positive have been referred for ART. The DOH and WHO advocates for the 90-90-90 strategy which is aimed at improving the testing for HIV and caring for those diagnosed HIV positive. The last 90 implies that 90% of people with HIV should be on ART regardless of the CD4 count level. Psychological and educational support for these patients is offered in collaboration with IOHA and PsyCaD. Female patients are offered Pap smear tests annually to detect the presence of cells that indicate the onset of cervical cancer, as they are more vulnerable owing to the HIV infection. Free flu vaccination is offered to those vulnerable to opportunistic infections in the winter months.

3.5.6 Client satisfaction

The satisfaction survey is done to evaluate the level of service provided on a quarterly basis. There was an average of 89% across all campuses with DFC being the highest at 92%, followed by APB 89%, APK at 88% and SWC at 87%. Feedback is generally very positive at all clinics. The staff is clearly providing excellent professional service to patients. This rating is above the set standard of an 85% satisfaction rate.

3.5.7 Travel health

Travel health service is provided to students travelling on UJ assignments. The service was offered to a total of **111** students going to mostly malaria areas within and outside the borders of South Africa. Yellow fever vaccine was also administered to clients visiting areas that require a Yellow Fever certificate such as Zambia and Tanzania. The challenge experienced in this service is clients who report very late before leaving for their destined countries. Information sessions include travel health information to inform students. The Ebola virus information was posted on the *ULink* and on the twitter page. With more awareness this has improved significantly. Communication with UJ's International Office has also improved significantly, and that has resulted in more efficient preparation for students prior to leaving for various destinations.

3.5.8 Health Promotion

- February was Reproductive Health Awareness month. The purpose was to bring sexual health, unplanned pregnancy and HIV counselling and testing to light. There was an additional health screening programme where students were given a basic screen for Hypertension and Diabetes Mellitus and had HIV counselling and testing as well. Listeners were encouraged to call in and comment on the topic as announced for discussion. Collaboration with IOHA and external testing partners such as Health for men, Chaps and ISO was fruitful, as this resulted more HIV testing.
- The Tuberculosis Awareness month was in March according to the National Health Calendar. The 15th and 17th March were used as commemoration days for UJ's TB awareness days at APK and SWC campuses respectively. TB, STI, Prostate Specific Antigen tests and HIV rapid tests were done. Collaboration was with IOHA and the City of Johannesburg; the Clinical HIV Research Unit in Helen Joseph hospital provided resources that enabled 114 to be screened for TB with 8 sputum specimens collected and all testing negative. The HIV tests done will be reported by IOHA. 24 PSA tests were done, with all negative.
- The APB library and the PHC clinic collaborated to celebrate Valentine's Day by having a sexual health talk which resulted in more students using the clinic for information and consultation.
- UJFM has provided a weekly slot for the clinic staff to communicate their services and bring awareness to the UJ community about prevailing health programmes. Sr Geya is currently presenting on a weekly basis. Experts of note were from SANCA talking on substance abuse awareness; also a recovering addict who shared her story with listeners. The month of August was dedicated to Gender Based Violence and the radio slots were used to share stories of students who were recovering from violence that included sexual assault.
- April was Influenza Awareness month, and free vaccinations were provided to students. The drive was not advertised as vaccines were limited. All 200 vaccines were utilised at all clinics with the criteria of being medically required and on request as long as stock was available.
- June was Drug and Alcohol Awareness month. Collaboration with SANCA, IOHA and Student Affairs resulted in three radio interviews with discussion around prevention, coping and recovery from substance abuse. Students were also trained for two days on the same topic by SANCA.
- Peer educators have been recruited and are used in health information distribution among their peers. They work closely with LINK programme in IOHA. A total of 39 peer educators have been recruited with basic information sessions held, to widen the scope of health information to be shared with other students. Training on basic HIV counselling was provided to equip peer educators with knowledge around HIV issues. The social work student allocated to PHC benefited directly as she now can counsel and test patients for HIV infection. HIV Testing counsellors are monitoring the peer educators as part of their responsibilities, with support from nurses.

- Cervical Cancer Awareness was focused on in the month of September. Pap Smears are done via Ampath laboratories at a cost of R136.00 with results being available after 24 hours. Patients with abnormal results are referred to a public or private hospital depending on the availability of medical aid.
- The Social Work student allocated to PHC received training that enables her to perform HIV testing. The positive outcome was that she had access to more clients than those who needed her intervention as a therapist. The system will be formalised with the SW department, and more students can then use the clinic for their practical experience.

3.5.9 Marketing

The webpage is up and running on the intranet. The use of social media was one of the strategic objectives for this year. A *Facebook* (FB) page was established under the guidance of the UJ Marketing division. The account has so far 174 followers who are mostly students. A twitter account was opened and currently stands at 287 followers. Tweets and FB posts are promoted by tagging other UJ departments that are on social media. These three facilities are used to promote health information and announce activities taking place at the clinic. Weekly posts are sent to alert followers to the health topics and campaigns that are underway.

3.5.10 Engagement with student bodies:

The SRCs from all campuses engage quarterly, and more often when necessary, with the clinic staff ironing out challenges and engaging students in health awareness initiatives.

Students with disabilities were engaged and suggestions regarding accessibility of the clinic were discussed. The clinic's operational hours and services provided were discussed at length with the SRCs at all campuses. This has opened channels of communication to avoid misunderstandings and to enable collaboration around future projects.

There is a current challenge regarding the ramp being erected to enable wheelchairs to access the HIV testing office. After numerous engagements with Operations Division, it was decided that a ramp cannot be erected as suggested. Students will however still access the service though not necessarily the specific office.

Akani day house was actively involved in the three book launches in the Library. They provided a facilitator (one of the students) for the EXIT! Book launch. This was in collaboration with the Library, IOHA and Student Affairs division. About 200 students attended the events with active participation around ending violence against women, human trafficking and prostitution, which are all inherent in substance abuse. The other issues addressed in these books include relationships and transactional relationships in particular.

3.5.11 First Year Experience (FYE)

- The orientation period was limited to one week in February due to the challenges around the country's higher education sector in the latter part of 2015 and early 2016. Faculties arranged for the sessions to take place at various venues. The PHC and IOHA combined their sessions by having video footage playing with focus on health, wellness and social drivers of HIV. Students gave positive feedback and subsequently made use of the clinic. Peer educators were also recruited at these sessions.
- An orientation session held in collaboration with IOHA was held at Sophiatown Residence to bring on board services available to students in and around campus. There was contribution from the South African Police Service, Department of Social Development, Brothers for Life, ISO and SANCA. This was very successful as students were bussed in from all campuses. Dr. Charlotte Blignaut was instrumental in organizing students to be available for this session.
- The 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 from the PHC office is being developed and will be available in the new module.
- The FYS is currently being planned for, and the same model of combining initiatives from IOHA and PHC will be implemented.

3.5.12 Global Fund Pap Smear project

A total of 304 Pap Smear tests were done and concluded according to the funding time frame. This project has been running from August 2014 and ended in March 2016. The tests help to identify the early onset of cervical cancer. The challenge for the project was that the initial target of 2000 tests was not achieved due to inadequate resourcing. The project was done using the current clinic resources, which proved to be inadequate and affected the normal clinic activities. Lessons have been learnt from these challenges, and will be implemented in future projects of this nature.

3.5.13 Medical support for UJ Sport

Varsity Sport Rugby: Event medical risk planning was done for the five games that UJ was hosting. Challenges around violence at the other universities led to one game being cancelled and played at the FNB Stadium. The event medical standby was provided with additional resourcing, as the event was reclassified to medium risk. Overall, 44 games that needed medical event risk management were scheduled, with 52 event notifications. The events were planned adequately, with costs being the only challenge. Departments were the advised to start planning fully for their events, as at some point they will be required to carry all costs of the event. Going into 2017, the costs will continue being from the Netcare contract.

3.5.14 Prevention Care and Support to HIV positive students

Patients diagnosed HIV positive are monitored monthly, and clinical staging is done at each visit. Blood samples for CD4 count are done biannually and pap smears done annually. The HIV management guidelines require that all patients testing positive will be put on ART.

Discussions with DOH are underway to establish an ART site at UJ. The commencement period from September 2016 for the "Test and Treat" campaign was not realized, as the DOH colleagues had challenges in implementing the programme in the community clinics.

Students who are accidentally exposed to needle stick injury are at risk of HIV and Hepatitis B infection among others. This usually occurs in the Health Sciences Faculty as students perform their clinical work. According to the Policy for Accidental Exposure to Infectious Agents, patients are put on the Post Exposure Prophylaxis (PEP) regimen under the guidance of Dr. Kay Mahomed based at Garden City as the HIV clinician. Only 3 students were treated for PEP so far.

3.5.15 Medemass-Healthone

The electronic patient information system is in place and being used by administrative staff, HCT counsellors and medical staff. The challenges experienced have been resolved through interaction with the ICS division and technicians from Medemass. Regular meetings and a recent increase in the memory capacity has improved the effective usage thereof.

4. EMPLOYEE PROFILE

The manager and eight PHC Nurse Practitioners are on permanent appointments. The manager is an African female; six PHCNPs are African, one Indian and one Coloured. Seven PHCNPs are female and one is male. The service makes use of Unique Nursing Service agency to source nurses when there is a need or when a PHCNP is ill or absent for training purposes. Six administrative employees are female; with two being Coloured and four Africans. Four HCT counsellors are on permanent positions of whom two are female and two are male. The female medical practitioner is Indian and she is employed on an annual contract basis. The five student assistants are all African with five females and three males.

New Positions and appointments

All staff members are on permanent appointments. There are no vacancies in the division.

Employee profile and allocation

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	2
DFC	2		1	1	2
SWC	2		1	1	2

Staff development

All PHCNPs are qualified in the specialized field of Primary Healthcare with a dispensing license as a requirement to prescribe and dispense medicine according to the Medicines and Related Substances Control Act 101 of 1965. The two new PHCNPs have enrolled with Sefako Makgatho Health Sciences University to obtain their licenses in 2016. One PHCNP received his B. Cur Ed et. Admin with Occupational Health Nursing specialization. Two PHCNPs are currently registered with the Nursing Department of the University for the Master's degree in Community Health Nursing. One receptionist has enrolled for the Business Administration course provided by the HR Training department. She attends two days a month for a 12-month period ending in May 2017. The plan is for receptionists to attend the course as long as the course is offered.

The SAACHS annual conference was attended by two PHCNPs and the manager, who is the Gauteng regional secretary. Sr Geya was the guest speaker at the opening of the conference. The SASTM Travel Health conference was attended in September 2016 by two PHCNPs. One receptionist attended the Career Guidance workshop; two nurses attended the SASTM Travel Health Conference, and all administrative staff attended the Secretaries Conference. The Foundation For Professional Development provided Gender Based Violence training to two nurses and four Counsellors.

5. COMMUNITY SERVICE, STAKEHOLDER ENGAGEMENT AND REPUTATION MANAGEMENT

Internal stakeholder engagement

- The manager provides a quarterly report to the HIV/AIDS committee focusing on the prevention, care and support aspect as guided by the National Strategic Plan on HIV/AIDS management at higher education institutions.
- A report is also submitted to the Wellness committee detailing staff HIV testing using PHC service.
- Intern Psychologists were orientated on HCT testing at the clinic as they offer the HCT as additional support to HCT counsellors based at the clinic. Training included information on Termination of Pregnancy provided by the Sr. M Musa who manages the TOP clinic at Leratong Hospital. The TOP process and latest developments in Sexual and Reproductive Health services and counselling were discussed.
- PHC partnered with IOHA on the Sexual Health Awareness month and on the World TB Day commemoration.
- The peer education programme is underway in collaboration with IOHA.
- Collaboration between PHC, PsyCaD, IOHA and Student Affairs on the Risky Student Behaviour (RSB) forum is in place with divisions detailing their interventions in issues involving risky sex and the misuse of alcohol and/or drugs.
- Collaboration with IOHA took place on the "not in my name" project to address discrimination against vulnerable groups.

- Nurse Day celebration was held on the 12th May 2016 in collaboration with IOHA and OHP, where nursing staff were pampered with a foot massage.
- A book launch took place at the Library with discussion on *violence, human trafficking, substance abuse and prostitution*. This was in collaboration with Student Affairs, Student Societies, IOHA and SRC.
- The Library also collaborated with PHC, IOHA, SRC, Student Affairs and Akani Day house in the two book launches: The “Affair” and “Hamba Sugar Daddy”.
- The Operations division was instrumental in the installation of an air-conditioner in the pharmacy of the APK clinic as it was essential to have regulated temperature for safe-keeping of medicines. They also facilitated the repair of the air-conditioner at the SWC clinic, as it was not operational due to technical problems.

External Stakeholders

- DOH: issues around anti-retroviral medication, HIV testing, and a Service Level Agreement were discussed in a meeting with other NGOs in the region. A site visit at UJ was conducted with positive feedback regarding resources. A recommendation was that an air-conditioner be installed in the pharmacy at APK.
- HEAIDS: Through the Community of Practice which is now called 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. A meeting chaired by Sr. Geya was held at Protea Hotel where managers from all universities were present.
- Right to Care and City of Joburg collaboration in health and wellness activities have been successful.
- Family planning and HIV statistics are provided to the DOH on a monthly basis. This ensures the sustainability of the service and the supplies.
- Relationships with stakeholders such as Themba Lethu Clinic, Chris Hani Baragwanath Hospital, Hillbrow Community Health Centre and Garden City are maintained by having a minimum of two meetings per annum. This is increased on a needs basis.
- PHCNPs attend training sessions provided at Lillian Ngoyi Clinic on Wednesdays. The aim is for them to attend at least one session a month so as to keep updated with current healthcare programmes in the public sector. It has been recently reported that classes were suspended as the training doctor has gone on retirement.
- Themba Lethu has commenced with the youth friendly service that is held one Friday a month. Nurses refer patients who wish to attend the tailor-made service for HIV positive patients.
- Netcare Hospitals continue to provide emergency medical care to students injured during sporting activities, as referred and recommended by the Campus Health managers.
- Communication with NHLS continues regularly with issues around the Global Fund being resolved as they arise.
- The Department of Social Development was engaged regarding the prevention and awareness of alcohol and drug abuse, which was incorporated in the FYE.
- Dr. Kay Mahomed from Garden City is regularly consulted for input into any needle stick injuries for students.
- Netcare911’s contract in the provision of emergency medical care has been increased to include the MySOS app which is an easier and more accessible means of getting help in an emergency. Collaboration with internal stakeholders to increase marketing is underway.
- The Universities Research Company (URC) has been engaged so as to form a partnership with UJ to increase TB awareness and prevention programme. Implementation is planned for 2017.

6. RESOURCE MANAGEMENT AND SUSTAINABILITY

Financial Governance

The division operates a budget set across four cost centres reflecting the clinics at the four campuses. The

total annual budget allocation of R6 080 854.92 had an approximate spend of 94%. Monthly meetings with the Finance Business Partner discuss progress and challenges regarding the budget. The 2017 budget was approved with the Independent contractor being the new line added.

Environmental sustainability

In accordance with best practice, PHC has embarked on the following activities to reduce the carbon footprint:

- Awareness amongst staff members to reduce usage of paper and avoid non-essential printing of documents. 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 to reduce power usage.
- Correct disposal of hazardous and non-hazardous waste. Medical waste disposal is managed by an accredited medical waste company (Budget Waste).
- The use of UPS in critical areas to ensure continuity of services in case of load shedding.

7. LEADERSHIP

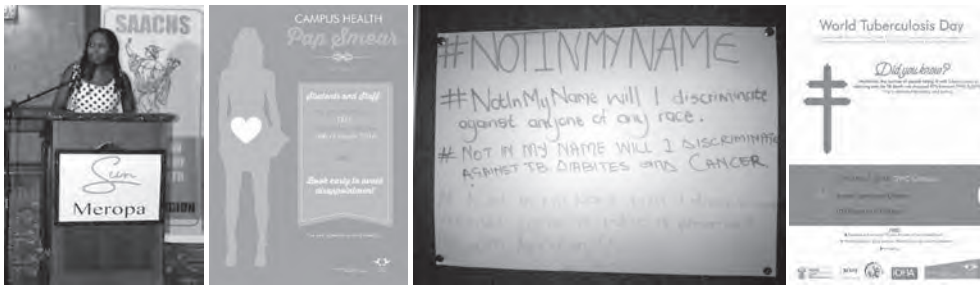
- The SAACHS conference hosted by the University of Limpopo had Sr. Geya as the guest speaker at the opening function of the conference.
- All PHCNPs belong to the South African Society for Travel Medicine (SASTM). Practitioners have access to the latest Travel Health and communicable diseases information. Currently the clinic operates under the certificate obtained by the manager.
- PHCNPs also belong to SAACHS of which UJ CHS is a member. The manager serves as secretary to the Gauteng region which hosted the 1st regional meeting.
- The clinic staff participated in the FYE sessions that took place in the January/February period and continue as invited.
- The manager held a special session for students with disabilities in order to address their specific health needs.
- The manager holds regular information sessions with international students to discuss what support Campus Health has for international students.
- The manager as a member of the HIV/AIDS committee leads the prevention care and support structure of the committee.
- PHC provides event medical risk assessments for UJ Sports and ensures that medical support is provided at Varsity Rugby games to meet the South African Rugby Union (SARU) requirement and according to the event medical risk assessment.
- The manager is the chairperson of the National Forum for Campus Health Services in South African universities. The 1st meeting for the year was on the 4th March 2016, followed by another held on the 11th July with the primary objectives of doing an audit of CHS and engaging the DOH to provide equitable resources at all universities. This is done under the auspices of HEAIDS. Progress in the overall objectives of the National Forum is in some instances delayed by poor delivery from the side of the DOH at district or provincial level. Gauteng has been poor in responding to the needs as expressed by universities in Gauteng.
- A new initiative is to engage with an organization called URC (Universities Research Company), with the goal of evaluating and implementing TB awareness and mobilizing prevention strategies through this partnership.
- The manager as chairperson of the National Forum for CHS HODs was invited to attend the Civil Society planning session for the new NSP 2017 – 2022.

8. CONCLUSION AND WAY FORWARD

- The DFC Clinic construction should be concluded and occupied by the 3 April 2017.
- Implementing the agreement with Right To Care to provide ART by June 2017.
- The development of a MoA with DOH to enhance PHC and the provision of anti-retroviral medicines on campus.
- Focus healthcare provision on students and expand Family Planning to staff.
- Social work students to carry out their experiential learning at all clinics.
- Use social media to communicate health messages and publish health promotion information.
- Maintain the client satisfaction survey at 85% and adverse events at 0%.
- Continue with the Gender Based Violence and substance abuse awareness programme in collaboration with PsyCaD, IOHA, Student Affairs and external partners such as SAPS.
- Use ULink and Blackboard to share health information with students and lecturers.
- Targeted intervention as a strategy to promote health awareness and PHC services.
- Collaboration with internal and external partners to make sanitary towels more accessible to female students, while exploring an alternative which is called the menstrual cup. It is a more environmentally friendly and a cheaper option to sanitary towels.

Molimi Geya (Sr.)

Head: Primary Healthcare Service



Sr. Geya speaking at the SAACHS 2016 conference. Posters showing the Pap Smear project, “Not in my name” and the TB awareness campaigns



SWC staff showing off on Heritage Day, PHC Peer educators and Grizelda Grootboom after the EXIT! Book launch



TB awareness campaign with staff from DOH and City of Joburg on the left picture. The picture on the right shows attendance of the “Hamba Sugar Daddy” book launch at the Library



Institutional Office for HIV and AIDS (IOHA)

1. OPERATING CONTEXT AND GOVERNANCE

Introduction

The Institutional Office for HIV and AIDS (IOHA) forms part of the Registrar's portfolio.

IOHA strives for excellence in delivering a quality service to the UJ community, in collaboration with internal and external partners. The following services are provided by IOHA and are mainly aimed at students:

- HIV Prevention and promotion of Sexual Health by addressing social drivers to the spread of HIV and AIDS including risky student behaviour;
- Equipping students professionally and personally to address HIV and AIDS within their communities through peer education and training workshops;
- Community engagement;
- Mass HIV Counselling and Testing;
- Promoting and advocating human rights issues related to marginalized groupings like women, PLWD, LGBTI and PLHIV;
- Care and Support for PLHIV through an individual and group wellness programme.

Governance

The Institutional Office for HIV and AIDS (IOHA) functions within the broader South African National AIDS Council and Higher Education AIDS Strategy frameworks and aligns its work with the UJ Strategic objectives 2014-2025 with specific reference to the UJ Strategic Plan for 2025, the UJ HIV and AIDS policy (2013) and other health-related policies that governs health and safety. IOHA serves as a member on the HIV and AIDS Committee and submits reports to the Registrar and the HIV and AIDS Committee on a quarterly and annual basis, which serve at Management Executive Committee meetings for noting. All HIV and AIDS activities at UJ are monitored by the HIV and AIDS Committee, under the auspices of the Registrar, to ensure the quality delivery of services.

The University's HIV and AIDS Committee meets quarterly as reflected in the year programme and functions within the current professional, ethical, legal, higher education and policy framework of the Republic of South Africa, with specific reference to HIV and AIDS. It formulates and monitors the University's HIV and AIDS strategy, in accordance with the UJ strategic objectives (2014-2025), the Policy framework on HIV and AIDS for Higher Education in South Africa and with the approval of UJ's Management Executive Committee (MEC).

IOHA is located on all four campuses of the University of Johannesburg and renders services mainly to students. The Manager acts as the Vice-Chairperson of the University's HIV and AIDS Committee which gives direction to the HIV and AIDS programme for the year. The Registrar, the Head of the Institutional Office for HIV and AIDS and the Manager of Primary Health Care act as the Executive Committee for consideration of urgent matters.

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.

2. STRATEGIC FOCUS AND TARGETS

2.1 IOHA's measurable targets

These are as follows:

- Increase number of Faculties or Departments involved in Curriculum integration.
- Continue to improve revised LINK strategy i.e. both short and long term, and implement 2016 activities as planned.
- Streamline HIV care and support by developing immediate and long term strategy.
- Maintain
 - Community engagements;
 - 85% Client Satisfaction.
- Continue to maintain and strengthen HEAIDS projects and awareness campaigns implemented in 2015.
- Maintain and expand internal and external partnerships.
- Expand Global Excellence by increasing HIV related research output or best practice, FET and African University partnerships.
- Exhibit innovative initiatives on HIV prevention and curriculum integration by UJ faculties and departments at the International AIDS conference in July.
- Mobilize faculties and support services to partner in hosting the Southern African Regional Students and Youth Conference (SARSYC) on Sexual and Reproductive Health in 2017.
- Maintain and expand innovative marketing and communication initiatives to mitigate HIV messaging fatigue.
- Continue to collaborate with Student Affairs, Campus Health, Library and other support services in addressing RSB issues.
- Capacity Building for staff, student leadership (house committees, societies) and residences.

2020 targets: sustained excellence of service on all campuses with a client satisfaction rate of 85%; Expansion of Link network to 2 000 members; 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 PsyCaD and Campus Health; Incorporating educational material into induction programme 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 Link network to 3000 members; Programme on risky student behaviour / healthy lifestyles to all students as part of FYE and SSE.

The Institutional Office for HIV and AIDS aligned its work with the following UJ Strategic Objectives for 2025:

Objective Four: An Enriching Student-Friendly Learning and Living Experience

- Equivalence of all campuses:
 - equality of services ensured by running similar programmes/services at all campuses;
 - strategies to implement tailor-made programmes per campus.
- Resources that enable UJ's fitness for purpose, support the achievement of the primary goals and facilitate a responsible and responsive institutional citizenship through:
 - delivering a professional, efficient and effective client and office-related service;
 - prevention of new HIV infections by creating an enabling environment at a behavioral, biomedical and social level;
 - providing appropriate resources and referrals for support of people infected and affected by HIV;
 - reducing new HIV infections by innovative and preventative strategies.

Objective Five: National and Global Reputation Management through:

A brand that identifies UJ with relevant, accessible and excellent higher education which incorporates an internal and external brand campaign related to HIV and AIDS through:

- Positioning IOHA amongst its internal and external stakeholders using strategic and innovative methods of communication;
- Leadership that matters, in the institution and in civil society, through:
 - sustained excellence and trendsetting in HIV and AIDS governance;
 - equipping and empowering UJ students and communities with quality and updated HIV related information to become active agents of change both within and outside the university context.

Objective Six: Fitness for Global Excellence and Stature through:

- Striving and living up to the UJ values and in this way contributing to the UJ's core business of teaching, learning and community engagement.

2.2 Innovative Achievements in 2016

- Mass testing campaigns were successfully implemented in March, May and August, in line with the strategy to create a testing culture amongst the UJ community, which was executed in partnership with external HIV testing providers. Between IOHA and Campus Health, a total of 8 887 students and staff were tested compared to 8 093 in 2015.
- The condom distribution at campuses, residences and Campus Health has been maintained. IOHA is responsible for ordering and distributing both male and female condoms across campuses. **1 267 430** flavoured male condoms and **47 050** female condoms were distributed. Distribution of lubrication was started across campuses during testing campaigns in this year.
- The process to expand the Peer Education programme was started. The long term plan is to formalize the programme i.e. issue a Certificate of Competence instead of Attendance to participants.
- Sustained HIV care and support through individual and social clubs: Communication for support was sustained through the use of social media in a closed group monitored and maintained by the group members.
- Training and workshops: IOHA under the health and wellness division, presented at various FYE seminars in all faculties. These presentations formed part of HIV curriculum integration project and were provided at the following faculties: FADA, Humanities, Management, Education, 2nd year FEFS students and Health Sciences. IOHA also successfully facilitated, for the first time, an internship programme to two Social Work students, two Marketing students and one Sociology student, which contributed towards both the IOHA and UJ strategy on curriculum integration as well as active citizenship to prepare students for work.
- Sexual Reproductive Health and Rights training and workshops were also conducted at residences under their RSB strategy.
- In line with our goal to be the epicentre of knowledge creation globally with regard to HIV/AIDS, STI's and TB within the higher education sector (through research, curriculum integration and innovation):
 - A survey was conducted on condom use, size and uptake in May;
 - IOHA, in collaboration with FADA, exhibited at the 2016 International AIDS conference;
 - One of the HIV Programme Coordinators chaired a session at the Counselling Services conference in Swaziland and also presented the outcomes of the female condom survey undertaken.
- We continued positioning IOHA amongst its internal and external Stakeholders using strategic and innovative methods of communication:

Internal partnerships:

- PHC and UJ FM partnerships have been strengthened. A weekly permanent UJ FM slot is maintained;
- IOHA and Corporate Communications have a partnership to assist in advertising all IOHA campaigns as well as covering all relevant campaigns on UJ social platforms. The Facebook page grew to 831 likes in 2016. Two articles were published in the Higher Education Daily news, one on the AIDS conference

exhibition and the other on UJ-WAD. These are initiatives that contribute to external footprint and global excellence. Two articles were also published in the UJ Observer and Intranet UJ updates;

- The partnership with Student Affairs, Library, Campus Health and Residences increased, hence more successful awareness campaigns were done, which strengthened the leadership footprint and increased collaborative effort to address RSB issues;
- The FADA-IOHA partnership extended externally to a TVET and other partners i.e. Wits Reproductive Health Institute (WRHI), and I-CARE.

External partnerships:

- The IOHA leadership footprint expanded nationally and internationally. Social Work interns provide support services to the South West Gauteng College. This is in relation to universities forming partnerships and becoming a support structure to TVETS.
- Monitoring and Evaluation:
 - The peer review report improvement plan was implemented, timelines were adhered to and concluded;
 - The standard of 85% client satisfaction standard was surpassed to the current score of 95%. The quality of service provision by the testing providers is ensured through making it mandatory for IOHA staff to be visible on testing sites during testing drives.

2.3 Significant Strategic Challenges in relation to Global Excellence and Stature

- Delay in filling vacant positions impacts on service delivery and expansion thereof;
- Fragmented health and wellness services are threatening the quality of service delivery to students as well as creating unnecessary duplication;
- Some residence wellness days were postponed or cancelled due to student unrest;
- Withdrawal of external testing partners affected targeted testing services like male testing, which is aimed at identifying and availing services to key populations such as Men having Sex with Men (MSM).

2.4 Short- and mid-term priorities for 2014-2020

- Execute and maintain the recommendations of the IOHA Programme Review conducted in 2013;
- Achieve the IOHA strategic objectives as outlined in the revised UJ Strategic Plan (2014- 2025) and IOHA 2012-2016 strategy. Refer to Strategic focus and targets above;
- Research and innovation;
- LINK (Peer Educators Programme) and LINK Network Programme;
- Hosting HIV/AIDS Conference;
- Innovative marketing and communication strategies;
- Understand UJ HIV prevalence to design programmes accordingly;
- Model for curriculum integration;
- African footprint.

3. HIV AND AIDS COMMITTEE

In keeping with the UJ vision, the HIV/AIDS Committee achieves and implements a coordinated, comprehensive and integrated response in mitigating and managing the effects of the HIV/AIDS epidemic, based on the following UJ strategic objectives:

Objective One: Excellence in Research and Innovation.

Objective Two: Excellence in teaching and learning, specifically referring to the following goal and KPI:

- Intellectually rigorous curricula which respond innovatively to the challenges of the 21st century: a curricula that prepare students for active global citizenship.

Objective Four: An enriching student-friendly learning and living experience, specifically referring to the following goals and KPIs:

- Support through the student life cycle: mitigating student hunger;
- Learning and living communities: health and wellness;
- A responsible and respectful student culture and ethos: students who show respect for human dignity, especially for women, foreigners, gay, bisexual, transsexual, lesbian and people with disabilities.

Objective Five: National and Global Reputation Management through:

- Transforming the UJ brand strategy to incorporate an internal brand campaign that highlights annual themes related to HIV and AIDS. Responsible departments are Corporate Marketing and Communications and IOHA;
- Targeted marketing messages related to HIV and AIDS that ensures internal brand alignment with external messaging among the staff and student population;
- Leadership that matters, in the institution and in civil society, achieved through:
 - leadership roles and responsibilities related to HIV and AIDS;
 - efficiency and effectiveness;
 - student leadership development and mentoring;
 - institutional culture, coordinated and collaborated by the Committee chairperson, Student Affairs and IOHA.

Objective Six: Fitness for Global Excellence and Stature through:

- Teaching and learning, research and strategic engagement with communities that is mutually beneficial and promotes social, economic and educational development related to HIV & AIDS.
- Collaboration with faculties in HIV research and innovation initiatives, in partnership with Community Engagement, Library and Information services;
- Comprehensive service delivery for targeted prevention, care and support for students and employees, coordinated and implemented by HR Wellness, Primary Health Care, IOHA, PsyCaD and the Health Training Center.

4. PERFORMANCE IN 2016

4.1 HIV/AIDS COMMITTEE

Five committee meetings were held in 2016. The following matters of significance were discussed, considered or noted at the meetings:

- Completion of HEAIDS Global Fund project;
- Financial expenditure;
- Needle stick policy implementation and monitoring;
- Curriculum Integration within different faculties;
- Knowledge decolonization strategy on Sexual Reproductive Health and Rights (SRHR);
- Linkage to care for clients testing positive;
- Access and expansion of services;
- Collaborative approach to address RSB.

The UJ HIV & AIDS programme is discussed at these meetings and is in accordance with the UJ Strategic plan for HIV & AIDS, STIs and TB (2012-2016) - which is aligned with the directives of the HEAIDS strategy and Policy framework on HIV and AIDS for HE, consisting of the following:

- a) Leadership commitment and reporting;
- b) Prevention, care and support;
- c) Workplace programme;
- d) Curriculum integration, research and community engagement;
- e) Corporate marketing and communication.

Quarterly reports are submitted to the HIV and AIDS Committee by the various Faculties/Departments/ Divisions. Reporting includes monitoring and evaluation within each key result area listed (a) to (e).

4.2 INSTITUTIONAL OFFICE FOR HIV AND AIDS (IOHA)

IOHA's strategic targets are informed by the national directives and are further informed by the Norms and Standards for HIV and AIDS prevention, treatment, care and support for Higher Education Institutions in South Africa, which was compiled by HEAIDS in 2012. All targets for 2016 were achieved as per IOHA strategic activity.

4.2.1 Prevention, Care and Support

4.2.1.1 HIV Counselling and Testing (HCT)/First Things First

Table 1: 2016 IOHA MASS HCT (First Things First) testing statistics

Campus	2016 Target	2016 Actual	Staff	Students	Total	Males	Females	Total
SWC	1338	1403	37	1366	1403	417	986	1403
APK	1786	1782	61	1721	1782	546	1236	1782
APB	569	805	33	772	805	245	560	805
DFC	989	842	47	795	842	359	483	842
Total	4682	4832	178	4654	4832	1567	3265	4832

- In 2016, **4 832** students and staff were tested compared to **4 459** in 2015. This resulted in an overall **8%** increase when compared to mass testing in 2015. This improvement is attributed to:
 - Sustained partnership with Health for Men as a testing partner specifically to screen males during testing campaigns, in line with the strategy to identify the MSM and LGBTI community at our campuses and provide services for their specific needs. Male students seemed to have appreciated this service and have shown increased interest to test. Additionally two days weekly testing was introduced at SWC and APK, and there is evidence that there is a testing culture at these two campuses.
 - There has also been a steady increase in testing for the past three years compared to 2013, when the testing target was not met. According to HEAIDS Future Beats Report in 2015, a multi-pronged approach to preventing HIV/AIDS infections includes Social and Behaviour Change Communication (SBCC). It further states that this approach strengthens the capacity of local institutions, develops communication tools to motivate social and behavioural change, engages the media in the process of social change and facilitates positive change by shifting social norms. We also adopted this recommendation by improving our marketing and communication initiatives using social media, UJFM and the peer educators in order to market testing at campuses. Additionally each testing drive has a targeted outcome e.g. February is aimed at improving condom use, introducing services to first year students and preventing STI's.
- Overall Statistics Analysis: (see Figure 2 and 3 on the next page)
- A total of **8 887** clients were tested in 2016 compared to **8 093** in 2015, which was an increase of **794** i.e. **9%**. The target for 2016 HCT was **8 498** and the actual was **8 887**, which is more by **389** i.e. 4% more than the expected target. Students make up **96%** of the clients tested between Campus Health and IOHA. Females testing are still more than their male counterparts, making up **66%** of clients tested. This is a slight difference from 2015 by **2%** (64).

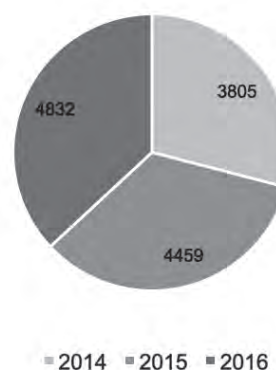


Figure 1: IOHA Three Year Comparison

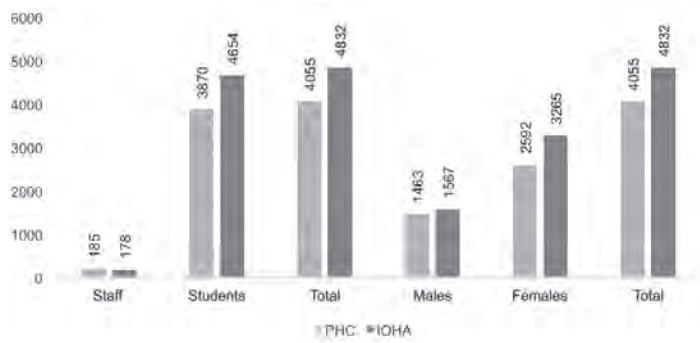


Figure 2: PHC and IOHA HCT Statistics

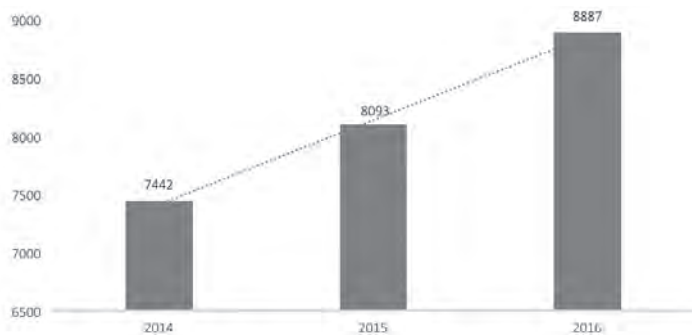


Figure 3: IOHA and PHC Statistics Comparison between 2014 and 2016

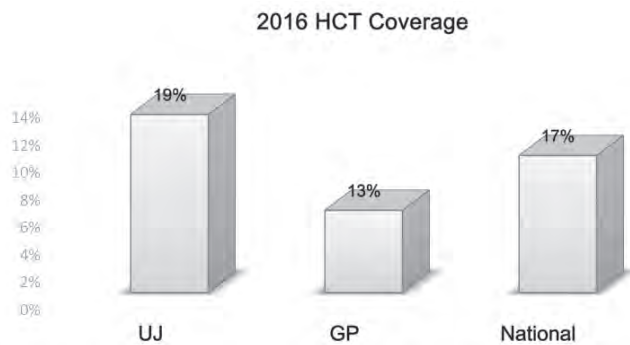


Figure 4: UJ Statistics in Comparison to National and Provincial HEI's in 2016

Nationally **17%** of University populations was tested and **13%** in Gauteng Province. UJ tested **19%** of its population i.e. students and staff. This excludes testing done by HRWellness. The success of HCT is attributed to adopting both provider initiated and client initiated testing approaches, which provide students and staff with options on where they want to test.

4.2.1.2 Care and Support

- A total of 107 clients tested HIV positive i.e. UJ remained at 1% prevalence. According to the National HIV Prevalence, Incidence and Behaviour Survey, 2012, conducted by the Human Science Research Council (HSRC), it is estimated that the National HIV prevalence is 12.2% and 12.4% in Gauteng Province. Therefore UJ prevalence rate is considerably lower when compared with the national and provincial stats, based on the number of people tested. However prevalence amongst females remains higher than the males, which is consistent with the HSRC 2012 national survey, which found that females account for 90% of new infections. This is evidence that more work still needs to be done to empower women and girls so that they can feel confident to take decisions about their own body, whilst also involving their male counterparts through gender and social justice programmes.

- The care and support for students infected with HIV follows the process adopted in May 2016. All students referred from the mass testing and Campus Health were contacted within 24 hours of referral. To date 62 positive clients have been referred from Campus Health and from mass testing, with 59 on the programme, 13 on treatment and only 3 who have declined to join the programme i.e. 95% uptake. It has been noted that students prefer WhatsApp or SMS communication on either group or individual basis. The process seems to be working well since it suits students' individual needs.

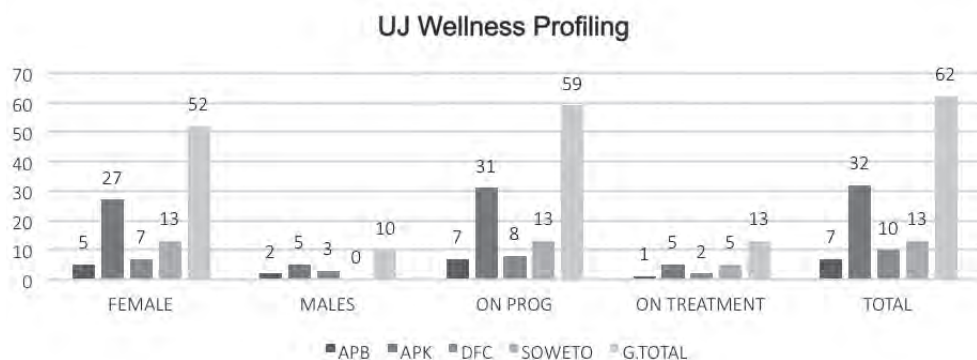


Figure 5: 2016 UJ Wellness- Clients on programme

4.2.1.3 Barrier methods distribution

- Different barrier methods are available across campuses. Correct and consistent use of barrier methods like condoms has been identified as an effective means to provide protection 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 important prevention strategies.
- Lubrication is also requested by increasing numbers, in this quarter more than 3000 packages were distributed. This is evidence that students are aware of different HIV prevention barrier methods and are thinking about reproductive health.
- Condom distribution

Table 2: Male Condom distribution

Campus	Actual 2015 i.e. 2016 target	Q1	Q2	Q3	Q4	Actual 2016
SWC	221 000	86 000	59 200	24 500	40 300	210 000
APK	204 000	258 000	145 200	52 900	39 840	495 940
APB	177 000	94 400	93 300	44 700	32 200	264 600
DFC	196 000	120 000	94 400	58 400	24 000	296 800
Total	798 000	558 400	392 100	180 500	136 340	1 267 340

Male condom distribution exceeded the target by **469 340 (63%)**. Monthly reports were sent to DOH as per agreement.

47 050 Female condoms were distributed for the year due to considerable efforts to promote the uptake thereof. Although there is an increase in the distribution of female condoms, they are still not sufficient to meet the demand and more work still needs to be done to encourage their use.

4.2.2 Areas of Excellence

LINK Programme (Student peer education)

Peer education remains a strong pillar within IOHA, as this allows the office to reach out to different communities within the University such as the residences, daily students, LGBTI+, etc. Therefore, as a way to sustain the programme, new students are recruited to be part of the peer educators' programme.

Table 3: Female Condom distribution

Campus	2015 Actual i.e. 2016 target	Q1	Q2	Q3	Q4	Actual 2016
SWC	2 500	1 800	2 300	4 650	1 700	10 450
APK	5 200	2 500	7 100	5 590	1 900	17 090
APB	1 100	1 900	5 400	1 360	300	8 960
DFC	3 700	2 200	5 250	3 100	0	10 550
Total	12 500	8 400	20 050	14 700	3 900	47 050

- Recruitment and training

The recruitment drive of the peer educators’ programme was opened in November 2015, using social media, UJ FM radio and face to face. Furthermore, additional platforms such as the first year seminar (FYS) and the February testing campaign were used. Approximately 141 students, both new and old peer educators, applied to be part of the programme. The group was inclusive of both males and females and students from various faculties. Once introductory training was completed, students were given the opportunity to choose any of the specialization areas within the programme (Trainers, HCT, Campaigners and Community engagement). To further support these categories, an executive committee was selected for each and every campus, consisting of the chairperson, secretary/treasury and specialization team leaders. IOHA remains with 129 peer educators who are currently active on the various campus.
- LINK Excellence and Stature

Stepping Stones: For further empowerment IOHA student assistants, interns and peer educators attended a training workshop titled Stepping Stones which was hosted by the University of the Witwatersrand in July. The workshop focused on elements of sexual and reproductive health communication and relationship skills through the use of participatory facilitation. Topics covered included sex and love, conception and contraception, HIV and safer sex, gender violence and relationship skills. The training was empowering and gave the delegates a different perspective on how one could facilitate a workshop differently, addressing sexual and reproductive health issues. Most interesting was that three fully participating delegates from UJ were awarded certificates which further allows them to train other people using the Stepping Stones model. Thus mentioned, the Stepping Stones training toolkit can be adopted in training selected groups at UJ such as the residence house committees, Faculty departments, etc.



Stepping Stones and HCT training workshop

Leadership training: To advance the peer educators’ skills, LINK members attended a leadership training workshop in July during the enrichment and academic development period for UJ students. The aim of the training workshop was to impart and empower peer educators with leadership skills that they would use as peer educators at UJ and beyond their university experience. This is anticipated to contribute positively to the peer educators’ graduate competency, as leadership qualities are a requirement within different work environments. The training focused on self-awareness (who am I? what do I aspire to? and

personal values) and personal mastery which influences the individual's leadership style. The workshop was engaging, further allowing students to debate and reflect on the various issues which were raised during the workshop.



Leadership training

HCT training: In June, 18 senior peer educators and five interns attended the HIV counselling and testing (HCT) training workshop which was facilitated by the Department of Health (DOH). The training consisted of basic HIV discourse, pre and post counselling skills and the actual process of testing clients. The training was well received since it prepared the delegates on how to provide HCT services. This training is of value to the students since it contributes positively to skills development and graduate attributes. 23 Peer educators were trained, with 13 Peer educators completing the training. Peer educators had an opportunity to practice pre and post counselling, including pricking a client.



HCT training

Reproductive health training: Through the effort to advance the peer educators' knowledge and skills around sexual reproductive health and rights, approximately 33 peer educators attend the sex training which took place on the 20th September as conducted by the IOHA HIV programme coordinator. The workshop covered topics such as cancer, contraceptives, pregnancy and cultural beliefs around sexual reproductive health.

4.2.3 Events and Awareness Campaigns

- **First Things First Testing Campaign** – February/ May/ August 2016
Sexual Health Awareness Month, otherwise known as "Healthy is the New Sexy" was held during February/May and August in conjunction with the Gauteng Department of Health, Department of Social Development, PASOP, Campus Health, Choma, Grassroots Soccer and UJ FM at all four UJ campuses. The aim of the event was to promote testing and overall health management. Students and Staff were given the opportunity to check their blood pressure, weight, glucose level, BMI, HIV and more during the process. Together with UJ FM, UJ Social Media Platforms and internal newsletters, the promotion of the campaign was a success in promoting a testing culture at UJ. An online movement was started called **#knowyournumbers** where students were encouraged to

take pictures of themselves tested with the IOHA mascot, promoting the hashtag via social media. This was a great success as a means of bringing in humor as well as serious dialogue before testing. Testing providers who participated were Anova Health, Yzekhona, MAP and ISO. Students were entertained and informed every Friday at the respective campuses during culture hour together with UJ FM, demonstrations and robust discussions done by the LINK and getting healthy through soccer competitions offered by Grassroots Soccer while waiting to be tested.



Students and staff participating in First things First testing drive

▪ **TB Day March 2016**

In lieu of World Tuberculosis Day, which is on the 24th of March, Campus Health, in partnership with IOHA and City of Johannesburg, hosted its own TB and HIV screening for all students and staff in March to a great reception. Students gathered across the various stalls that were spread at the student centers on APK and SWC campuses, to get educated, tested and counselled. At APK **205** students and staff came for wellness screening (TB, Blood Pressure and Glucose) and **169** tested for HIV. None was referred for abnormal results. At SWC, **99** students and staff tested were screened for wellness and **92** of them tested for HIV.

▪ **Zero Discrimination Day**

As the world **commemorated** zero discrimination day, which takes place annually on the 1st of March, UJ took it upon itself as an institution to participate in this delightful initiative. Most people experience discrimination based on their HIV status, sexual orientation, gender, physical and mental abilities. The University commits itself towards creating a non-discriminative and non-stigmatizing environment for all students and staff; it further commits towards encouraging social cohesion and embracing diversity as we continue to pursue global excellence. In commemorating Zero Discrimination Day, IOHA encouraged members of the UJ community to participate in this exciting initiative by taking a stand against discrimination. The campaign encouraged UJ Staff, students and partners to upload, like and share their selfie or video on the UJ IOHA Facebook page, with their own personal message using the hashtag **#NotinmynameUJ**. Total reach was **4 736** for the campaign i.e. number of people who read about the campaign on Facebook.



2016 Zero Discrimination Day

- **May Care Month**

IOHA annually embarks on an initiative to commemorate Care Month and World Nurses Day, during the month of May. Following the success of last year's campaign, an online campaign was launched on Facebook encouraging staff and students to nominate their HERO in showing UJ how much they care: a person who goes above and beyond in making a difference within UJ. Stories with pictures of the person nominated were posted on Facebook with the hashtag #ujcares. The hope is to do this on a bigger scale during 2017. The winner will be featured on UJ FM and receive a couples massage voucher sponsored by IOHA. The results for 2016 were as follows: Mrs. Rene Benecke – Department of Public Relation and Communications nominated by 3 students: **302**, Ashmore Nkuna – Disabilities: **104**, Michelle Naicker – PsyCaD: **67**, Tsepiso Moloi – IOHA: **571**.

- **UJ May Candlelight Memorial**

In commemorating the International AIDS Candlelight Memorial on the 12th of May, the UJ Community was invited to show global solidarity, breaking down barriers of stigma and discrimination, and giving hope to new generations. The memorial sought to honor, support and advocate for those who have been infected and affected by HIV/AIDS and chronic diseases like cancer. This included marginalized communities such as women, children, PWD and the LGBTI+ community. In adopting the initiative, UJ hosted the Candlelight Memorial under the theme: **“Celebrating Survivors, Celebrating Life”**. Staff and students were encouraged to come and light a candle in commemoration of those who've lost their lives and in celebration of our brave survivors.



UJ/IOHA Candlelight Memorial

- **The IOHA Annual High Tea**

In August, IOHA hosted the second Annual High Tea for ladies as part of its “Cover Up Campaign”. The lavish event was held at the APK Lapa. The campaign was initiated in 2014 with the aim of raising awareness of pregnancy, encouraging the use of female condoms and empowering women to also make the choice to use a condom and not to depend on male condoms as the only choice. Make-up and make-up brushes were used as a metaphor, to suggest that if women don't trust their partners to apply make up on them, then why not take up the responsibility to sexually protect themselves. Aligned to the theme **“Against All Odds”** the event boasted a phenomenal panel of speakers namely Miss Commonwealth Ngawethu ka-Siphiwo, Miss Griselda Grootboom, author of the controversial and much publicized book “Exit”, Dr. Tlaleng Mofokeng, popular television and radio personality and more.

The event was attended by students and staff from all walks of life who were spoiled by an engaging and empowering session by the panel, beautiful scenery, networking and a delicious lunch. Two lucky ladies received prizes donated by iKariso Beuti and Lizzy's Hair & Nail Salon.



IOHA High Tea August 2016

▪ **UJ Stigma Knockout Challenge & Dialogue**

The tournament forms part of the August campaign commemorating and raising awareness around the stigma attached to HIV/AIDS. This year, IOHA in partnership with UJ Sports, Student Ethics & Judicial Services, Grassroots Soccer & UJ SRC hosted its annual Soccer & Netball challenge to heighten awareness on **Stigma and Discrimination against marginalised communities** i.e. People with Disabilities, LGBTI+ and People with HIV. Various teams from the different UJ residences participated, with netball being introduced for the first time this year. The main goal of the campaign was to heighten awareness around the various types of stigma amongst our students and staff, through the use of innovative methodologies such as soccer, netball and dialogue. Through our messaging we managed to actively address issues around stigma while empowering all our students and staff to know their HIV status. The event started with a dialogue held at the Soweto Campus Library in partnership with Positive Conventions, UJ People with Disabilities and ANOVA Health. Robust discussion was held on issues around stigma and discrimination especially among marginalized communities, which affect their ability to come out and even seek health services. This results in increased HIV risk and prevalence.



Stigma knockout roundtable

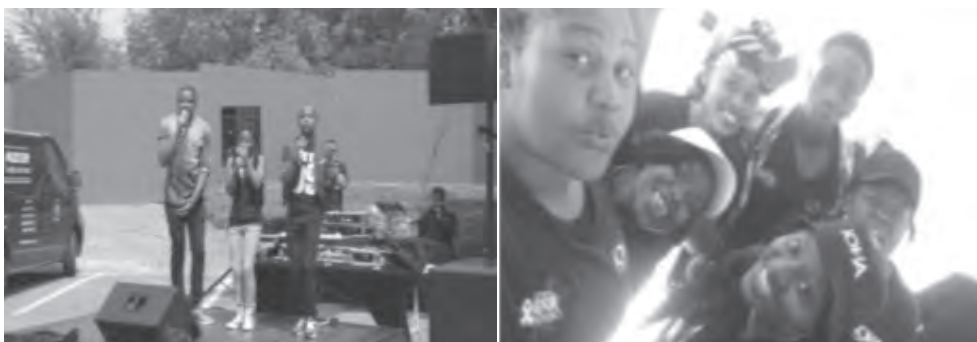
The main event proceeded with soccer and netball quarter finals, semi-finals, curtain raiser matches followed by the Final and prize giving presentations. The crowd was serenaded by the legendary Blondie Makhene and UJ FM, with various testing stations by committed partners. IOHA and UJ have a significant role to play in helping address some of the existing social ills. With our influential brand, we are able to drive strong messages to people regarding the use of condoms, getting tested, taking better care of their health once they know their status, and eradicating the social stigma attached to HIV/AIDS.



2016 UJ Stigma Knockout Challenge

- **UJ World Aids Day**

During September Diversity Week, the University of Johannesburg (UJ) celebrated World AIDS Day in recognition of people affected and infected by HIV and AIDS in its community. Each year during this week, UJ brings together people of diverse backgrounds from four campuses to reflect on UJ World Aids Day. SWC buzzed with the music and dance. Under the theme “**Celebrating Survivors, Celebrating Life**”, the University staff and students, together with external partners such as Choma Mobile Magazine from HIVSA, the Anova Health Institute and ISO, offered students and staff the opportunity to get tested for HIV. As a build up to UJ World Aids Day during Diversity Week, trees were adopted at the four UJ campuses, dressed red with multi-coloured ribbons and messages from students and staff leading up to the main event as a symbol of life. Multi-coloured ribbons symbolise survivors of HIV and all other chronic illnesses. The Annual UJ World Aids Day event celebrates UJ’s commitment to embracing diversity as well as addressing issues relating to stigma and discrimination. This is in line with one of the University’s inherent values, Ubuntu. World Aids Day is dedicated to raising awareness of the AIDS pandemic caused by the spread of HIV infection, and mourning those who have died of the disease.



UJ World Aids Day

- **UJ Iconic Man**

“MAN UP” is an initiative that was launched during 2015 as part of the men’s campaign for the University of Johannesburg community. The objective of the programme is to address masculinity and sexual diversity issues among students and staff, in order to create awareness about men’s issues and to advocate for behaviour change modification among all UJ men through conversation, positive reinforcement and Ubuntu principles. This year IOHA in partnership with Campus Health, Cornerstone Men’s Residence, UJ Alumni and Liberati hosted the first “UJ Iconic Man” series as part of this auspicious programme. From September, members of the UJ community were encouraged to nominate their icon via social media on the IOHA Facebook page or by e-mail, followed by a brief motivation regarding the nomination. The person could either be a staff member or a student. Nominees were featured on UJ FM and various UJ platforms followed by the announcement of the overall winner at a formal cocktail event in October. The winner is to be mentored by one of the UJ alumni who is a captain of the selected industry as part of ongoing mentorship and continuation of learning. This year the event took place at Cornerstone Residence. The event started with a march supporting UJ’s fight against Gender-Based V, themed “Men against rape”, and ended with a cocktail function where the winner of the Iconic Man competition Mr. Thabiso Majavu, was announced by mentor Mr Molefi Nyofane (Founder of Miya, Mail & Guardian 200 Young Influential South Africans Nominee, and UJ Librarian.). Additionally, different topics were discussed on the IOHA UJ FM slot on Tuesdays broadly covering issues relating to relationships, GBV, Sexual Reproductive Health and diversity. In the continuous effort to address men’s issues and acknowledging men, IOHA in collaboration with internal and external stakeholders anticipates to host the Iconic Man event annually and on a bigger scale.



UJ Iconic Man

- **IOHA Gala Dinner and Fashion Show**

IOHA's signature event was taken to a new and exciting level this year. The annual IOHA Gala Dinner was merged with a vibrant and fresh fashion show by students and the crowning of the new Face of IOHA for 2017. A glamorous event, well attended by UJ management, HIV committee, LINK students, UJ staff and IOHA external and internal partners. This annual event aims to thank partners for their patronage during the year and to build and harness future relations. The main aim of the event, however, was to congratulate, thank, honor and encourage LINK members graduating on the outstanding work done in promoting and making IOHA a success during 2016. IOHA wishes to encourage our youth to continue the great work done amongst their peers around all campuses within UJ and in their respective communities.

- **The One Million Pads Campaign**

The campaign is led by UJ Iconic Man, who after the realization that a number of students coming from previously disadvantaged families cannot afford basic toiletries especially sanitary pads, embarked on a campaign in 2015 to collect sanitary towels for about 5 000 young girls. It is estimated that close to seven million young girls in South Africa miss approximately two months of schooling per year due to not being able to afford sanitary pads. In 2016 the Citizen ZA movement in partnership with Student Affairs, PHC, IOHA, Community Engagement and Advancement, formally launched the One Million Pads Campaign aiming to raise one million sanitary towels for female students nationwide. Individuals and stakeholders were requested to bring sanitary pads in support of the event.



Launch of One Million Pads Campaign

- **UJ World Aids Day Mind the Reading Series**

World Aids Day is dedicated to raising awareness of the Aids pandemic, to stand in solidarity as a nation that is affected and infected by the disease. In commemoration of the day, *mind the reading* series was presented at the Con Cowan theatre. UJ Arts and Culture in partnership with IOHA presented a reading of *The Normal Heart* by Larry Kramer. This largely autobiographical play by Larry Kramer focused on the rise of the HIV/AIDS crisis in New York between 1981 and 1984, as seen through the eyes of writer/activist Ned Weeks, the gay founder of a prominent HIV advocacy group.

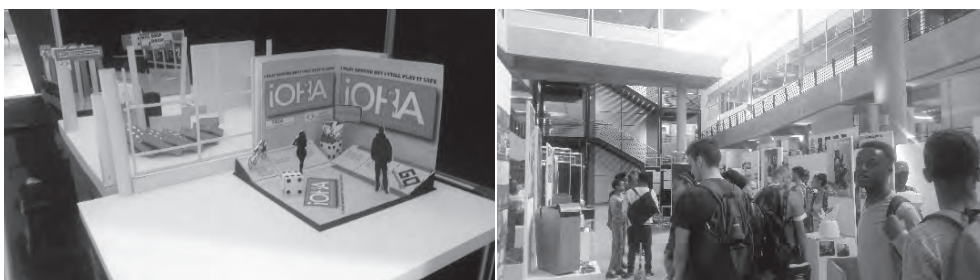
4.2.4 Curriculum Integration, Research and Innovation

Training and capacity building workshops were facilitated in six faculties i.e. Management, FADA, Education, Humanities, FEFS and Health Sciences. This shows an encouraging effort and willingness by faculties to acknowledge that issues around sexual reproductive health are also important in active citizenship. Overall feedback on the initiative was 89% satisfaction. Generally students were not happy about the time allocated for the workshops and would have appreciated more time for discussions and debates.

- **Faculty of Arts, Design and Architecture (FADA)**

As part of the curriculum integration programme, IOHA provided sexual and reproductive health workshops to seven FADA departments. The themes ranged from STIs & HIV, barrier methods, gender & sexuality to a specific focus on social drivers for HIV (GBV, substance abuse, multiple relationships) and marginalized groups (LGBTI+ and PWD). The training workshops were executed through the use of participatory engagement, further allowing students to discuss and debate the various issues in group settings. However, four other departments did not request the IOHA 2016 training workshop, and we assume that the lecturers managed to facilitate sexual reproductive health and rights discourse. The various training workshops were found to be informative and well received by students.

Reflection of the decolonization of knowledge through the HIV FADA-IOHA exhibition: The 2016 exhibition clearly reflected on the significant points of the university student experience, further creating awareness around social justice and sexual reproductive issues. Furthermore, the concepts were unpacked and addressed at level of the South African intersectionality, which is not necessarily influenced by the western ideology.



FADA 2016 Exhibition

- **Faculty of Humanities**

Social Work and Public Relations students training: As students interns form part of IOHA they are required to attend an initial training workshop, which seeks to help them understand how the office operates, including understanding sexual and reproductive health issues which are the core business of the office. Such training is anticipated to help sensitize them to the unit and to assist them to understand the unit's culture, possibly impacting on the service they render, such as proposal writing, concept presentation, etc. The training focused on UJ/IOHA strategy, global strategies (World Health Organization), and national strategies (National Strategic Plan, 90-90-90), including the HEAIDS programme. Furthermore, the training included aspects of HIV, STIs, barrier methods, gender & sexuality, risky behaviors (substance abuse) and the ethics guiding practice in the helping office.

- **Faculty of Management**

CEP HR training workshop: As part of the curriculum integration initiative, IOHA was invited to provide a workshop with postgraduate CEP HR students. The training focused on the medical aspects of HIV (origin, HIV transmission, medication), and included a focus on HIV international and national statistics.

- **Faculty of Health Sciences (Nursing Department)**

Sixty (60) 1st year BCur nursing students were trained on issues related to 21st century Sexual Reproductive Health and Rights (SRHR) discourse. The workshop themes included: Sexually transmitted infections (including HIV), HIV: history, political response, epidemiology, prevention, positive living, social drivers of HIV; LGBTI+, men and women's health, disability and sexual reproduction health. Various activities were used to stimulate the students' learning which seemed to be effective as per feedback from the students.



People with Disability and Gender Based Violence exercise

4.2.5 IOHA Internship programme

Two Social work Interns under the supervision of the HIV programme coordinator were involved in providing psycho-social support to students at UJ and South West Gauteng College. Students also started offering HIV counselling and testing, and saw 20 clients amongst them. Group counselling services were also conducted to address issues like relationships and empowerment. A **Sociology student** conducted a survey as part of the internship which aimed to understand perceptions as to the new scented condoms for male users, as distributed by DOH. Students made a huge contribution towards IOHA 2016 strategy on prevention,

care and support, community engagements and global excellence, whilst they were provided with work experience opportunity and knowledge about HIV/AIDS as a social challenge. **Public Relations Interns** were exposed to the key business principles and the expectations awaiting them outside UJ. Working with the Marketing Coordinator and the Office Administrator they have been exposed to all areas of the institute i.e. training, community engagement, research, participating in the IOHA UJ FM slot, input and participation on IOHA campaigns and events, marketing and branding as well as compilation of PR Strategy and Media Releases for IOHA.

5. EMPLOYEE PROFILE

Table 4: Staff composition

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

New Appointments and Positions

A new HIV Programme Coordinator has started working in July. She is allocated to oversee the APK and APB campuses.

Performance Management

Performance contracts for 2016 were agreed upon with all IOHA staff members during March 2016. The scheduled monthly work discussion meetings with staff were done, and individual development plans were also discussed.

Staff Development

Staff members are attending training and workshops as per individual development plan and also workshops relating to orientation to UJ governance e.g. health and safety and HR. Coordinators have also been enrolled to attend Management courses offered by HR so that they can have insight into high level strategy and for IOHA succession plan. Marketing coordinator attended Event Compliance Management training and one HIV Programme Coordinator attended and presented Counselling Services Conference in September. The other coordinator attended Gender Based Violence sensitization workshop and is one of the GBV ambassadors at the University.

6. COMMUNITY SERVICE, STAKEHOLDER ENGAGEMENT AND REPUTATION MANAGEMENT

6.1 Marketing and Communication

- **IOHA website, Facebook and Print Media**
 - **Monthly updates IOHA Website:** Currently **60%** of clients visiting the page are returning clients and **40%** new ones. **42%** are male clients as compared to **58%** female visitors. Demographics in terms of age: clients visiting the page are between ages of **18-24** and **25-34**, with **58%** between **18-24**. The plan for 2016 is to make more use of social media to communicate prevention messages as students are more interested in this than print media.
 - **Monthly updates on IOHA Facebook:** The IOHA Facebook page is an active means of communication with more of its online campaigns being done through the page. The page has seen more visible interaction and participation from the UJ community. To date, the page has had **871** likes with **96%** post reached for campaigns advertised.

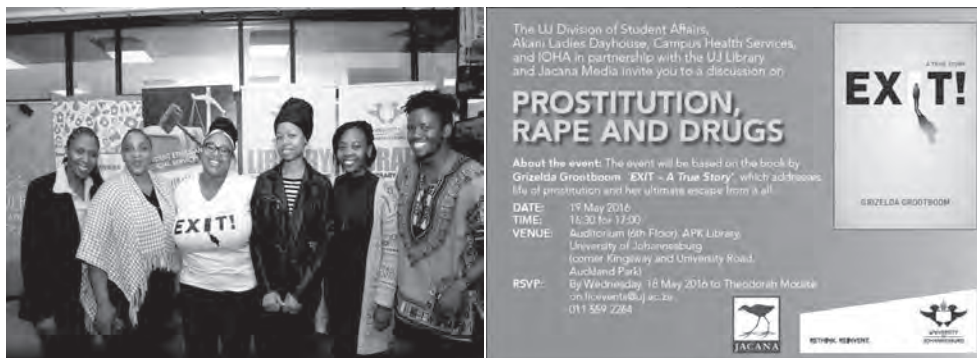


Figure 6: IOHA Facebook Audience Review-number of people reached

- **Print Media:** Internally, articles were printed in the UJ Observer. Externally, articles were featured on Daily Higher Education Network, Mail and Guardian, HIV Good Stories and Melville News. The Million Pads campaign was also featured on SAFM and UJ FM.

Internal Engagements

- **UJ FM SLOTS:** IOHA in partnership with UJ FM has been awarded a permanent slot every Tuesday at 15h45. The slot covers all things related to HIV and Sexual Health.
- **Library RSB dialogue:** IOHA partnered with the Library and other internal stakeholders in order to address RSB issues. This is one of the initiatives to give students a voice on social challenges facing the community. Dialogues hosted included:
 - **A dialogue involving a book called EXIT “A true story” by Grizelda Grootboom.** The panel included a student/peer educator representing the LGBTI+ community and the South African Police services (SAPS). This further allowed students to share their stories around GBV and challenges that they face whilst seeking help within various structures.



RSB dialogue

- **SexUcation (Sexual Education):** Akani ladies day house, in partnership with IOHA and other internal and external partners, hosted a SexUcation event in September. The theme of the initiative focused on how ‘sexual behaviours affect students’, further allowing different partners to provide students with a survival kit. The survival kit ranged from barrier methods (condoms, dental dams, lubrication, and emergency cell phone), to emergency contact numbers, etc. The delegates, particularly the female students engaged with the various speakers regarding the use of various barrier methods and how to go about reporting sexual harassment.
- **Book Discussion “HAMBA SUGAR DADDY”:** In August the book “Hamba Sugar Daddy” was launched and discussed during an event at the University of Johannesburg, Kingsway Library. The authors Sue Hickey and Ntate Nape opened the session with a short introduction to their books. Hamba Sugar Daddy is a book set against the backdrop of the current South African trend of young girls being in a relationship with a blesser. The book is fictional and unfolds the life of an 18 year old born free whose financial difficulties exploited her into exploring relationships with older men for a promiscuous lifestyle. The motivation for writing this book came after reading an article written by

Drum Magazine in 2012. The event was a huge success with robust discussion and attendance from members of the student body, SRC and staff.

- **Residence Programme**

- **First Year Experience Residence Programme March 2016**

IOHA in partnership with the University of Johannesburg residences, the Department of Social Development and Campus Health hosted a First Year Experience programme as an extension to its Sexual Health Awareness Campaign called “Healthy is the New Sexy”. The programme was a first in a series of sessions to follow. The programme aims to give students, in particular first year students, a platform for information sharing in terms of the various pressures affecting youth within society, challenges they may experience on and off campus and where to go for assistance within the University in terms of the various services offered. The Department of Social Development also highlighted the area of drug and alcohol abuse and the available assistance. Other presenters were SAPS, who came to talk about safety awareness and consequences of crime, and Chaps, who encouraged voluntary circumcision as one of the measures to reduce HIV transmission. Brothers for Life presented issues around Men’s Health and Diversity. Internal stakeholders present were Campus Health, Student Affairs and UJ FM, which facilitated the programme. Students were entertained through poetry, which was used to summarize events of the day by a poet from Drama for Life: Zewande. The event was received with great success with 500 students in attendance and committed to the cause despite it being held on a weekend.



FYE Residence Programme March 2016

- **Residence programme/wellness days**

In the continuous effort to provide health and wellness services to students in their comfort spaces, IOHA hosted various wellness days. The wellness days involved various health screenings such as HCT, TB, STIs and BMI. At a few residences, wellness days were complemented by dialogues which focused on RSB issues like drug and alcohol abuse, and men and women empowerment. Both Isizindasempilo (ISO) and the peer educators facilitated dialogues within the various residences. By the end of the academic year, fifteen UJ and external residences had hosted wellness days.



Akanani, The Fields, Habitat and Sophiatown residences

- **Campus Operations meetings**

Numerous monthly Campus Operations meetings have been attended both at SWC and DFC. In these meetings, IOHA’s role was to present the progress of the office which incorporates events, campaigns

and various upcoming events. This includes reporting on maintenance and logistical challenges that IOHA might be facing at that present moment.

- **FYE committee meetings**

As part of availing diverse services to all first years, IOHA forms part of the FYE committee. The Office's role is to provide sexual reproductive health education and market the Office to most first years as per requests from the different departments. Therefore, this requires IOHA as a unit to be part of the plenary meetings.

- **CAT**

Engagement meetings to plan and implement E-Learning have begun. It was agreed that the project will be implemented in two phases. First one will be for LINK training and second one will be to expand E-learning to all students as SRHR skills programme.

- **Care and support meeting**

Care and support is critical at IOHA, thus there are meetings between the various internal offices/ stakeholders (Campus Health, PsyCaD, Employee Wellness) which provide care and support to students and staff who are positive. The meeting focused on providing feedback regarding care and support within the university and recommendations on how to improve the service based on the needs of clients.

External Engagements

- **Testing providers**

Before the testing providers rendered services during the testing month, all counsellors went through a briefing meeting regarding the HCT process. This was aimed at providing them with new information with regard to retaining and supporting clients once they are diagnosed. Various providers also provided recommendations which would help improve the services provided to the UJ community. Suggestions include having a pamphlet with all the information regarding care and support.

- **Collaboration with Wits University**

- As a way to benchmark the Wits AGI programme which focuses on reproductive sexual health research, IOHA conducted a meeting with the Wits team. The information gathered is anticipated to help guide the peer educators' programme since a new research specialization is emerging. Thus the meeting resulted in a new partnership between the two university units. As a way forward, Wits University will conduct a workshop titled "In her Shoes" with the IOHA peer educators. This includes allowing peer educators to attend research workshops as provided by Wits University.
- Peer educator's dialogue: In partnership with the University of the Witwatersrand, Counselling and Careers Development Unit (CCDU), peer educators from both universities attended a dialogue under the theme "sexually me" which was facilitated by CHOMA. 13 peer educators from UJ-IOHA attend the dialogue. This particular gathering addressed issues of sexual behaviors within the university setting and how it affects students. Such issues include, the "blesser phenomena" and gender based violence. Most importantly, the platform reminded peer educators about their role in educating students and advocating for sexual reproductive health and rights.



Peer Educator`s dialogue

- **Anova Health**

To further support the LGBTI+, Anova health conducted a follow-up workshop on their pilot exercise which seeks to connect the MSM community with the relevant reproductive sexual health services. This initiative seeks to create safe zone clinics, where individuals would feel free to utilize the services without the fear of being judged. In the case of UJ, there is a need to continue referring clients to the Anova identified clinics.

6.2 Community Engagement

With the goal of contributing positively towards giving back to the community and encouraging students to build an ethos of volunteerism, IOHA participated in the UJ Street Store, which was organized by the UJ Marketing office. Since IOHA collects clothes and donates them to various organizations, the clothes and toiletries were shared with the street store campaign. In addition to the community projects, IOHA was involved in the following projects:

- **2016 Nelson Mandela day IOHA participation:** In honor of the legendary Mandela, UJ IOHA participated in the Nelson Mandela-UJ initiative by donating 67 minutes to various organizations. Therefore, IOHA participated by addressing pillar 1 (education and literacy) and pillar 5 (participation and volunteerism). Furthermore, IOHA celebrated this day by acting on the idea that each person has the power to make a difference and create better change.
- **I-Care visit:** IOHA interns, student assistants and peer educators volunteered to contribute an amount which was used to buy toiletries that were given to the center. The toiletries packaged included the basic necessities which individuals would use in everyday life. The gifts were welcomed with warm hearts by the I-Care management and the boys. Furthermore, the team participated in the various games with the boys: soccer, cards and played 30seconds game boards. In addition, the team was sponsored with chocolates from Cadbury which were shared with the boys.



I-Care visit on the 18 July 2016

- **Dress up and show off charity event, “empowering the next generation”:** In addition to giving back, IOHA was invited to participate in the initiative as hosted by Zingce foundation, which is aimed at empowering the next generation, investing in projects that speak directly to the development of young women. As part of the group of speakers, representatives from UJ, IOHA addressed sexual and reproductive health related issues. Topics covered include teenage pregnancy as well as the importance of covering up – protection. This was in realization that most teenagers are sexually active thus the issue was addressed. They were also motivated to follow their dreams and not to listen to anything negative that people say about them. This was a reminder to the girls to stay focused and have a positive spirit towards life despite the challenges.



Dress up and show off charity event

- **Reshumile Primary School visit:** In July, IOHA Social Work interns went to the Reshumile Primary School. This was all done through the need to fulfil the spirit of Ubuntu while understanding different needs that may elevate underprivileged schools. The aim of the project was to draw and paint games for the children which would entertain the learners during break and assist in mental and physical development. Some of the games which were drawn and painted include, Mama I'm Hungry, Zig Zag, Scotch, and Crossed Heart.



Reshumile Primary School visit

- Peer educators and IOHA staff members implemented the last community engagement with **Carl Sithole children's home** situated in Soweto. As per needs assessment conducted by the peer educators,

students fundraised and collected toiletries which were handed to the organization. These included clothes which were collected at various offices during the year. Peer educators had an opportunity to play with the children and share snacks with them. More engagements will be implemented in 2017.

7. RESOURCE MANAGEMENT AND SUSTAINABILITY

Financial Governance

The HIV/AIDS committee budget for 2016 amounted to **R120 750.00** and **84%** of the budget was used. The Institutional Office for HIV and AIDS budget for 2015 amounted to **R 3 683 782.66** and **91%** of the budget was spent.

Monitoring and evaluation

- Overall client satisfaction rate during HCT testing campaigns average was 90%.
- Capacity Building workshops training feedback was averaged at 85%. Students are concerned mainly about the amount of time allocated for training, which doesn't allow much engagement.
- There was improved reporting on HIV Counselling and Testing (HCT) stats in the first quarter due to efficiencies implemented internally with Campus Health and externally with testing partners.

Areas for improvement

- The partnership with Student Affairs need to be fostered in order to expand services at both internal and external residences.
- Reading material for sight impaired blind students who cannot really have access through mainstream marketing of events needs to be explored, to expand their knowledge of available services.
- There needs to be further negotiations as to how IOHA can get their own Twitter account handle from UJ.
- Sanitary pads need to be available to lower resourced students and for emergencies for female students as an initiative by the university, instead of being led by the SRC, as this might be viewed as relegation of responsibility.
- The old IOHA page is still active although the need to remove the old page was been reported a year ago.
- Some prevention programmes like drug and alcohol, GBV and Safe Zone should be strengthened as these fuel the risk of HIV.
- The Care and Support strategy can improve to avail support services to more students, and information addressing issues that HIV positive clients struggle with, should be made more accessible through the use of social media platforms.

8. LEADERSHIP FOOTPRINT

- **Exhibition at the 21st International AIDS Conference:** About 18,000 delegates and 1,000 journalists from around the world attended the conference in July. South Africa's main goal for 2016 was refocusing global attention on the steps to ensure Access Equity Rights Now! The conference offered unparalleled opportunities to both commercial and non-commercial organizations to showcase their products and services to the world's leading HIV professionals. UJ was amongst those hosted and had a prime opportunity to reach many key players in the scientific response to HIV and AIDS. UJ presented an innovative example of Curriculum Integration: captured in different graphics and visuals, 15 second year students from FADA highlighted the importance of condom use during sexual encounters and of getting tested. The stand was a great attention grabber with delegates, awakening great interest and robust discussion. Having a stand at the International Aids Conference also had positive benefits and exposure for the University.
- The IOHA Internship programme was a success and contributed towards both the IOHA and UJ strategy on curriculum integration as well as active citizenship to prepare students for work.
- Social Work interns provided support services to the South West Gauteng College. This is in relation to universities forming partnerships and becoming a support structure to TVETS.

- One of the HIV Coordinators chaired a session at the Counselling Services conference in Swaziland and also made a presentation.
- The IOHA Marketing Coordinator is part of the HEAIDS Future Beats reference group, which is a platform where universities share their expertise on how they use social media platforms to communicate HIV prevention messages.

9. CONCLUSION AND WAY FORWARD

The strategic focus for 2017 will be on the following:

- Prevention, Care and Support:
 - HIV Prevention and promotion of Sexual Health ('Healthy is the new sexy' campaign) by addressing social drivers for the spread of HIV and AIDS including risky student behaviour;
 - Coordinate GBV programme through HEAIDS funding i.e. 24hr hotline; offer self-defense classes, make GBV ambassadors known and accessible; establish a database and case management for incidents and increase awareness;
 - Expand Safe Zone campaign through partnerships with different internal and external stakeholders, and develop a sustainable year plan through consolidation of different calendars;
 - Partner with department of Social Development or NGO on substance abuse programme during campaigns and events;
 - Partner with two organizations to take health and wellness to the next level regarding healthy eating and exercising. These initiatives will be implemented at residences as well;
 - Promote and advocate human rights issues related to marginalized groupings like women, PLWD, LGBTI and PLHIV through expansion of Safe Zone campaign in partnership with different internal and external stakeholders, and develop a sustainable year plan through consolidation of different calendars;
 - Host a Southern African youth conference in July;
 - Continue to sustain TVET support;
 - Offer Facilitation Training and workshops at faculty level and in the residences to build capacity, engage and up skill students and service staff on social drivers and issues related to HIV and AIDS;
 - Provide biomedical & psycho-social interventions and strategies aimed at preventing HIV, STI and TB transmissions by:
 - providing mass HIV Counselling and Testing (HCT), condom distribution;
 - facilitating individual and group consultations for PLHIV.
- Sustain excellence in service delivery, within the scope of resources available;
- Achieve the IOHA strategic objectives as outlined in the UJ Strategic Plan (2014-2025).

The measurable targets for IOHA are as follows:

- Increase the number of faculties involved in curriculum integration;
- Continue to improve revised LINK strategy and implement 2017 activities as planned;
- Streamline HIV care and support by updating UJ Wellness Programme policy, maintaining the data base and active case finding of students not enrolled on the programme;
- Maintain
 - Community engagements;
 - 85% Client Satisfaction;



UJ Exhibition at the 2016 International AIDS Conference

- Continue to maintain and strengthen HEAIDS projects and Awareness Campaigns implemented in 2016;
- Maintain and expand internal and external partnerships;
- Expand Global Excellence by increasing HIV related research output or best practice through surveys conducted, and the FET and African University partnership;
- Showcase UJ's global excellence at the upcoming 2017 Youth conference for the Southern Region;
- Mobilize faculties and support services to partner in hosting the Southern African Regional Students and Youth Conference (SARSYC) on Sexual and Reproductive Health in 2017;
- Maintain and expand innovative marketing and communication initiatives to mitigate HIV messaging fatigue;
- Continue to collaborate with Student Affairs, Campus Health, Library and other support services in addressing RSB issues;
- Capacity Building for Staff, Student leadership (house committees, societies) and Residences.

Rainny Magcai (Sr.)

Head: IOHA
