



## The Social Impact Framework (SIF) of the Faculty of Medicine and Health Sciences (FMHS)

### **Abstract**

The social impact framework (SIF) of the Faculty of Medicine and Health Sciences states the intention of faculty members, students and stakeholders of the faculty in effecting sustained social change in the strategic areas as outlined in the UN Sustainable Development Goals (2015)

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## List of abbreviations

DSI	Division for Social Impact
FMHS	Faculty of Medicine and Health Sciences
SDGs	Sustainable Development Goals
SI	Social Impact
SIF	The Social Impact Framework
SISP	Social Impact Strategic Plan
SU	Stellenbosch University

## Introduction

The Social Impact Framework (SIF) of the Faculty of Medicine and Health Sciences (2019 – 2024) draws upon the vision of the Social Impact Strategic Plan (SISP) of Stellenbosch University (SU). This framework incorporates the recently published SU Vision 2040 and the 2019-2024 strategic framework. The SISP (2017-2022) situates social impact as one of the three strategic priorities of the Stellenbosch University namely to (a) broaden access, (b) to sustain momentum on excellence and (c) to make impact on local and global societies. The 2019-2024 strategic framework affords faculties the opportunity to contextualise the institutional strategy through six themes:

- A transformative student experience: Facilitating a Transformative Educational Experience that Prepares Our Graduates to Excel and to Lead
- Networked and collaborative teaching and learning: Networked and Collaborative Learning Communities – Promoting a Learning-Centred Paradigm
- Research for impact: World-Class Research for Impact – Growing Our Reputation of Research Excellence Aligned with the Major Health Challenges on the Continent
- Purposeful partnerships and inclusive networks: Reciprocal Partnerships and Networks – Enhancing Inclusive Stakeholder Engagement
- Employer of choice: Belonging – Fostering a People-Centred Faculty Culture in Pursuit of Becoming the Health Sciences Faculty of Choice
- A thriving Stellenbosch University: Focus on Systemic Sustainability and Cultivating Innovation – Leading by Example as a Thriving Faculty

Social impact is central to Stellenbosch University’s strategic positioning for the 21st century in “creating and sustaining an environment of inclusivity, transformation, innovation, diversity, and maintaining excellence with a focus on the future”. The SISP (2017-2022) further committed the university to contributing in meaningful ways to societal well-being and social justice. In keeping with the university’s vision for social impact the Faculty of Medicine and Health Sciences promotes a focus on innovative, inclusive, sustainable and transformative engagement with the individuals, social groups, organizations and institutions we serve. We believe that our training, research and service delivery efforts will have a transformative focus with features of reciprocity, mutuality and partnership between the faculty and various stakeholders and role-players in society. We will intentionally seek mutual benefit between the faculty and external societal partners in our goal to address inequality and other underlying causes of ill health.

In alignment with the vision of the FMHS for the advancement of health and equality in South Africa, the Social Impact Framework (SIF, 2019-2024) subscribes to achieving the Sustainable Development Goals (SDGs) (United Nations Development Programme, 2015). The seven themes listed below cover the fifteen sustainable development goals. (See [Annexure 1: Sustainable Development Goals](#)):

1. Employment and Inclusive Economic Development;
2. Resources and Infrastructure;
3. Education for all;
4. Safety, security and good governance;
5. Social Justice;
6. Environment and sustainability;
7. Food Security and Health



Figure 1: Seven themes for sustainable development

The SIF (2019-2024) outlines the faculty's commitment to Research & Innovation, Teaching & Learning, Professional Practice and volunteerism as they contribute to the sustainable development goals.

## Purpose of the Social Impact Framework in FMHS

Stellenbosch University has a history of engagement with civil society, community organizations, and industry and government departments.

The three approaches used to facilitate social impact include:

- *Embedded Social Impact*, which refers to the integration of social impact into the essential dimensions of all the academic and co-curricular practices of SU through the notion of engaged scholarship and engaged citizenship.
- *Specific Social Impact* suggests that in addition to the embedded social impact practice which may have specific and coordinated activities, individuals may embark on interdisciplinary and interfaculty social impact initiatives to address specific societal challenges jointly, intentionally, and explicitly.
- *Systemic impact*, which aims at evidence-based changes in a societal sphere that leads to increased and deepened efficiency in the system of that sphere.

We acknowledge the valuable contributions of current efforts within the faculty at different levels of healthcare provision, service delivery and training. To further these efforts the SIF (2019-2024) provides the basis on which the vision, mission, and core values of the FMHS can be conceptualised. This serves to provide guidance for staff and students of the faculty to realise systemic, structural and social change and access to quality health services as indicators of social impact.

**Vision**  
To be the leading research-intensive health sciences faculty in and for Africa.

**Mission**  
We lead by facilitating transformative, life-long learning; creating, sharing and translating knowledge that enhances health and health equity; and co-creating value with and for the communities we serve.

**Values**  
Our decisions and actions are guided by the following values, abbreviated as ICARE<sup>2</sup>:

 <b>Inclusivity</b>	 <b>Accountability</b>	 <b>Excellence</b>
 <b>Compassion</b>	 <b>Respect</b>	 <b>Equity</b>

Figure 2: The Vision, Mission and Core Values of the FMHS:

Fieldwork projects, internships, clinical placements and service-learning partnerships in health sciences education and learning continue to contribute to the establishment of quality health care service provision on the different health care student training platforms and in different industries across the Western Cape, Northern Cape and across the country.

With the expansion of the service delivery platform into other provinces in South Africa, health professionals, beneficiaries and stakeholders shall continue to consider how their activities contribute to building social capital while working toward achieving the sustainable development goals.

The vehicles through which Social Impact takes place include engaged teaching and learning, engaged research, engaged citizenship and special programmes (Figure 3):

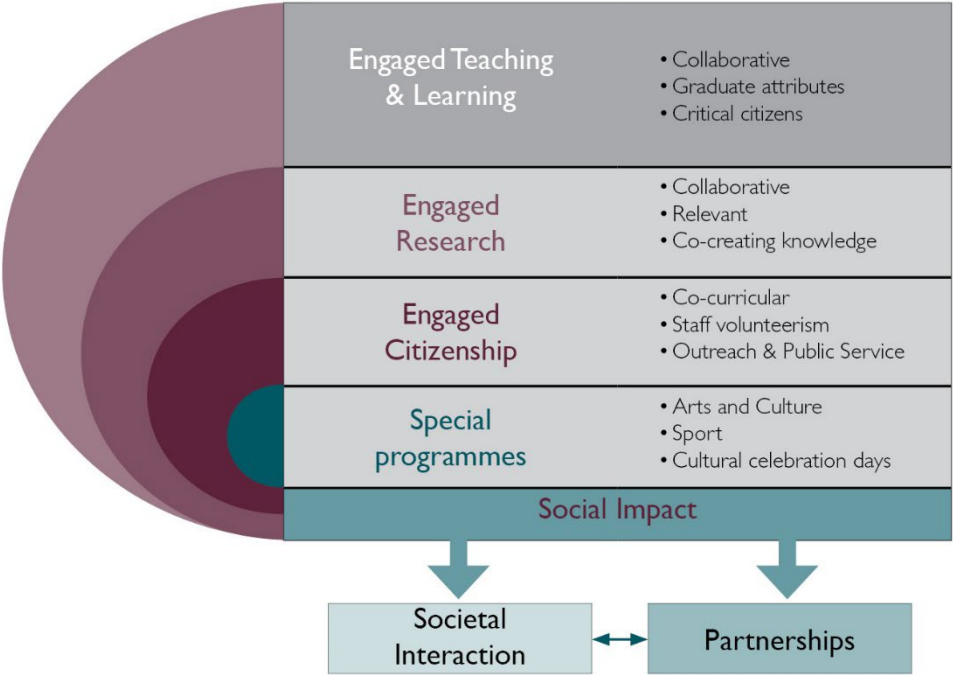


Figure 3: Vehicles for social impact.

### Research & Innovation, Teaching & Learning, Professional Practice for Social Impact and Social Volunteerism

The FMHS’s overall aim is to develop future medical and health sciences professionals who are engaged citizens and thought leaders.

Graduates are trained in the spirit of excellence, innovation, social accountability and leadership to identify focus areas for the promotion of health, prevention of disease and the provision of healthcare services. The end-goal is to enable populations to participate in positive social and economic activities in the country. The FMHS strives to ensure that academic and service-related



activities are informed by the best available evidence, and that its programmes are internationally competitive, while remaining relevant to local communities, the country and the African continent.

The vision for social accountability of the faculty – also known as social responsibility, social responsiveness, and social mission – aligns with our obligation to direct all education, research and service activities towards addressing the priority health concerns as prioritised in the National Development Plan (2030). Faculty members, support staff and students are encouraged to design, implement and evaluate volunteerism, teaching and learning, research and service-related activities that address and alleviate the priority health concerns in the country first and then on the African continent and globally.

### Social Impact Goals for Research and Innovation

1. The FMHS strives to conduct research that has relevance to identified target groups. Research activities are well defined, profession-specific and/or inter-professional and/or multi-sectoral with specific and context appropriate standardized and non-standardized methods for measuring progress.
2. Processes and procedures for research demonstrate co-creation of knowledge and relate to sustained systemic change. Outcomes of research are disseminated, made clear and beneficiaries can access and utilize products of research successfully.
3. Research address national and international health and equity priorities. Collaboration with international partners demonstrates benefits at local level as well as at international levels.
4. Research outcomes successfully translate into services/procedures/processes/policies that reduce the national burden of disease.
5. Research outcomes support one or more areas of the sustainable development goals. Evaluation procedures or measurement processes specify steps for interpreting the reduction in burden of disease or ill health.

The faculty's main research focus areas are:

- Infectious Diseases (especially Tuberculosis and HIV/AIDS)
- Maternal and Child Health
- Mental Health (psychiatric disorders) and Neurosciences

- Non-communicable Diseases (specifically Cancer, Diabetes, and cardiovascular disease)
- Health Systems Strengthening (including Health Professions Education)
- Genetics
- Violence, Injuries, Trauma and Rehabilitation
- Public Health Care

## Social Impact Goals for Teaching and Learning

1. The FMHS strives to establish teaching and learning spaces that encourages the development of critical thinking within students and encourages socially responsive practice during and after the completion of training.
2. Academic and service partners engage in goal setting, joint-learning, sense-making, and joint management of projects, processes and initiatives.
3. Partners are involved in decision-making on how research informs teaching and learning. Knowledge translation is clear and teaching and learning outcomes are aligned with the health and development needs of service users, partners and/or industry.
4. Academic and service partners share leadership and responsibility in developing curricula that responds to the priority health and development needs.
5. Academic partners demonstrate how indigenous knowledge sources inform the development of learning outcomes and the formulation of goals.
6. Alternative forms of knowledge inform the learning outcomes and formulation of graduate attributes.
7. Collaborative learning and teaching practices demonstrate mutually beneficial outcomes for all parties involved.

## Social Impact Goals for Professional Practice and Service Learning

1. Goals are formulated according to the levels of participation (community interaction, community engagement or social impact). Rules for engagement are collaboratively negotiated and clearly communicated with clients/groups/partners/industry.
2. Services, interventions and research activities are specified and sustainable.
3. Roles of team members/partners are negotiated and clearly communicated.
4. An action strategy is discussed/communicated/negotiated.

5. A plan for quality assurance, record keeping and reporting is agreed upon and disseminated.
6. Profession specific plans of action and intervention are disseminated.
7. Progress is monitored and evaluated and communicated to relevant role players/partners.
8. Social impact evaluation takes place in terms of goals set by service users and service providers/diseases or health conditions targeted/environmental or structural barriers identified/targeted. Evaluation criteria metrics are specified and utilized to demonstrate the change over a specified period.

## Social Impact Goals for Structured Volunteerism

1. Co-curricular activities have clear goals that demonstrate how their activities are aligned with the strategic framework of the faculty.
2. Staff and student volunteerism and outreach activities are aligned with the values of the faculty and demonstrate the progress made in addressing the needs in the identified focus areas.
3. Intent is shown to streamline structured volunteerism with long-term or existing projects.
4. Staff and student volunteerism have measurable outcomes that are relevant to social settings in which the projects are done.
5. Raising awareness for social issues is a priority while engaging in projects.
6. Structured volunteerism includes the community in the planning of projects and initiatives. Feedback is obtained and projects are based on a joint-ownership principle.
7. Activities within communities should acknowledge and respect the culture and context of individuals involved. All activities shall clearly align with the values of the faculty.

The Social Impact Framework of the Faculty of Medicine and Health Sciences (2019-2024) acknowledges three levels at which sustained social change could be established namely community interaction, community engagement and social impact:

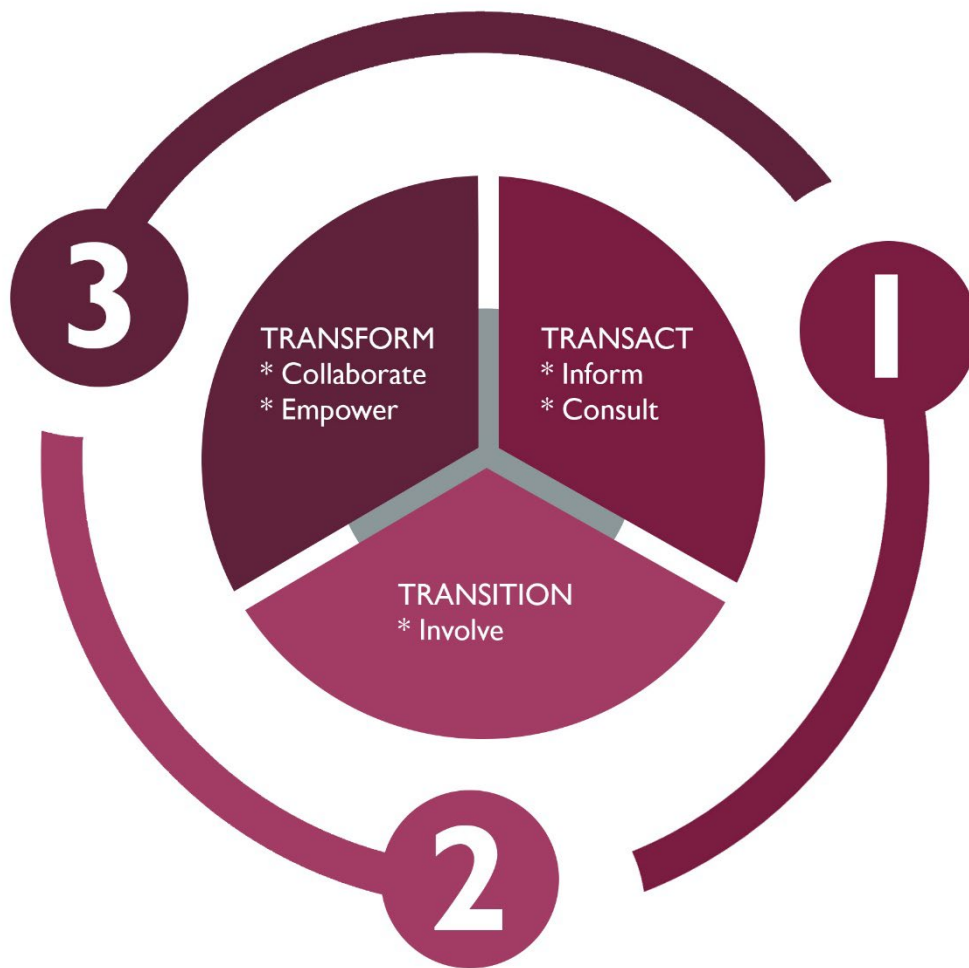


Figure 4: Participation levels for sustained social change.

Key:

1. Generating/providing/sharing of knowledge, donations, training, volunteering.
2. Engagement with key stakeholders, multi-dimensional dissemination, service users have notable awareness of focus area.
3. Systematic change is clear in how individuals engage with the environment and with their own health and the health of others. Sustainable societal gain is evident.

**1. Community interaction:** The level of engagement is transactional and involves the service provider informing the service user/or providing a service based on the apparent need of the

service user. Examples of this level of engagement may include outreach initiatives, the provision of information/sharing of knowledge, employee volunteer time, and philanthropic donations along with skills, such as training of community members (Bowen, Newenham-Kahindi & Herremans, 2010). This level of engagement may reflect a new project/ initiative in its initial stages. Activities are mainly dependent on departmental or faculty funding.

**2. Community Engagement:** This level of engagement indicates an emerging project/service, which focuses on involving service users in the planning stages of the project/service. The dynamic between the service provider/health professional and the client/group/community is transitional as money, time and skills, services and information are exchanged within the groups and across sectors. Mostly a one-way transfer of resources from the department/faculty/university to the service user – however is beneficial to both parties, albeit separately accrued.

**3. Social Impact:** At this level, pro-active engagement is the focus of the partnership between the service provider/researcher and the service user/partner. Prevention and promotion of health, well-being and overall development of beneficiaries take precedence. Collaboration takes place between clients/groups/communities service provider/health professional. Empowerment takes place as focus of the level of participation. Citizen-centred approaches are utilized. Evidence is generated that implementation and evaluation processes clearly contributed to sustainable development at different levels at which engagement took place. Sustainable change at societal level is evident. Initiatives at this level are transformational in nature and outcomes are reflected in the enhancement of community and societal health and development outcomes. Partners engage in joint-learning, sense-making, and joint management of projects, along with involvement of community leadership in decision-making. Shared leadership is exercised. Mutually beneficial outcomes are met through the engagement process.

### **Evaluation**

Both the institutional measurements as well as faculty specific indicators influence the evaluation of FMHS SI. The latter could include guidelines for learning and teaching, research and professional practice and will draw on 2019 – 2024 indicators.

### **Membership**

The committee will be chaired by the Vice-dean responsible for social impact and will consist of members from the departments nominated by the department or invited by the committee.

The undergraduate student council as well as the Tygerberg postgraduate student council will nominate members to the committee.

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## Appendix 1: Governance structure of the FMHS Social Impact Committee

The institutional SI Plan mandates the **establishment of a faculty committee to govern the SI strategy, goals, values and implementation of SI in the faculty** in accordance with this Plan.

The SI committee of the FMHS will support the FMHS to:

1. Identify focus areas in their field of expertise where they will have the maximum impact on society in particular domains.
2. Consider mechanisms to include SI in the appraisal of staff.
3. Facilitate collaboration between departments in a faculty and across faculties.
4. Manage and distribute fiscal resources for SI on behalf of the FMHS Dean in collaboration with the institutional SI committee and decide which strategic initiatives to support financially.
5. Facilitate consultation with societal partners within their own management frameworks through structures such as advisory boards.
6. Consider ethical queries at faculty level and refer complicated issues to the head of the Division for Social Impact (DSI).
7. Commence work with the Vice-Dean: Clinical services and social impact to develop the framework based on the institutional framework for the FMHS strategy through internal consultation.
8. Provide oversight for the review of the current community interaction database.
9. Liaise closely with the SI committee of senate to develop metrics (process and outcome) for SI – this will eventually form part of the FMHS SI committee's activities.

## Annexure 1: Sustainable Development Goals

Goal 1: End poverty in all its forms everywhere.

Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

Goal 3: Ensure healthy lives and promote wellbeing for all at all ages.

Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

Goal 5: Achieve gender equality and empower all women and girls.

Goal 6: Ensure availability and sustainable management of water and sanitation for all.

Goal 7: Ensure access to affordable, reliable, sustainable and modern energy for all.

Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

Goal 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation.

Goal 10: Reduce inequality within and among countries.

Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable.

Goal 12: Ensure sustainable consumption and production patterns.

Goal 13: Take urgent action to combat climate change and its impacts.

Goal 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development.

Goal 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably, manage forests, combat desertification, and halt and reverse land degradation and biodiversity loss.

Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

Goal 17: Strengthen the means of implementation and revitalize the Global Partnership for sustainable development.