THE DRAFT POLICY ON HEALTH AND PRODUCTIVITY MANAGEMENT IN THE PUBLIC SERVICE

October 2008

TABLE OF CONTENTS

PART A: GENERAL

1.   INTRODUCTION

1.1 The rationale and intended outcome related to Health and Productivity Management (HPM) is an essential programme in the workplace that   presents state-of-the-art health and productivity research that suggests interventions aimed at prevention, early detection, and best-practice treatment of employees along with an informed allocation strategy that can produce significant cost-benefits for employers.

1.2 Contributors cover all the major aspects of this new area of research:

>   1.2.1 Approaches to studying the effects of health on productivity
>   1.2.2 Ways for employers to estimate the costs of productivity loss
>   1.2.3 Concrete suggestions for future research developments in the area
>   1.2.4 Implications of this research for public policy
>   1.2.5 Health risk assessment

1.3 This policy serves as a broad guide for government public service organisations in responding to HPM in the Public Service world of work. Practically the policy seeks to strengthen and improve the efficiency of existing services and infrastructure and introduce additional interventions based on recent advances in knowledge. The policy should be read in conjunction with the EH&W Strategic Framework (2008), related policies and the implementation guidelines.

1.4 The HPM programme is underpinned by the WHO Plan of Action on Workers Health 2008-2017. This plan states that workers represent half the world's population and are major contributors to economic development. It calls for effective interventions to prevent occupational hazards and to protect and promote health at the work place and access to occupational health services.

1.5 This plan deals with all aspects of workers' health', including primary prevention, of occupational hazards, promotion and protection of health at work, employment conditions and a better response from health systems to workers health.

1.6 It advocates the principles of workers right to enjoy highest attainable standards of physical and mental health and favorable working conditions. The work place should not be detrimental to health

and wellbeing. It prescribes that primary prevention of occupational health hazards should be given priority and that all components of the health systems should be involved in an integrated response to the specific health needs of working population.

1.7 It calls for the recognition of the work place as a setting for delivery of other essential public health interventions, and for health promotion and that activities related to workers health should be planned, implemented, and evaluated with a view to reducing inequalities in workers health within and between countries by both employers and workers representatives.

1.8 HPM seeks to contribute to Decent Work for Public Servants. The goal is not just the creation of jobs, but the creation of jobs of acceptable quality. The quantity of employment cannot be divorced from its quality. Decent work sums up the aspirations of public servants in their working life. It involves opportunities for work that is productive and delivers a fair income, security in the work place and social protection for families, better prospects for personal development and social integration, freedom for people to express concerns, organise and participate in the decisions that affect their lives, and equality of opportunity and treatment for all women and men.

1.9 Decent work calls for the integration of economic and social objectives and for a well-orchestrated combination of measures in the areas of employment promotion, rights at work, social protection and social dialogue. This coherent approach is proving its relevance to a wide-ranging policy agenda, from social dimensions of globalisation to poverty reduction strategies. The focus of the decent work programmes varies from department to department, reflecting different priorities and conditions.

1.10 ILO Promotional Framework for Occupational Safety Convention No.187 June 2006, reinforces the following earlier international conventions and declarations:

a) Declaration of Philadelphia which provided for the ILO to further programs among nations of the world to achieve adequate protection for the life and health of the workers in all occupations

b) The ILO Declaration on Fundamental Principles and Rights at Work and its Follow-up, 1998 The Occupational Safety and Health Convention, 1981 (No 155), the Occupational Safety and

c) Health Recommendation, 1981 (No 164) and other instruments of the ILO relevant to promotional work for occupational safety and health

1.11. It provides for the creation of a:

a) National Policy on occupational safety and health and the working environment developed in accordance with principles of Occupational Safety and Health Convention, 1981 (No 155);

b) National System for Occupational safety and health

c) National Programme on Occupational safety and health

d) National Preventive safety and health culture in which the right to a healthy and safety environment is respected at all levels.

2. SCOPE

This policy shall apply to all National and Provincial Departments as mandated by the Public Service Act (1994 as amended) in consultation with Local Government as mandated by the Public Service Management Bill.

3. OBJECTIVES

3.1. The objectives of this policy are to:

3.1.1. Focus on the areas of Disease Management, Mental Health Management, Injury on Duty & Incapacity due to Ill-health and Occupational Health Education and Promotion.

3.1.2. Reduce healthcare costs and/or improving quality of life for individuals with chronic conditions by preventing or minimising the effects of a disease, or chronic condition and medical surveillance.

3.1.3. Help employees manage their lives successfully, and provide them with the emotional and spiritual resilience to allow them to enjoy life and deal with distress and disappointment.

3.1.4. Reduce absenteeism from work, abuse of sick leave, injuries on duty, ill health retirements, incapacity leave, occupational diseases and health risks.

3.1.5. Enhance the knowledge levels of individuals, help catalyze and reinforce behaviour change while intentionally leading to improve health and productivity.

4.   MISSION

4.1.   The mission of this policy is to-

4.1.1.   Commit **dpsa** to mobilize itself to support the provision of resources and leadership to implement Health and Productivity Management workplace programmes.

4.1.2.   Promote the general health of employees through awareness, education, risk assessment, and support

4.1.3.   Mitigate the impact and effect of communicable and non-communicable diseases on the productivity and quality of life of individuals.

5. PRINCIPLES

5.1 The Health and Productivity Management programme is underpinned by the following principles:

5.1.1 Focus on all Levels of employment, senior and executive management, middle managers, operational and technical staff as well as staff at the lowest level of the occupational ladder.

5.1.2 Responding to the needs of designated groups such as women, older persons, people with disabilities and people living with HIV and AIDS.

5.1.3 Representation of targeted groups, a non-sexist, non-racist and fully inclusive Public Service

5.1.4 Cohesiveness with HRD processes.

5.1.5 Equality and non-discrimination upholding the value that discrimination on any unfair grounds should be eliminated.

5.1.6 Promote healthy integration and embracing change

5.1.7 Human dignity, autonomy, development and empowerment

5.1.8 Barrier-free Public Service

5.1.9 Collaborative Partnerships

5.1.10 Confidentiality and ethical behaviour

6. LEGAL FRAMEWORK

6.1 INTERNATIONAL INSTRUMENTS UNDERPINNING HP MANAGEMENT

a) WHO Global Strategy on Occupational Heath for All

b) WHO Global Worker's Plan 2008-2017

c) ILO Décent Work Agenda 2007-2015

d) ILO Promotional Framework for Occupational Safety Convention 2006

e) United Nations Convention on the Rights of People with Disabilities

f) Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

g) The Beijing Declaration and its Platform for Action, 1995 (+10)

h) United Nations Millennium Declaration and its Development Goals (MDGs)

i) The International Convention on Population Development 1994 (+10)

j) World Summit on Sustainable Development, Johannesburg 2002

k) WHO Commission on social determinants of health

6.2 LEGAL FRAMEWORK FOR HP MANAGEMENT WITHIN THE PUBLIC SERVICE

a) Constitution of the RSA, Act 108 of 1996

b) Disaster Management Act, No. 57 of 2002 and

c) Basic Conditions of Employment Act 75 of 1997

d) Occupational Health and Safety Act 85 of 1993

e) Employment Equity Act (55 of 1998; 97 of 1998; 9 of 1999)

f) Labour Relations Act, 66 of 1995

g) National Disaster Management Framework

h) Promotion of Equality and Prevention of Unfair Discrimination Act, 4 of 2000

i) Public Service Act, 1994 as Amended & Regulations

j) Compensation for Occupational Diseases and Injuries Act, No.130 of 1993

k) Mental Health Care Act No 17, 2002

l) The Medical Schemes Act, No. 131 of 1998

m) Health Care Act

n) Tobacco Products Control Amendment Act No. 12, 1999

6.3 STRATEGIC FRAMEWORKS APPPLICABLE TO HPM WITHIN THE PUBLIC SERVICE

a) *National Strategic Plan on HIV&AIDS 2007-2011*

b) *National Strategic Framework on Stigma and Discrimination*

c) *National Occupational Health and Safety Policy of 2005*

6.4 ECONOMIC AND SOCIAL POLICY, PROGRAMMES AND STRATEGY

a) *Presidential Pronouncements and Budget Speech*

b) *Integrated Development Plans (IDPs)*

c) *Occupational Health Policy 2005 (Department of Labour)*

d) *Medium Term Strategic Framework*

e) *National Spatial Development Strategies*

f) *Provincial Growth and Development Strategies*

7. DEFINITIONS

In this policy any term to which a meaning has been assigned in the Public Service Act bears that meaning, unless the context otherwise indicates-

7.1 Health and Productivity Management

Institute of Health and Productivity Management define Health and Productivity Management (HPM) as integration of data and services related to all aspects of employee health that affect work performance. It includes measuring the impact of targeted interventions on both employee health and productivity. The Health Productivity and Management value chain designs benefits and programs to provide incentives, change behavior, reduce risks, improve health, which impact medical costs and disabilities, improve functionality, which translates into enhanced worker productivity.

Health and Productivity management presents state-of-the-art health and productivity research that suggest interventions aimed at prevention, early detection, and best-practice treatment of employees along with an informed allocation strategy that can produce significant cost-benefits for employers. It is the integrated management of health injury risks, chronic illness, and disability to reduce employees total health- related costs including direct medical expenditures, unnecessary absence from work, and lost performance at work. Critical to the understanding of HPM is that the concept of productivity has been expanded to include presenteeism, absence management and disability.

7.2 Disease Management

Disease Management has evolved from managed care, specialty capitation, and health service demand management, and refers to the processes and people concerned with improving or maintaining health in large populations. Disease Management is concerned with common chronic illnesses, and the reduction of future complications associated with those diseases. Disease management mitigate the impact of diseases by promoting the objectives of communicable and non-communicable diseases.The idea is to ease the disease path, rather than cure the disease. Improving quality and activities for daily living are first and foremost.

Disease management increase knowledge of diseases and promote essential attitude change. It creates a demand for information and services reduce stigma and discrimination against certain illnesses and promote care and support of vulnerable employees.

7.3 Chronic Illness

A chronic illness is a word used to describe a group of health conditions that last a long time. In fact, the root word of chronic is "chronos," which refers to time. There are many kinds of chronic illnesses - most chronic illnesses are not contagious. Chronic illnesses can be genetic, meaning that parents can pass the tendency to get them on to their children before they are born through genes.

Chronic Illnesses are among a host of chronic health problems and disabilities that have traditionally received too little attention from health care systems—until serious complications develop. That's because modern medicine tends to focus on detecting and treating acute problems, leaving fewer resources for the needs of chronically ill patients, which may be less urgent but are equally important. The need for better chronic care is growing, and many managed care and integrated delivery systems are trying to correct the many deficiencies in current management of chronic diseases.

7.4 Mental Health

 Mental health is a basic component of positive health and well-being. It is necessary to help management of life successfully, and provide emotional and spiritual resilience to allow enjoyment of life and dealing with distress and disappointment. Mental health can be very

positive and worth aiming to have. However, we all go through times in our lives where we may experience mental illness. 'Mental illness' is a shorthand term for a variety of illnesses that affect our mental well-being. It covers a range of symptoms and experiences.

There is a great stigma surrounding mental health issues. When individuals appear to be different we attach a stigma to them; we do not do it to be cruel, we simply do not understand their differences. Stigma is a reality for people with a mental health issue and their greatest barrier to a complete and satisfying life. People feel uncomfortable about mental health issues; they are not seen like other issues such as heart disease and cancer. Due to inaccuracies and falsehoods, people have been led to believe that an individual with a mental health issue has a weak character or is potentially dangerous. However, mental health issues only become visible when someone is in a crisis. The majority of the public are unaware of how many people with mental health issues they know and encounter every day.

7.5 Incapacity Leave

Incapacity leave is a leave benefit that can be applied in the event where normal sick leave has been exhausted in the three year sick leave cycle. Incapacity Leave is for management purposes categorized into two types:

- Short incapacity – this is when the period of incapacity leave that is requested is 29 days or less
- Long Incapacity – this is when one applies for 30 or more days of incapacity leave

7.6 Ill-Health Retirement

When an employee becomes permanently unable to work due to medical reasons, he/she could be discharged/retired from the employment of the Public service on medical grounds.

Either the employee or the employer could initiate an ill-health retirement should it be suspected that the employee have become permanently unable to work.

The Employer should:

a) If necessary request the employee to complete ill –health retirement specific application forms

b) Manage and investigate the employees application, with the assistance of a Health Risk Manager, in terms of the Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR).

c) The employer will notify the employee of its findings and take appropriate action according to its findings.

An incomplete application form may jeopardize access to incapacity leave or ill-health retirement.

7.7 Injury on Duty and Occupational Diseases

An injury on duty is taken to mean a personal injury sustained in an accident occurring during the performance of an employees work. An Occupational disease is like any other disease, with the distinction that it was caused solely or principally by factors peculiar to the working environment. It is also described as a disease arising out of and contracted in the course of an employee's employment as and listed in Schedule 3 of the Compensation for Occupational Injuries and Disease Act, 1993 (No 130 of 1993).

An injury must be treated immediately, and if serious, referred to a doctor or hospital. An Occupational disease is treated as soon as signs are seen or symptoms arise and also referred for the best treatment. Both must be reported to the compensation commissioner. The accident or exposure must be investigated and remedial measures instituted to prevent similar accidents and incidents. Ongoing education of management and employees in the necessity of reporting all injuries and illnesses immediately, in terms of written procedures, is important. Failure to comply results delay treatment, unnecessary complications and excessive correspondence to the Compensation Commissioner, hospitals and private practitioners.

7.8 Occupational Health Education and Promotion

Occupational Health Education and Promotion in the workplace is defined as a variety of communication dissemination and information transfer activities that are intended to enhance the knowledge levels of individuals help catalyze and reinforce behaviour change while intentionally leading to improve individual health and productivity.

Education is a vital part of Occupational Health Education and Promotion. It is also a vital part of Health and safety awareness. Awareness programmes should be directed to outlining the relevant responsibilities of both the employer and employees for control and prevention of Health Risks.

Consideration should also be given to the role of government and legislation, and the education process should take place within the total context of safety and health awareness.

The employer should see the need to embark on a Peer Education Programme in the Departments as a mechanism to encourage openness, acceptance and care and support for those infected and affected by Illnesses. The Peer Educator Programme should be seen as an integrated part of the existing Employee Assistance Health promotion programmes

7.9 DG/HOD

Means head of a national department, the office if the premier, a provincial department, or a head of a national or provincial component, and includes any employee acting in such post.

7.10 Senior Manager

Means a manager who promotes public management culture of excellence based on values and principles of section 195(1) of the constitution and the provision of the Public Service Act of 1994

7.11 Employee

Means a person appointed in terms of the public Service Act 1994 but excludes a person appointed as a special adviser in terms of section 20(3).

7.12 Health and Safety Representative

It is a representative of workers that each and every employer who has more than 20 employees in his employment at the workplace, shall , within four months after the commencement of this Act or after commencing business, or from such time as the number of employees exceeds 20, as the case may be, designate in writing for a specific period health and safety representative for such workplace, or for different sections thereof.

7.13 Health and Safety Committee

It is a committee that initiate, develop, promote, maintain and review measures to ensure the health and safety of employees at work. The employer shall in respect of each workplace where two or more health and safety representatives have been designated, establish one or more health and safety committees.

7.14 Peer Educator

A peer educator is a person who works with his/her peer, sharing information and guiding a discussion using his/her peers experience and knowledge.

7.15 Steering Committee

The **dpsa** has established Steering Committees for all components of Human Resource Management and Development, including EH&W, which have quarterly meetings. These are at provincial and national levels. The Steering Committee is a vehicle of coordination, communication, collaboration, consultation, which seeks to establish harmonised communication of the EH&W Framework; build commitment for its implementation and create avenues through which collaborative initiatives can be forged. Senior managers and EH&W practitioners are the representatives on the Steering Committees.

8. ROLE PLAYERS

8.1 This policy involves the following role players:

8.1.1   The Head of Department shall ensure that:

a) HPM in the work place will encompass the prevention and management of chronic diseases, infectious diseases, occupational injuries, disability and occupational diseases so as to reduce the burden of disease by early entry into disease management programs in order to enhance productivity in the Public Service

b) HPM activities are convergent efforts to promote the general health of employees through awareness, education, risk assessment, and support in order to mitigate the impact and effect of communicable and non-communicable diseases on the productivity and quality of life of individuals

c) HPM initiatives in the Public Service embrace four broad objectives, namely, disease management and chronic diseases, mental health /psychosomatic diseases, injury on duty and incapacity due to ill health and occupational health education and promotion.

d) Mental health in the workplace is addressed by:

(i) Providing support options which are confidential and non-stigmatizing

(iii) Reviewing employment practices to ensure that staff with a history of mental health problems is not excluded.

e) Injury on duty and incapacity due to ill health is managed in terms of the Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR).

f) Disease Management deals with the processes and people concerned with improving or maintaining health and are concerned with common chronic illnesses, and the reduction of future complications associated with those diseases as well as infectious disease, medical surveillance and barriers to disease management

g) Occupational Health Education and Promotion in the workplace include a variety of communication dissemination and information transfer activities that are intended to enhance the knowledge levels of individuals, help catalyze and reinforce behavior change while intentionally leading to improve individual health and productivity (e.g. advocacy, E-Healthcare and Knowledge Information Management)

h) Managers ensure that targeted employees must attend training on Health and Productivity Management programmes.

i) Systems /procedures/ delegations are adapted to establish a fertile environment for implementation and the management of Health and Productivity Management programmes.

j) Support should be provided to employees who truly need such support through Health and Wellness Programmes i.e. to take action where necessary e.g. to adapt an incapacitated employees work environment when so advised.

k) The management of health programmes is changed to promote both employees' health and enhance service delivery.

j) Appoint a designated senior manager to champion Health and Productivity Management Programmes in the workplace.

8.1.2 The Designated Senior Manager shall:

a) Develop capacity building programmes i.e.

    (i)   Promote competence development of practitioners

    (ii)   Improve capacity development of auxiliary functions (OD, HR, IR, Skills Development, Change Management etc.) to assist with HPM promotion at an organisational level

    (iii)   Establish e-Health and Wellness information systems

b) Form organizational support initiatives i.e.

    (i)   Establish an appropriate organisation structure for HPM

    (ii)   Ensure Human Resource planning and management

    (iii)   Develop integrated HPM information management system

    (iv)   Provide physical resources and facilities

    (v)   Ensure financial planning and budgeting

    (vi)   Mobilise

    (vii)   Management support

c) Develop Governance and Institutional Initiatives i.e.

    (i)   Establish an HPM Steering Committee

    (ii)   Obtain Stakeholder commitment and development

    (iii)   Develop and implement an ethical framework for HPM

    (iv)   Develop the management of wellness care

    (v)   Develop and implement management standards for HPM

    (vi)   Develop and maintain an effective communication system

    (vii)   Develop and implement a system for monitoring, evaluation, and impact analysis

d) Develop Economic Growth and Development Initiatives i.e

    (i)   Mitigate the impact of Diseases on the economy

    (ii)   Ensure responsiveness to the Government's Programme of Action

        (iii)   Ensure Responsiveness to Millennium Development Goals

        (iv)   Integrating NEPAD, AU and Global programmes for the economic sector.

e) Structure, strategise, plan and develop holistic HPM programmes;

f) Manage HPM strategies and policies, e.g. disease management, mental health,

g) Occupational injuries, ill-health retirements and educational awareness programmes

h) Align and interface HPM policy with other relevant policies and procedures;

i) Liaise with, manage and monitor external service providers;

j) Plan interventions based on risk and needs analysis;

k) Monitor and evaluate implementation of HPM interventions;

l) Establish a Peer Education programme.

8.1.3 The Employee shall:

a) Ensure that he/she registers early into disease management programs in order to manage the disease and enhance productivity in the Public Service.

b) Participate in care and preventive programmes to minimize the effects of a disease, or chronic condition through integrative care and preventive care.

c) Take reasonable care for the health and safety of him/herself and of other persons who may be affected by his/her acts or omissions;

d) If involved in any incident which may affect his/her health or which has caused an injury to him/herself, report such incident to his/her employer or to his/her health and safety representative, as soon as practicable

e) Comply with standards as set by legislation, regulations, SABS, ISO and DOL.

8.1.4 Health and Safety Representatives / Peer Educator shall:

a) Review the effectiveness of health and safety measures;

b) Identify potential hazards and potential major incidents at the workplace;

c) In collaboration with the employer, examine the causes of incidents at the workplace, investigate complaints by any employee relating to employee's health or safety at work;

d) Make representations to the employer on general matters affecting the health or safety of the employees at the workplace;

e) Inspect the workplace, including any article, substance, plant, machinery or health and safety equipment at the workplace with a view to improve the health and

safety of employees, at such intervals as may be agreed upon with the employer: Provided that the health and safety representative shall give reasonable notice of his intention to carry out such an inspection to the employer, who may be present during the inspection;

f) Participate in consultations with inspectors at the workplace and accompany inspectors on inspections of the workplace;

g) In their capacity as health and safety representatives attend meetings of the health and safety committee of which they are members, in connection with any of the above functions.

h) Act as a focal point for the distribution of evidence-based and generic health and wellness promotional material at the workplace;

i) Take initiative to implement awareness activities, or to communicate health and wellness information at the workplace;

j) Act as a referral agent of employees to relevant internal or external health support programmes;

k) Be involved with the identification of health risks at the workplace;

l) Obtain and make condoms and femidom available at the workplace and provide usage education thereof;

m) Initiate and arrange staff training with regard to employee health and wellness;

n) Ensure adherence to standards as set by legislation, regulations, SABS, ISO and DOL.

o) Submit monthly reports of activities to the HPM coordinator.

8.1.5 Health and Safety Committee shall:

a) make recommendations to the employer or, where the recommendations fail to resolve the matter, to an inspector regarding any matter affecting the health or safety of persons at the workplace or any section thereof for which such committee has been established;

b) discuss any incident at the workplace or section thereof in which or in consequence of which any person was injured, became ill or died, and may in writing report on the incident to an inspector;

c) keep record of each recommendation made to an employer and of any report made to an inspector;

d) Involve Labour relations movements.

8.1.6 The HPM Coordinator shall:

- a) coordinate the implementation of HPM, projects and interventions;
- b) plan, monitor and manage HPM according to strategies, policies and budgetary guidelines;
- c) make provision for counselling to individual employees and to their immediate family members;
- d) identify personal development needs for individual employees;
- e) analyse and evaluate data and communicate information, statistics and results to various stakeholders and management;
- f) coordinate activities of Peer Educators;
- g) promote work-life balance for employee

8.1.7 The Steering Committee shall:

- a) Draw lessons from policy implementation, monitoring and evaluation
- b) Asses the impact of HPM on the ongoing transformation of the Public Service
- c) Consistently measure the impact of HPM on productivity of the Public Service
- d) Coordinate the efforts of Departments to address strategic and HPM related issues.
- e) Ensure that information is cascaded to all levels in provinces and in the Departments, in Directorates and in Institutions as well as with stakeholders and supporters.

9. FINANCIAL IMPLICATIONS

The cost associated with the implementation of this policy must be met from the individual department's personnel funds.

10. IMPLEMENTATION

The Generic Implementation plan for EH&W is the alignment of the logical framework commonly used in policy, programme and project management (inherent in the result based model) and the 12 components of an effective M&E system and the organisational structure for implementation of the

EH&W. An effective, efficient and implementable monitoring and evaluation system is required if this HPM Policies to be successful in measuring achievements of the policy objectives. Departments would be expected to develop indicators as appropriate for micro and Meso levels of governance The implementation of this policy will follow the result base model.

11. MONITORING AND EVALUATION

Monitoring and evaluation have a significant role to play in HPM interventions as it assists in assessing whether the programme is appropriate; cost effective and meeting the set objectives. The 12 components that should be included in the HPM M&E System are indicated below:

- a) Organisational structures with EH&W M&E functions
- b) Human capacity for EHW M&E
- c) Partnerships to plan, coordinate, and manage the M&E system
- d) National multi-sectoral EH&W M&E plan
- e) Annual costed national EH&W M&E work plan
- f) Advocacy, communications, and culture for EH&W M&E
- g) Routine EH&W programme monitoring
- h) Surveys and surveillance
- i) National and sub-national EH&W Databases
- j) Supportive supervision and data auditing
- k) EH&W evaluation and research
- l) Data dissemination and use

12. REVIEWS

Regular reviews of progress on HPM programmes should be conducted. The reviews should be conducted quarterly through reports submitted to the DPSA by all departments. These reviews will inform implementation, monitoring and evaluation, and future planning.

PART B: IMPLENTATION OF OBJECTIVES

The aim of this part of the policy is to provide direction for the implementation of Health and Productivity Management in the Public Service. As indicated in PART A, paragraph 3 of this policy HPM has the following four objectives for implementation:

1. To improve Disease and Chronic illness Management

1.1 Aim

The aim of Disease and Chronic illness Management seeks to mitigate the impact of disease management, Ensure that the reduction of barriers to disease management remains a strategic priority in all departments. Actively involve employees in self care, as it is critical. Classify occupational diseases in the work place and prevent the risk of employees contracting an infectious disease through their work.

1.2 Policy Measures

a) Conducting of awareness programmes and

b) Utilisation of disease management programmes

c) Development of Departmental Health and Productivity Management policy

d) Co-operation between specialists, general practitioners and patients are   achieved to reduce barriers of disease management at the work place

e) Establishing of structures for disease management and behaviour change communication

f) Improving of Chronic Illnesses management and the measuring of the impact on employee health; stress levels; turnover; conflict; absenteeism; and organizational culture

g) Implementation of strategies to prevent the risk of employees contracting infectious diseases

h) Comprehensive risk assessment which covers prevention, control, protection, monitoring and health surveillance

i) Conducting of awareness programmes on the functions and purpose of health surveillance and the relevant laws and regulations

1.3 Procedural Arrangements

Procedural arrangements refer to the procedures that need to be implemented in HPM as discussed in the roles and responsibilities of the Senior Manager in PART A, paragraph 7.1.2, as well as in the Implementation Guide (see Annexure A).

2. To improve Mental Health and Psychosomatic illness Management

2.1 Aim

The aim of Mental Health and Psychosomatic illness Management is to focus on reducing the psychosocial and physical demands of the work place that trigger stress; to follow a balanced approach to understand work stress; to recognise that employment provides rewards that are both internal and external; to provide a positive stress work environment which encourages productivity; to promote a culture of respect and dignity and to encourage awareness of mental issues.

2.2 Policy Measures

a) Developing and implementing of a Toolkit for Mental Health Promotion in the workplace which looks at practical steps for addressing mental health

b) Measuring of the impact of programmes that reduce the psychosocial and physical demands of the work place that trigger stress

c) Increase in number of public servants who are not stigmatized and disadvantaged, who will be able to manage their lives effectively and who are able to sustain positive relationships with others

d) Interventions are made to involve groups of employees that are formed based on person-environment relationships, and which contribute to the generation or reduction of psychosomatic disorders

2.3 Procedural Arrangements

Procedural arrangements refer to the procedures that need to be implemented in HPM as discussed in the roles and responsibilities of the Senior Manager in PART A, paragraph 7.1.2, as well as in the Implementation Guide (see Annexure A).

3. Injury on Duty & Incapacity due to Ill-Health management

3.1 Aim

The aim of Injury on Duty & Incapacity due to Ill-Health management is to investigate accidents and/or exposures; to institute remedial measures to prevent similar incidents; to grant injury on duty leave according to COID; to grant and manage the employee conditional leave pending the outcome of its investigation into the nature and extend of the employee's incapacity leave in terms of PILIR.

Of further importance is the management and investigation of the employee's application on ill-health retirement, with the assistance of a Health Risk manager, in terms if PILIR; the creation of a supportive environment for Health and Productivity Management and DPSA to champion and assist departments, improve productivity, increase morale, to curb abuse and increase service delivery, protect the employees, as well as complying with the law. This will help focus on the risk that really matter in the workplace – the ones with the potential to cause real harm.

3.2 Policy Measures

a) Establishing of a system to manage employee conditional leave and investigate the application with the assistance of a Health Risk Manager, in terms of PILIR
b) Establishing of a process to report any injuries sustained by workers in the workplace
c) Establishing of Procedures for protecting employees, as well as complying with the law
d) Establishing and utilization of counseling and support services
e) Using of Return on investment (ROI) literature to develop cost effective health care programmes

3.3 Procedural Arrangements

Procedural arrangements refer to the procedures that need to be implemented in HPM as discussed in the roles and responsibilities of the Senior Manager in PART A, paragraph 7.1.2, as well as in the Implementation Guide (see Annexure A).

4. Educational Health Education and Promotion

4.1 Aim

The aim of Educational Health Education and Promotion is to focus on Increasing the options available to people to exercise more control over their own health and over their environments; to make choices conducive to health; to promote health services shared among individuals, community groups, health professionals, health service institutions and governments; to strengthen systems for workplace learning in Health and Productivity Management; to develop effective behaviour change communication programmes; to ensure specific training for Public Service Employees on Health and Productivity Management programmes; and to achieve and sustain an environment that acknowledges and responds effectively to diversity.

4.2 Policy Measures

a) Evaluation of the impact of health policies and health systems on public health practice and on broad, population-based health outcomes within a historical, political and economic framework

b) Meeting of Health standards and putting processes in place to ensure continuous improvement

c) Options are made available to employees to exercise more control over their own health and over their environments, and to make choices conducive to health.

d) Sharing of Health Services among individuals, community groups, health professionals, health service institutions and governments

e) Strengthening of systems for workplace learning in health management

4.3 Procedural Arrangements

Procedural arrangements refer to the procedures that need to be implemented in HPM as discussed in the roles and responsibilities of the Senior Manager in PART A, paragraph 7.1.2, as well as in the Implementation Guide (see Annexure A).

ANNEXURE A: IMPLEMENTATION GUIDE

ANNEXURE B: MONITORING AND EVALUATION TOOL

Strategic Objective 2: Health and Productivity Management *To manage communicable and non-communicable diseases, mental health /psychosomatic illnesses, injury on duty and incapacity due to ill health and occupational health education and promotion in order to enhance productivity* (Impact to be measured)	
Sub-Objective 2.1 (Output indicators)	*Success Indicators* *(Outcomes* indicators *)*
2.1 To promote diseases and chronic Illnesses management. • Chronic Illness & Diabetes Mellitus • Medical Surveillance & Infectious Diseases • Barriers to disease management • Diseases Management	• Departments have conducted awareness programmes and employees use disease management programmes • Departmental Health and Productivity Management policy developed in all departments • Co-operation between specialists, general practitioners and patients are achieved to reduce barriers of disease management at the work place • Structures are established for disease management and behaviour change communication • Chronic Illnesses management is improved and the impact can be seen in employee health; stress levels; turnover; conflict; absenteeism; and organizational culture • Strategies are implemented to prevent the risk of employees contracting infectious diseases • Comprehensive risk assessment which covers prevention, control, protection, monitoring and health surveillance conducted • Awareness programmes on the functions and purpose of health surveillance and the relevant laws and regulations conducted

	Activities for Strategic Objective 2.1 (Basis for process indicators as indicated in RB-Model)							
	2.1.1 Conducting of awareness and training programmes and utilization of disease management programmes							
Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	*Economic Growth and Development Initiatives:*	Output	Outcome	Impact
2.1.1.1 To compile an operational plan for roll out of comprehensive disease management package in the workplace	HR Finances Comprehensive Disease Management package	Compile a Comprehensive Disease Management package Train the EH&W practitioners and role players in application of package	Ensure accessibility to health care facilities Develop a resource list and information brochures and communicate through out the department	Establish and maintain partnerships with health care practitioners and facilities	Ensure that the Disease management package comply with national and international standards	No. of employees utilizing disease management programmes No. of practitioners and role players trained	% utilization rate of disease management programmes	% Decrease in applications for ill health retirement
2.1.1.2 To ensure disease management awareness programmes to staff and training of all managers regarding disease management.	HR Finances Awareness Programmes and Training programmes	Conduct Disease management awareness programmes for employees Coordinate training programmes	Obtain management support and buy-in Provide additional information by using A variety of	Establish and maintain partnerships with donors and service providers for conducting training in collaboration with PALAMA	Develop awareness and training programmes in collaboration with e.g SADC countries,	No. of employees participated in awareness programmes No. of managers Trained	% of awareness programmes conducted % of Training programmes conducted	% Decrease in ill health retirement and absenteeism because of ill health

	for managers	communication channels	and HEI's	ILO				

2.1.2 Departmental Health and Productivity Management policy developed and implemented in all departments

Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	*Economic Growth and Development Initiatives:*	Output	Outcome	Impact
2.1.2.1 To ensure development and implementation of a Health and Productivity Management Policy	HR Finance HPM Policy & Guidelines National Acts & Standards	Develop policy & implementation guidelines Train management and staff	Establish effective Communication channels Distribute the policy & implementation guidelines Obtain management support	Ensure that role players are accountable for implementation of the HPM policy and compliant to the policy through M&E	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No. of managers and employees trained No. of departments complied with implementation of policy guidelines No. of departments with M&E Reports	% of Departments/ Units/ institutions developed & implemented HPM policy	% Decrease in absenteeism and use of sick leave % Increase in productivity

2.1.3 Co-operation between specialists, general practitioners and patients are achieved to reduce barriers of disease management at the work place

Functional objectives	Input	Capacity Building	Organizational Support	Governance and	*Economic Growth and*	Output	Outcome	Impact

		Initiatives	Initiatives	Institutional Development Initiatives:	*Development Initiatives:*			
2.1.3.1 Promote co-operation between health practitioners/ specialists and patients	HR Finances Protocol for cooperation to reduce barriers of disease management	Develop and train protocol on processes to be followed Develop and implement a program to reduce stigma and discrimination	Use existing communication channels to promote the use of the protocol	Consultation meetings and workshops with various stakeholders and experts Include the management of the protocol in the TOR of the Steering Committee	Ensure responsiveness to MDG's	No. of people trained on protocol No. of employees participated in programme on stigma and discrimination	% compliance with protocol % of patients utilized services of health practitioners/ specialists	% Decrease in barriers of disease in the workplace % Increase of co-operation between parties
2.1.3.2 Provide funding Education materials Management support	HR Finances Education material	Develop implement and monitor a funding plan Develop education materials	Promote membership to GEMS Obtain management support	Adhere to Public Finance Management Act	• Batho Pele is evident in all public service organisations in	No. of educational material distributed	% Requests made for education material	% increase in management support and budget available

					Economic *Growth and Developme nt Initiatives:*			
					deal ing with partne rs and public			

2.1.4 Structures are established for disease management and behaviour change communication

Functional objectives	Input	Capacity Building Initiatives	Organization al Support Initiatives	Governance and Institutional Development Initiatives:	*Economic Growth and Developme nt Initiatives:*	Output	Outcome	Impact
2.1.4.1 To develop behaviour change communication programmes on disease management	HR Finances Behaviour Change Communic ation programme s	Develop programmes and train managers and EH&W practitioners on disease management and behaviour change	Develop and implement a communicati on strategy to promote behavior change	Coordinate establishing of a structure between EH&W practitioners and communicati on units to promote behaviour change	Department s accommo date the Government Programme of Action by ensuring that occupa tional health and quality of work life is reflected in their communicat ion strategies	No. of managers, EH&W practitioners, and communicati on officials trained	% of structures established for disease management and behaviour change communicati on	% Increase in change of observable attitudes and behaviour % Increase in disease management knowledge

2.1.4.2 To reduce stigma and discrimination in order to promote care and support of vulnerable employees	HR Finances Reduction of stigma and discrimination course	Coordinate the development of a course on reduction of stigma and discrimination and the training of employees	In collaboration with PALAMA ensure that the course on stigma and discrimination is developed, accredited, and trained	To ensure that reduction of stigma and discrimination programmes are effectively monitored and evaluated and that structures and processes are set in place to monitor the impact	The assessment of strategic plans to determine the extent to which other countries (SADAC) address issues of stigma and discrimination	No. of campaigns to reduce stigma and discrimination No. of employees trained	% of employees participated in programmes of care and support for vulnerable people	% Decrease in stigma and discrimination in the workplace

2.1.5 Chronic Illnesses management is improved and the impact can be seen in employee health; stress levels; turnover; conflict; absenteeism; and organizational culture

Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	*Economic Growth and Development Initiatives:*	Output	Outcome	Impact
2.1.5.1 Develop programmes for improvement of employee health and reduction of workforce turnover	HR Finances Health Improvement programmes	Develop programmes and organize health and wellness drives that offer a full package of information and services	Ensure accessibility to health programmes and facilities through advocacy	Formulate partnerships with health and wellness service providers	Departments actively empower staff to respond to the challenges posed by chronic diseases	No. of employees utilizing the health improvement programmes	% Chronic illnesses management is improved	Improving employee decision making ability Reducing organisational conflict, absenteeism, and staff turnover

2.1.6 Strategies are implemented to prevent the risk of employees contracting infectious diseases and exposure to other risks in the workplace								
Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	*Economic Growth and Development Initiatives:*	Output	Outcome	Impact
2.1.6.1 Identify, assess and control the risk to employees of infectious diseases and other risks in the work place	HR Finances Integrated Risk Assessment Programme Risk assessors	Develop an integrated Risk Assessment programme	Ensure that Risk Assessment Plans are in place and communicated to all staff Assess workers Health and monitoring sicknesses Conduct tests, surveys, other investigations Conduct voluntary programmes and inspections	Work in collaboration with health risk organizations and programmes e.g. GEMS, PILIR	Departments accommodate SHERQ programmes in their strategic plans and business priorities as prescribed by the OHS Act	No. of Inspections done and written reports provided No. of tests, surveys, other investigations conducted	% Strategies are implemented to prevent the risk of employees contracting infectious diseases and exposure to other risks	% Reduction in risks and accidents in the workplace
2.1.6.2 Provide suitable information and training in the	HR Finances	Purchase or develop Integrated	Provide additional information	Establish partnerships with Health	Strategic support provided to	No. of staff trained and awareness	% Education and training to prevent the	% Increase in knowledge on infectious

avoidance of risk, including work methods use of equipment, hygiene, prevention, control, protection, monitoring and health surveillance	Integrated Health Risk Training programme	Health Risk Programmes and ensure training of staff	via existing communication channels	Risk organizations that already designed and implemented programmes	to departments in responding to the goals and objectives of the millennium development goals regarding OHS	drives	risk of employees contracting infectious diseases and exposure to other risks	diseases and exposure to other risks % Reduction in risks and accidents in the workplace

2.1.8   Awareness and education programmes on the functions and purpose of health surveillance and the relevant laws and regulations conducted

Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	*Economic Growth and Development Initiatives:*	Output	Outcome	Impact
2.1.8.1 To conduct ongoing awareness and education programmes on the functions and purpose of health surveillance and the relevant laws and regulations	HR Finances Awareness and education programme material	Conduct awareness and information sessions on of health surveillance and the relevant laws and regulations	Develop marketing material and distribute to all employees	Agreed on training content between senior management, DPSA, legal services and trade unions	Awareness brochures on regional (SADAC) priorities to be developed and distributed.	No. of employees trained	% Awareness and education sessions conducted	% Increase of understanding and application of laws and regulations

Sub-Objective 2.2 (Output indicators)	*Success Indicators* (*Outcomes* indicators)
2.2 To promote the management of Mental health and psychosomatic illnesses: • Interventions. • Stress Management & Crises Support	• A Toolkit is developed and implemented for Mental Health Promotion in the workplace which looks at practical steps for addressing mental health • The impact of programmes that reduce the psychosocial and physical demands of the work place that trigger stress are measured

• Stigma and Mental Health The impact of Health and Productivity Management & Psychosomatic Illnesses	• Increase in number of public servants who are not stigmatized and disadvantaged, who will be able to manage their lives effectively and who are able to sustain positive relationships with others • Interventions are made to involve groups of employees that are formed based on person-environment relationships, and which contribute to the generation or reduction of psychosomatic disorders

<table>
<tr><td colspan="10" align="center">Activities for Strategic Objective 2.2
(Basis for process indicators as indicated in RB-Model)

2.2.1 A Toolkit is developed and implemented for Mental Health Promotion in the workplace which looks at practical steps for addressing mental health</td></tr>
<tr>
<td>Functional objectives</td>
<td>Input</td>
<td>Capacity Building Initiatives</td>
<td>Organizational Support Initiatives</td>
<td>Governance and Institutional Development Initiatives:</td>
<td>Economic Growth and Development Initiatives:</td>
<td>Output</td>
<td>Outcome</td>
<td>Impact</td>
</tr>
<tr>
<td>2.2.1.1.
Develop programmes which recognize, and address mental health needs in the work place</td>
<td>HR
Finances

Mental Health Toolkit</td>
<td>Train managers and EH&W coordinators in Mental Health Promotion</td>
<td>Provide support options which are confidential and non-stigmatizing</td>
<td>Ensure accessibility to Mental Health facilities and resources</td>
<td>Ensure that All Departments implement a Mental Health Policy to mitigate the impact on the organization</td>
<td>No. of employees utilizing the programmes</td>
<td>% Mental Health Toolkit is implemented</td>
<td>Increase in mental health promotion and understanding</td>
</tr>
<tr>
<td>2.2.1.2
Raise
awareness of self and other mental wellbeing</td>
<td>HR
Finances
Advocacy materials</td>
<td>Train managers and EH&W coordinators in Mental Health Promotion

Awareness workshops on mental health.

Distribute pamphlets on</td>
<td>Plans are in place to create mental health awareness in public service</td>
<td>Departments actively empower staff to respond to the challenges posed by mental illness.</td>
<td>Consultation meetings and workshops with various stakeholders and experts.</td>
<td>No. of employees participated in awareness programmes

No. of managers Trained</td>
<td>% of awareness programmes conducted

% of Training programmes conducted</td>
<td>% Decrease in mental illnesses</td>
</tr>
</table>

	mental health							

2.2.2   The impact of programmes that reduce the psychosocial and physical demands of the work place that trigger stress are measured

Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives:	Output	Outcome	Impact
2.2.2.1 Develop programmes that reduce depression and anxiety, and deal with post traumatic distress	HR Finances Advocacy materials	Train managers and EH&W coordinators in programmes that reduce depression and anxiety, and deal with post traumatic distress Awareness workshops on programmes that reduce depression and anxiety, and deal with post traumatic distress programmes that reduce depression and anxiety, and deal with post traumatic distress Distribute pamphlets on	Use existing communication channels to programmes that reduce depression and anxiety, and deal with post traumatic distress promote	Formulate partnerships with the relevant stake holders	Consultation meetings and workshops with various stakeholders and experts.	No of employees participating in programmes that reduce depression and anxiety, and deal with post traumatic distress	% of employees able to deal with post traumatic distress	% of managed depression and anxiety in the work place

2.2.2.2 Have a balanced approach to addressing stress at work and home	HR Finances Advocacy materials	Identify the causes of stress and take steps to remove it Develop a stress management approach Explore and use relaxation tecniques	Plans are in place to create a low stress public service	Formulate partnerships with the relevant stake holders	Consultation meetings and workshops with various stakeholders and experts.	No of employees participating in programmes that addressing stress at work and home	% of employees able to deal with stress at the workplace and home	% of managed stress a the workplace and at home

2.2.3 Increase in number of public servants who are not stigmatized and disadvantaged, who will be able to manage their lives effectively and who are able to sustain positive relationships with others

Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives:	Output	Outcome	Impact
2.2.3.1 Develop programmes that promote a culture of respect and dignity	HR Finances Advocacy materials	Train staff to be sensitive to mental distress	Make sure that no one is refused employment on the grounds of mental illness	Ensure that role players are account able for implementation of the HPM policy and compliant to the policy through M&E	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No employees trained on programmes that promote a culture of respect and dignity	% of Departments that implement programmes that promote a culture of respect and dignity	Increase in number of public servants who gained skills to manage their relationships effectively

2.2.4 Interventions are made to involve groups of employees that are formed based on person-environment relationships, and which contribute to the generation or reduction of psychosomatic disorders								
Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives:	Output	Outcome	Impact
2.2.4.1 develop a package of interventions	HR Finances Advocacy materials	Teach Coping strategies for individuals who share common coping deficits	Alter working Conditions so that they are less stressful or more conducive to effective coping Include Individual Counseling services for employees	Involving Security until emergency services arrive	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No Departments with guidelines on intervention strategies	% of department implementing intervention strategies	% Interventions developed and implemented

Sub-Objective 2.3 (Output indicators)	Success Indicators (Outcomes indicators)
2.3 To manage injury on duty and incapacity due to ill health • Injury on duty and Occupational Diseases • Incapacity leave and Ill-Health Retirement • Return on Investment (ROI) • Management Support and Counseling	• A system is in place to manage employee conditional leave and investigate the application with the assistance of a Health Risk Manager, in terms of PILIR • A process to report any injuries sustained by workers in the workplace is established • Procedures are established for protecting employees, as well as complying with the law • Counseling and support services are established • Return on investment (ROI) literature is used to develop cost effective health care programmes

Activities for Strategic Objective 2.3 (Basis for process indicators as indicated in RB-Model)

2.3.1 A system is in place to manage employee conditional leave and investigate the application with the assistance of a Health Risk Manager, in terms of PILIR								
Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	*Economic Growth and Development Initiatives:*	Output	Outcome	Impact
2.3.1.1 Implement a system to manage injury on duty and incapacity due to ill health according to PILIR and COIDA	HR Finances Advocacy materials	Train management and staff Co-ordinate training programmes for managers and coordinators Develop Policy implementation guidelines on Injuries on Duty and Ill health Retirements align them to COIDA and PILiR	Establish effective communication channels Obtain management support	Ensure that role players are accountable for implementation of PILIR and COIDA are compliant	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of managers trained on PILIR and COIDA No of departments with implementation guidelines on Injuries on Duty and Ill health Retirements	% of department implementation guidelines on Injuries on Duty and Ill health Retirements	% of reduce injuries and ill-health retirements in the public service
2.3.2 A process to report any injuries sustained by workers in the workplace is established								
Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives:	Output	Outcome	Impact

2.3.2.1 Investigate accidents or exposure and institute remedial measures to prevent similar incidents	HR Finances Advocacy materials	Develop guidelines on procedures to investigate accidents and exposures Develop guidelines for remedial measures to prevent similar incidents	All incidents reported and recorded on official documents as required by OHS standards She reps informed of all incidents All compensation forms correctly completed according to COIDA Prevent re-occurrence of similar incidents Investigation procedure to include recommendations to reduce risks	Ensure that role players are accountable for investigating accidents and exposures Ensure that role players are accountable for remedial measures to prevent similar incidents.	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of managers trained on accidents or exposures No of departments with implementation guidelines on remedial measures to prevent similar incidents	% of department implementation guidelines on remedial measures to prevent similar incidents	% of reduce accidents or exposures in the work place
2.3.3 Procedures are established for protecting employees, as well as complying with the law								

Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives:	Output	Outcome	Impact
2.3.4 Take firm action and disciplinary action where health issues are abused	HR Finances Advocacy materials	Training of co-odinators on compliance with legal issues health issues Conduct Workshops and seminars	Health legal requirements identified Systems established to provide access to relevant current legislation Employees aware of consequences of non-compliances` Applicable legal documents valid and available	Ensure that role players are accountable for Systems established to provide access to relevant current legislation	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of managers trained on health legal requirements No of departments with guidelines on legal requirements.	% of department implementation guidelines on legal requirements	% increase in legal adherence.
2.3.5 Counseling and support services are established								
Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives:	Output	Outcome	Impact

2.3.5.2 Make counseling available and accessible	HR Finances Advocacy materials	Conduct Workshops and Seminars on what is counseling	Have onsite Assistance Critical incident response Plan EAP programmes available and accessible	Professional Supervision/ Mentoring/ Coaching	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees who attended counseling sessions No Departments with counseling guidelines	% of department implementation guidelines on counseling	% increase in number of employees receiving counseling in the public service.

2.3.6 Return on investment (ROI) literature is used to develop cost effective health care programmes								
Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives:	Output	Outcome	Impact

Project future health care cost trends	HR Finances Advocacy materials	Conduct Workshops and Seminars on what is counseling	Employees trained on care costs trends	Professional Supervision/ Mentoring/ Coaching	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees trained on ROI	% of department trained on health care cost trends	% increase in the departments Return on investment

Sub-Objective 2.4 (Output indicators)		*Success Indicators* (*Outcomes* indicators)						
2.4 To promote occupational health education and promotion • Develop Personal Skills and Reorient Health Services • Behavior Change Communication. • E-Health Knowledge and Information Management.		• The impact of health policies and health systems on public health practice and on broad, population-based health outcomes within a historical, political and economic framework is evaluated • Health standards are met and processes are in place to ensure continuous improvement • Options are available to employees to exercise more control over their own health and over their environments, and to make choices conducive to health. • Health Services are shared among individuals, community groups, health professionals, health service institutions and governments • Systems are strengthened for workplace learning in health management						

Activities for Strategic Objective 2.4 (Basis for process indicators as indicated in RB-Model) **2.4.1** The impact of health policies and health systems on public health practice and on broad, population-based health outcomes within a historical, political and economic framework is evaluated								
Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	*Economic Growth and Development Initiatives:*	Output	Outcome	Impact

2.4.1.1 Evaluate the impact of health policies and health systems on health Practices	HR Finances Advocacy materials	Conduct Workshops and Seminars on health policies and heath system.	Systems established to provide access to relevant current legislation	Ensure that role players are accountable for Systems established to provide access to relevant current legislation	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees trained policies and health systems on health Practices	% of department trained policies and health systems on health Practices	% increase on the impact of health policies and health systems
2.4.1.2 Advocate for policy environmental change	HR Finances Advocacy materials	Conduct Workshops on policy environmental change	Develop a communication strategy to promote behavior change	Ensure that role players are accountable for Systems established to provide access to relevant current legislation	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees trained policy environmental change	% of department trained on policy environment change	% increase in behavior change due to policy environmental change
2.4.2 Health standards are met and processes are in place to ensure continuous improvement								
Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives:	Output	Outcome	Impact

2.4.2.1 Apply fundamentals of budgeting and financial management to government health services facilities	HR Finances Advocacy materials	Training on Health and productivity costing	Systems established to provide access to relevant current legislation	Ensure that role players are accountable for Systems established to provide access to relevant current legislation	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees budgeting and financial management	% of department with guidelines on budgeting and financial management	% increase in a balanced appropriate budgets

2.4.3 Options are available to employees to exercise more control over their own health and over their environments, and to make choices conducive to health.								
Input	Functional objectives	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives:	Output	Outcome	Impact
2.4.3.1 Understand the legal ethical and cultural environments in which health systems operate	HR Finances Advocacy materials	Training on the legal ethical and cultural environments in which health systems operate	Systems established to provide access to relevant current legislation	Professional Supervision/ Mentoring/ Coaching	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees trained on legal ethical and cultural environments in which health systems operate	% of department train legal ethical and cultural environments in which health systems operate ed on	% increase in making choices conduicive to health
2.4.3.2 Identify and apply the essential components for the provision and management of health services for a defined population	HR Finances Advocacy materials	Training on Identifying and applying the essential components for the provision and management of health services for a defined population	Systems established to provide access to relevant current legislation	Professional Supervision/ Mentoring/ Coaching	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees Identifying and applying the essential components for the provision and management of health services for a defined population	% of department trained on Identifying and applying the essential components for the provision and management of health services for a defined population	% increase in making choices conduicive to health

2.4.3.3 Identify risk management and safety priorities at the work place	HR Finances Advocacy materials	Training on Identifying risk management and safety priorities at the work place	Systems established to provide access to relevant current legislation	Professional Supervision/ Mentoring/ Coaching	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees trained Identifying risk management and safety priorities at the work place	% of department trained on Identifying risk management and safety priorities at the work place	% increase in making choices conduicive to health

2.4.4 Health Services are shared among individuals, community groups, health professionals, health service institutions and governments								
Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives:	Output	Outcome	Impact
2.4.4.1 Apply evidence-based principles of community assessment, mobilization, engagement and advocacy to the management of local health services and public health organizations	HR Finances Advocacy materials	Training on Applying evidence-based principles of community assessment, Training on assessment, mobilization, engagement and advocacy to the management of local health services	Systems established to provide access to relevant current legislation	Ensure that role players are accountable for Systems established to provide access to relevant current legislation	Align policy with international organization benchmarks to mitigate the impact of Health and Productivity on the economy	No of employees trained Applying evidence-based principles of community assessment No of employees trained assessment, mobilization, engagement and advocacy to the management of local health services	% of department trained Applying evidence-based principles of community assessment % of department trained assessment, mobilization, engagement and advocacy to the management of local health services	% increase in sharing government resources in the public service

2.4.4.2 Ensure that there Ethics and Professional Code of Practice	HR Finances Advocacy materials	Training on Ethics and Professional Code of Practice	Systems established to provide access to relevant current legislation	Ensure that role players are accountable for Systems established to provide access to relevant current legislation	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees trained Ethics and Professional Code of Practice	% of department trained on Ethics and Professional Code of Practice	% increase in professional service in the workplace
2.4.4.3 Prepare quarterly and annual Audits for the Department	HR Finances Advocacy materials	Training on Preparing quarterly and annual Audits	Systems established to provide access to relevant current legislation	Professional Supervision/ Mentoring/ Coaching	Align policy with international organization bench marks to mitigate the impact of Health and Productivity on the economy	No of employees trained Preparing quarterly and annual Audits No quarterly and annual Audits done	% of department trained and Implementing quarterly and annual Audits	% increase number of Audits done

2.4.5. Systems are strengthened for workplace learning in health management								
Functional objectives	Input	Capacity Building Initiatives	Organizational Support Initiatives	Governance and Institutional Development Initiatives:	Economic Growth and Development Initiatives:	Output	Outcome	Impact
2.4.5.3 Ensure all employees have sufficient knowledge and understanding of the learning networks	HR Finances Advocacy materials	Conduct Workshops and Seminars	Systems established to provide access to relevant current legislation	Professional Supervision/ Mentoring/ Coaching	Align policy with international organization benchmarks to mitigate the impact of Health and Productivity on the economy	No of employees trained knowledge and understanding of the learning networks	% of department trained on knowledge and understanding of the learning networks	% increase in knowledge of workplace systems and workplace learning in health management.