POLICY HANDBOOK

VOLUME 2

2015 - 2017

EXECUTIVE SUMMARY

i. This policy handbook provides a quick and easy source of reference to departmental policies. The information contained herein is subject to the legal documents that pertain to each policy. In line with the National Development Plan Vision 2030, this policy hand book shall strengthen the policy approach of the department and thus ensure that the department has sustainable policies to respond to its mandate.

ii. The policies contained in this handbook shall be effective on the date of approval and supersedes all previous clerical and technical and professional and administrative policy handbook versions. Any such representation made prior to the effective date of these policies contained herein are hereby rescinded and superseded by this handbook.

iii. A number of supplementary guidelines, templates, procedures and implementation tools have been developed to enhance user friendly approach and to facilitate implementation of the policies.

iv. The policy handbook shall be valid from the financial year 2015-2017 as policy implementation is aligned to the Strategic Plan of the Department to ensure consistency and coherence.

v. Any reviews or amendments in the policies contained herein shall be determined by the changes to the legislation, regulations, relevant prescripts and policy directives. The Departmental Policy Guidelines on matters pertaining to reviews and or amendments processes must be consulted at all times.

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Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

ASSET DISPOSAL POLICY

POLICY REGISTRATION NO: 2015 - 01

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DEFINITION AND TERMS

i. DEPARTMENT	The Eastern Cape Department of Social Development
ii. ASSET	A resource controlled by the Department as a result of past events and from which future economic benefit or service potential is expected to the department.
iii CRIMINAL OR POSSIBLE CRIMINAL ACTS OR OMISSION	Acts of fraud, theft, burglary, arson, forgery, willful damage and other wrong, where laws of the country are contravened and the guilty party can be followed up and charged by State of which any person can commit such offences.
iv ACTS OF OMISSION BY THE SAID PERSON	Result of not carrying or failure to carry duties attached to the function.
v. DISCREPANCY	A shortage or surplus that has not been determined through perusing of supporting documents to justify any transaction made
vi. SHORTAGE	Any items allocated to any User and cannot be physically availed when required by any officer allocated with verification function.
vii. SURPLUS	Additional items found on assets allocated when physically compared with any allocation document.
viii. WEAR AND TEAR	A natural reduction condition against the original manner.
ix. CONSUMABLES (PERISHABLE ITEMS)	All perishable items that are stored and the department have incurred expenses in acquisition.
x. USER	The occupant or possessor of movable assets of the department.
xi. ASSET LOSS	A waste or negligence experienced by the department of Social Development on assets that may have financial value.
xii LOSS CONTROL REGISTER	Record where all losses or damages shall be recorded per financial year.
xiii. ASSET DISPOSAL	Physical determined method of getting rid of an asset.

xiv. BEYOND ECONOMICAL REPAIR	A classification given to an asset where that asset requires repairs likely to be more expensive than its replacement value.
xv. VIS MAJOR	Incident that could not be avoided
xvi. DAMAGE	Reduction of asset value through omission or negligence.
xvii. DEBT	A person owing money to the second party
xviii. CONTRACT	The agreement that results from the acceptance of a bid / quotation by the Eastern Cape Department of Social Development.
xix. INSTITUTION	A department, constitutional institution or public entity listed in Schedule 3Aand 3C of the Public Finance Management Act
xx. OFFICIAL	A person in the employment of the Eastern Cape Department of Social Development
xxi. OBSOLETE	Assets that are beyond the economic value within the department "
xxii REDUNDANT	An asset is not physical utilised but may partially serve the initial purpose."
xxiii. UNSERVICEABLE-	An asset is technically beyond repairs and is not economically with any further repairs.
xxiv. STRAIGHT LINE	Accounting calculation method for determination current value.
xxv. INVENTORY CONTROLLER	Head of Component/Directorate/Institution
xxvi. TRANSFER OF MOVEABLE ASSETS	Permanent movement of assets from the department to another Department and or Entities.

xxvii. HISTORICALLY DISADVANTAGED INDIVIDUAL (HDI)	South African citizen: a) Who, due to the apartheid policy that had been in place, had no franchise in national elections prior to the introduction of the Constitution of the Republic of South Africa, 1983 (Act No 110 of 1983) or the Constitution of the Republic of South Africa, 1993 (Act No 200 of 1993) ("the Interim Constitution"); and/or b) Who is female; and/or c) Who has a disability d) Provided that a person who obtained South African citizenship on or after the coming to effect of the Interim Constitution is deemed not to be an HD
ACRONYMS	
i. PFMA	Public Finance Management Act (Act 1 of 1999)
ii. SCMU	Supply Chain Management Unit of the department.
iii PPPFA	Preferential Procurement Policy Framework Act, 2000 (Act 5 of 2000)
iv SAPS	South African Police Services

LEGISLATIVE FRAMEWORK

i. Constitution of South Africa, act 108, 1996

ii. Section 76 (1)(b) of Public Finance Management Act (Act 1 of 1999) as amended

iii. Supply Chain Management section 16A7

iv. Section 12.5.1 of treasury regulation

v. PPPFA Act 5of 2000

vi. Preferential Procurement Regulations 2001

vii. Standards of Generally Recognised Accounting Practice(GRAP)

1. PREAMBLE

1.1 Public Finance Management (Act 1 of 1999) Section38 1(b) of the as amended provides that the Accounting officer is responsible for effective, efficient, economical and transparent use of the resources of the department, trading entity or constitutional institution.Section 38 subsection 1(d) of the Public Finance Management Act, that provides that the Accounting officer for the department is responsible for the management, including the safeguarding and the maintenance of the assets and for the management of the liabilities, of the department, trading entity or constitutional institution.

1.2 In an effort to curb challenges related to the identification, classification, methodology and management of disposal. The department embarked in a process of reviewing its instruments and interventions for effective disposal of assets. This policy intends to promote transparent, efficient, effective and economical disposal of assets in line with department's acquisitions and procurement plans.

1.3 Assets disposal management of Non- Profit and Non-governmental Organisations funded by the department shall be dealt with in terms of the Non-Profit Organisation Act 71 of 1997.

2. PURPOSE

The purpose of this policy is to provide a framework for the disposal of the department's moveable assets that are not prerequisite to provide the minimum level of basic departmental services.

3. OBJECTIVES

1.1 To provide guidelines and regulation frame work for the disposal of the departmental moveable assets that are not needed to provide the minimum level of basic departmental services

1.2 Provision of norms and standards for recognition of an asset for disposal.

1.3 Promotion of ethical asset control by the End users at all times

1.4 Attachment of responsibility of asset inventory controller to users until the asset reaches its life cycle/working conditions.

4. SCOPE OF APPLICABILITY

4.1 This policy is applicable to all employees of the Department of Social Development.

4.2 This policy exclude assets owned by NGO/NPO and will be dealt with in terms of NPO Act 1 of 1997.

5. PRINCIPLES AND VALUES

The following values shall inform the disposal of all departmental assets:

a) **Transparency:** Disposal of assets shall be conducted in a transparent manner whereby the role players shall be informed of the process and the end products shall contribute to creation of revenue and or community capacitation.

b) **Effective**: Asset disposal is provided for the management of identified obsolete, redundant and worn-out assets of the department.

c) **Economic**: Asset disposal shall be conducted in a cost effective manner with realisation of value for money in the process.

d) **Value for money**: Asset disposal process shall maintain value for money is its recommended disposal method for all assets in the department.

6. POLICY STATEMENT

The Department of Social Development commits itself to ensuring that movable assets which are no longer contributing to service delivery shall be disposed in a responsible, equitable, transparent and accountable manner in line with Section38 1(b) of the Public Finance Management (Act 1 of 1999).

6.1 CONDITIONS OF DISPOSAL

a) The Department shall not offer any warranty or have any liability as to the quality or condition of goods offered for disposal.

b) Documentation relating to the disposal of an asset shall contain a disclaimer and exclusion of warranty which will establish:

i. The Department offers no warranty on the condition of the assets for sale.

ii. That an asset is sold "as it is, where it" denotes that the item is sold at no guarantee on acceptance by the buyer.

iii. Assets purchased will be removed from government premises only after payment received and the department will not be liable for loss suffered on uncollected item within 24 hours after purchase.

iv. The department shall not be liable for any transportation of any item sold or purchased/ donated to entities.

v. Items manufactured as a result of expenses incurred by the department from voted fund shall be recorded on relevant inventory at market related value or original cost of the material. The item shall be disposed or donated to interested entities as inventory item i.e. steel products, wool, linen, wood etc.

6.2 ASSESSING THE EXISTING ASSETS

a) Asset Management Unit shall conduct asset physical verification and reconciliation bi-annually.

b) Asset Register of the Department shall be reviewed bi-annually after asset physical verification and reconciliation to establish:

i. Asset that are damaged through force majeure

ii. Asset damaged or lost through negligence

iii. Assets that are obsolete, worn out, unserviceable, redundant and surpluses.

iv. The Manager Asset Letting and disposal shall review all assets to be disposed and documentary evidence made available as proof of the exercise that the function was actually conducted.

v. The Asset Manager: Letting and disposal shall compile a list of assets eligible for disposal, with valid reasons for disposals confirmed by the Senior Manager: Logistics Management/ Responsibility Manager/ District Manager where possible.

6.3 VALUING OF ASSETS FOR DISPOSAL

a) Assets identified for disposal by the department may be evaluated with full consideration of cost effectiveness when comparing with physical condition and cost benefit.

b) The department may have reserve price for an item provided the asset to be disposed was in use and may generate revenue for the department.

c) The department shall take cognizance of evaluation against the physical condition of item for disposal.

d) The accounting officer of the department or his/her delegate may waive the valuation of asset when it is deemed not cost effective for appointment of service provider; therefore the asset disposal through public auction may be conducted internally. The officer conducting such function shall be appointed in writing with duties attached in line with this policy.

e) The appointed officer for disposal may not be allowed to collect any revenue, only the Financial Planning Services may execute this function.

f) The internal appointment for physical disposal of any asset must not be below a level of an Assistant Manager.

6.4 REASONS FOR DISPOSAL

The Department shall be accountable for its decision to dispose assets and shall document the decision to; and the reasons for, the disposing of the movable assets. A reason to dispose

an asset may be based on one or more of the following:

a. The asset is redundant

b. The asset is obsolete, worn-out or unserviceable (i.e. technically or operational inefficient)

c. The asset is lost or damaged through force majeure

d. The asset is technically redundant

e. The asset is beyond economic repairs

f. The asset or consumable item that was made only for training by the institution or office but can no longer be used by the department.

g. When an asset is lost or stolen

h. When an asset is transferred to another department or institution.

6.5 DISPOSAL OF ASSETS

a) The assets to be disposed shall be removed from the operational area (working space) and shall be kept in Warehouse under lock and key.

b) Assets shall be disposed in accordance with the method of disposal recommended by the Disposal Committee Members appointed by the Accounting Officer of the department.

c) The method of disposal shall be informed by the results of the assessment and in accordance with the thresholds stipulated in this policy.

d) Assets shall be disposed of through the Disposal Committee in accordance with the processes and procedures laid down in this policy.

6.6 DISPOSAL OF MOVEABLE ASSET

Not all assets are retained throughout their economical useful life cycle and when they are sold or disposed of, gains or losses are inevitable. Gains or losses arising from the retirement or disposal of an asset should be determined as the carrying amount of the asset.

a) For the purposes of disclosure in the financial statements, the gain or loss should be included in the statement of financial performance as an item of revenue or expense, as appropriate. If gains or losses on disposal of assets are significant enough, they shall be separately identified.

b) The surplus arising from the disposal of assets must be surrendered to the Provincial Revenue Fund.

c) A loss on disposal of a movable asset is recorded as expenditure for the fiscal year as it represents a loss over the useful life of the asset

6.6 DISPOSAL OF REDUNDANT, OBSOLETE AND UNSERVICEABLE ITEMS

a) Inventory and assets related items that are redundant, obsolete or unserviceable, shall be disposed on submission of the report by the user/responsibility Manager/asset inventory Controller or his / her delegate.

b) This policy applies to movable fixed assets that are to be disposed off by the Department to persons or other institutions who are interested in acquiring the movable assets. The policy relates to the following movable assets only:

i. Furniture and office equipment

ii. Computer Equipment

iii. Office Equipment and Appliances

iv. (E-Accountable items)Perishable items/expendables

v. Items made of any material as part of training i.e. linen, wood,steel etc.

6.7 DISPOSAL OF CONSUMABLE ITEMS

a) The original cost of the asset shall be removed from the asset register and be part of the disclosure in the financial statements after disposal or transfer of an asset.

b) The original cost of the consumable items/E-class Accountable items shall be removed from the inventory register and be part of the disclosure in the financial statements after disposal or transfer.

6.8 DISPOSAL OF INVENTORY/E-CLASS ACCOUNTABILITY ITEMS.

These items shall be disposed as follows:

a) Assessment of the physical condition of each asset item.

b) Decision of the items to be disposed emanating from the physical conditions.

c) Decision on the market related or cost value to the item based on the condition per item.

d) Selection of relevant disposal method based on condition of item.

e) Consider cost effective of evaluation where and when necessary.

f) Draw up a report to the Accounting officer on recommendation by the Disposal Committee.

g) Disposal method of such items may be effected by an appointed officer from the rank of Assistant Manager or relevant level and above provided the estimated amount to be collected per item is within the departmental delegation.

h) Secure all documentation related to the approved method for record purposes.

6.9 APPROVAL FOR DISPOSAL

Approval shall follow the following delegated levels of authority:

a) For the disposal of an asset whose original cost does not exceed two and a half million Rand (R2 500 000) the Bid Adjudication Committee, based on recommendations made by the Bid Evaluation Committee may make recommendation to the Accounting Officer to approve the disposal.

b) For disposal of an asset whose original cost exceeds two and a half million Rand (R2 500 000) but does not exceed five million Rand (R5 000 000) the Bid Adjudication Committee, based on the recommendations made by the Bid Evaluation Committee

may make recommendation to the Accounting Officer to approve the disposal.

c) For disposal of an asset whose original cost exceeds five million Rand (R5 000 000),the Accounting Officer, based on the recommendations of the Interim Bid Advisory Committee acting on the recommendations of the Bid Adjudication and Bid Evaluation Committees, may approve the disposal.

6.10 ASSET DISPOSAL METHODS

Asset disposal in the department shall be disposed using the following:

a) Selling through price quotation per item,

b) Competitive Bids: An asset at the original cost of R30 001 but not with a value exceeding R500 000 per item,

c) Competitive Bids: An asset at the original cost exceeding R500 000 per item,

d) Sale by tender or auction,

e) Donation to Charities or Communities, Non-Profit Organisation,

f) Writing off the value of goods/scrapping,

g) Optional sale of items to employees

h) Asset Transfers between Departments and Entities,

i) Exchanges of Assets,

j) Trade-In, and

k) Disposal of Asset by Third Party/ Institution

6.10.1 SELLING THROUGH PRICE QUOTATION PER ITEM

An Asset at the original cost not exceeding R 30 000. An internal advert with full consideration of value for money shall be made and or published locally in a conspicuous place.

An asset/ s shall be disposed by inviting at least three written quotes, which may be submitted by:

a) Hand

b) Post

c) Facsimile

d) Email

e) May be disposed of without competitive bid.

f) Shall be sold to the highest bidder through the public auction

g) May be sold to a limited bidder

h) Assets that were procured by the NGO/NPO shall not form part of this policy and shall be dealt with in line with Non- Profit Organisations Act 71 of 1997.

i) The relevant request shall be approved by the Head of department or her/his delegate.

6.10.2 COMPETITIVE BIDS: AN ASSET AT THE ORIGINAL COST OF R30 001 BUT NOT WITH A VALUE EXCEEDING R500 000 PER ITEM

An asset may be disposed according the 80/20 preference point system. This system shall be used to dispose of an asset at the original cost of R30 000 up to R500 000.

This preference point system shall be applied as follows:

a) The highest acceptable quote shall score the maximum of 80 points for price.

b) Other acceptable quotes, with lower prices, shall be awarded points for price on a pro rata basis, the calculation of which shall be in accordance with Regulation 3 of the Preferential Procurement Regulations, 2001.

c) Up to a maximum of 20 points shall be allocated in accordance with Regulation 3 (2) of The Preferential Procurement Regulations, 2001. Regulation 3 (2) relates to Government specific objectives and includes contracting with a bidder who:

i. Is an Historically Disadvantaged Individual; and/or

ii. Is subcontracting with an Historically Disadvantaged Individual; and/or

iii. Achieves any of the specified goals stipulated in Regulation 17 of The Preferential Procurement Regulations, 2001.

iv. The points awarded for Government specific goals shall be added to the points awarded for price in order to establish the final score.

v. The quote with the highest score shall be awarded the sale.

vi. Shall be sold in accordance with the conditions of disposal contained in this policy.

6.10.3 COMPETITIVE BIDS: AN ASSET AT THE ORIGINAL COST EXCEEDING R500 000 PER ITEM

An asset shall be disposed by inviting competitive bids for all disposals above R500 000:

a) Shall follow the Supply Chain Management Framework process that regulates bidding processes

b) Shall be disposed within the prescripts of the Preferential Procurement Policy Framework Act and its Regulations and shall apply to all bids for procurement above R500 000.

c) Shall be disposed to an individual or institution that is in possession of a valid tax clearance certificate.

d) Shall be disposed according to the 90/10 preference point system. This preference point system shall be applied as follows:

   i. The highest acceptable bid shall score the maximum of 90 points per price.

   ii. Other acceptable bids, with lower prices, shall be awarded points for price on a pro rata basis, the calculation of which shall be in accordance with Regulation 3 of the Preferential Procurement Regulations, 2001.

e) Up to a maximum of 10 points shall be allocated in accordance with Regulation 3 (2) of

The Preferential Procurement Regulations, 2001. Regulation 3 (2) relates to Government specific objectives and includes contracting with a bidder who:

i. Is an Historically Disadvantaged Individual; and/or

ii. Is subcontracting with a Historically Disadvantaged Individual; and/or---Achieves any of the specified goals stipulated in Regulation 17 of The Preferential Procurement Regulations, 2001.

iii. The points awarded for Government specific goals shall be added to the points awarded for price in order to establish the final score.

iv. The bidder with the highest score shall be awarded the sale.------This preference point system shall be applied as follows:

1) The highest acceptable quote shall score the maximum of 90 points for price.

2) Other acceptable bids, with lower prices, shall be awarded points for price on a pro rata basis, the calculation of which shall be in accordance with Regulation 4 of the Preferential Procurement Regulations, 2001.

3) Up to a maximum of 10 points shall be allocated in accordance with Regulation 4 (2) of the Preferential Procurement Regulations, 2001.

4) Regulation 4 (2) relates to Government specific objectives and includes contracting with a bidder

6.10.3.1 The advertisement shall contain the following information:

(i) The bid number

(ii) The closing date and the closing time of the bid are (normally 11am on the closing date)

6.10.3.2 Where the bids must be posted or delivered to, with at least the following information:

i. Name of the Department

ii. Street Address

iii. Postal Address

iv. Bid Box address

v. Contact person for enquiries

vi. Telephone number

vii. Facsimile number

viii. Details of the asset(s) to be sold, including:

a) Detailed description of the asset(s)

b) Address where the asset(s) may be viewed

c) Conditions of sale

d) The preference point system to be applied in the award of the bid

e) The validity period of the bid – this should be at least sixty (60) days to allow sufficient time for the finalization of the bid award process

6.10.3.3 Compile the Bid Documentation

All bid documentation:

i. Shall be allocated with a sequential bid number.

ii. Shall be ready and available prior to the advertisement of the bid but not distributed to potential bidders prior to the bid advertisement date

iii. Shall be uniform and prospective bidders shall receive identical document packs

iv. May be sold under the following circumstances:

a) The fee charge is reasonable, covering only printing and delivery costs of bid

documentation

b) Monies received for the sale of bid documentation is deposited into the Provincial Revenue Fund

c) All monies received is recorded and accounted for.

Shall contain the following:

(a) The bid number

(b) The closing date and the closing time of the bid

(c) Invitation to Bid

(d) Tax clearance requirements

(e) Declaration of interest form

(f) Asset. Relevant preference points claim form

(g) Conditions of sale

(h) Evaluation criteria\

6.10.3.4 Manage Bid Documentation Applications

i. A register of all bid responses to each advertisement shall be maintained

ii. The register shall contain the following information: The bid number

a. Name of the bidder to whom the bid documents were issued

b. Name of the person who collected the bid documents on behalf of the bidder and:

c. The person / company on whose behalf the bid documents are collected

d. The contact telephone and facsimile number of the prospective bidder

e. The contact person on the case of a prospective bidding company

f. The date and time of collection of the bid documents

g. The date the bid documents were posted and to what address

6.10.3.5 Deviations on Awarding of Contracts

Where the Bid Adjudication Committee recommends a bid other than the one recommended by the Bid Evaluation Committee:

(i) The Accounting Officer shall be notified in writing of this deviation, together with the recommendation of the Bid Evaluation Committee.

(ii) The Accounting Officer shall, after consideration, ratify or reject the decision of the Bid Adjudication Committee.

6.10.4 SALE BY TENDER OR AUCTION

Preparation for sale will be as follows based on proper physical inspection by committee members who must be carried out on the asset to be sold to ensure that assets do not contain:

a) Additional items not intended for sale

b) Confidential documents (records, files, papers, etc.)

c) External asset tags or internal tag

d) Hazardous materials

e) The asset sold shall be invoiced to the purchaser

f) The Asset disposal Register shall reflect amount collected per item.

g) The proceeds of the sale shall be banked in the Department's bank account

h) The revenue disposal of the asset shall be surrendered to the Provincial Revenue Fund

6.10.5 DONATION TO CHARITIES OR COMMUNITIES, NON-PROFIT ORGANISATION

a) Community groups and charitable institutions shall receive equitable treatment to avoid possible claims of bias and the minimum quantity for assets per items to be donated per charity group/Community shall not exceed ten (10) items per receiver of donation/ Charity group or Community group.

b) This method of disposal may not be used for an asset whose life cycle has not expired with the recommendations of the Disposal Committee and written approval by the Accounting Officer shall be obtained.

c) Donations may only be made after exploring all avenues of recouping fair market value for the Department and may be carried out at no cost.

d) The receiver of donation shall ensure that the community group or charity is not a disguised business operation providing remuneration to its principles.

e) The community group or charity shall remove the asset, at no cost to the Department and the departmental barcode (identification mark) shall be removed. The confirmation of receipt by the receiver shall be made available in a register form.

f) Loccume inspection shall be conducted where there are computer systems or other assets to be donated.

6.10.6 WRITING OFF THE VALUE OF GOODS/SCRAPPING

The Department's Information Technology Unit and the Provincial Government Information

Technology Officer (PGITO) shall remove all data and software from the hard drives of computers to be disposed. Where an asset is classified as beyond economical repair the asset must be destroyed, with the destruction being witnessed by another responsible official who shall be nominated by the Disposal Committee

a) ***Scrapping through destruction or dumping***

Where an asset is classified as beyond economical repairs or obsolete and there is a possibility that no response on sales, the asset may be destroyed with the destruction being witnessed by another responsible official who shall be nominated by the Disposal Committee.

b) ***The Department shall only destroy or dump assets where:***

(i) They cannot be refurbished

(ii) Have no resale value

(iii) Are non-recyclable

(iv) Cannot be disposed of in any other way

(v) No offer has been received and can no longer be used by the department.

(vi) Recycling may be obtained in an appropriate company at cost where applicable however, certificate of disposal should be attached after the actual disposal has been made.

(vii) Assets are destroyed or damaged through force majeure or any other unforeseen circumstances.

c) **Asset Written Off**

i. The Accounting Officer may approve the write off of assets where all the necessary processes were followed including investigation.

ii. The disposal of an asset will require the removal of the asset at the original cost of the asset, which is the net result of two accounts, namely the Cost and Accumulated

Depreciation accounts where the information is needed only for management purposes.

iii. For the purposes of disclosure in the financial statements, the loss should be included in the statement of financial performance as an expense. If the losses are significant enough, they shall be separately identified.

1.1.1 OPTIONAL SALE OF ITEMS TO EMPLOYEES

a) The Department's Information Technology Unit and the Provincial Government Information Technology Officer (PGITO) shall remove all data and software from the hard drives of computers to be disposed. Information Communication Technology (ICT) specialist shall issue scrap certificate to confirm condition of the computer equipment towards disposal.

b) ALTERNATIVE DISPOSAL OF ICT ITEMS TO EMPLOYEES OF THE DEPARTMENT(Information Technology Equipment)

i. Users of the Laptops and desk top computers within the department shall be given option to purchase the above at reasonable cost based on the item life cycle. This may occur only on request as per the attached application form after the expiry of warranty.

ii. The Head of department in other special cases may waive clause 7.7.(ii) on reasonable grounds that should be substantiated by valid evidence.

iii. Mobile cell phones users may also be opted an opportunity on application to purchase the latter item only after the expiry of the warranty.

iv. Information Technology (IT) Component in the case computer related items shall first issue scrap certificate as determination of non- performance of computer related item.

v. The option for the sale of all IT to users/ employees shall only be applicable provided the ICT specialist of the department or ICT Service provider has issued scrap certificate which will also mean that the departmental information contained in the ICT item has been removed and is regarded unserviceable or obsolete.

vi. When there is more than one offer, (intention to buy) the item shall be considered for bidding and shall be part of assets for sale to public or donation to entities. The

following shall be selling price per item:

vii. Laptop of any model R620-00

viii. Desk top (CPU, Monitor, key board with cables and mouse) R500-00

ix. Mobile phone(cell phone of all types) R200-00

x. Please note that the above tariffs will only apply on application and only after the approval has been to any employees shall takes control of the intended item for purchase.

6.10.8 ASSET TRANSFERS BETWEEN DEPARTMENTS AND ENTITIES

a) If an asset is transferred to another department, the receiving department shall sign the transfer document.

b) Where the asset is transferred at “no value” or “donated” to the receiving department, that asset shall be removed from the records of the Department as per the asset register value.

c) If an asset is transferred to a Public Entity that asset will be removed from the records at the department at the no value.

d) An assets transferred to a Public Entity shall be re-valued on receipt by the Public Entity and share capital of an equivalent value.

6.10.9 EXCHANGES OF ASSETS

a) An asset may be acquired in exchange or part exchange for a dissimilar item of property, plant and equipment or other asset.

b) The asset may be acquired in exchange for a similar asset that has a similar use in the same line of business and which has a similar fair value. The asset may also be sold in exchange for an equity interest in a similar asset.

c) An asset may be acquired in exchange or part exchange for a dissimilar item of property, plant and equipment or other asset for the department only.

d) When an asset is exchanged for a similar asset, it is implied that the cost of the acquired

asset is equal to the carrying amount of the asset disposed of and no gain or loss results.

e) The cost of such an item is measured at the fair value of the asset received, which is equivalent to the fair value of the asset given up, adjusted by the amount of any cash or cash equivalents transferred.

f) The asset may be acquired in exchange for a similar asset that has a similar use in the same line of business and which has a similar fair value or the asset may also be sold in exchange for an equity interest in a similar asset.

g) In both cases above, no gain or loss is recognised on the transaction. Instead, the cost of the new asset is the carrying amount of the asset given up. However, the fair value of the asset received may provide evidence of impairment in the asset given up. Under these circumstances the asset given up is written down and this written-down value assigned to the new asset.

6.10.10 TRADE-IN

An asset may be traded in on new assets where the trade in offer represents a fair market value.

6.10.11 DISPOSAL OF ASSET BY THIRD PARTY/ INSTITUTION

a) Where assets used by the Department are owned by a third party, the Department shall abide by the policies that govern the Service Level Agreement with the third party.

b) The assets belonging to the NGO's/NPO's shall be dealt with in terms of NPO Act no. 71 of 1997 and do not form part of this policy.

6.11 PAYMENT METHOD

a) The asset shall be paid for in cash or by bank guaranteed cheque prior to the successful purchaser taking delivery of such asset purchased.

b) The purchaser shall receive receipt as proof of payment for the amount offered for the asset purchased in the sale process.

c) Revenue collected shall be receipted by the relevant revenue collector and shall be paid

in terms of Departmental revenue policy.

d) The amount collected shall be disclosed in the departmental financial statement.

6.12 RECORDING OF ASSETS FOR DISPOSAL THROUGH SALE

a) The asset sold shall be invoiced to the purchaser

b) The Asset disposal Register shall reflect amount collected per item.

c) The proceeds of the sale shall be banked in the Department's bank account

d) The profit on disposal of the asset shall be surrendered to the Provincial Revenue Fund

6.13 EVALUATION OF THE DISPOSAL PROCESS

The Disposal Committee shall prepare and submit a report to the Chief Financial Officer within twenty one (21) days after each disposal and the report shall contain the following:

a) Any description of the process followed

b) Difficulties in policy and procedure interpretation

c) Recommendations for policy and procedure amendments

d) The Chief Financial Officer shall prepare and submit a report based on the findings of the Disposal Committee to the Accounting Officer within twenty one (21) days after receipt of said report.

6.14 ASSETS STOLEN OR LOST

The stole or lost asset shall be dealt with in term of Departmental Loss Control Management Policy.

6.15. NON- PROFIT ORGANISATIONS AND NON- GOVERNMENTAL ORGANISATIONS

Asset disposal management of Non- Profit Organisations and Non- Governmental Organisations funded by the department shall be dealt with in terms of the Non- Profit

Organisations Act 71 of 1997.

7. APPROVING AUTHORITY

The Accounting Officer is responsible to approve this policy as well as any amendments or review.

8. ADMINISTRATION OF THIS POLICY

The Accounting Officer has delegated all responsibility managers of the Department to enforce the implementation of this policy.

9. ACCOUNTABILITIES AND RESPONSIBILITIES

9.1 Supply Chain Management Unit shall:

Give guidance in line with the relevant legislation for the implementation of this policy and perform the following functions in the disposal of assets:

a) Issue the Invitation to Bid.

b) The bidding documents shall be compiled in at least English.

c) The Invitation to Bid may be advertised in:

   i. The Government Tender Bulletin.

   ii. The relevant media to ensure the target market is reached

   iii. The Department's website

d) The costs of advertising shall be borne by the Department.

e) The bids shall be advertised at least twenty one (21) days before the closing date of the bid.

9.2 Roles and Responsibilities of the Asset Users

a) All employees shall comply with asset disposal policy directives

b) The asset user shall remain responsible for assets allocated to him or her until formerly removed from him/her possession and the asset movement form completed and signed.

c) In the case of any change of any asset in her/his possession, the user shall be responsible to advise the Asset Management Unit for adjustment of his or her asset inventory list.

d) Damages/losses occurred to the assets allocated shall be reported to Senior Manager: Logistics Management Unit for any processes to be followed.

e) The user shall be responsible for reporting of lost asset to the nearest Police Station and a statement shall be made by him/her to the Senior Manager: Logistics Management Unit.

f) Any item regarded obsolete or redundant shall be dealt with by Asset Management Unit who shall flag such items on the asset register and referred for disposal.

9.3 Establishment of the Disposal Committee

a) The Accounting Officer shall appoint the Disposal Committee in writing and shall determine the term of office of its members.

b) A member of a Disposal Committee cannot be an official who:

   i. Perform evaluation or conduct physical disposal (asset public auction)

   ii. Serve on the Bid Evaluation Committee which processes quotations/bids.

   iii. Any official involved in the disposal of assets are required to disclose actual or perceived conflicts of interest that may arise in the performance of their duties.

9.3.1 Composition and Functioning of a Disposal Committee:

a) The Accounting Officer or his/her delegate shall in writing appoint the Chairperson and his or her deputy and members of the Committee with duties attached to all functions to the Committee.

b) All members shall be required to declare their interest to all Committee Members on each meeting.

c) The Chairperson or his deputy shall appoint Secretariat of the Asset Letting and Disposal Committee.

d) Chairperson and or deputy Chairperson must be at a Senior Manager level.

e) Cross-functional members of which at least 2 (two) member should be a Supply Chain Management practitioner.

f) Assets shall be reviewed by the Committee with documental evidence.

g) Advisors or additional officials may be co-opted on account of their specialized knowledge through appointment by the Chairperson or his/ her deputy.

h) An Information Technology expert must deeply involve when the disposal of assets comprises computer equipment

i) District shall be represented by an Additional Member only when its assets are to be dealt with.

j) Only appointed Members of the Committee are allowed to sit and the quorum shall be made by members only.

k) Member of the Committee may not fully participate in the physical asset disposal i.e. auction sale, donation, scrapping, trading in, but shall monitor the process.

l) Sixty percent (60%) of members present shall constitute a quorum.

m) The Code of Conduct of Disposal Committee members shall be in accordance with the prescripts applicable to supply chain management practitioners.

n) The Accounting Officer may withdraw the membership of any member in the case of non-attendance in more than 3 successive meetings or any administrative changes to the member

9.3.2 Functions of a Disposal Committee

The Committee shall:

a) The disposal Committee shall sit only when there is asset/s to be disposed of and shall be informed by invitation by the Asset Letting and Disposal Sub Directorate.

b) Ensure that asset that is in working condition and of value to the department may not be considered for disposal by the Committee unless full motivation is made and verified by the committee.

c) Facilitate the assessment of the condition of existing assets

d) Obtain a valuation of the goods/ assets after value for money has been considered but the Accounting officer of the department may waive such recommendation.

e) Recommend the appropriate method of disposal of the asset(s).

f) Apply the procedure applicable to the disposal method selected.

g) Ensure the bids are evaluated and adjudicated and are done so in accordance with the delegated levels of authority.

h) Ensure that the asset is prepared for disposal in accordance with clause 6.8.

i) Effect the disposal once the bid has been adjudicated and approved according to the thresholds and according to delegation of powers.

j) Prepare the reports required in accordance with this policy.

k) Ensure that disposals are conducted in accordance with the policies, processes and procedures contained in this document.

l) The appointed Asset Letting and Disposal Additional Member of the Disposal Committee shall develop asset disposal data for consideration by the Central Asset Letting and Disposal Committee.

m) The appointed Member to conduct internal public auction shall be at a level not lower

that level 7 who shall be accountable to his/ her responsibility Manager.

9.3.3 Bid Evaluation Committee

The Department's Bid Evaluation Committee shall evaluate all disposals of movable assets as per clause 6.8.1 (Selling per price quotation per item), 6.8.2 Competitive Bid (An asset at the original cost of R30 001 but not exceeding R500 000 per item) and 6.8.3 Competitive bid (an asset at the original cost exceeding R500 000 per item).

9.3.3.1 Functions of the Bid Evaluation Committee:

a) Ensure that the bid documentation complies with any predetermined condition.

b) Ensure that the bid documentation is completed in full.

c) Includes the preference points score sheet.

d) Includes a valid, original tax clearance certificate when required.

e) Is correctly signed.

f) Ensure the bidder does not appear on the list of restricted bidders / persons.

g) Evaluate all bids received in response to the Invitation to Bid in accordance with the bid evaluation criteria and weighting specified, within the delegated levels of authority

h) Score each bid in terms of price and preference points.

i) Calculated average points will be used for final determination of scores, not consensus decisions.

j) Rank the bids from the highest offer to the lowest offer.

k) Shall record all the comments for each bid which shall be signed by the Chairperson of the Evaluation Committee.

l) Submit a report with recommendations regarding the award of the bid, where the bid does not exceed R 5 000 000, to the Bid Adjudication Committee for consideration and make recommendation to Accounting officer for approval.

9.3.3 Bid Adjudication Committee

The Department's Bid Adjudication Committee shall adjudicate disposals of movable assets based on recommendations of the Bid Evaluation Committee and as per clause 6.8.1 (Selling per price quotation per item), Competitive Bid (An asset at the original cost of R30 001 but not exceeding R500 000 per item) and Competitive bid (an asset at the original cost exceeding R500 000 per item).

9.3.4.1 The Bid Adjudication Committee shall ensure that:

a) All the necessary bid documents have been submitted

b) Bid disqualifications are justified.

c) Valid and accountable reasons and motivations were furnished for passing over.

d) Bid Scoring has been fair and consistent.

e) Scoring has been correctly calculated and applied.

f) Bidders' declarations of interest have been taken into cognizance.

g) Assess the recommendation process followed to ensure that the policies have been complied with in full.

h) The Accounting Officer may at any stage refer any recommendations made by the Bid Adjudication Committee back to that committee for reconsideration.

i) The Bid Adjudication Committee shall submit its recommendations to the Accounting Officer for consideration and approval.

j) Submit a report with recommendations regarding the award of the bid, where the bid exceeds R 5 000 000, to the Interim Bid Advisory Committee for review and consideration.

k) The Interim Bid Advisory Committee shall make recommendations to the Accounting Officer for consideration and approval.

9.3.3.1 Functions of the Bid Adjudication Committee

The Bid Adjudication Committee shall consider the recommendations of the Bid Evaluation Committee and, depending on its delegated powers, make:

a) A final award

b) A recommendation by the Bid Adjudication Committee shall be forwarded to the Accounting Officer for a final award

c) Make any other recommendation to the Accounting Officer on how to proceed with the relevant sale

9.4 The Head of Department shall:

a) Enforce the implementation of this policy to all employees of the department.

b) Approve recommendations of the appointed Committee Members for the asset disposal method.

9.5 Financial planning and Revenue services shall be:

a) Responsible for the collection of revenue in the case of any sale of an asset or assets and issue receipt for payment.

9.6 Financial Accounting Service shall:

a) Provided financial information for the financial statement of the department.

b) Render financial advice on asset disposal.

9.7 Line function Managers shall be:

i. Responsible for control and management of assets allocated to their respective Directorate or institutions.

ii. Report in writing any deviation on asset disposal to Supply Chain Management for the attention Asset Management Unit.

10. EFFECTIVE DATE OF THE POLICY

The policy shall be effective from the date of approval

11. PROCEDURES FOR IMPLEMENTATION

The guidelines for implementation of this policy shall be stipulated in the Asset Disposal Procedure Manual.

12. MONITORING MECHANISMS

a) The Disposal Committee shall prepare and submit a report to the Chief Financial Officer within twenty one (21) days towards the financial year end for on asset disposal. after each disposal and this report shall contain the following:

   i. Any description of the process followed

   ii. Difficulties in policy and procedure interpretation

   iii. Difficulties in policy and procedure implementation

   iv. Recommendations for policy and procedure amendments

   v. A Disposal Certificate of the assets disposed be signed by committee members with relevant information attached for easy reference and be sent for approval to the accounting officer.

b) Receipt of asset disposal data from the District and confirmation of reviewal thereof.

c) Submission of an asset disposal registers for the financial statements.

d) Safe custody of all approved assets disposed.

13. REVIEW OF THE POLICY

This policy shall be reviewed every three (3) year from its effective date to determine its effectiveness and appropriateness.

14. Policy recommendation and approval

Recommended/~~not recommended~~

Head of Department: Department of Social Development — **Date** 2015/03/05

Approved/~~not approved~~

Member of Executive Council: Dept. of Social Development — **Date** 14/3/2015

ANNEXURE A

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

APPLICATION TO PURCHASE ICT AND TELEPHONE EQUIPMENT ON END OF LIFECYCLE

NAME OF OFFICIAL:	
DIRECTORATE/COMPONENT:	
DISTRICT:	
PERSAL NO:	

PARTICULARS OF ITEM REQUIRED

ITEM DESCRIPTION	MODEL	BARCODE	LIFESTYLE	USER

I ……hereby commit myself to purchase the above item as user or interested party

METHOD OF PAYMENT

Direct Debit on my salary Yes/no: ……Cash payment Yes/no: …… Other payment: ……

Applicant Initial & Surname: …… Signature: …….. Date: ……..

CONFIRMED BY: (FINANCIAL ACCOUNTING)

Name of Official confirming…….. Signature…….. Date: ……..

CONFIRMED BY: (ASSET MANAGEMENT/FACILITIES)

I ……hereby confirm that the above item appear on the Departmental Asset Register and the lifecycle has actually expired.

Name of Official confirming…….. Signature…….. Date: ……..

Recommend/ not recommend:

Comments:
……
……

Name of Official confirming…….. Signature…….. Date: ……..

Asset Letting and Disposal: Recommend/ Not recommend:

Comments:
……
……
……

Senior Manager: Logistics…….. Signature…….. Date: ……..

Recommend/ not recommended

Comments:
……
……
……

General Manager SCMU …….. Signature…….. Date: ……..

Recommend/ not recommend

Comments:
……
……
……

Chief Financial Officer …….. Signature…….. Date: ……..

Approve/ not approved

Comments:
……
……
……

Head of Department …….. Signature…….. Date: ……..

ANNEXURE B

Furniture and fittings shall include but not limited to:

a) Desks

b) Tables

c) Chairs

d) Cupboards

e) Curtaining

f) Trolleys

g) Shelving

h) Blinds

i) Filling cabinets

Where furniture forms part of a set or suite of furniture, this shall be sold as a set or suite. Should the Department be unable to dispose of the furniture as a set or suite, it may then dispose of the items individually.

Computer equipment shall include but not limited to:

j) Desktop computers

k) Notebooks

l) Laptops

m) Printers

n) Data projectors

o) Computer monitors

p) Computer spares

q) Hard drives

r) Mouse

s) Keyboards

t) Computer speakers

u) Printers

1) Office equipment and appliances shall include but not limited to:

a) Facsimile machines

b) Fridges

c) Microwaves

d) Video recorders

e) Television sets

f) DSTV Decoders

g) MNet Decoders

h) Shredders

i) Air Conditioners

j) Kettles

k) Urns

l) Coffee Machines

m) Toasters

n) DVD / CD Players

o) DVD / CD Recorders

p) Dictaphones

q) Mobile phones

r) Photo copiers owned by the department

2) Motor vehicles shall include but not limited to:

a) Sedans

b) Light Delivery Vehicles

c) Trailers

d) Caravans

e) 4x4 Vehicles

f) Passenger vehicle more than 6

3) Wood work shall include not limited to:

a) table

b) chairs

c) cupboards

d) benches

e) all products made from wood as a result of training shall be classified as inventory items

4) Steel works shall include not limited to:

a) Burglar bars various types

b) braai stands

c) all steel works made from steel shall be classified as inventory items

5) Linen and wool works shall include not limited

a) men shits or female blowsy

b) jerseys

c) pair of trousers

d) Pillow cases

e) all wool and linen products made from the above shall be classified as inventory items

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

ASSET MANAGEMENT POLICY

POLICY REGISTRATION NO: 2015 - 02

Table of Content

DEFINITION AND TERMS

i. Accounting Policies	The specific principles, bases, conventions, rules and practices adopted by an entity in preparing financial statements.
ii. Asset	Is a resource controlled by the entity (Department) as a result of past events and from which future economic benefits or service potential are expected to flow to the entity (Department).
iii. Asset Acquisition	The process by which an entity assumes control of an asset.
iv. Asset Life Cycle	The cycle covering all the phases in the life of an asset. It starts when a need for an asset is first identified, through the acquisition thereof, the subsequent operation, maintenance and upgrading (if needed) as well as its eventual disposal.
v. Asset Management	The process of guiding the acquisition, use safeguarding and disposal of assets to make most of their service delivery potential and manage related risks and cost over their entire life.
vi. Asset Register	The asset register is the asset database that provides the basis for the figures in the financial statements. It includes information on asset purchase prices, asset condition and expected life. It may also include information on current replacement cost.
vii. Asset Strategy	The means by which an entity proposes to manage its assets (across all phase of the life cycle) to meet service delivery needs most cost-effectively.
viii. Asset useful life	Useful life is the expected period of time over which an asset is to be used by the entity.
ix. Asset Utilization	A measure of how effectively an asset is being used to meet the entity's service delivery objectively.
x. Capitalisation	The process whereby expenditure is changed to an asset account rather than to expense account.
xi. Carrying Amount	It is the difference between the cost (or valuation) and the accumulated impairment losses.
xii. Control of an Asset	An entity is deemed to control an asset if it has the capacity to benefit from the asset in pursuing its objectives.

xiii. Depreciation	A systematic allocation of the cost an asset or other amount substituted for its cost over its estimated useful life. Depreciation recognises the gradual exhaustion of the asset's service potential.
xiv. Direct Costs	Costs that can be specifically assigned and directly attributed to an asset.
xv. Economy	Refers to the acquisition of the appropriate quality and quality of financial, human and physical resourced at the appropriate time and place, at the lowest possible cost.
xvi. Enhancement/ Re-habitation	The work needed to increase an asset's service potential, which is regarded as capital expenditure. Enhancement improves an asset's functionality in terms of extending its useful life or capacity or speed of delivery or the quality of the output.
xvii. Maintenance	The work needed to maintain an asset in a condition that enables it to reach its service potential over its useful life. Maintenance does not extend but achieve as asset's useful life (current expenditure)
xviii. Needs Analysis	A thorough analysis to compare community demands, expectations and needs with current and possible sources of service supply.
xix. Risk Management	A management technique used to identify and analyse potential risks, and to implement appropriate responses.
xx. Useful Life	The time period over which it is expected that can asset will be used by the department before it becomes uneconomical to do so.
xxi. Intangible Assets	An Intangible asset meets the definition of an asset but lacks substance.
xxii. Non-Governmental Organisation(NGO)	A citizen based association that operates independently of government, usually to deliver resources or serve some social or political purpose.

xxiii. Non-Profit Organisation (NPO)	Associations, charities, cooperatives, and other voluntary organisations formed to further cultural, educational, religious, professional, or public service objectives. Most Non-Governmental Organisation (NGO's) are NPO's. Approved, incorporated, or registered NPO's are usually granted tax exemptions, and contributions to them are often tax deductible.
ACRONYMS	
xxiv. AR	An Asset Register

LEGISLATIVE FRAMEWORK

i. Public Finance Management Act, No 1 of 1999 as Amended section 38(1)d and 45e

ii. Public Finance Management Act, 1999, Treasury Regulations section 10.1.1

iii. Supply Chain Management – A Guide for Accounting officers / Authorities

iv. GRAP 17, Property, plant and equipment

v. GRAP 102, Intangible assets

vi. Non-Profit Organisation Act 71,1997 Section 17

1. PREAMBLE

1.1 The development and implementation of an Asset Management Policy is an essential part of asset management reform with the Department of Social Development. The Asset Management Policy is in line with Public Finance Management Act (PFMA), Treasury Regulations, National Treasury Guidelines, Generally Recognised Accounting Practices (GRAP), Asset Management Framework and Learner Guide and Accounting Standards and to promote good financial management practices and focuses on the following key activities of the asset life-cycle: planning; acquisition; operation and maintenance; and disposal.

1.2 In an effort to address the operational challenges related to the compilation, management, maintenance of asset register for moveable assets and in eliminating theft, losses, wastage, and misuse, this policy seeks to define and provide a framework, guidelines for the management of assets within the department.

1.3 Asset Management policy outlines all the various actions that the Department undertakes to ensure that its assets are efficiently planned, delivered, managed and reviewed in a cost effective, sustainable manner. The department possesses assets to enable the delivery of services to the community, which include office furniture, domestic furniture software, computer equipment, audio-visual equipment, kitchen appliance, domestic equipment and office equipment. Given the materiality of the Department's assets, and the decentralised locations of these assets, coupled with the high risk of theft and limited funds for replacement, it is imperative that assets are well managed and controlled. It shall enable the department to meet its service delivery objectives economically, effectively and efficiently by achieving the best match of assets with service delivery objectives.

1.4 Assets management in institutions, Non- Profit and Non-governmental Organisations funded by the department shall be governed in terms of the Non-Profit Organisation Act 71 of 1997.

2. PURPOSE

To prescribe the accounting and administrative policies and procedures relating to property, plant & equipment (movable assets) of the Department of Social Development.

3. OBJECTIVES

The objectives of this policy are to:

a) To safeguard the assets of the Department and to ensure the effective use of the existing resources.

b) To support the strategic Objectives of the Department

c) To emphasize a culture of accountability over Departmental assets.

d) To ensure that effective controls are communicated to management and staff through clear and comprehensive written documentation.

e) To provide a formal set of procedures that can be implemented to ensure asset management is in compliance with relevant prescripts.

f) To ensure and facilitate efficient management of Departmental assets.

g) To establish controls that must ensure proper management of risks associated with ownership and safeguarding of assets.

h) To ensure compliance with Departmental accounting policy and the PFMA.

4. SCOPE OF APPLICABILITY

This policy is applicable to all departmental officials of the Eastern Cape Department of Social Development. The assets belonging to the NGO's/NPO's shall be dealt with in terms of Act no. 71 of 1997.

5. PRINCIPLES AND VALUES

The principles and values that this policy derives is:

a) Respect for a person's knowledge and resources, as well as their potential to develop and Change for the benefit of the Department.

b) Professional integrity and ethical values of management and staff, including supportive attitude at all times throughout the organisation.

c) Acceptance of responsibility and accountability as an approved user of Departmental assets.

d) High standards of service delivery by the use of Departmental assets by ensuring efficient and effective use of all assets.

6. POLICY STATEMENT

This policy shall be fundamental for effective management of Departmental assets and as such the Department provides tools of trade or working tools in the form of office furniture, office equipment and computer equipment with software to enable employees to perform functions in their designated roles to ensure that resources are properly allocated.

6.1 Asset Register

a) An Asset Register (AR) shall be a database consisting of all assets of the Department and shall provide details of the figures disclosed in the annual financial statements.

b) It shall store information on each asset owned and controlled by the Department and must be recorded in the Asset Register at cost, regardless of the funding source.

c) All assets disposed shall be removed from the Asset Register.

d) An adequate asset register is integral to effective asset management. It is the basis of an asset management information system and shall contain relevant data beyond that required for financial reporting.

6.2 Format of the Asset Register

a) The Asset Register shall be maintained in the format determined by the Accounting Officer, which shall comply with the requirements of Generally Recognized Accounting Practice (GRAP) and Asset Management Framework as determined by National Treasury.

b) Without in any way detracting from the compliance criteria mentioned in the preceding paragraph, the asset register shall reflect the information on the following:

i. the date on which the asset was acquired or brought into use
ii. a brief but meaningful description of each asset
iii. Supplier from which the asset has been acquired
iv. the location of the asset

v. the directorates within which the assets will be used

vi. Unique asset number or bar code of the asset.

vii. where applicable, the serial number of the asset

viii. Condition of an asset

ix. the original cost, or the revalue amount or a reasonable value if no costs are available

x. The payment reference

xi. Order Number

xii. Invoice number

xiii. Model

xiv. User

xv. Room number

c) The Department shall also maintain an intangible asset register.

6.3 Transferred Assets

a) An asset that has been transferred from another department shall be deemed to be controlled by the department to which it has been transferred and should be recorded at cost if documentation is available.

b) Where documentation is not available the asset must be transferred at R1.

6.4 Donated Assets

a) An asset that has been donated, given or bequeathed to the department shall be deemed to be controlled by that department unless any restrictions exist that prevents the department having control of it and should be recorded at cost.

b) The head of department must approve both donations in or out of the department.

6.5 Maintenance of the Asset Register

a) All newly acquired assets and related information shall be recorded in the Additions Asset Register, regardless of the funding sources.

b) An asset register shall be updated with the disposed, transferred assets.

c) The asset register shall be updated immediately with variances arising from verification.

d) The maintenance of the asset register is performed against the physical verification.

6.6 Reconciliation

a) The reconciliation of Asset Register shall be done on a monthly basis against the General Ledger

b) An official responsible for the update and maintenance of the asset register shall prepare the reconciliation and must sign it for control purposes.

c) A senior official shall, review, sign and date the reconciliation as proof of reviewal.

d) All un-reconciling items shall be followed up and cleared immediately

6.7 Classification of Assets

a) Assets must be recorded in the asset register and classified according to guideline provided by National Treasury Framework.

b) Assets vary considerably in their size and nature, and it shall be useful to classify them into groupings for management control and financial treatment. Furthermore classification of asset related expenditure shall be consistent with Standard Charts of Accounts (SCOA).

6.8 Capitalisation of Asset

a) All assets with a value of less than R5 000 shall be classified as minor assets.

b) All assets with a value of R5 000 or more shall be purchased against the capital budget and be recorded in the major asset register.

c) Only expenses incurred in the enhancement of an asset or in the material extension of the useful operating life of an asset shall be capitalized.

d) Expenses incurred in the maintenance or reinstatement of an asset shall be considered as operating expense incurred in ensuring that the useful operating life of the asset

concerned is attained, and shall not be capitalized, irrespective of the quantum of the expenses concerned.

e) Expenses which are reasonably ancillary to the bringing into operation of an asset may be capitalized as part of such asset. Such expenses may include but need not be limited to import duties, forward cover costs, transportation costs, and installation, assembly and communication costs.

6.9 ASSET LIFE CYCLE

6.9.1 Planning

a) The department shall ensure that assets are procured according to the strategic objectives of the department

b) Planning shall assist asset management in the following;

i. Setting level for service delivery

ii. Assessing the functional adequacy of the existing assets

iii. Identifying surplus or underperforming assets

iv. Assessing assets required for new policy initiatives

v. Ensuring assets are maintained and disposed in an optimum manner

vi. Evaluating asset performance with a goal of continuous improvement

6.9.2 Acquisition of Assets

a) The acquisition must adhere to the Supply Chain Management Manual and delegation of authority of the department.

b) The descriptions utilised for the asset that is being acquired shall be consistent with the all descriptions used by the department to achieve uniformity.

c) The receiving official (Asset Management Section) shall verify quality, quantity and price of the asset before signing delivery note.

d) In the case of I.T related equipment an official from ICT engineering and Asset Management shall verify quality, quantity and price of the asset before signing delivery note.

e) No programme shall be allowed to receive or make arrangements to receive any asset item without the Asset Management Section being informed and involved in the process.

f) In the event where an item has to be delivered directly to the programme/ directorate/unit for, the Asset Management Section must be informed about the order placed with the supplier to enable Asset Management to make arrangements with the relevant official for receiving and signing of delivery note.

g) The assets shall be issued to a delegated responsible official within the programme/ directorate/unit who must take direct responsibility for the asset item(s) in terms of control and safekeeping purposes.

h) In cases of personal assets, the asset controllers must be notified and a record of such be kept by each programme/ directorate/unit.

6.9.3 Bar-Coding of Assets

a) The Asset Management Section shall be responsible for bar-coding of all assets in the department.

b) Newly acquired assets must be barcoded on the date of delivery or within two working days of receipt of the asset. At least within five working days for assets delivered directly to the district offices.

c) All bar-coded assets must be recorded in the asset register.

d) All assets items must be bar-coded before they are issued to the relevant programme/ directorate/unit.

e) Whenever a programme/ directorate/unit find an asset item that is not bar-coded due to whatever reason, the programme/ directorate/unit shall immediately inform the Asset Management Section.

f) Assets that must be bar-coded are clearly indicated on the attached annexure H.

6.9.4 Maintenance and Repairs of Assets

a) The end user shall forward their requisition for assets furniture that need to be maintained to the asset management section.

b) In case of ICT equipment, the ICT section shall be responsible for the maintenance. The ICT section shall fill in the asset movement form together with the end user and must be approved by the Asset Manager before sending any items for repairs. When the items are back from repairs, ICT section shall inform the asset manager so as to update the asset register.

6.9.5 Safekeeping of Assets

a) The Accounting Officer shall ensure that proper control systems exist for assets and that preventative mechanisms are in place to eliminate theft, losses, wastage, and misuse. To be managed effectively, assets shall be protected against theft or fraudulent use and other hazards such as fire. Assets shall therefore be adequately protected to minimize financial loss to the department.

b) Responsibility Managers to be appointed as Asset Controller for and shall be directly responsible for the physical safekeeping of any asset controlled or used by the directorate/unit in question.

c) In exercising this responsibility, every Responsibility Managers shall adhere to the asset management policy and procedures with regard to the control or safekeeping of the department's assets.

d) The responsibility for the safeguarding of assets vests with each official to whom assets have been allocated. Items not in use are to be stored in a central location with a designated official given responsibility for its security.

6.9.6 Verification of Assets

a) All assets must be physically verified and confirmed bi-annually.

b) Any variances identified after the physical verification of Assets must be followed up and communicated to the Senior Manager Logistics Management.

c) The Senior Manager Logistics Management must approve all corrective measures that shall address the identified variances.

d) The Senior Manager Logistics Management must submit report of reported variances to the Chief Financial Officer after each physical verification and reconciliation has been completed.

6.9.7 Procedures for physical Asset Verification

a) The designated official must first obtain an approved asset register including additions.

b) The asset management unit shall appoint officials that will be involved in verification process.

c) The Asset Inventory List to be reconciled to the physical asset/s for each employee of the Department.

d) Items verified shall be marked by a sticker in order to prevent duplication during the physical verification process.

e) The designated official must validate physical assets against the Asset Inventory List.

f) The Asset Inventory List to be reconciled to the asset register and additions.

g) The designated official shall ensure that all assets are marked with Bar code as appearing in an approved asset register

h) The designated official shall check description, asset number, location, office number, date of acquisition, receipt if sold, condition for verification purposes.

i) The designated official must ensure that asset inventory list reconciles with the physical checking and has been signed by the responsible official.

j) Asset Management section must be informed in respect of equipment as well as any item sent for repair, and that the necessary asset movement form is completed, signed and is available.

k) The designated official shall ensure that assets are utilised for the purpose as intended (Value for money)

l) The designated official shall check for unserviceable, repairable, obsolete or redundant items for the purposes of disposal.

6.9.8 Movement of Assets

a) Officials shall not be allowed to move or relocate assets of the department without the proper approval by Responsibility Manager and involvement of the Asset Management Section.

b) Whenever a Responsibility Manager requires an asset to be moved or relocated, the Asset Management Section shall be contacted in writing in advance to make the necessary arrangements to move or relocate the items.

c) The details of where the asset is to be moved shall be indicated in the request for the movement and shall be signed by the Programme Manager or immediate supervisor.

d) In cases of ICT equipment due for repairs, an asset movement form shall be filled by ICT section, the end user and approved by the asset manager.

e) All asset movement forms are kept by asset management unit.

6.9.9 Depreciation

The department shall not depreciate its assets as it is operating on the modified cash basis of accounting.

6.10 ASSET MANAGEMENT FOR FUNDED INSTITUTIONS

a) The assets belonging to the NGO's/NPO's shall be dealt with in terms of NPO Act no. 71 of 1997.

b) Asset management Unit together with Programme Manager shall give guidelines on how to manage and maintain the asset register within the funded organisations.

6.11 LOSS/DAMAGE OF ASSETS

Damaged and the Loss assets shall be deal with in terms of the Loss Control policy of the department.

7. APPROVING AUTHORITY

Head of Department will recommend this policy to MEC for approval and the Executive Authority shall be responsible for the approval of this policy.

8. ADMINISTRATION OF THE POLICY

The Accounting Officer shall delegate all responsibility managers of the Department to enforce the implementation of this policy

9. ACCOUNTABILITIES AND RESPONSIBILITY

9.1. Accounting Officer

a) Section 38(1) (d) of the PFMA (No.1 of 1999 as amended by Act 29 of 1999) places the responsibility of asset management with the Accounting Officer of department.

b) The Accounting Officer shall be the principal custodian of all the department's assets, and shall be responsible for ensuring that the asset management policy is thoroughly applied and adhered to.

c) The Accounting Officer in terms of the PFMA and Treasury Regulations shall be responsible for:

   i. The management including the safeguarding and maintenance of assets belonging to the department.

   ii. Ensuring that processes (whether manual or electronic) and procedures are in place for the effective, efficient, economical and transparent use of the department's assets.

   iii. Ensuring that the department has and maintains appropriate procurement and provisioning processes, which are fair, equitable, transparent, competitive and cost effective of procuring all movable assets.

   iv. Assigning / delegating Inventory Controllers in writing.

9.2. Chief Financial Officer:

Shall ensure that a complete, accurate and up dated asset register is maintained by the Department.

9.3 Asset Management Unit shall ensure the following:

a) Assets are physical verified at least twice per annum (i.e. half yearly and annually).

b) Asset physical verification and reconciliation report is produced at the end of asset verification.

c) Produce a report for write off unverified assets with support documentation.

d) Additions is reconciled monthly to the general ledger (BAS) and the reconciliation is approved by the Senior Manager – Logistics Management.

e) Personal asset list are kept separately from an approved asset register.

9.4. All Responsibility Managers shall ensure the following:

a) All employees shall comply with Asset Management Policy.

b) Responsibility Managers shall be Asset Inventory Controllers and be appointed annually by the Accounting Officer

c) The Asset Inventory Controller and User of an asset/s shall be responsible in ensuring that the assets/s allocated to him/her is kept in good condition.

d) Asset inventory lists are in place, updated and maintained

e) Departmental Assets allocated as working tools belong to the department are not used for private gain.

f) The asset User shall remain responsible for asset/s allocated to him or her until formerly removed from him/her possession and the asset movement form completed and signed.

g) Notify Asset Management Unit on resignation, transfer and retirement of staff under their supervision within 2(two) working days. The Responsibility Manager is accountable until the assets are returned to the Asset Management Unit via the asset movement form completed and signed.

h) In the case of any change of an asset in his/her possession, the User shall be responsible to advise the Asset Management Unit for adjustment of his or her asset inventory list.

i) Damages/ Losses occurred to an asset allocated shall be reported to the Senior Manager: Logistics Management Unit for processes to be followed.

j) The User shall be responsible for reporting of lost assets to the nearest Police Station

within 24 hours and a statement shall be made by him/her to the Senior Manager: Logistics Management Unit.

k) Any item regarded obsolete or redundant shall be dealt with by Asset Management Unit who shall flag such items on the asset register and referred for disposal.

l) All employees with personal assets should report to their Responsible Managers. These assets must be recorded separately and must not appear on the Asset Inventory Lists.

m) A separate list of these assets shall be kept and forwarded to Asset Management Unit.

n) Responsible for shared assets in their respective sections.

9.5. District Managers

a) Shall appoint Asset Inventory Controllers at District, Area and Service Office level.

b) The Area and Service Office Managers are to be asset Inventory Controllers.

c) The Assistant Managers of Supply Chain Management at the District Office shall be the Asset Inventory Controllers for the District Office.

d) The District Managers have the same status as head office directorates or responsibility managers.

e) The District Managers have the same responsibility of ensuring that state assets at district level are properly maintained / managed.

f) The District Managers shall also account for the non-submission of the asset management reports and may approve the purchasing of assets according to their delegations.

g) The District Manager shall sign off the asset register after each physical verification and reconciliation. A report of all variances together with the asset register is to be submitted to the Senior Manager: Logistics Management Unit after each physical verification and reconciliation.

9.6. On termination of Services Human Resources shall ensure that

a) The Debt Route Form must be counter signed by the Supply Chain Management Unit (Asset Management Unit) before processing of the termination of service benefits.

b) Supply Chain Management Unit (Asset Management) must be informed within 2 working days on terminations, suspensions in writing before the officials leave the department in order to facilitate the recovery of assets.

c) The terminated or suspended official must return all movable assets that were allocated to him/her to Supply Chain Management Unit (Asset Management Unit) before leaving the department.

10. EFFECTIVE DATE OF THE POLICY

This policy will be effective from the date of its approval.

11. PROCEDURE FOR IMPLEMENTATION

The asset management policy shall be implemented as follows:

a) Planning process, each district shall send their procurement plans for acquisitions of capital assets at the 15th of August (first budget submission) for each financial year.

b) Budget process, procurement of capital assets shall be in accordance with the budget allocation for that financial year.

c) Acquisition of assets, both major and minor shall be in accordance supply chain procedures. All assets acquired shall go through asset management section for recommendation purposes.

d) Reporting, all Districts shall report monthly to head Office on additions. Asset management Head Office section report on a quarterly basis to financial management section

12. MONITORING MECHANISMS

a) Undertake periodic (annually) monitoring to identify impact of reviewed policy

b) Evaluate monitoring reports and findings

c) Feed findings into future policy updates

13. REVIEW OF THE POLICY

This policy will be reviewed every three (3) year and whenever necessary to maintain relevance.

14. POLICY RECOMMENDATION AND APPROVAL

RECOMMENDED/ ~~NOT RECOMMENDED~~

2014/05/20

HEAD OF DEPARTMENT: DEPT. OF SOCIAL DEVELOPMENT

DATE

APPROVED/ NOT APPROVED

14/01/2015

MEMBER OF THE EXECUTIVE COUNCIL
DEPT. OF SOCIAL DEVELOPMENT

DATE

15. APPENDICES

Annexure A:	Asset Movement Form
Annexure B:	Assets to be Barcoded and included in the asset register
Annexure C:	Asset that cannot be Barcoded and included in the asset register

ANNEXURE A: Asset Movement form

Purpose of Transfer:	

Current Location / User Information	
Directorate	
Department	
Division	
Name of Building	
Floor Number	
Room Number	
Room Barcode Number	
User: Full Name	
Telephone # / Extension	( )
Programme Manager: Full Name	
Telephone # / Extension	( )

New Location / User Information	
Directorate	
Department	
Division	
Name of Building	
Floor Number	
Room Number	
Room Barcode Number	
User: Full Name	
Telephone # / Extension	( )
Programme Manager: Full Name	
Telephone # / Extension	( )

No	**Asset Bar Code #**	**Fixed Asset Description (as per Asset Inventory Sheet)**
1.		
2.		
3.		
4.		
5.		

Transfer of Fixed Assets Sign Off			
Designation	Name	Signature	Date
Current User			
Programme Manager / Supervisor (Current User)			
New Asset User (Receiving)			
Manager / Supervisor (Receiving User)			
Asset Management			

ANNEXURE B: Assets to be barcoded and included in the asset register.

1. Desks
2. Tables
3. Chairs
4. Cupboards
5. Credenzas
6. Fridges
7. Trolleys
8. Shelving
9. Cabinets
10. Monitors
11. Central Processing Units (CPU's)
12. Laptops
13. Docking Stations
14. Dictaphones
15. Whiteboards
16. Flipchart Stands
17. DVD's Players
18. Microwaves
19. Printers
20. Video Sets
21. Shredders
22. Television sets
23. Data Projectors
24. Satellite decoders
25. Scanners
26. Laptop Trolley Bags
27. URNS

ANNEXURE C: Assets that cannot be barcoded and included in the asset register.

These items do not meet minimum requirement to be recorded in the Asset Register due to their nature, lifespan, and department cannot obtain the economic benefit out of them.

1. Plates
2. Bowls
3. Tea Cups
4. Saucers
5. Mugs
6. Milk Jar
7. Platters
8. Salvers
9. Trays
10. Electric Kettles
11. Calculators
12. Keyboard
13. Mouse
14. USB
15. Computer Speakers
16. Card Holders
17. Laptop lockers
18. Laptop chargers
19. Photo frames
20. Giant Staplers
21. Giant Punchers
22. Mini DVD tapes

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

FRAUD AND ANTI - CORRUPTION POLICY

POLICY REGISTRATION NO: 2015 - 03

TABLE OF CONTENT

DEFINITIONS AND TERMS

Unless otherwise stated, the following terms, concepts and acronyms in this policy shall mean:

i. FRAUD	A deliberate misrepresentation which causes another person to suffer damages.
ii. CORRUPTION	Any abuse of Position of trust to gain an unfair advantage. It includes both corrupting someone else and being corrupted yourself.
iii. THEFT	Taking another person's property without that person's permission or consent with the intent to deprive the rightful the rightful owner of it.
iv. DISHONESTY	To act without honesty. It is the lack of probity, cheating, lying or deliberately deceptive or lack of integrity.
v. MALADMINISTRATION	A Political term which describes the actions of a government body which can be seen as causing an injustice.
vi. COLLUSION	An agreement between two or more parties sometimes illegal and therefore secretive, to limit open competition by deceiving or misleading.
vii. COVER QUOTING	Dishonest intent to make profit, material benefit or undue personal enrichment from insider knowledge or trading where a Supplier is given unfair advantage over another
viii. EXECUTING AUTHORITY	Member of the Executive Council who is the Political Head of the Department
viiii. ACCOUNTING OFFICER	Head of Department as contemplated in Section 37 of the PFMA
ix. PREVENTION	Application of appropriate means, tools and mechanisms to ensure proactive actions aimed at preventing fraud, corruption, maladministration and dishonesty from taking place.
x. DETECTION	Application of appropriate means, tools and mechanism to identity and isolate acts of fraud, corruption, dishonesty or maladministration

xi. INVESTIGATION	Application of forensic procedures and interventions to ensure ultimate exposure of facts of the matter or case towards a finding for purpose of a disciplinary process or criminal prosecution.
xii. RESOLUTION	Finalization and completion of investigation to ensure outcome which repairs or offers compensation for prejudice caused by an act of fraud or corruption.
ACRONYMS	
i. PRECCA	Prevention and Combating of Corrupt Activities (the Act, 12 of 2004)
ii. PFMA	Public Finance Management Act (1 of 1999)

LEGISLATIVE FRAMEWORK

This policy is premised upon the following legal prescripts (without limitation):

i. Constitution of the Republic of South Africa Act, No. 108 of 1996, as amended.

ii. Public Finance Management Act, No. 1 of 1999, as amended. (PFMA)

iii. Public Service Act, No. 1 of 1999, as amended.

iv. Criminal Procedure Act, No. 51 of 1977

v. Social Service Professions Act of 1978

vi. Child Care Act of 1983 / Children's Act of 2005

vii. Aged Persons Act of 1967 / Older Persons Act of 2006

viii. Prevention and Combating of Corrupt Activities Act, No. 12 of 2004

THE FOLLOWING REGULATIONS, POLICIES AND PLANS ARE APPLICABLE (WITHOUT LIMITATION)

i. National Anti-Corruption Strategy

ii. Fraud Prevention Plan – 2012/13 Version

iii. Code of Conduct for Social Service Professionals (SACSSP Code)

iv. Disciplinary Code

v. Bargaining Council Resolutions

vi. Treasury Regulations

vii. Treasury Practice Notes

viii. Public Regulations

ix. Social Assistance Act

x. NPO and NGO Act

1. PREAMBLE

1.1 The Department of Social Development introduces a Fraud & Anti-Corruption Policy in line with the Department of Public Service & Administration National Anti-Corruption Strategy to fight fraud and corruption in the Public Service. In an effort to eliminate corruption, fraud, theft, maladministration or any other dishonest activities of a similar nature in the department, this policy intends to implement appropriate prevention and detection controls. These prevention controls include the existing financial and other controls and checking mechanisms as prescribed in the prescripts relevant to the activities of the Department. Fraud and Corruption is viewed in a serious light as the hindering aspect of effective efficient service delivery by government. This policy is further introduced in line with the UN Charter on Fraud and Corruption.

1.2 The objective of this policy is to develop and create an enabling environment within the Department of Social Development where all employees strive for the ultimate eradication of fraud, corruption, theft and maladministration by means of the application of the full spectrum of both pro-active and re-active measures at their disposal.

1.3 This policy maps out the stance of the Department of Social Development to fraud and corruption as well as consolidating the enforcement capacity of existing regulations aimed at preventing, reacting to, and reducing the impact of fraud, corruption, theft and maladministration where these dishonest acts occur.

2. PURPOSE

The main purpose of this policy is pedestrianization of the provisions of the National Anti-Corruption Strategy to fight fraud and corruption in the public service in particular the Department of Social Development and its related business units including NGOs/ NPOs and Priority Projects

3. OBJECTIVES

The Policy has a primary objective to equip the Department to:

a) Prevention of fraud and Corruption including education of, and communication to, stakeholders

b) Management of Fraud and Corruption including Fraud Risk Assessment and Profiling

c) Detection of fraud and corruption

d) Investigation of fraud and corruption – forensic and other forms of investigation

e) Resolution of fraud and corruption – discipline / prosecution and recovery

4. SCOPE OF APPLICABILITY

a) This policy applies to all fraud ,corruption ,theft, maladministration or suspected irregularities of this nature involving the following persons or entities:-

b) All key personnel, management, employees of the Department of Social Development;

c) Consultants, suppliers, contractors and other providers of goods or service to the Department of Social Development.

d) Non-Governmental Organizations (NGOs), Non Profit Organizations (NPOs), Priority Projects, Project Beneficiaries, Project Members, Project Committee Members, Chairperson, Treasurer, Secretary, Volunteers and other parties receiving benefits from the proceeds of funding from Department of Social Development.

5. PRINCIPLES AND VALUES

a) **Integrity**- rise above reproach

b) **Credibility**-conducting credible and sustainable investigations for lasting outcome

c) **Trust-** investigations conducted to boost public confidence to the state

d) **Honesty**- investigations conducted to instill culture of loyalty

e) **Productivity**- investigations conducted to encourage highly productive workforce

f) **Value for money**- funds designated for service delivery do reach beneficiaries

g) **Care-** ensure that investigations are conducted in line with provision of care to the vulnerable

h) **Support**- conduct investigations to provide support to core business

i) **Protection**- conduct investigations to ensure protection of state resources

j) **Redress-** conduct investigations to repair “worn out tissues”

k) **Inform-** conduct informative and educational investigations

6. POLICY STATEMENT

Department of Social Development commits to clear administration and shall implement its fraud and anti-corruption program to promote good governance and clean administration and to fight fraud and corruption in the public service.

6.1 GENERAL REQUIREMENTS

6.1.1 Fraud & Anti-Corruption Strategy

The Department undertakes to implement the National Anti-Corruption Strategy through the Fraud Prevention Plan

a) Department shall develop a fraud and Anti-Corruption methodology to guide all investigations.

b) Execute a Fraud and Anti-Corruption programme through Fraud Examination and Forensic investigations.

6.1.2 Fraud Prevention Plan

a) It is the policy position of the Department of Social Development that fraud, corruption, theft, maladministration or any other dishonest activities of a similar nature will not be tolerated. In addition, these will be investigated and followed up by the application of the elements of the Fraud Prevention Plan and of all other remedies available within the full extent of the law.

b) Appropriate prevention, management and detection controls will be applied in line with the Fraud Prevention Plan. These include the existing controls and checking mechanisms as prescribed in existing policies, procedures and other relevant prescripts to the activities of the Department of Social Development, and systems of internal control.

c) Primarily, fraud risk vulnerability assessment shall be conducted to ensure adequate exposure of the fraud risks facing the department for development of an adequate Fraud Response Plan which must be incorporated in the Departmental Risk Profile.

d) It is the responsibility of employees of the Department of Social Development to report all incidents of fraud, corruption ,theft ,maladministration or any dishonest activities of a similar nature to his/her manager, immediate supervisor and/or direct to the designated Hotline such as tip-offs@socdev.ecprov.gov.za or 043-605 5452 or 0800 701 701

e) All managers and staff in general are responsible for the detection, prevention and investigation of fraud, corruption, theft, maladministration or any dishonest activities of a similar nature, within their areas of responsibility.

f) The Department of Social Development shall take appropriate legal resources to recover losses or damages arising from corruption, theft, maladministration.

g) The efficient application of Treasury Regulation issued in terms of the Public Finance Management Act, instructions contained in the codes, circulars, manuals of the Department of Social Development and the Public Service in general, is one of the most important duties of every employee in the execution of their daily task and under no circumstances may there be a violation of the prescribed controls.

6.1.3 Fraud & Anti-Corruption Committee

a) The Committee shall be Risk Management and Fraud Prevention.

b) The Committee is established in terms of the Risk Management and Fraud Prevention Charter (see charter).

6.2 ACTIONS CONSTITUTING FRAUD,CORRUPTION,THEFT AND MALADMINISTRATION

a) The term fraud, corruption, theft and maladministration refers to, but is not limited to:

b) Any dishonest, fraudulent and corrupt act which may result to or cause harm or prejudice to other party or state resources

c) Theft of funds, supplies or other assets refers to unauthorized access to funds, monies, supplies or assets which may result to or cause harm or prejudice to the other party or state resources

d) Maladministration or financial misconduct in handling or reporting of money or financial transactions

e) Cover quoting with the inherent intent to make a profit from insider knowledge where other party is given unfair advantage over others.

f) Disclosing confidential or proprietary information to outside parties

g) Irregularly accepting or requesting anything of material value (which may otherwise not be accessible by proper means) from contractors, suppliers or other persons providing services /goods to the Department of Social Development.

h) Irregularly offering or giving anything of material value improperly to contractors, suppliers or other persons providing services /goods to the Department of Social Development.

i) Destruction ,removal or abuse of records ,furniture and equipment as a way of defeating

the ends of justice or weakening of evidence

j) Deliberately omitting to report or to act upon reports of any such irregular, corrupt, fraudulent or dishonest conduct which is punishable through prosecution in term of S34(1) of Precca Act.

k) Deliberate raising and confirmation of a Good Received Voucher for goods which are reasonably known not to have been rendered.

l) Acts of financial misconduct contemplated in terms of section 81 to 85 of the Public Finance Management Act

m) Incidents of unauthorized, irregular or fruitless and wasteful expenditure as defined in the Public Finance Management Act and

n) Any similar or related irregularity including but not limited to acting as Agent for Credit Providers, Investment Promotion and Sales Agency.

6.3 RESPONSIBILITY TO CONDUCT INVESTIGATIONS

6.3.1 The responsibility to conduct investigations, and compile final reports for approval by the Accounting Officer, relating to the actions listed in this policy resides with the Manager: Risk Management and Anti-Corruption (Chief Risk Officer) who is delegated directly by the Accounting Officer in terms of the provisions of S44 (1) (b) of the Public Finance Management Act, 1 of 1999 (as amended).

6.3.2 The Chief Risk Officer of the Department of Social Development is the responsible person to report cases to South African Police Service.

6.3.3 Investigation shall take 45 days to be completed. If any delays occur stakeholders will be notified in accordance with client feedback systems.

6.3.4 The Chief Risk Officer of the Department of Social Development has the advisory, functional and supporting assistance (for cases referred to) from units /departments which include the following :-

a) Provincial Treasury

b) Any Provincial or National Department

c) State attorney

d) South African Police Services – Commercial Crimes Unit

e) South African Police Services – Crime Intelligence Unit

f) South African Police Services – Priority Crimes Unit (Hawks)

g) South African Police Services - Organized Crime Unit

h) External investigating agencies , for example the African Police Services where matters fall within their mandate

i) External consultants ,for example Forensic Accounting Consultants

j) Office of the National Director of Public Prosecutions

k) Special investigating Units established under any law

l) The Public Protector.

6.4 REPORTING PROCEDURES AND RESOLUTION OF REPORTED INCIDENTS

6.4.1 It is the responsibility of all employees of the Department of Social Development to report all incidents of fraud, corruption, theft, maladministration or suspected irregularities of this nature to his /her manager ,he/she should report the matter to his/her manager's superior with final resort to the Accounting Officer.

6.4.2 It is the responsibility of the managers to report all incidents of fraud, corruption, theft, maladministration or suspected irregularities of this nature to the Accounting officer. This reporting must take place as follows:

a) Telephonically immediately after discovery of such an incident

b) The telephonic report must be followed by a detailed written report to be submitted within 24 hours of discovery of such incidents

6.4.3 It is the responsibility of the Accounting Officer to immediately report all incidents of fraud ,corruption, theft, maladministration or suspected irregularities of this nature to the Provincial Treasury, This reporting must take place as follows:-

a) Telephonically within 24 hours of receiving the reporting from the manager in regards to an incident if such incident is of serious nature

b) This telephonic report must be followed by a detailed written report to be submitted within seven days after discovery of such an incident if such incident is of a serious nature.

c) In writing within 90 days in terms of the provisions of S38(1)(g)of the PFMA

d) Ensure that reasonable steps, including disciplinary action, are taken in line with the provisions of S38(1)(h) of the PFMA

6.4.4 If the matter could lead to the laying of criminal charges, the Accounting Officer shall report within 24 hours to the South African Police Services. Where an employee is alleged

to have committed an act of fraud, corruption, theft, maladministration the manager must institute Disciplinary Code and Procedures as envisaged by PSCBC Resolution No.2 of 1999 as amended by PSCBC Resolution No1 of 2003.

6.4.5 As soon as disciplinary hearing concerning charges of financial misconduct are completed, the outcome must be reported within 48 hours to the Accounting Officer.

a) The name and position of the employee against whom proceedings are instituted

b) The disciplinary charges , indicating the financial misconduct the employee is alleged to have committed

c) The findings of the disciplinary hearing

d) Any sanction imposed on the employee and

e) Any further action to be taken against the employee, including criminal charges or civil proceedings.

6.4.6 The Accounting Officer shall be required to ensure that losses or damages suffered by the department as a result of an act committed or omitted by an employee must be recovered from such an employee if he/she is liable in law. The accounting officer must determine the amount within 30 days or in reasonable installments. If the employee fails to comply with the request, the legal process shall then be initiated by the Accounting Officer.

6.5 PROTECTED DISCLOSURE

6.5.1 Protection of Whistle Blowers

a) The Protected Disclosures Act, 26 of 2000 makes provision for the protection of employees who makes a disclosure that is protected in terms of the Act.

b) Any disclosure made in good faith and substantially in accordance with any procedure prescribed by the employee's employer for reporting is considered a protected discloser under this act. An employee making such a protected disclosure shall be protected from being subjected to an occupational detriment on account of having made a protected disclosure.

6.5.2 Harassment

a) The department shall not tolerate harassment or victimization and shall take action to protect employees when they report an irregularity in good faith.

b) Any act of harassment or victimization should be reported, in line with the reporting protocol of the department. This does not mean that if an employee is already the subject

of a disciplinary process, that action will be halted as a result of making a 'protected disclosure' in terms of the Protected Disclosure Act.

6.5.3 Anonymous Allegations

a) An employee who suspects or reports suspected dishonest activity or such activity which he/she has witnessed shall be afforded the opportunity to remain anonymous should he/she so require. This discretion shall be applied by taking into account the following:

   i. The seriousness of the issue raised;

   ii. The credibility of the concern; and

   iii. The likelihood of confirming such an allegation

b) Should members of the public wish to report allegations of fraud anonymously, they can contact the Head of Department, customer care unit, risk management unit.

6.5.4 False Allegations

a) False Allegations made by employees with malicious intentions must be discouraged by managers. Where such malicious are false allegations are discovered, the person who made the allegations must be subjected to firm disciplinary action by the Protected Disclosures Act.

b) Employees must understand the implications (resources and costs) of undertaking investigations and should therefore guard against making allegations, which are false and made with malicious intent.

c) If in the course of the investigation, should it be found that the allegations were made with malicious intent, such allegations shall be treated in a very serious light. The employee concerned must be subjected to a disciplinary enquiry.

6.5.5 Confidentiality

a) All information relating to irregularities that is received and investigated shall be treated confidentially. The progression of investigations shall be handled in a confidential manner and shall not be disclosed or discussed with any other person(s) other than those who have a legitimate right to such information. This is important in order to avoid harming the reputations of suspected persons who are subsequently found innocent of wrongful conduct.

b) No person is authorized to supply any information with regard to the issues covered within this policy to the media without the express permission of Accounting Officer

c) Confidentiality and handling of all matters in an absolute discreet manner where Investigators are ethically required to rise above reproach on all matters at all times. The Department shall endeavor to ensure protection of whistle blowers from all threats including provision of security protection.

d) Whistle blowers shall not be expected to witness in any hearing or court case and if a case has been successfully completed a Departmental reward can be considered in accordance with departmental reward systems as contained in the HRD framework such as Performance Management and Development System

6.6 APPLICATION OF PREVENTION CONTROLS AND DETECTION MECHANISMS

In all instances where incidents of fraud ,corruption ,theft, maladministration and other similar irregularities of this nature take place, all managers shall be required to immediately review the controls ,which have been breached in order to prevent similar irregularities from taking place in future ,within a period of 48 hours after the occurrence of initial incidence in this regard.

6.7 TRAINING EDUCATION AND AWARENESS

a) Chief Risk Officer shall ensure that the policy is published appropriately and adequately to sensitize all stakeholders and staff affected by this policy.

b) Chief Risk Officer shall ensure that adequate training, awareness and education takes place for all staff and stakeholders affected by this policy.

c) Chief Risk Officer must publish this policy throughout the department via Website, Intranet, Internal Magazine and other media instruments

d) Programme Managers shall ensure that all employees receive appropriate training and education with regard to this policy. Each Programme Manager must sign for it, which must in turn ensure that responsibility managers under their programme have signed for it.

e) Responsibility managers shall have a responsibility of ensuring that all employees under their control have a knowledge and understanding of this policy. This will be proved by acknowledgement letters and attending registers that indeed it has been cascaded down to all employees of the Department.

6.8 CONFLICT OF INTEREST

a. Employees shall be compelled to declare their business interests in terms of the disclosure of business interests.

b. For the sake of clarity in respect of the anti-fraud obligations, this requirement goes further in that all employees shall be required to declare their business interests whether such business interests are registered or not.

c. The declaration shall be required regardless of the status of such an entity: whether active or dormant. Notwithstanding what appears in Employee Relations Policy.

7. APPROVING AUTHORITY

Head of Department shall recommend this policy to MEC for approval and the Executive Authority shall be responsible for the approval of this policy.

8. ADMINISTRATION OF THE POLICY

a) The custodian of this policy shall be the Accounting Officer who is supported in its implementation by the Risk Management and Fraud Prevention Committee.

b) The Department's Risk Management and Fraud Prevention Committee shall be responsible for the administration, revision, interpretation and application of this policy. It will be reviewed annually.

9. ACCOUNTABILITIES AND RESPONSIBILITIES

9.1 Accounting Officer

A Head of Department and ultimate accountable person for this policy.

9.2 Chief Risk Officer

The Head Forensic Investigations and delegated by the accounting officer as the Investigating Officer

9.3 Officials

Responsible for management, prevention, detection and control of fraud and corruption acts.

9.4 Civil Society, Stakeholders and Social Partners

Are the public eyes for this policy and have a duty to report acts of fraud and corruption to the Department for action.

9.5 Fraud & Anti-Corruption Committee

9.5.1 Composition of the Committee

The Risk Committee is structured as follows: Chairperson of the Committee is appointed by the Head of Department. The Secretariat will comprise of Chief Risk Officer and His/her Unit. The committee will be selected from the Top Management of the Department.

a) The Fraud Risk Management Committee shall be responsible for assisting the Accounting Officer in addressing his/her oversight requirements of Fraud Risk Management and evaluating and monitoring the Department's performance with regard to Fraud Risk Management.

b) The role of the Fraud Risk Management Committee is to formulate, promote and review the Department's Fraud Risk management objectives, strategy, policy and monitoring the process at all applicable levels.

c) Members of the Fraud Risk Management Committee must be formally appointed in writing by the Accounting Officer. Members must possess the blend of skills, expertise and knowledge of the Department, including familiarity with the concepts, principles and practice of Fraud Risk Management, such that they can contribute meaningfully to the advancement of Fraud Risk Management within the Department.

10. EFFECTIVE DATE OF THE POLICY

This policy shall be effective from the date of approval by the executive authority.

11. PROCEDURES FOR IMPLEMENTATION

a) Case management system administered through the case investigation register
b) Case reports receive and capture reported cases onto the register
c) Conduct investigation
d) Produce findings
e) Forward recommendations to accounting officer for ratification
f) Communication with all stakeholders
g) Implementation and processing of investigation outcomes- disciplinary/ criminal process
h) Completion and mop up- recovery and restoration of investigation site

12. MONITORING MECHANISMS

a) Fraud risk assessment
b) Fraud risk profile/register
c) Fraud response plan

d) Case investigation register

e) Case investigation reports

f) Case review meetings/sessions with office of the premier

g) Client feedback systems

h) Business process alignment and response

i) National anti-corruption strategy

j) UN charter on fraud and corruption

13. REVIEW OF THE POLICY

This policy will be reviewed after three (3) years and whenever a need arises e.g. change in legislation, new directives or national mandates had been given.

14. POLICY RECOMMENDATION & APPROVAL

Head of Department: Dept. of Social Development	2014/08/15 Date
Approved/ ~~Not Approved~~	
MEC: Dept. of Social Development	14/01/2015 Date

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

HEALTH AND PRODUCTIVITY MANAGEMENT POLICY

POLICY REGISTRATION NO: 2015 - 04

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DEFINITIONS AND TERMS

For the purpose of this policy, unless otherwise stated, the following definitions shall apply.

i. Health and Productivity	Institute of Health and Productivity Management defines 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 programs is designed to provide incentives, change behavior, reduce risks, improve health, which impact on the medical costs and disabilities, improve functionality which translates into enhanced worker productivity.
ii. Disease Management	Disease Management has evolved from managed care, specialty capacitation, 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 mitigates the impact of those 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.
iii. Chronic Illness	Any disorder that persists over a long period and affects physical, emotional, intellectual, vocational, social, or spiritual functioning

iv. 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 short hand term for a variety of illnesses that affect our mental well-being. It covers a range of symptoms and experiences.
v. Temporary 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:
vi. Short Incapacity	This is when the period of incapacity leave that is requested is 29 days or less.
vii. Long Incapacity	This is when one applies for 30 or more days of incapacity leave
viii. Ill-Health Retirement	When an employee becomes permanently unable to work due to medical reasons, he/she could be discharged from the employment of the public service on medical grounds. Either the employee or employer could initiate an ill-health retirement should it be suspected that the employee has become permanently unable to work.
ix. The Employer	Means any person who employs or provides work for any person and remunerates that person or expressly or tacitly undertakes to remunerate him/her, but excludes a labour broker as defined in section 1(1) of the Labour Relations Act,1956 (Act 28 of 1956).

x. 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 employee's 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 listed in Schedule 3 of the Compensation for Occupational Injuries and Disease Act, 1993 (Act No 130 of 1993)
xi. 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 behavior change while intentionally leading to improved individual health and productivity.
xii. Head Of Department	Means head of a provincial department in provincial government component, and includes any employee acting in such post.
xiii. Senior Manager	Means a member of the Senior Management Services (SMS) who is tasked with championing the Wellness Management programme within the Public Service Workplace.
xiv. The Employee	Means a person appointed in terms of the Public Service Act No. 1994 and the Employment of Educators Act, 1998 Act No.76 of 1998)

xv. Health and Safety Committee	It is a committee that initiates, develops, promotes, maintains and reviews 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.
xvi. Steering Committee	The DPSA has established Steering Committees for all components of Human Resources 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 harmonized 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 representatives on the Steering Committees.
xvii. The Health and Wellness Coordinator	Is an employee with the responsibility to coordinate the implementation of EH&W programmes, which include HPM programmes. The Health and Wellness Coordinator can be professionally trained to perform therapeutic interventions, if not trained, such cases should be referred.
ACRONYMS	
i. SABS	South African Bureau of Standards
ii. ISO	International Standardisation Organization
iii. DOL	Department of Labour

LEGISLATIVE FRAMEWORK

i. WHO(World Health Organization) Global Strategy on occupational health for all
ii. ILO(International Labour Organization) Promotional Framework for Occupational Safety Convention 2006
iii. United Nations Convention on the Rights of People with Disabilities
iv. (CEDAW)Convention on the Elimination of all Forms of Discrimination Against Women
v. WHO(World Health Organization) Global Strategy on Prevention and Control of non-communicable Diseases (April 2008)
vi. Recommendations of the Commission on Social determinants of Health (August 2008)
vii. WHO(World Health Organization) Commission on Social Determinants of Health
viii. Occupational Health Policy 2005 (Department of Labour)
ix. Constitution of the RSA Act, 1996:
x. Disaster Management Act, 2002 (Act No.57 of 2002)
xi. Basic Conditions of Employment Act, 1997 (Act No.75 of 1997 updated in 2008)
xii. Occupational Health and Safety Act, 1993 (Act No85 of 1993 updated 2008)
xiii. Employment Equity Act, 1998 (Act No.55 of 1998: Act No.97 of 1998: Act No.9 of 1999)
xiv. Labour Relations Act, 1995 (Act No.66 of 1995)
xv. National Disaster Management Framework:
xvi. Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000)
xvii. Public Service Act of 1994 as Amended & Regulations
xviii. Compensation for Occupational Diseases and Injuries Act, 1993 (Act No.130 of 1993)
xix. Mental Health Care Act (Act No.17 of 2002)
xx. The Medical Schemes Act, 1998 (Act No.131 of 1998)
xxi. National Health Care Act, 2003 (Act No.60 of 2003)
Xxii Tobacco Products Control Amendment Act, 1999 (Act No.12 of 1999)
Xxiii Mental Health Regulations, 2003 (Act No.14 of 2003

1. PREAMBLE

1.1 The Department of Social Development recognizes its responsibility to create an environment wherein 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 are maintained. The Health and Productivity Management policy is underpinned by the World Health Organisation 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 protect and promote health at the work place and access to occupational health services.

1.2 The Employee Health and Wellness framework from the Department of Public Service and Administration provides guidelines on the implementation of the Employee Health and Wellness Programmes in National and Provincial Departments. The framework recognizes that the Employee Health and Wellness Programmes in the Public Service are rapidly transforming the nature of holistic support provided to employees to ensure risk management, occupational health, safety, productivity and wellness of government employees and their immediate families and the safety of citizens in the Public Service world of work.

1.3 Following extensive investigation of internal and local best practices and obtaining inputs from internal stakeholders and discussions at several Employee Health and Wellness INDABA Conferences specific areas of focus were identified as the key components of Employee Health and Wellness, which have informed the outline and contents of the public service strategic response. A clear need for a common approach, understanding and uniformity of implementation programmes emerged.

1.4 The Employee Health and Wellness policy framework calls for the development of strategies, mechanisms and interventions by government departments and provincial administrations for the implementation of Integrated Employee Wellness programmes through four pillars namely; HIV&AIDS and TB Management, Health and Productivity Management, Safety Health Environment, Risk and Quality Management and Wellness Management in the Public Service.

1.5 The Department of Social Development has facilitated health screenings on chronic diseases of lifestyle and the reports show employees who are at high risk. Furthermore, there are cases of Injury on Duty that have been reported and confirmed by the Compensation Commissioner. The Department therefore acknowledges the seriousness and the negative impact on the organization if these are not managed.

2. PURPOSE

The purpose of the policy is to provide an integrated approach in the management of communicable and non-communicable diseases including chronic diseases of lifestyle, occupational injuries and diseases.

3. OBJECTIVES

The objectives of this policy are to:

a) Focus on areas of disease management, Mental Health management, Injury on Duty and Incapacity Due to ill- health and occupational health promotion and education

b) Reduce health care costs and / or improve quality of life for individuals with chronic conditions by preventing or minimizing the effects of a disease or chronic condition and medical surveillance.

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

d) Reduce abseeintism from work, abuse of sick leave, injury on duty, ill health retirement, incapacity leave, occupational disease and health risks.

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

4. SCOPE OF APPLICABILITY

The Policy is applicable to all the employees of the Department of Social Development employed in terms of the Public Service Act, Act of 1994 and their immediate families.

5. PRINCIPLES AND VALUES

This policy is underpinned by the following principles:

a) Accessibility and equity: Service shall be accessible to all employees of the department and equity issues shall be observed.

b) Flexibility and adaptability: Implementation programmes and processes of this policy must be flexible and adaptable to all categories of employees irrespective of levels, age, gender and disability.

c) Maintaining a performance focus: Implementation of this policy must contribute

to health and physical being of employees which will contribute to the Department's performance.

d) **Redress:** Responding to the needs of designated groups such as women, older persons, people with disabilities and people living with HIV and AIDS.

e) **Human dignity-** services shall be rendered in a manner that show respect to individuals at all times.

f) **Development and empowerment-** Implementation of programmes shall be developmental in nature.

6. POLICY STATEMENT

The Department recognizes the seriousness of health risks on employees and thus commits itself to providing interventions aimed at minimizing risks and improving organizational performance. The Health and Productivity Management policy focuses on the following areas:

6.1 Disease Management and Chronic Illnesses

Disease and Chronic illness Management interventions shall seek to mitigate the impact of disease management and also ensure that the reduction of barriers to diseases management remains a strategic priority in the department.

It shall classify occupational disease in the work place and reduce the risk of employees acquiring an infectious disease through their work. **Disease Management and Chronic Illnesses interventions shall comprise of the following:**

a) Conducting of awareness programmes and utilization of disease management programmes

b) Establishing of structures for disease management and behavior change communication

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

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

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

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

g) Facilitate Health Risk screenings such as diabetes, cholesterol, blood pressure which are known as chronic illnesses on a quarterly basis.

6.2 Mental Health and Psychosomatic Illness Management

The Mental Health and Psychosomatic illness Management interventions shall focus on the reduction of stress inducing risk factors; to follow a balanced approach to understand work stress; to recognize that employment provides rewards that are both internal and external and to reduce stigma and discrimination against mental diseases. **Mental Health and Psychosomatic illness Management interventions shall comprise of the following:**

a) Conduct regular education and awareness workshops and campaigns in collaboration with other relevant stakeholders on mental health and psychosomatic illnesses

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

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

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

e) 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

6.3 Injury on Duty & Incapacity Due to Ill-health Management the injury on duty & Incapacity due to Ill-Health management interventions shall 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(**POLICY ON INCAPACITY LEAVE AND ILL HEALTH RETIREMENT)**. **Injury on Duty interventions shall comprise of the following:**

a) Conduct awareness sessions on the processes and procedures when reporting an incident.

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) manage the referral systems

6.4 Occupational Health and Education

Occupational Health and Education interventions shall comprise of the following:

a) Occupational Health Education interventions shall promote healthy behavior using education processes to affect change, and reinforce health practices of employees and their families.

b) Shall implement processes that can be employed to change the conditions that affect employee health and to focus on increasing the options available to people to exercise more control over their own health and over their environment.

c) Shall conduct continuous education and awareness campaigns to educate employees on diseases that affect our health.

d) 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.

e) Sharing of Health Services amongst employees, health professionals, health service institutions and other government departments.

f) Strengthening of systems for workplace learning in health management

6.5 Reporting of Incidents

The employee shall be responsible to report his/her injuries to the wellness unit in order to complete the necessary documentation related to injury on duty. In the event that an employee be unable to report his/her injuries, the supervisor must immediately inform the wellness section and ensure that the employee complete necessary documentation

7. APPROVING AUTHORITY

Head of Department will recommend this policy to MEC for approval and the Executive Authority shall be responsible for the approval of this policy.

8. ADMINISTRATION OF THE POLICY

The administration of this policy shall be vested on the Head of Department who shall ensure that every employee adhere to the provisions of this policy.

9. ACCOUNTABILITIES AND RESPONSIBILITIES

9.1. The Head of Department

The Head of Department shall ensure that:

a) HPM in the work place incorporates 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 department.

b) HPM activities 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 embraces 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:

   1) Providing support options which are confidential and non-stigmatizing

   2) 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),

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 shall 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.

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

9.2 The Designated Senior Manager

The Designated Senior Manager shall:

a) Develop capacity building programmes.

b) Establish an appropriate organization structure for HPM

c) Ensure Human Resource planning and management

d) Develop integrated HPM information management system

e) Provide physical resources and facilities

f) Ensure financial planning and budgeting

g) Mobilize Management support

h) Establish an HPM Steering Committee

i) Develop and implement management standards for HPM

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

9.3 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 department.

b) Participate in care and preventive programmes to minimize the effects of a disease, or chronic condition through integrative care and preventative 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, South African Bureau of Standards, International Standardization Organization and Department of Labour

9.4 Provincial / District Health and Safety Committee

The Provincial/District Health and Safety Committee must comprise of the following: Chairperson of the committee to be the District Manager/Senior Manager–Integrated Employee Wellness, Integrated Employee Wellness official shall act as Secretariat, representatives from all programs and members of Organised Labour 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) Draw lessons from policy implementation, monitoring and evaluation

e) Assess the impact of HPM on the ongoing transformation of the department

f) Consistently measure the impact of HPM on productivity of the department

g) Ensure that information is cascaded to all levels in the Departments, and in Institutions.

9.5 The Integrated Employee Wellness Unit 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 counseling 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) Promote work-life balance for employee

9.6 The Labour Representative

a) Represent employees in the workplace when disputes arise in the implementation and interpretation of the policy.

b) Ensure that the employer fulfills the mandates of health and productivity legislation in order to optimize health and productivity in the workplace.

c) Participate on Health and Productivity steering committee meetings.

d) Make representations to the employer on agreed issues affecting the Health and Productivity of employees in the workplace.

e) Motivate staff to participate in wellness programmes and to utilize health and wellness preventative and promote services offered

10. EFFECTIVE DATE OF THE POLICY

The policy is effective from the date of its approval

11. PROCEDURES FOR IMPLEMENTATION

a) The department to compile an operational plan for roll out of comprehensive disease management package in the workplace.

b) To ensure disease management awareness programmes to staff and training of all managers regarding disease management

c) Implement behavior change communication programmes on disease management

d) Implement programmes for improvement of employee health and reduction of workforce turnover

e) Identify, assess and control the risk to employees of infectious diseases and other risks in the workplace

f) Prepare monthly, quarterly and annual reports

12. MONITORING MECHANISMS

Monitoring and evaluation has a significant role to play in Health and Productivity Management interventions as it assists in assessing whether the programme is appropriate, cost effective and meeting the set objectives.

a) Regular reviews of progress on Health and Productivity Management programmes should be conducted. The reviews should be conducted quarterly through reports submitted to the Head of Department and to the relevant stakeholders.

b) Integrated Employee Wellness must ensure that all the required legislative reports and costed business plans are prepared and submitted to the relevant stakeholders.

13. REVIEW OF THE POLICY

The policy shall be reviewed every three (3) years and whenever there are new developments to maintain relevance.

14. POLICY RECOMMENDATION AND APPROVAL

RECOMMENDED/ ~~NOT RECOMMENDED~~

HEAD OF DEPARTMENT
DEPT OF SOCIAL DEVELOPMENT

2015/01/30
DATE

APPROVED/ ~~NOT APPROVED~~

MEMBER OF EXECUTIVE COUNCIL
DEPT OF SOCIAL DEVELOPMENT

1/02/2015
DATE

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

HEALTH AND SAFETY ENVIRONMENT, RISK AND QUALITY MANAGEMENT POLICY (SHERQ)

POLICY REGISTRATION NO: 2015 - 05

TABLE OF CONTENTS

DEFINITIONS AND TERMS

For the purpose of this policy, unless otherwise stated, the following definitions shall apply.

i. OCCUPATIONAL HYGIENE	The discipline of anticipating, recognizing, evaluation and controlling health hazards environment with the objective of protecting worker health and well-being and safeguarding the community at large.
ii. ENVIRONMENT	Surroundings in which an organization operates, including air water, land, natural resources, flora, fauna and their interactions.
iii. RISK	The probability that injury or damage will occur e.g. fire, electric shock, exit points not clearly indicated, floor plans not clearly displayed poor ventilation.
iv. HEAD OF DEPARTMENT	The Head of the Provincial Department of Social Development and includes any employee acting in such post.
v. SENIOR MANAGER	A member of the Senior Management Service tasked with championing the SHERQ management programme.
vi. EMPLOYEE	Any person appointed in terms of section 9 the Public Service Act 1994
vii. HEALTH AND SAFETY REPRESENTATIVES	A representatives 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.

viii. HEALTH AND SAFETY COMMITTEE	The committees 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 and they must be established under section 19 of the Occupational Health and SAFETY act 85 of 1993.
ix. STEERING COMMITTEE	The Committee that is a vehicle of coordination communication, collaboration, which seeks to establish harmonized communication of the EH & W Framework, build commitment for its implementation create avenues through which collaboration initiatives can be forged.
x. DIRECTOR GENERAL	The Head of a National department, the Office of the Premier.
xi. INTERNATIONAL ORGANISATION FOR STANDARDAZATION	The International Organization for Standardization is a nonprofit organization that develops and publishes standards of virtually every possible sort, ranging from standards for information technology to fluid dynamics and nuclear energy.
xii. ACCEPTABLE RISK	Risk that has been reduced to a level that can be tolerated by the organization having regard to its legal obligations and its own OH & S policy.
xiii. CONTINUAL IMPROVEMENT	Recurring process of enhancing the OH & S Management System in order to achieve improvements in overall OH & S performance consistent with the organization's OH & S policy.
xiv. CORRECTIVE ACTION	To eliminate the cause of a detected nonconformity or other undesirable situation.

xv. HAZARD	Source, situation, or act with a potential for harm in terms of human injury or ill health, or a combination of these.
xvi. HAZARD IDENTIFICATION	Process of recognizing that a hazard exists and defining its characteristics.
xvii. ILL HEALTH	Identifiable, adverse physical or mental condition arising from and/or made worse by a work activity and/or work-related situation.
xviii. INCIDENT	Work -related event(s) in which an injury or ill health (regardless of severity) or fatality occurred, or could have occurred.
xix. INTERESTED PARTY	Person or group, inside or outside the workplace, concerned with or affected by the OH&S performance of an organization.
xx. NONCONFORMITY	Non –fulfillment of a requirement.
xxi. OCCUPATIONAL HEALTH AND SAFETY (OH&S)	Conditions and factors that affect, or could affect the health and safety of employees or other workers (including temporary workers and contractor personnel), visitors, or any other person in the workplace.
xxii. OH & S POLICY	Overall intentions and direction of an organization related to its OH & S performance as formally expressed by top management.
xxiii. ORGANIZATION	Company, corporation, firm, enterprise, authority or institution, or part or combination thereof, whether incorporated or not, public or private, that has its own functions and administration.
xxiv. PROCEDURE	Specified way to carry out an activity or a process
xxv. RISK	Combination of the likelihood of an occurrence of a hazardous event or exposure (s) and the severity of injury or ill health that can be caused by the event or exposure(s)

xxvi.	RISK ASSESSMENT	Process of evaluating the risk(s) arising from a hazard (s), taking into account the adequacy of any existing controls, and deciding whether or not the risk (s) is acceptable.
xxvii.	WORKPLACE	Any physical location in which work related activities are performed under the control of the organization.
xxviii.	SHE REPS	A person designated in terms of Section 17 (1) of the OHS Act.

ACRONYMS		
i.	SHERQ	Safety, Health, Environment, Risk and Quality
ii.	MEC	A Member of the Executive Council
iii.	SABS	South African Bureau of Standards
iv.	DOL	Department of Labour
v.	OH&S	Occupational Health and Safety

LEGISLATIVE FRAMEWORK FOR SHERQ MANAGEMENT WITHIN THE PUBLIC SERVICE

i. Constitution of the Republic of South Africa 1996 Schedule 5

ii. Disaster Management Act, 2002(Act No 57 of 2002)

iii. Basic Conditions of Employment Act 1 1997 (Act No.75 of 1997)

iv. Occupational Health and Safety Act and Regulations No 85 of 1993

v. Employment Equity Act, (Act No. 55 of 1998)

vi. Labor Relations Act., (Act No 66 of 1995)

vii. Promotion of Equity and Prevention of unfair Discrimination Act 2000,(Act No 4 of 2000)

viii. Public Service Act (Proclamation No 103 of 1994)

ix. Public service Regulation, 2001

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

xi. Mental Health Care Act, (Act No 131 of 1998)

xii. The Medical Schemes Act (Act No.131 of 1998)

xiii. National Health Act (Act No 61 of 2003)

xiv. Tobacco Products control Act, (Act No.83, 1993)

xv. National Environment Management Act 1998 (Act No 107 of 1998)

xvi. National Building Regulations and Building Standards Act 1977 (Act No 103 of 1977)

xvii. Hazardous Substances Act, 1973 (Act No 15 of 1973)

xviii. Mine and Safety Act 1996 (Act No 29 of 1996)

xix. Waste Management Act 2008 (Act No 59 of 2008)

xx. Public Finance Management Act 1999 (Act No 1 of 1999)

xxi. National Strategic Framework on stigma and Discrimination, and

xxii. National Occupational Health and Safety Policy of 2005

1. PREAMBLE

1.1 The Department of Social Development recognizes its responsibility to create an environment wherein interventions are aimed at the protection of employees at work against hazards to health and safety arising out of or in connection with the activities of persons at work.

1.2 The Department as an employer considers its employees to be its most valuable assets and undertakes to safeguard them through providing and maintaining, as far as reasonably practical, a working environment that is safe and without risk to the health of its employees

.**1.3** Risk Assessment conducted by NOSA and Buffalo City Metro Municipality at Provincial Office coupled with Inspection reports compiled by Health and Safety Representatives with regards to health and safety of the employees necessitated the development of this policy. The policy deals with the intangible and tangible factors of safety, health, environment, risks and quality management for purposes of optimal health and safety of employees, the safety of citizens and the sustainability of the environment, the management of occupational and general risks.

1.4 This policy intends to improve the occupational health, safety and environmental performance by adhering to legislations and regulations. In an effort to curb health hazards and promote a safe and healthy work environment for employees throughout the Department this policy provides guidelines and procedures of regulating health and Safety measures

2. PURPOSE

To provide guide for the department on how to manage a health and safe environment for both public servants and its customers, and also to enable the department to control its OH&S risks and improve performance.

3. OBJECTIVES

Objectives of this policy are to:

a) Develop and improve programs and procedures to ensure compliance with all applicable acts, laws and regulations.

b) Ensure that departmental officials are properly trained and provided with appropriate safety and emergency equipment, where applicable.

c) Take appropriate action to correct hazards or conditions that endanger health, safety and the environment.

d) Consider safety and environmental factors in all operating decisions including planning and acquisition.

e) Improve employee awareness of OH&S

f) Coordinate the establishment and strengthening of functional health and safety structures (SHE Reps and SHE Committees) in the work place.

g) Eliminate or minimize exposure of employees and other interested parties who may be exposed to OH&S risks and hazards

h) Promote good health within the workforce/workplace

i) Reduce the number and severity of injuries in the workplace

4. SCOPE OF APPLICABILITY

This policy is applicable to all departmental employees and its clients.

5. PRINCIPLES AND VALUES

a) **Accessibility:** Focus on all levels of employment.

b) **Programme coherence:** The programme/protocols that are offered should not contradict each other in various Departments.

c) **Flexibility and adaptability:** Implementation programmes and processes of this policy must be flexible and adaptable to all categories of employees irrespective of levels, age, gender and disability.

d) **Maintaining a performance focus:** implementation of this policy must contribute to health and physical being of employees which will contribute to the Departments performance.

e) **Redress:** Responding to the needs of designated employee (e.g. people with disabilities and women)

6. POLICY STATEMENT

The Department commits itself to provide Occupational Health and Safety interventions, promote environmental management and Risk and Quality Assurance Management to its employees through the following policy measures.

6.1 GENERAL REQUIREMENTS

6.1.1 Occupational Health and Safety Program

In order to implement the general provisions of this policy, a program of activities and procedures must be developed, reviewed and updated, and effectively carried out. The program must relate to all aspects of Occupational Health and Safety including, but not limited to:

a) OHS training and education for all employees – general and hazard specific

b) Changes to work methods and practice.

c) Emergency procedures and drills.

d) Provision of OHS services, equipment and facilities.

e) Workplace inspections and safety plans.

f) Reporting and recording of incidents, accidents, injuries and illnesses provision of information to employees, contractors, sub-contractors and visitors.

6.2. Occupational Health and Safety

The employer may promote Occupational Hygiene through the following:

a) Promote Occupational Hygiene

b) Establish and train functional Health and Safety structure. (Health and Safety representatives and Committees)

c) Develop and avail clear roles and responsibilities of committee members.

d) Health and Safety committees must be appointed by the Head of Department

e) Identify and eliminate hazards.

f) Develop and implement communication strategy on health and safety issues.

g) Awareness must be conducted to all employees and affected parties about the hazards they may be exposed to at the workplace due to organization's operations

h) Provide protective clothing to employees working in unsafe working conditions.

6.3. Environmental Management

The employer may:

a) Ensure the provision of adequate and clean facilities

b) Provide adequate ablution facilities, ventilation and lights that meet standards in compliance with the Occupational Health and Safety Act.

c) Inspection of buildings and their usage be conducted by SHE representatives in accordance with the Occupational Health and Safety Act and Regulations Act 85 of 1993 and submit written recommendations and reports on a quarterly basis to the Employer.

d) Maintain buildings and offices.

e) Establish a healthy working partnership with the Department of Public Works, Department of Labour and other relevant stakeholders.

f) Prior contracting, acquisition or renting of the new building for office space, Integrated Employee Health and Wellness must first inspect the building to ensure that it is suitable for occupation and to ascertain that all safety and Occupational Health Standards are met.

6.4. Risk and Quality Assurance Management

The employer may:

a) Develop an Evacuation and Emergency Preparedness Plans.

b) Maintain Health and safety standards

c) Conduct risk assessments at intervals not exceeding five years.

d) Conduct awareness campaigns among employees on Health and Safety issues.

e) Health and Safety representative must be trained on how to conduct OHS audits.

f) Emergency response teams must be established and trained.(Fire Fighters and First Aiders)

6.5 Provisioning of Protective Clothing

The employer may:

a) Provide personal protective clothing where necessary for the face, eyes, ears, hands, feet, legs, body where necessary

b) Comply with legislation, regulations or a collective agreement

c) Safeguard the employee's health;

d) Prevent the transmission of an infection; or protect the employee's private clothes or uniform from excessive dirt.

6.6 Emergency/Evacuation Plan

The employer may:

a) The Responsibility Manager: Security Services/ Disaster Management shall develop a comprehensive emergency/evacuation framework.

b) The Health and Safety Committee shall thereafter develop a Health and Safety Plan for each office. Such plan shall conform to the framework regarding action to be taken in case of fire, gas, floods, bomb threats, robbery, etc. provided by the Responsibility Manager: Security Services. /Disaster Management.

c) Implement drills and shall be conducted in accordance with the comprehensive emergency/ evacuation framework developed by the Manager: Security Services / Disaster Management to ensure that each employee knows how to react in events of emergency.

d) Emergency telephone numbers of the health and safety representatives, the police, the fire department, the ambulance services, etc. shall be made available to all members of staff.

6.7 Security and Access Control

a) A security and access control framework shall be developed by the Responsibility Manager: Security Services for each workplace of the Department to ensure the safety of all employees and shall be implemented by all offices of the Department.

b) The plan shall include measures with regard to the safe handling of money within the workplace and outside the workplace.

6.8 Exposure to an Environment which is regarded as a Health Risk

a) If an employee is exposed to an environment, which is regarded as a health risk, e.g. leaking gas, possible risk of asbestos exposure, tuberculosis etc. in her or his workplace, the employee's absence may be covered by the granting of special leave.

b) Employees who are suffering from communicable diseases or any illness for which they

are put in quarantine shall inform their supervisors immediately so that the spreading of the disease to other employees can be prevented, normal sick leave/temporary disability leave can be granted and colleagues that might have been infected may be tested and assisted with treatment.

6.9 Violence in the Workplace

The employer shall, as far as reasonably practical, ensure that the workplace is violence free. If, however, an employee is attacked in the workplace, he/she shall be entitled to necessary treatment

7. THE APPROVING AUTHORITY

The policy shall be recommended by the Head of Department and approved by the Executive Member of Council.

8. ADMINISTRATION OF THE POLICY

Administration of this policy shall be vested on the Head of Department who may delegate the responsibility to a General Manager Corporate Service for administering and enforcing this policy.

9. ACCOUNTABILITIES AND RESPONSIBILITIES

The policy involves the following role players:

9.1. The Head of Department shall be responsible to:

a) Ensure that all legal Occupational Health and Safety responsibilities are fulfilled. Therefore, to ensure that sufficient Occupational Health and Safety resources are made available in all business operations

b) Ensure the development and implementation of the policy on Occupational Health and Safety

c) Provide and maintain reasonably practical a working environment that is safe and without risk to the health of employees.

d) Ensure that there is a written policy concerning the health and safety of employees at work, and the safety of the general public.

e) Appoint a designated Senior Manager in writing to champion SHERQ programmes in the workplace

f) Designate in writing for a specified period, Health and Safety Representatives for the workplace, or for different sections thereof.

g) Establish health and safety committees and consult with the committee with a view to initiating, developing, promoting, maintaining and reviewing measures to ensure the health and safety of employees at work.

9.2. THE Designated Senior Manager shall be responsible to:

a) Promote competence and development of practitioners

b) Establish an appropriate organization structure for SHERQ

c) Ensure financial planning and budgeting

d) Mobilize management support

e) Establish a SHERQ Steering Committee

f) Obtain Stakeholder commitment and development

g) Develop and maintain an effective communication system

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

9.3 The Integrated Employee Wellness/ SHERQ coordinator shall be responsible to:

a) Coordinate the implementation of SHERQ, interventions.

b) Plan, manage and monitor SHERQ according to the strategies, policies and budgetary guidelines

c) Identify personal development needs for individual employees

d) Analyze and evaluate data and communicate information, statistics and results to various stakeholders and management.

e) Ensure total compliance with the OHS Legislation by all parties i.e. employers, employees, Committee, visitors and the public.

9.4. Health and Safety Representatives shall be responsible to:

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 an employee relating to employees 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 representatives 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.

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

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

9.5. Health and Safety Committee

9.5.1 Composition of Provincial / District Committee

The Provincial and District Integrated Employee Wellness Committee must be structured as follows: Chairperson of the committee to be the District Manager /Senior Manager - Integrated Employee Wellness, an Integrated Employee Wellness Coordinator who shall serve as a Secretariat and representatives from an Organised Labour. The Committee shall be responsible for:

a) Making 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) Discussing 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) Keeping record of each recommendation made to an employer and of any report on the incident to an inspector

d) Ensuring adherence to standards as stated by legislation, regulations, South African Bureau of Standards and Department Of Labour.

9.6. Employees shall be responsible for:

a) Complying with the Occupational Health and Safety Policy and program to ensure their own health and safety and of others in the workplace.

b) Carrying out their work according to the safe systems of work, use personal protective equipment (PPE) provided and in the manner for which they are intended.

c) Carrying out any law order given to him/her, and obey the health and safety rules and procedures laid down by his/her employer or by any one authorized thereto by his/ her employer.

d) Reporting incidents to the employer/ or to the Health and Safety representative about any situation which is considered unsafe or unhealthy

e) Reporting injuries to the employer/ or to the Safety and Health Committee which may affect his/her own health

9.7. The Labour Representatives shall:

a) Represent employees in the workplace.

b) In case of disputes emanating from implementation and interpretation of the policy

c) Ensure that the employer fulfill mandates of Health and Safety legislation and regulations in order to improve safety of the employees in the workplace.

10. EFFECTIVE DATE OF THE POLICY

This policy shall be effective from the date of its approval by the designated authority.

11. PROCEDURES FOR IMPLEMENTATION

11.1 Specific Safety Rules and Guidelines

Specific safety rules and guidelines: To ensure the safety of the environment, and that of coworkers, must observe the following rules and guidelines:

a) Observe and practice the safety procedures established for the job.

b) In case of injury resulting in possible fracture to legs, back, or neck, or any accident resulting in an unconscious condition, or a severe head injury, the employee is not to be moved until medical attention has been given by authorized personnel.

c) Do not wear loose clothing or jewellery around machinery. It may catch on moving equipment and cause a serious injury.

d) Where required, you must wear protective equipment, such as goggles, safety glasses, masks, gloves, hair nets, etc.

e) Pile materials, skids, bins, boxes, or other equipment so as not to block aisles, exits, firefighting equipment, electric lighting or power panel, valves, etc. fire doors and aisles must be kept clear.

f) Keep your work area clean.

g) Observe smoking regulations.

h) Shut down your machine before cleaning, repairing, or leaving.

i) Do not block access to fire extinguishers.

j) Do not tamper with electric controls or switches.

k) Do not operate machines or equipment until you have been properly instructed and authorized to do so by your supervisor.

l) Do not engage in such other practices as may be inconsistent with ordinary and reasonable common sense safety rules.

m) Report any unsafe condition or acts to your supervisor.

n) Help to prevent accidents.

o) Use designated passages when moving from one place to another; never take hazardous shortcuts.

p) Clean up spilled liquid, oil, or grease immediately.

q) Wear hard sole shoes and appropriate clothing.

r) Place trash and paper in proper containers and not in cans provided for cigarette butts.

11.2 Safety Procedures-Checklist

Safety checklist: It's every employee's responsibility to be on the lookout for possible hazards. If you spot one of the conditions on the following list or any other possible hazardous situation report it to your supervisor immediately:

a) Slippery floors and walkways

b) Tripping hazards, such as hose links, piping, etc.

c) Missing (or inoperative) entrance and exit signs and lighting

d) Poorly lighted stairs

e) Loose handrails or guard rails

f) Loose or broken windows

g) Dangerously piled supplies or equipment

h) Open or broken windows

i) Unlocked doors and gates

j) Electrical equipment left operating

k) Open doors on electrical panels

l) Leaks of steam, water, oil, etc.

m) Blocked aisles

n) Blocked fire extinguishers, hose sprinkler heads

o) Blocked fire doors

p) Evidence of any equipment running hot or overheating

q) Oily rags

r) Evidence of smoking in non-smoking areas

s) Roof leaks

t) Directional or warning signs not in place

u) Safety devices not operating properly

v) Machine, power transmission, or drive guards missing, damaged, loose, or improperly placed

11.3 Recording of Incidents

In terms of the Occupational Health & Safety Act no. 83 of 1993, all injuries and incidents must be reported immediately or as soon as practically possible, for assessment, recording; or possibly investigation

11.4 Reporting of Incidents

Accident reporting: Any injury at work no matter how small must be reported immediately to your supervisor and receive first aid attention. Serious conditions often arise from small injuries if they are not cared for at once.

11.5 Education

Induction training: All new employees must be properly informed of this policy and the contents thereof, and must sign to acknowledge receipt of a copy. This policy shall therefore be part of each employee's service contract and where necessary specific conditions in this regard must be additionally included in the service contract.

12. MONITORING MECHANISMS

a) Regular reviews of progress on SHERQ programmes should be conducted.

b) The reviews should be conducted quarterly through reports submitted to the Head of Department and to the Office of the Premier.

c) Integrated Employee Wellness must ensure that all the required legislative reports including departmental and provincial are prepared and submitted.

13. REVIEW OF THE POLICY

The policy shall be reviewed every three (3) years and whenever there are new developments to maintain relevance.

14. POLICY RECOMMENDATION AND APPROVAL

RECOMMENDED/ ~~NOT RECOMMENDED~~

HEAD OF DEPARTMENT

DEPT OF SOCIAL DEVELOPMENT

2015/07/30

DATE

APPROVED/ ~~NOT APPROVED~~

MEMBER OF EXECUTIVE COUNCIL

DEPT OF SOCIAL DEVELOPMENT

12/2/2015

DATE

ANNEXURE A

INSPECTION REPORT FORM

SAFETY, HEALTH AND ENVIRONMENT (SHE) REPRESANTATIVES MONTHLY INSPECTION REPORT

MONTH: _____ **YEAR:**_____

OFFICE:_____

REPRESENTATIVES: _____

_____

_____

_____

_____

- MATTERS REQUIRING URGENT ATTENTION MUST BE DEALT WITH IMMEDDIATELYAND NOT DELAYED PENDING COMPLETION OF REPORT
- COMPLETED INSPECTION REPORTS MUST BE GIVEN TO THE CHAIRPERSON OF THE SHE COMMITTEE
- A YES BOX INDICATES NO PROBLEM OR FURTHER ACTION REQUIRED
- A NO BOX INDICATES A PROBLEM EXISTS, REPS MUST COMMENT ON ALL PROBLEMS OBSERVED

ANNEXTURE B FIRE EQUIPMENT

FIRE EXTINGUISHERS

		YES	NO	N/A
1.1	Entered in fire equipment register			
1.2	Service date current			
1.3	Mounted on Walls/standing on plinth/held in fire point cupboard			
1.4	Easily accessible/not abstracted			
1.5	Indicated by correct sign/symbol			

HOSE REELS

2.1	Service date current			
2.2	Easily accessible/not obstructed			
2.3	Indicated by correct symbol/sign			

SPRINKLER SYSTEM

3.1	Valve control cupboard locked			
3.2	Tested weekly /instructions available in valve cupboard			
3.3	Stop valve chained and padlocked in open position			
3.4	Spare sprinkler head/spanner			

EMERGENCY EXITS

4.1	Indicated by correct signage			
4.2	Unlocked and alarmed/locked with key contained in glass fronted key box			
4.3	Clear and unobstructed			
4.4	Floor clean and not slippery			

FIRE PREVENTION AND PLANNING

ESCAPE ROUTES

5.1	Indicated by correct signage			
5.2	Clear and unobstructed			

FIRE ALARM BREAK GLASS UNIT

6.1	Easily accessible/not obstructed			
6.2	Indicated by correct sign			

PREVENTION

7.1	No smoking instructions en-forced			
7.2	Sufficient ashtrays in smoking areas			
7.3	Inflammable chemicals/materials safely stored in no smoking area			
7.4	Sufficient refuse bins available			
7.5	Refuse removed daily			
7.6	Refuse stored safely outside			
7.7	Motor/plant room kept tidy, clean and not used for storage			

PLANNING

8.1	Evacuation plan current			
8.2	Evacuation plan and list of officials displayed on emergency notice board			
8.3	Staff aware of evacuation plan			
8.4	Evacuation plan tested within last quarter			

8.5	Fire fighters trained within last 12 months			
8.6	Emergency telephone numbers displayed next to phone			
8.7	After hours emergency numbers displayed at front door			
8.8	Control points established and emergency equipment held			

SALES FLOOR

9.1	Carpets clean and edging secure			
9.2	Uncarpeted floor clean and not slippery			
9.3	Overhead hanging signs secure			
9.4	Display units safe			
9.5	Escalator warning signs displayed			
9.6	Escalator emergency stop available			

STOCKROOM AND RECEIVING AREA

10.1	Fixtures and shelving secure			
10.2	Ladders safe			
10.3	Cartons properly stacked			
10.4	Merchandise kept clear of all lamps, pipes, switchgear and compressors etc			
10.5	Maximum merchandise stack height not less than 500 mm sprinkler head, lights and ceiling			

ELECTRICAL

11.1	Electrical wall sockets cover plates secure			
11.2	Lead connections insulated			
11.3	Appliance leads correct length and not frayed or stitched			
11.4	Use of multi plugs restricted to use of double adapters for small appliances in office areas			
11.5	Appliance leads are safely/neatly laid and not extended across passages or between work stations			
11.6	Switch gear control boxes unlocked and easily accessible/ unobstructed			

LIGHTING

12.1	All light working			
12.2	Light adequate			
12.3	Light fittings/covers secure			

FIRST AID

13.1	If more than 10 people are employed, is one first aider available for every 100 employees on duty			
13.2	Are first aid certificates valid			
13.3	First aid boxes correct			
13.4	Sick bay/rest rooms available			

HYGIENE

14.1	Housekeeping standards acceptable			
14.2	Soap/hot water in toilets			
14.3	Kitchen/dining room staff wear clean uniforms, boots, caps and hairnets			
14.4	Staff locker rooms/toilets clean			
14.5	Store free from rodents and insect infestation			
14.6	Yard/outside areas/cupboard storage and refuse areas are tidy and clean			

MECHANICAL ENGINEERING AND EQUIPMENT

15.1	Lifting gear and hoist safe			
15.2	Hand power tool safe			
15.3	Bailing machine operation safe			

ADMINISTRATIONS

16.1	SHE representatives formally appointed			
16.2	Where there is more than one SHE rep areas of responsibility are defined and known			
16.3	SHE inspection performed once a month and report is submitted to the Manager			
16.4	Monthly meetings are held under chairmanship of 16 (2) workplace assignee			

16.5	Accidents are investigated and recorded			
16.6	Fire equipment register is maintained			

OBSERVATIONS NOT SPECIFICALLY COVERED IN THE REPORT:

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SIGNATURE OF SHE REP:_____

DATE: _____

ANNEXURE C

The Department's risk and IEW risk assessment identified with in the department and the implementation plan outlined hereunder maps out management processes and interventions to ensure feasible implementation of SHERQ policy:

Baseline	SHERQ management risks	Description	Management Mechanism	Projected Output	Time Frame/ Target	Financial Implication
NOSA and BCM report for Provincial Office	Contagious diseases , tuberculosis, Flu, injury on duty due to hazards	Prevalence of the occupational; diseases and reported incidences of injuries on duty.	• Appointment and training of SHE Reps, Wellness committees, first aiders, Fire Marshalls, in compliance with the OH&S act. • Availability of the emergency and evacuation preparedness plan • Regular inspection of buildings • Education and awareness campaigns. • Compilation of Risk assessment reports for submission to relevant offices..	• Decrease in the level of occupational injuries and contagious diseases • Decreases hazards • Greater awareness on how to respond on emergencies. • Greater awareness on procedures to follow on IOD	36 months Starting from 01/04/2015 to 31/03/2017	


Revise Procedures
14
Define Scope
1
Policies, Statutory Requirements & Procedures
2
13
Improve
3
Identify & Analyze Hazards
Take meaningful actions & monitor
12
Safety Management Plan
4
Roles & Responsibilities
11
Review / Feedback
5
Perform Risk Assessment
10
Monitoring & Tracking
9
Perform work within controls
7
Develop/ Implement Hazard controls
6
Appoint Safety Representatives
8
Training & Communication

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

BURSARY POLICY

POLICY REGISTRATION NO: 2015 - 06

TABLE OF CONTENTS

DEFINITION AND TERMS

i. CONTRACTUAL BINDING	Agreement between the employer and employee clarifying the provisions of bursary
ii. DEBT ADVICE	Form captured the amounts/ monies owed by the employer, and be recovered from her pension benefits
iii. FIXED CONTRACT	Contract employment for a period of three to five years
iv. SCARCE SKILLS	Refers to those in which there is a scarcity of qualified and experienced people current or anticipated
ACRONYMS	
i. HRD	Human Resource Development
ii. HOD	Head of Department
iii. IHL	Institution of Higher Learning
iv. MEC	Member of the Executive Authority
v, NQF	National Qualification Framework
vi. PDP'S	Personal Development Plans
vii. SDC	Skills Development Committee

LEGISLATIVE FRAMEWORK

i. Constitution of South Africa (Act 108 of 1996);

ii. The Skills Development Act (Act 97 of 1998);

iii. Skills Development Levy act (Act 97 of 1999);

iv. South African Qualification Authority Act (Act 58 of 1995);

v. Employment Equity Act (Act 55 of 1998);

vi. The National Skills Development Strategy 2011-2016

vii. Public Service Regulations, 1999 as amended.

viii. Treasury Regulations 2005

ix. Departmental Special Leave Policy

x. Departmental Attraction and Retention Policy

xi. Circular No.: HRD 1of 2013

1. PREAMBLE

1.1 The Department of Social Development is committed to creating a competent, diverse and responsive workforce capable of delivering professional and quality service to its employees by affording opportunities to pursue their studies at recognized tertiary or educational institutions and advance themselves in areas identified as priority by the department.

1.2 The vision for the Human Resource Development Strategy for South Africa (Vision 2015) is to build human capital for high performance and enhanced service delivery through capacity Development Organizational support, Governance and Institutional Support Initiatives. It is in line with the National Development Plan Vision 2030, to ensure a transition to an environmentally sustainable society, by building on existing processes and capacities to enable societies to change in a structured and phased manner. The strategy clearly begins by putting the individual public servant employee at the centre of skills transfer through capacity development initiatives in the workplace; secondly locating all employees in an organisation which must provide organisational support initiatives within an enabling environment; thirdly acknowledging the role of governance structures and institutional development mechanism within a locality both horizontally/ provincially and vertically/ sectorally.

1.3 The policy shall provide solutions to the Human Resources Gap Analysis conducted 2011/2012 financial year, wherein findings cited that about 40% of the workforce has only national certificate. In addition, the department has identified scarce skills shortages in core professional functions especially social work services, community development services and probation services. This scenario compels the Department to create an environment of training and education for its employees. The policy therefore seeks to close such gaps by providing financial assistance to qualifying employees in order to further their studies.

2. PURPOSE

Serves as a legal guiding document to assist the Departmental employees with the opportunity to apply for financial assistance and acquire skills required by the department.

3. OBJECTIVES

a. To provide guidelines on financial assistance to qualifying employees, as well as ensuring training that supports performance and career development.

b. To provide guidelines for employees who wish to undertake either locally or internationally, any study or training with a recognised educational institution within the framework of the scope and activities of the Department.

c. To outline the procedure and requirements regarding the awarding of bursaries to applicants

d. To ensure that training is geared towards achieving efficiency in service delivery, assisting development of targeted scarce skill areas to complement shortages within the department.

e. To ensure that the department develops and retains scarce skills, meets equity targets and effectively implements succession plans.

4. SCOPE OF APPLICABILITY

This policy is applicable to all serving employees including employees employed in a fixed contract, and excluding those employees who are on probation.

5. PRINCIPLES AND VALUES

In implementing this policy the Department shall consider the following principles**:**

5.1 Objectivity - the implementation of this policy shall be objective and in line with the `strategic objective of the Department.

5.2 Accessibility - the policy shall be made accessible to all employees of the department.

5.3 Transparency – the application or its implementation shall be done in a very transparent manner.

5.4 Trust and Honesty - all relevant stakeholders shall exercise honesty and trustworthiness at all times.

5.5 Value for money- the department shall ensure that it is investing through education and development; in return, employees should plough back their skills and expertise to the departmental effectiveness.

5.6 Consistency - the policy shall be implemented consistently across to all deserving applicants.

6. POLICY STATEMENT

a) The Department of Social Development is committed to fair practices of awarding bursaries to all its employees. This policy seeks to ensure that the principles embodied in the Skills Development Act 97 of 1998 are adhered to as well as to create opportunities for employees in the department to further their training and development through part time studies and full time studies (in exceptional cases for approval by HOD and MEC) in order to improve both the individual and organizational performance.

6.1. CONDITIONS OF THE BURSARY SCHEME

a) Bursary shall be granted to serving employee for the duration of their studies, based on the cost of tuition.

b) Bursary may also include cost for the prescribed text books for the maximum number of courses recommended by tertiary institution. This may include also costs for accommodation and transport for employees who may attend classes or block sessions to the tertiary institutions, if funds are available.

c) The department through awareness session by Human Resource Development unit shall encourage all employees with senior certificates to register for tertiary qualifications in order to acquire the necessary NQF level 6 qualifications.

d) Bursary holder who fails any courses, must repeat the courses failed for the entire year of study, which is applicable, at his/her own expenses.

e) If an applicant discontinues her/his studies or does not repeat the relevant courses or year of study; he/she shall be liable for repayment of fees, which have already been paid to him/her with interests.

f) If however, an employee repeats the relevant subjects or year of study successfully, a bursary granted to him/her shall continue for the remainder of the course.

g) The total period of study towards a qualification, for which the bursary is granted, must not extend for more than the maximum prescribed/ recommended duration as applicable to full-time or part-time study, unless an approval has been granted for a further extension by the Department.

h) It is essential that applicants be in possession of grade 12 certificate and/ or equivalent qualification as well as a valid statement of results (except where vocational training is

the purpose for which the bursary is required).

i) No employee shall be granted a bursary if he /she is in possession of another bursary.

j) Bursary shall be suspended if a bursary holder fails to pass at least 50% of the subjects or does not progress satisfactory. It must be repeated at on own cost. However, new subjects enrolled for whilst repeating failed subjects shall be refunded after the successful completion thereof. Each case shall be treated on its merit.

k) If a bursary holder wishes to settle her/his bursary obligations in one payment before breach of contract is effective she/he does not have to pay any interest, a copy of the receipt must be submitted with approval of breach of contract. If the settlement is not in one payment, the normal breach of contract procedures must be followed and the Department to be transferred to the Debt Management Component by means of a Debt Form.

6.2. PART-TIME STUDIES/ ATTENDING CLASSES DURING WORKING HOURS

a) In case of bursary allocated to an employee who undertake for part-time studies and is required, to attend classes during working hours or attend block sessions, supervisor's recommendation must be sought and provisions of Departmental Special Leave Policy with regard to attendance of classes during working hours shall be applicable.

6.3. FULL –TIME STUDIES

a) In case of a bursary awarded to an employee who shall study full time, required time for an employee to be away from work must be treated in terms of the Departmental Special Leave Policy section on (Full time attendance)

6.4. CRITERIA FOR AWARDING BURSARY

The following departmental criteria must be considered when awarding a bursary to an applicant:

a) The field of study for which a bursary shall be awarded to an applicant/bursary holder and must be aligned to the Strategic Objectives of the Department and the individual's Personal Development Plan.

b) The granting and taking over of bursary must have direct relevance to the functions performed within the department.

c) Applicant who display potential and determination to study, but have limited financial resources.

d) Bursary shall be awarded to employees that are permanently employed and those appointed on a fixed contract

e) The department shall pay 100% of the academic fees including the purchase of prescribed text books for the maximum number of courses by tertiary institutions and may include costs for accommodation, transport and meals for employees attending classes or block sessions to the tertiary institutions, if funds are adequate.

f) The applicant/bursary - holder shall repay the department 100% in the event of his / her termination of studies.

6.5. PAYMENT OF BURSARIES

a) Payments on behalf of the successful candidate must be made by the Department directly to the institution concerned. The Payment of bursaries shall takes place during 30 April of each year of a new Financial Year executed by the component responsible for payment.

b) These payments shall be dependent upon the employee submitting a proof of registration and statement of account timeously.

c) Relevant documents must be handed to the Human Resources Development Unit as soon as the employee has registered or received such statements, as the Department shall not accept liability for any delays or interest owing to overdue accounts.

6.6. GRANTING OF EXTENSION OF BURSARY

a) The extension of bursary period shall be recommended by the Bursary Committee for approval by the Head of the Department. Circumstances that might lead to an extension may include the following, but is not limited to: Unforeseen illnesses; disciplinary processes that turns out positive to the bursary holder (re-instatement), maternity leave, hospitalization of bursary holder over a long period etc.

b) As soon as an applicant/bursary-holder realizes that he/she cannot complete his/her studies within the minimum duration of the course, a well motivated application for extension with examination results must be submitted to the Human Resource Development Section not later than 30 January of the following year of study. Failure to adhere to the requirements shall result in the cancellation of a bursary.

c) An application must be accompanied by a motivation from a bursary holder supported by the recommendation of the Line Manager.

d) Work pressure shall not be acceptable as a valid reason for not fulfilling bursary obligations, unless a fully motivated application recommended by a Director of a Directorate is submitted to the Director: Human Resource Development.

e) With regard to the period for which the extension may be granted, each case must be considered on the basis of merit with a maximum period of two years as a guideline for extension purposes.

6.7. RELEASE FROM DUTY TO STUDY FULL-TIME: SERVING EMPLOYEES

An employee who has been awarded a bursary by the department to further studies may be granted leave to study full time only for the final year of study, and this must be dealt with the in terms of the provisions of Departmental Special Leave Policy.

6.8. CHANGE IN STUDY DIRECTION OR INSTITUTION

a) Authority may be granted to applicants by the Head of Department to change their direction of study or institution provided that the applicant repeats an equal number of subjects, at his/her own expense, for which the Department has paid in respect of his/her initial study direction but which are not recognised in the new field of study and the new institution is a recognised one.

b) Risks and limitations when changing a study direction or institution may be as follows:

   i. The Institution might not be accredited
   ii. The content of the learning material may differ
   iii. The costs might differ (might be more expensive)

6.9. "TAKE – OVER" OF BURSARIES AND/ OR STUDENT DEBTS

a) "A Take- over" refers specifically to when an official who has been awarded a bursary by his/her previous department and has been appointed in the Department of Social Development. The newly appointed official shall seek approval from the Head of the Department for the department to continue with the bursary.

b) A take - over of bursary contract may require the receiving Department to re-imburse financially the department that granted the bursary for any year of study, which has not been redeemed by service obligation.

c) The responsibility for any future financial/ service obligations resulting from the granting of the bursary shall be a borne by the receiving Department. The same procedure shall apply if the Department is making a transfer to another department.

6.10. CONTRACTUAL AGREEMENT AND BREACH OF CONTRACT

a) The bursary money must be utilised for the purpose for which it is granted and specified in the contract, and failure to use it as such will result in the automatic cancellation of bursary.

b) If the bursary is automatically cancelled, the employee must be required to repay to the department the full amount of the bursary money granted plus interests.

c) If a bursary-holder leaves the service before completing his/her studies, or does not make satisfactory progress towards obtaining his/her qualification, and/ or elects not to continue with his/her studies, the bursary-holder must be required to re-imburse the department the full amount of bursary money plus interests granted to him / her.

d) In the case of an employee who leaves the service, an amount owing must be re-claimed and an out of service debt must be set up, in terms of Departmental Debt Management Policy.

e) In the event of a participant in the scheme wishing to temporarily suspend or discontinue his/her studies or having made unsatisfactory academic progress, it must be incumbent upon him/her to immediately request the Department for deferment of contractual obligation and present the department with a proposal to enable him/her to complete the relevant course/qualification at his/her own cost to avoid immediate steps being taken to institute a recovery of study fees.

f) This deferment however shall not exceed a period of one year without prior approval. In exceptional cases where the deferment exceeds a period of one year, prior approval from the Head of Department is required.

g) The Department must maintain an accurate record of study plans and performance / achievements of bursary recipients in their respective tertiary institutions.

6.11. WITHDRAWAL OF A BURSARY

A bursary granted to an employee shall be withdrawn if:

a) An employee fails to submit his/her progress report (results) as required by his/her contractual agreement.

b) An employee fails to finish his/her studies as prescribed by a recognized academic institution at which he/she has registered, and no approved extension of the study period is granted by Head of Department.

c) An applicant fails to make reasonable / acceptable progress towards the completion of his/her qualification.

d) Deviates from the study direction agreed upon without prior approval by the Head of Department. An employee is no longer employed by the department or transferred to another department.

6.12. BUDGET REQUIREMENTS

a) The number of applicants who shall be recipients of departmental bursary shall be determined annually after the budget allocation of the department has been finalized.

b) Bursary must also include cost for the prescribed text books for the maximum number of courses recommended by tertiary institution, and may include costs for accommodation, transport and meals for employees who may attend classes or block sessions to the tertiary institution provided funds are adequate.

c) The cost of bursary or formal learning activities must be budgeted for, managed and monitored effectively in line with Public Finance Management Act 1999 and Skills Development Levies Act 1999.

6.13. TIME FRAME FOR AWARDING OF BURSARIES

a) The meeting of the Bursary Committee for the awarding bursary shall commence 1st June each year, two months after the invitation of bursary applications.

b) The process shall be expected to be finalized on the 15 December each year.

c) Succefull candidates shall be issued with promissory letters that binds the department for payment of fees to be submitted to the Institution of Higher Learning by 30th January.

d) Applicants experiencing challenges or difficulties during registration period through Institutions of Higher Learning shall be considered by the Bursary Committee for recommendation.

6.14. SKILLS PROGRAMME

a) This refers to any accredited training programmes that are twelve (12) months or less that can lead to NQF level. These programmes are needs and performance based included in the Workplace Skills Plan in line with the employee's Personal Development Plan.

b) Each component/programme shall be required to have its own Skills Development Plan as per PDP's must be included in the Workplace Skills Plan and these skills programmes shall be funded through training and development budget.

7. APPROVING AUTHORITY

Head of Department will recommend this policy to MEC for approval and the Executive Authority shall be responsible for the approval of this policy.

8. ADMINISTRATION OF THE POLICY

The administration of this policy shall be vested on the Head of Department who shall ensure that every employee adhere to the provisions of this policy.

9. ACCOUNTABILITIES AND RESPONSIBILITIES

9.1. Human Resource Development Unit shall be responsible for:

a) Distributing application forms to all prospective applicants at Head Office, Districts and Area and Service Offices.

b) Receiving all comprehensive completed applications and supporting documents and establish a database of officials.

c) Convening the committee members for meeting to evaluate applications and make recommendations to the Departmental Bursary Committee. Keep records of all meetings and discussions.

d) Informing all unsuccessful candidates on the outcome of their applications.

e) Compiling memorandum to the Departmental Bursary Committee on all the applications recommended by the Provincial Office and the District Bursary Committee.

f) Opening files for all successful applicants after approval is received from Head of Department.

g) Issuing promissory letters to successful applicants and letters of commitment to the Institution of Higher Learning.

h) Administering the signing of contracts between the Bursary holder and the department by the 15 January of every year.

i) Ensuring proper filing of all relevant documents per Bursary holder.

j) Administer the payment process to the Institution of Higher Learning by the 30th April every year (start of a new financial year).

k) Monitoring the progress of the Bursary holder by evaluating the progress reports submitted quarterly.

l) Attending to any enquiries related to Bursaries.

m) Presenting the recommendations to the Departmental Bursary Committee for adjudication.

n) Submitting quarterly monitoring and evaluation reports to the Departmental Bursary Committee regarding the administrative process and the progress of beneficiaries.

o) Establishing working relations with the HRA section to ensure the return on investment for the award of the bursary.

p) Ensuring the bursary programme is implemented according to the provided timeframes to prevent any litigation to the Department.

q) Conduct awareness sessions to Line Managers and staff in general on the availability of bursaries in the department and also outline the process map of the process that leads up to the allocation of bursaries to all staff

9.2. Line Managers shall be responsible for:

a) Assisting employees under his /her supervision to understand the contents and provisions of this policy.

b) Encouraging employees under his/her supervision to consider training and development of their ability.

c) Recommending the bursary applications of their employees considering the department's strategic objectives, critical and scarce skills of the department and the needs of the directorate.

9.3. Bursary Holder shall be responsible for:

a) Provide Human Resource Development with periodic progress reports and results on his/her studies.

b) Fulfil his/ her contractual obligations.

9.4. Provincial / District Bursary Committee

a) The Provincial Bursary Committee must comprise of officials of the Department representing the various Programmes within the Provincial Office. The Committee must be structured as follows: Chairperson of the committee to be the Senior Manager - HRD, bursary official from Human Resource Development who acts as Secretariat, members selected from the SDC members at 50/50 between employer and Organised Labour.

b) The District Bursary Committee must comprise of officials of the Department representing

the District office and various areas within the District. The Committee must be structured as follows: Chairperson of the Committee to be the District Manager, HRD, bursary official from Human Resource Development who acts as Secretariat, members selected from the SDC members at 50/50 between employer and Organised Labour. Provincial / District Bursary Committee sub-committee of the Departmental Skills Development Committee (SDC) shall be responsible for:

i. Evaluate all new applications for bursaries from Provincial Office and Districts respectively according to the provisions of this policy and with the necessary confidentiality.

ii. To review annually the awarding of bursaries to beneficiaries based on previous academic year performance.

iii. Prioritize the recommendations of the committee according to the scarce skills and critical occupational categories of the Department as per the Departmental Attraction and Retention Policy.

iv. The committee must ensure that funds are available before committing the department on any bursary awards.

v. Shall ensure that the awarding of bursaries supports the broader departmental strategies on Human Resource Development.

vi. Upon the finalization of selection process, the Secretariat will submit recommendations to the Head of Department for approval and implementation thereof.

9.5. Skills Development Committee

The Skills Development Committee whose members are appointed by the Head of Department and chaired by the Senior Manager: HRD shall be responsible:

a) To determine the scarce skills and occupations needed by the department to address the strategic mandate of the department.

b) To consider bursary applications, taking into account the departmental criteria for awarding bursaries and approval thereof.

c) To ensure that recommendations for bursaries by Line Managers are in line with the objectives and priorities and contents of this policy as well as critical and scarce skills of the department.

d) To consider applications for take - over of study loans and ensure that the recommendations of the supervisors in this regard are in line with the content of this policy.

e) To review bursary allocations annually.

f) To make recommendations to the Head of Department on all application that has met standards.

g) To identify and select SDC members to participate on the Bursary Sub Committee structure.

h) To ensure that the process is followed in a fair and equitable manner and confidentiality (signing oath of secrecy) is maintained.

i) To monitoring the implementation of the bursary policy

9.6. Head of Department

a) The authority to approve bursaries rests with the Head of Department unless delegated to a person occupying at least a post in the classified management echelon, provided that the measures contained in this policy are applied carefully and consistently throughout the department.

10. PROCEDURES FOR IMPLEMENTATION

10.1. Advertisement

a) The Human Resource Development office shall advertise annually on the 1st June of every year, stating the fields of study for consideration as widely as possible that are in line with the strategic objectives and scarce and critical skills as per Attraction and Retention Policy of the Department, in order to give potential candidates a reasonable opportunity to submit their applications.

b) The department must utilize its communication system to bring to the attention of all its employees the bursary advertisement.

c) The closing date for applications shall be the 31st October of each year.

10.2. Selection Criteria

a) Selection committee shall meet within 15 days after closing date (end of October) of the applications to finalize its recommendations to the Head of Department. The selection process should be finalized by the 15 December of each year and all the candidates be notified of the outcome of their applications in writing.

10.3. Declaration

a) Successful candidates are required to enter into a contract with the department in terms of which they bind themselves to meet all conditions of the bursary agreement.

b) Candidates must serve the department for a period equivalent to their period of study.

11. EFFECTIVE DATE OF THE POLICY

The policy is effective from the date of its approval.

12. MONITORING MECHANISMS

a) The HRD through Skills Development Committee will vigorously monitor the implementation of this policy and prepare quarterly reports.

b) Human resource Development shall also monitor the progress of bursary holder on an annual basis as well as the impact of the capacitation to determine improvement on individual performance.

13. REVIEW OF THE POLICY

This policy will be reviewed every three (3) years and whenever necessary to maintain relevance.

14. POLICY RECOMMENDATION & APPROVAL

RECOMMENDED/ ~~NOT RECOMMENDED~~

2015/02/12

HEAD OF DEPARTMENT: DEPT. OF SOCIAL DEVELOPMENT

DATE

APPROVED/ NOT APPROVED

12/02/2015

MEMBER OF THE EXECUTIVE (MEC): DEPT. OF SOCIAL DEVELOPMENT

DATE

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

APPLICATION FORM: BURSARIES

APPLICATION FORM FOR PERMANENT EMPLOYEES AND OFFICIALS OF THE DEPARTMENT OF SOCIAL DEVELOPMENT AND SPECIAL PROGRAMMES WISHING TO STUDY ON A PART TIME BASIS

1. PERSONAL DATA

1.1 Surname: _____

1.2 First name: _____

1.3 Persal No: _____

1.3 Postal Address: _____

_____

_____

1.4 ID Number: _____

1.5 Date of Birth: _____

1.6 Gender: _____

1.7 Marital Status: _____

1.8 Nationality: _____

1.9 Disability Yes/No: _____

1.10 Population group: _____

2. EDUCATIONAL DATA

2.1 SECONDORY EDUCATION

2.1.1 Highest standard passed: _____

2.1.2 Name of School: _____

1.2 TERTIARY EDUCATION

1.2.1 Degree /Diploma (Highest Qualification): _____

1.2.2 Duration: _____

1.2.3 Major / Core Subjects: _____

_____

2. WORK DATA

1.1 Branch / Programme: _____

1.2 Directorate: _____

1.3 Designation (post): _____

1.4 District / Area / Office: _____

1.5 Office Tel Phone Number: _____

1.6 Office Fax Number: _____

1.7 Cell Number: _____

3. KEY PERFORMANCE AREAS

3.3 _____

3.4 _____

3.5 _____

3.6 _____

3.7 _____

4. PROPOSED FIELD OF STUDY

4.1 Period of study: _____

4.2 Degree/Diploma: _____

4.3 Name of Institution: _____

…… ……..

Signature of Applicant Date

Recommended / not recommended / comment

_____

_____

_____

_____

…….. ……

Supervisor Date

……

Designation

Recommended / not recommended / comment

DISTRICT COORDINATOR / SENIOR MANAGER / PROGRAMME MANAGER

_____

_____

_____

……	……	……
SIGNATURE	SURNAME & INITIALS	DATE

Recommended / not recommended / comment

CHAIRPERSON OF THE BURSARY COMMITTEE

_____

_____

_____

……	……	……
SIGNATURE	SURNAME & INITIALS	DATE

Recommended / not recommended / comment

SENIOR MANAGER HUMAN CAPITAL DEVELOPMENT

_____

_____

_____

……..	……..	……..
SIGNATURE	SURNAME & INITIALS	DATE

APPROOOOVED / NOT APPROVED

GENERAL MANAGER CORPORATE SERVICES

_____

_____

_____

……..	……..	……..
SIGNATURE	SURNAME & INITIALS	DATE

Requirements

Please provide your requirements for bursary application form

List them

ANNEXURE B

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

BURSARY AGREEMENT

Entered into by and between:

EASTERN CAPE DEPARTMENT OF SOCIAL DEVELOPMENT & SPECIAL PROGRAMMES

(Hereinafter referred to as "the Department")

(represented by ....., in his/her capacity as Head of Department and Accounting Officer of the Department)

and

.....

(ID No:.....)

(Hereinafter referred to as "the Bursary Holder")

WHEREAS the Department has as its vision to create a better life for all in the Eastern Cape by providing care, protection and development for the poor and the vulnerable;

AND WHEREAS, in order to attain its vision, the Department has as one of its measurable objectives to capacity human capital for effective service delivery.

NOW THEREFORE IT IS AGREED AS FOLLOWS:

1. THE PARTIES

The parties to this Agreement are:

1.1. The Eastern Cape Provincial Department of Social Development;

and

1.2. ..... .

1. INTERPRETATION

In this Agreement, unless the context otherwise indicates:

1.1. The singular shall include the plural and *vice versa*;

1.2. The headings to this Agreement are used for the sake of convenience only and shall not govern the interpretation hereof;

1.3. Words and phrases defined in any clause shall bear the meanings assigned to them in such clause;

1.4. The following words shall have the following meaning:

1.4.1. "*AGREEMENT*": this Agreement, together with all annexures thereto;

1.4.2. "*INSTITUTION*": the academic institution at which the employee will be studying with the assistance of the bursary;

1.4.3. "BURSARY": an amount of money paid to the institution of behalf of the employee;

1.4.4. "*DEPARTMENT*": the Eastern Cape Provincial Department of Social Development;

1.4.5. "*BURSARY HOLDER*":.....

1.4.6. "*EMPLOYEE*": a person employed by the Department;

1.4.7. *COMMENCEMENT DATE*: notwithstanding the Signature Date, the commencement date of the studies in the year during and for which the bursary has been awarded

2. APPOINTMENT AND ACCEPTANCE

2.1. The Department hereby awards the Bursary Holder, upon the terms and conditions set out herein, the bursary to pursue studies as indicated below:

1.1.1 Name of Qualification:…….

1.1.2 Name of Institution:……..

2.2. The Bursary Holder hereby confirms his / her acceptance of the bursary and undertakes to execute his / her obligations as set out in:

2.2.1. Bursary Policy of the Department;

2.2.2. the rules of the Institution;

2.2.3. application forms;

2.2.4. this Agreement; and

2.2.5. any other terms and conditions as may be agreed upon in writing by the parties.

2.3. In the event of any conflict between the provisions of this Agreement and the application forms the provisions of this Agreement shall prevail.

3. DURATION OF THE AGREEMENT

3.1. The rights and obligations of the parties in terms of and pursuant to the provision of this Agreement shall commence on the Commencement Date.

3.2. Subject to the provisions of clause 6.2, the duration of this Agreement shall be for a period of 12 months renewable until the completion of the studies.

4. RIGHTS AND OBLIGATIONS OF THE BURSARY HOLDER

The Bursary Holder shall:

1.1. perform all the work necessary for the completion of his / her studies

1.2. Furnish the Department with official proof of examination results immediately after the results have been published by the examining authority.

1.3. After completion of the course, serve the Department as may be required of me for a period equal to the number of years that the Bursary Holder has been provided with a bursary plus one year.

1.4. immediately repay the Department if he / she fails to comply with any of the provisions in terms of this clause as determined by the relevant financial prescripts of the Department of state expenditure calculated from the date on which the obligation to pay arose..

5. RIGHTS AND OBLIGATIONS OF THE DEPARTMENT

The Department:

5.1. Shall pay the Bursary Holder's annual fees to the institution for the duration of his / her studies.

5.2. May, at its discretion, suspend or withdraw the bursary if it is considered that no satisfactory progress with the course has been made. If the department so decides the Bursary Holder will be obliged to pay all liabilities that may occur as a result thereof.

6. GENERAL INDEMNITY AND LIMITATION OF LIABILITY

The Department is under no obligation to fund the studies if circumstances not predetermined by the Department prevail.

7. GENERAL

7.1. This Agreement, together with its annexures, constitute the entire Agreement between the parties and replaces all negotiations, arrangements, whether oral or in writing, as well as any other communications between the parties

which preceded the conclusion of this Agreement.

7.2. No alteration or variation of this Agreement shall be of any force or effect unless it is recorded in writing and signed on behalf of both parties by their respective authorized signatories.

8. DOMICILIA

The parties hereby choose as their respective *domicilia citandi et executandi* for all purposes of any notices or process in terms of this Agreement, the following addresses:

The Department	The Bursary Holder
Physical Address: Beacon Hill Office Park, Corner Hargreaves Road and Hockley Close, KING WILLIAM'S TOWN, 5600	Physical Address:
Postal Address: Private Bag X0039, BHISHO, 6505	Postal Address:
Telephone No.: (043) 605 5012	Telephone No.:
Fax No.: (043) 605 5470	Fax No.:

THUS DONE AND SIGNED AT ..... on this the .....day of .....

..... 2013in the presence of the undersigned witnesses:

_____

Head of Department and Accounting Officer

For and on behalf of the Eastern Cape Department of Social Development & Special Programmes

AS WITNESS:

1. _____

   Witness name & signature

2. _____

   Witness name & signature

THUS DONE AND SIGNED AT ..... on this ..... day of ..... 2013 in the presence of the undersigned witnesses: _____

Bursary Holder

AS WITNESS:

1. _____

   Witness name & signature

2. _____

   Witness name & signature

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

ASSET LOSS CONTROL POLICY

POLICY REGISTRATION NO: 2015 - 07

TABLE OF CONTENTS

DEFINITION AND TERMS

i.	**Department**	The Eastern Cape Department of Social Development
ii.	**Asset**	A resource controlled by the Department as a result of past events and from which future economic benefit or service potential is expected to the department.
iii.	**Criminal or Possible Criminal Acts or Omission**	Acts of fraud, theft, burglary, arson, forgery, wilful damage and other wrong, where laws of the country are contravened and the guilty party can be followed up and charged by State of which any person can commit such offences.
iv.	**Acts of Omission by the Said Person**	Result of not carrying or failure to carry duties attached to the function.
v.	**Discrepancy**	A shortage or surplus that has not been determined through perusing of supporting documents to justify any transaction made
vi.	**Shortage**	Any items allocated to any User and cannot be physically availed when required by any officer allocated with verification function.
vii.	**Surplus**	Additional items found on assets allocated when physically compared with any allocation document.
viii.	**Wear and Tear**	A natural reduction condition against the original manner.
ix.	**Inventory**	All perishable items that are stored and the department has incurred expenses in acquisition.
x.	**User**	The occupant or possessor of movable assets of the department.
xi.	**Asset Loss**	A waste or negligence experienced by the department of Social Development and Special Programmes on assets that may have financial value.

xii.	**Loss Control Register**	Record where all losses or damages shall be recorded per financial year.
xiii.	**Asset Disposal**	Physical determined method of getting rid of an asset.
xiv.	**Beyond Economical Repair**	Classification given to an asset where that asset requires repairs likely to be more expensive than its replacement value.
xv.	**Vis major**	Incident that could not be avoided.
xvi.	**Damage**	Reduction of asset value through omission or negligence.
xvii.	**Debt**	A person owing money to the second party
xviii.	**Carrying Amount**	The amount at which an asset is recognised in the statement of financial position (balance sheet) after deducting any accumulated depreciation and accumulated impairment losses thereon
xix.	**Contract**	The agreement that results from the acceptance of a bid / quotation by the Eastern Cape Department of Social Development.
xx.	**Historically Disadvantaged Individual (HDI)**	South African citizen a) who, due to the apartheid policy that had been in place, had no franchise in national elections prior to the introduction of the Constitution of the Republic of South Africa, 1983 (Act No 110 of 1983) or the Constitution of the Republic of South Africa, 1993 (Act No 200 of 1993) ("the Interim Constitution"); and/ b) who is female; and/or c) who has a disability, d) Provided that a person who obtained South African citizenship on or after the coming to effect of the Interim Constitution is deemed not to be an (HDI)

xxi.	**Institution**	A department, constitutional institution or public entity listed in Schedule 3Aand 3C of the Public Finance Management Act.
xxii.	**Official**	A person in the employment of the Eastern Cape Department of Social Development and Special Programmes.
xxiii.	**Obsolete**	Assets that are beyond the economic value within the department "
xxiv.	**Redundant**	An asset is not physical utilised but may partially serve the initial purpose."
xxv.	**Unserviceable**	An asset is technically beyond repairs and is not economically with any further repairs.
xxvi.	**Straight line**	Accounting calculation method for determination current value.

ACRONYMS		
i.	**PPPFA**	Preferential Procurement Policy Framework Act, 2000 (Act 5 of 2000)
ii.	**PFMA**	Public Finance Management Act (Act 1 of 1999)
iii.	**SCMU**	Supply Chain Management Unit of the department.
iv.	**SAPS**	South African Police Services

LEGISLATIVE FRAMEWORK

i. Constitution of South Africa, act 108, 1996

ii. Section 76 (1)(b) of Public Finance Management Act (Act 1 of 1999) as amended

iii. Supply Chain Management section 16A7

iv. Section 12.5.1 of treasury regulation

v. Preferential Procurement Policy Framework Act, 2000 (Act 5 of 2000)

vi. Preferential Procurement Regulations 2001

vii. Standards of Generally Recognised Accounting Practice(GRAP)

1. PREAMBLE

1.1 The Public Finance Management Act, 1999 Sections 38, 39, 40 and 45 of the PFMA. (Act no 1 of 1999 as amended) compels the Accounting Officer and officials to ensure that an effective, efficient and transparent system of risk management and internal control is established and carried out respectively to prevent losses and ensure the safeguarding and maintenance of all assets of the Department. Section 76 (1) (b) of the Public Finance Management (Act 1 of 1999) as amended provides that the National Treasury must make regulations or issue instruction applicable to departments, concerning the recovery of losses and damages, the writing off of losses of state monies or other state assets or amounts owed to the state, liability for losses and damages and procedures for recovery.

1.2 The department of Social Development commits itself to effective, efficient and transparent asset loss, internal control in compliance with legislation and acts. The department observed losses that occurred in the department due to omission/negligence and or criminal acts by the officials of the department. This policy aims to alleviate losses encountered by the department in order to have actual physical value of the departmental asset register.

1.3 This policy includes fixed movable assets owned by the department but excludes assets owned by the NGO/NPO. These assets (NGO/NPO) will be dealt with in terms of NPO Act 1 of 1997.

2. PURPOSE

The purpose of this policy is to provide a framework for management and employees to implement, maintain consistent effective and efficient movable asset loss prevention, detection, reporting, and investigation, mitigation and risk management systems on assets owned by the department.

3. OBJECTIVE OF THIS POLICY

The objectives of this policy are:

a) To establish an effective movable asset loss control management system

b) To ensure that proper procedures for the prevention, detection, reporting, investigation, and mitigation are in place and enforced.

c) Assist officials to create a climate that is conducive to internal control, risk management and prevention of losses.

d) Contribute towards resources entrusted to each official/user of the department as a working tool in support of service delivery.

4. SCOPE OF APPLICABILITY

This policy applies to all employees of the Department of Social Development.

5. PRINCIPLES AND VALUES

Underlying this policy are the following guiding principles and values:

a) Moveable asset loss in the Department must be minimised to ensure benefit is derived to support service delivery.

b) To ensure effective control measures and commitment of all employees within the department for all assets allocated to them as a working tool.

c) To eradicate negligence, corruption and implement effective asset control to all Users within the Department of Social Development and Special Programmes.

6. POLICY STATEMENT

The Department of Social Development is required in terms of legislation and regulations to provide for proper asset protection measures. The department commits to reduce direct and indirect costs through the timely detection and correction of conditions of moveable assets. The condition may create risks that may cause losses to set standards for effective accountability and management of moveable assets. The effective control measures shall facilitate the maintenance of an orderly record and investigation of all losses through the policy directives contained herein.

6.1 TYPES OF LOSSES AND DAMAGES

6.1.1 Losses Through Criminal Acts or Omission

a) The User shall make a report to the nearest SAPS with 24 hrs.

b) The report with statement and reference to the above shall be made by the User with comments by the supervisor and Asset Inventory Controller to ensure that there was no negligence involved.

c) The statement/ report by the User after recommendation by supervisor and Asset Inventory Controller shall be forwarded to SCMU for analysis and recording in the Loss Control register.

d) The same statement/report shall be forwarded to Risk Management with recommendations, where necessary for investigation or necessary follow up. In the case where information is not clear, the User will be required to supply the information or clarification on certain aspects.

e) The final statement/report shall be submitted to SCMU and the Asset Disposal Committee shall deal with the incident and submit recommendation to the Accounting Officer.

f) In case of shared assets, it is the responsibility of the asset occupant to account for a loss or damage suffered by the Department.

g) All statements/reports signed by supervisor/Asset Inventory Controller of loss of an asset by the User, all recommendations by the Risk Management Unit, Disposal Committee and approvals by the Accounting Officer asset shall be kept by SCMU(Asset Letting Unit) with recordings in the moveable Asset Loss Control Register.

6.1.2. Damages of Assets Through Omission or Negligence

a) Report/statement shall be made by the User of any movable asset within 24 hours and this report shall be forwarded to her/his supervisor and Asset Inventory Controller who shall where possible determine that there was no negligence involved according to the report and the incident was not deliberately made to destroy or deterioration of an affected assets.

b) The report/ statement shall be forwarded to SCMU for analysis that shall scrutinize the report and refer it to relevant Component i.e. all computer systems and hardware and related assets to Information Technology Chief Directorate or Directorate for technical investigation.

c) The report shall be forwarded to Risk Management with recommendations where necessary for investigation or necessary follow up. In the case where information is not clear, the User will be required to supply the information or clarification on certain aspects. This shall be treated in terms of 12.3.1 of the Treasury regulation.

d) The SCMU shall then forward the information (recommendation) by Risk Management or ICT to the Departmental Central Asset Letting and Disposal Committee for recommendation to the Accounting Officer for approval.

e) The incident shall be recorded in the loss control register of the Department and approval thereof.

f) The asset Register of the department to be adjusted depending on the nature of damage to the asset after approval by the accounting officer.

g) In the case of any debt raised to the User as a result of omission or negligence, this shall be forwarded to Financial Accounting Services and shall be required to inform the affected user.

6.1.3. Asset Loss and or Damages Through Force Majeure and Un Avoidable Avents

a) Statement with reference to the above shall be made by the Users with comments by the supervisor and Asset Inventory Controller to ensure that there was no negligence involved.

b) The statement shall be forwarded to SCMU for analysis and recording in the Loss Control register. The report shall be forwarded to Risk Management with recommendations where necessary for investigation or necessary follow up.

c) The Accounting officer may write off such loss or damage as indicated above provided that proof as documentary evidence is produced.

6.2 MANAGEMENT OF MOVEABLE ASSET LOSS

a) Asset lost or found missing shall be reported by the User to the nearest SAPS within 24hrs.

b) The user shall in turn make a statement quoting the case number SAPS station to where the case was reported and the same information shall be forwarded to supervisor to ensure and Asset Inventory Controller to ensure that there was no negligence suspected.

c) The statement shall be sent to SCMU for attention Senior Manager Logistics for analysis and recording in the moveable Asset Loss Control register.

d) In the case where investigation is needed, the Risk Management shall be supplied with the information for investigation and feedback of the final stage.

e) After Risk Management has finalized the case, report shall be submitted to SCMU (Logistics Management). The Asset Disposal Committee shall deal with the incident and submit recommendation to the Accounting Officer with documentary evidence for recommendation and approval by the Accounting officer.

6.3 REPORTING OF LOSSES

6.3.1 Registration of Moveable Asset Damages and or Losses

a) Asset Inventory Controller must keep registers for all incidents reported.

b) When notified of a loss, the Asset Inventory Controller must register such case/loss within two (2) working days of receiving a report/notice of such case/loss to the Asset Loss Control Officer.

c) After notification of losses/damages/claims, these are to be handled in accordance with Chapter 12 of the National Treasury Regulations.

6.3.2 Gathering of Information

a) The Asset Inventory Controller reports the losses to the Supply Chain Management Unit

b) The Supply Chain Management Unit must seek legal advice as widely as possible; consult parties i.e. Risk Management Unit broadly as possible consult experts; follow and note (in writing) events systematically and compile final reports for future reference, containing the following:

c) Detailed description of incidents and;

d) Investigator's observations and recommendations

e) Amount/ asset value

f) Approved action for implementation

6.3.3 Collection of Documents and Evidence to Determine Liability

a) Liability investigation is mainly to determine the circumstances under which a loss occurred and to determine whether any official could be held liable for such loss.

b) This type of investigation shall be done completely apart from any criminal or misconduct investigator.

c) Investigation may be used in a case of misconduct or neglect of duty for disciplinary steps.

d) The Supply Chain Management Unit shall acquaint himself/herself of specific instructions that might be applicable to the case, determine the official version of the occurrence by checking initial reports.

e) Depending on the nature of the loss, it shall be ascertained who was responsible for specific responsibilities or duties.

f) The collection of job descriptions and the proof that a certain official/s was/were aware of his/her/their responsibility is of importance. Proof that a duty was performed or neglected, shall be obtained. If relevant copies of specific instructions should be made, it should be included in the investigation.

g) If, for certain reasons, it is necessary to confiscate a certain register, the person giving the instruction (for investigation) should be consulted. Certified copies of a register of specific entry/entries are usually sufficient.

h) If any problems were encountered with a reluctant witness or with the destruction or

withholding of documentation or information, the investigator should not hesitate to make use of provisions of Disciplinary Regulations or appropriate provisions in the Public Service Act.

i) Obtain certified copies of all the original documents and use only the copies relating to the investigation. Keep the original documents in a safe place. No inscription,

j) Deletions, changes or corrections should be made on original documents, as this would negatively influence its evidential value with a view to possible legal action.

k) Evaluate data integrity of gathered information. Should any uncertainty exist regarding the date integrity exist of such information, steps must be taken in consultation with the stakeholders concerned in order to rectify the situation and to ensure the said data is accurate and reliable.

6.3.4 Identify Possible Causes and Trends

a) If shortages/losses/theft/damages/ misuse of movable asset will be with regard to asset prescribed regulations or guidelines, result in a loss for the department, a liability investigation shall be taken.

b) This investigation will be SCMU/Risk Management Unit with the purpose of impartiality and transparency.

c) It should however be noted that a liability investigation is mainly conducted to determine the circumstances under which the loss occurred. The circumstances of the loss and facts that came to light during the investigation, can eventually lead to a decision whether an official can be held legally liable for a loss in terms of the applicable Treasury Regulation.

d) The Supply Chain Management Unit shall display own initiative and shall display and shall be conversant with all the relevant instructions, which may be applicable to the loss in question.

e) When a liability investigation is considered necessary, it is important that it be instituted immediately after the reporting of the loss, as evidence that might be of interest could be changed or simply disappear.

6.3.5 Compilation of a Report

a) To compile a report regarding losses, which have to be referred to Supply Chain Management Unit one must determine liability and comply with certain provisions of the PFMA.

b) The report must include all gathered statements, documentary proof and recommendations.

6.4 ACCOUNTABILITY OF ASSET:

a) An Asset officially allocated to any employee of the department shall remain the departmental property (asset) until the official handing and taking over takes place and the asset movement form is compiled and signed to relieve the User from responsibility.

b) Any asset not found during spot checks/physical verification/Audit or any inspection shall be regarded as discrepancy and the user will be responsible until it is indicated otherwise.

c) Follow up shall be made and when it is deemed necessary to raise shortage, Risk Management shall be formally informed for further investigation.

6.5 RETURN OF DEPARTMENTAL ASSETS BY EMPLOYEES OF THE DEPARTMENT

a) All assets allocated to any officer/employee of the department as work tool shall be returned to Asset Management Unit of the department.

b) When any officer/employee leaves the department through, resignation/transfer/ retirement/secondment/dismissal/suspension etc., moveable assets must be returned otherwise the officer/employee liable for the asset at the original cost to the Department. The asset user shall remain responsible for asset/s allocated to him/her until formerly removed from him/her possession and the VA2/ asset movement form completed and signed.

c) The responsibility Manager/ Asset Inventory Controller shall notify Asset Management Unit on resignation, transfer and retirement of staff under their supervision within 2(two) working days. The Responsibility Manager/ Asset Inventory Controller is accountable until the asset are returned to the Asset Management Unit via the asset movement form completed and signed.

d) The returning of asset to the department is the responsibility of any User through his/her supervisor, Asset Inventory Controller.

e) In turn the supervisor shall confirm on the debt form that there are no assets outstanding from the officer leaving the Department.

f) A debt at the original cost to the department shall be raised for non- returning of departmental assets and may be deducted from the emoluments of any officer/employee on departure unless indicated otherwise by the Accounting Officer.

6.6 RETURN OF ASSET/S TO ASSET MANAGEMENT OR CHANGE OF OCCUPANT

a) VA2 issue and receipt voucher as proof of asset return which was allocated to user shall be completed. This is the responsibility of the user in consultation with his/her responsibility Manager/Asset Audit Controller.

b) The above form shall be completed signed by User/Supervisor and Asset Inventory Controller.

c) Motivation on the space provided for form VA2 shall indicate that the item has been returned by Mr/Miss/Dr. whatever is applicable.

d) The space provided for Receipt on the right hand side in line 202 – 207 shall be completed by Asset Management as proof that the item/s were actually returned.

e) Line 97 (type of requisition) of the above document shall be used to indicate the type of transaction that is intended and code **05** in line **97**on the space provided shall be used to indicate that this is internal transfer.

f) VA 2 has be completed and signed in triplicate i.e. original copy shall be retained by the officer returning item, **1** copy shall be left with Asset Management who shall supply copy to Asset Disposal for record purposes and **1** shall be left with the office of the Responsibility Manager to where the user reports.

g) In the absence of the above document, justification of asset return cannot be proved by the user.

6.7 CALCULATION OF LOSS WHERE BOOK VALUE IS TO BE RECOVERED FROM THE AFFECTED OFFICER FOR THE LOST ASSET

The original cost of the asset shall be divided by the maximum lifecycle per category of the asset as prescribed by Asset Management Framework by National Treasury: e.g. Computer equipment- minimum lifecycle is 3 years and maximum is 5 years: if an asset(5 years old) costs R15 000/5 = R 3 000

a) When the damage or lost items occurred due to unforeseen circumstances where by the matter was proved to be force majeure. No recovery from the user.

b) All lost assets or inventory items must be investigated internally by Risk Management Unit within the department or SAPS. The investigation outcome will determine which cause the Accounting Officer will follow.

c) The affected party/user has been brought to disciplinary hearing and the sanction is in favour of affected party/asset user or the investigation has proved that there was no

negligence suspected against the party/user. No recovery from the user.

d) The affected party/asset has been brought to disciplinary hearing and the sanction is against the affected party/user or the investigation has proved that there was negligence suspected against the affected party/user. The department reserves the right to claim damages from the affected party/user as per clause 6.7

e) The write offs shall be recorded as loss on the asset disposal register of the department once off in a specific financial year.

6.8 CALCULATION OF INVENTORY OR PERISHABLE ITEM REPLACEMENT

Inventory or perishable item shall be valued at the selling price in the course of operations less the estimated cost of completion and estimated cost necessary to make sale, exchange or distribution. Current replacement cost is the cost the entity would incur to acquire the inventory/ perishable item on the reporting date.

6.9 MANAGEMENT OF UNRECOVERED ASSETS

a) Unrecovered lost assets shall be disclosed as loss in the departmental financial statement provided all necessary attempts where possible were made to recover such asset.

b) Asset lost may not be replaced through procurement of lost item in the market by the User in an attempt to rescue her/him from financial burden as a result of loss/s found or detected which was in her/his possession.

6.10 RECOVERY OF LOSS ASSETS

a) Recovery and claims are implemented in terms of the current value of the loss and payment thereof in terms may accrue interests in terms of the Treasury Regulations.

b) Recovery can made from the said person or the private party.

c) Recovery implementation procedures may involve a series of legal action between the affected private person and the affected private party

d) It may happen depending on the outcome of investigation that the relevant user involved is approached to compensate for the loss/damaged, undertakes to pay the loss/damaged suffered by the department. Under such circumstances, the recovery of loss assets shall be deal with in terms of the Debt Management policy of the department.

7. APPROVING AUTHORITY

Head of Department will recommend this policy to MEC for approval and the Executive Authority shall be responsible for the approval of this policy.

8. ADMINISTRATION OF THIS POLICY

The Accounting Officer will delegate all responsibility managers of the Department to enforce the implementation of this policy.

9. ACCOUNTABILITY AND RESPONSIBILITY

9.1 Head of Department

The Accounting Officer shall be accountable and responsible for the implementation of the policy and enforcement thereof.

9.2 Supply Chain Management Shall:

a) Ensure that the content of the policy is brought to the attention of the Users and implementation thereof.

b) Serve as entry point for all assets lost and reporting to the financial statement of the department.

c) Maintenance of asset loss control registers for the department.

d) Shall be responsible for the receipt of reported asset losses within the department.

e) Shall request Risk Management to investigate an asset lost by user/ affected party.

9.3 Risk Management Unit shall:

a) On receipt of request from SCMU, Risk Management shall investigate reported asset losses within the department.

b) Shall report to SCMU or depending on outcome report to the Accounting Officer.

c) Shall investigate the incident and give feedback on the final stage of the process.

9.4 Financial Accounting Services

a) Shall be responsible for raising debt to the affecting employee. Arrangement of payment shall be the responsibility of Financial Accounting Services.

b) Report on losses shall be forwarded to Financial Accounting Services by SCMU for debt rising where necessary.

9.5 Security Management

Report losses of departmental information regarding all ICT equipment to the State Security Agent (SSA)

9.6 Disposal Committee

The Committee shall:

a) Receipt of written explanatory reports of the incident from the user.

b) Assessment of the statement of the reports before recommendation is made

c) Recommend the appropriate method of disposal of the asset(s).

d) Apply the procedure applicable to the disposal method selected.

e) Prepare the reports required in accordance with the loss or damage incident.

f) Ensure that disposals are conducted in accordance with the policies, processes and procedures contained in this document provided other method had been approved by the Accounting Officer.

9.7 Employees Responsibility

a) All employees shall comply with this policy

b) The asset Inventory Controller and User of an asset/s shall be responsible in ensuring that the asset/s allocated to him/her is kept in good condition.

c) The asset user shall remain responsible for asset/s allocated to him/her until formerly removed from him/her possession and the asset movement form completed and signed.

d) In the case of any change of an asset in her/his possession, the user shall be responsible to advise the Asset Management Unit for adjustment of his or her asset inventory list.

e) Damages/losses occurred to an asset allocated shall be reported to the Senior Manager: Logistics Management Unit for processes to be followed.

f) The user shall be responsible for reporting of lost asset to the nearest Police Station and a statement shall be made by him/her to the Senior Manager: Logistics Management Unit.

g) Any item regarded obsolete or redundant shall be dealt with by Asset Management Unit

who shall flag such items on the asset register and referred for disposal.

h) The appointed Asset Letting and Additional Member of the Disposal Committee shall develop asset disposal data for consideration by the Central Asset Letting and Disposal Committee.

i) The appointed member shall be at a level not lower that level 7 who shall be accountable to his/her Responsibility Manager.

10. EFFECTIVE DATE OF THE POLICY

This policy shall be effective from the date of approval by the delegated authority.

11. PROCEDURES AND IMPLEMENTATION

The following actions are recommended for implementation in order to assist with the immediate operational activation of the Loss Control Policy:

a) Responsibility Managers/Asset Inventory Controller must identify or appoint a dedicated senior official within their respective units to take responsibility for their Loss Control function.

b) Responsibility Managers/Asset Inventory Controller must determine what crucial steps are being applied, if any at all, to protect departmental assets and the cost of implementing such measures where they are lacking

c) Responsibility Managers/Asset Inventory Controller overall supervision and administration of the asset loss control policy with constant feedback on losses (their costs and where they are occurring), preventative measures taken and recommendations for action (including cost details and opportunity cost warnings).

d) Responsibility Managers/Asset Inventory Controller, Users and Departmental officials must at all –times ensure protection of departmental assets at all levels.

e) Responsibility Managers/Asset Inventory Controller must ensure fast and effective investigation of losses.

f) Responsibility Managers/Asset Inventory Controller must ensure fast and effective disciplinary enquiries following negligent and / or deliberate acts or omissions by departmental employee's recoveries should be pursued where justified.

g) Pre-placement forensic interviewing and SAPS clearance to be considered where necessary.

h) Stringent inventory control, including a central Departmental Asset and Inventory Registers and exit control.

i) Conducting awareness sessions for all departmental officials on asset/inventory loss prevention mechanisms.

j) Prudent key and security control systems.

k) Locking of offices, cupboards, cabinets and drawers by employees.

l) Adequate training of security personnel to deal with the challenges of an asset loss.

m) Asset Loss Control Policy, proper investigation of criminal incidents and to maintain a high security standard, linked to advanced technological security systems.

n) Disciplined access control linked to a high degree of supervision thereof.

12. MONITORING AND EVALUATION

a) The lost asset/inventory item shall be reported by the asset or item User to the nearest SAPS within 24 hours.

b) The report shall then be routed to the Head of Logistics/Asset Management Unit for the attention of Disposal Management of the Department.

c) The asset lost control register shall be maintained by Logistics Management.

d) The lost asset shall be flagged in the departmental asset register.

e) When circumstances permit through analysis of the report, the later shall communicate with Risk Management of the department for necessary processes.

f) Any asset or inventory item lost through any event, such item shall not be disposed of unless authorized by the Accounting Officer of the Department or his/her delegated person.

g) The transaction (losses or damages) shall be disclosed in the departmental annual financial statement.

h) After the finalization of the case the asset shall be removed from the asset register after the approval by the Accounting Officer.

13. POLICY REVIEW

This policy shall be reviewed in every three (3) years unless there are amendments in the prescripts that will compel the department to amend this policy to align with new directives.

14. POLICY RECOMMENDATIONS AND APPROVAL

Recommended / Not Recommendation

Head of Department: Dept. of Social Development

2014/05/20

Date.

(Approved)

Member of the Executive Council
Dept. of Social Development

14/01/2015

Date

15. APPENDICIES

ANNEXURE A

DEBT ROUTE FORM

Su rname & Initial: …….....……

Persal Number:…….....…….

Service termination date:…….....……

Date Processed on Persal:…….....……..(Persal function #4.7.1)

Electronic Z102 (#4.7.8):…….....……..

Reason for termination:…….....……

Last month paid on Persal:…….....……

Advise recall office to recall salary and/or housing installment if salary cannot be stopped on Persal timeously.

Has overpaid salaries been reversed on Persal function #5.2.10 Yes/No

Last known address: .....

.....

1. LEAVE AUDIT:

Has leave audit been done Yes/No

Amendment on Persal (#4.5.17 and #4.5.4)

Has IRP 3 directive been requested from SARS Yes/No

	YES	NO	AMOUNT	REVISOR/ CHECKER	DATE
State Guarantee Debt					
Leave Without Pay Debt					
Study Loan, Bursary Debts					
Breach of Contract Debts					
Pension Buy Back Debt					
Official accommodation (rental/ boarding)					
Other (specify)					

2. SUPPLY CHAIN MANAEMENT

Motor Car Finance Scheme					
Sub-Vehicles Capital Redemption Loan					
Vehicle Accident					
Private Telephone Calls					
Damage to State Property					
Laptop with accessories and bag					
Tri-G card					
Mobile telephone(Cell phone)					
Projector					
Other (Specify)					

3. FINANCE

Net salary					
Tax Debt					
Garnishee Order Debt					
Microloans					
Outstanding Subsistence & Transport Claim					
Outstanding balance on salary disallowances					
Other (Specify)					

ACCUMULATED DEBT

TOTAL DEBT OWING TO THE DEPARTMENT INTEREST _____

(Excluding interest)

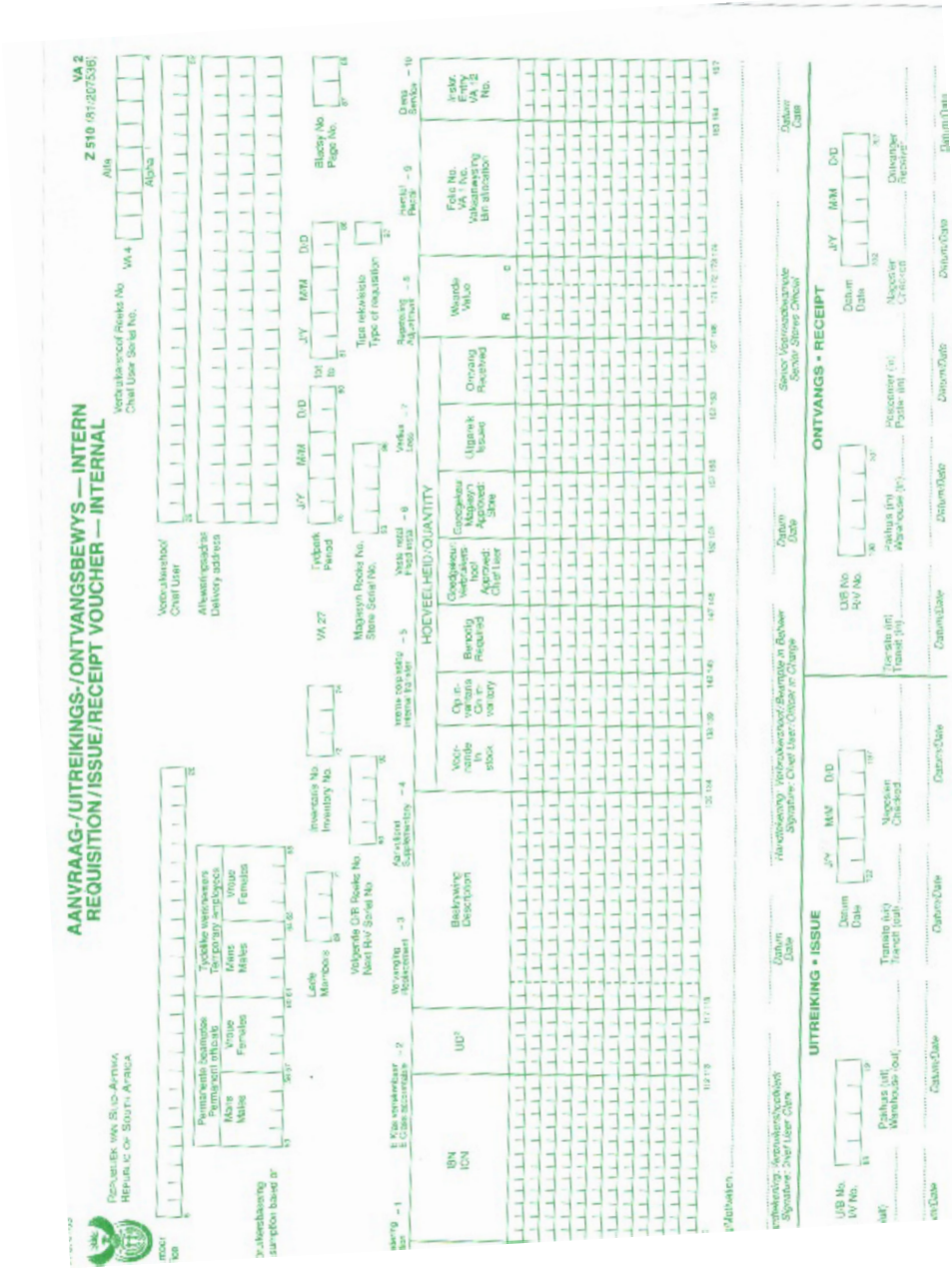
Will the debt/s be recovered from Leave Gratuity Yes/No _____

Will the debt/s be recovered from Pension Yes/No _____

Added interest (applicable interest rate) _____ _____

TOTAL DEBT + INTEREST _____

ANNEXURE B



AANVRAAG-/UITREIKINGS-/ONTVANGSBEWYS — INTERN
REQUISITION/ISSUE/RECEIPT VOUCHER — INTERNAL

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HOEVEEL HEID/QUANTITY

UITREIKING • ISSUE

ONTVANGS • RECEIPT

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

RECORDS MANAGEMENT POLICY

POLICY REGISTRATION NO: 2015 - 08

TABLE OF CONTENTS

DEFINITION AND TERMS

i. **ACT**	Provincial Archives and Records Service Act, No 7 of 2003 (Eastern Cape) National Archives of South Africa Act (No. 43 of 1996)
ii. **ARCHIVES**	Records which are in the custody of an archives repository or records centre.
iii. **ARCHIVAL VALUE**	Refers to the long-term use that records may have for purposes other than functional use.
iv. **ARCHIVAL REPOSITORY**	Building where A 20 records with archival value are stored.
v. **ADMINISTRATIVE VALUE**	Refers to the administrative value which records may have on the daily basis for the body/office which created them.
vi. **APPRAISAL**	Decision regarding requirements for preservation regarding each document/series of documents.
vii. **AUTHORITY REGISTER**	Register containing details of all disposal authorities that has been issued to a particular body.
viii. **CLOSED VOLUMES**	Volumes of records part of a current classification system which have reached a thickness of 3 cm or have become full after which a new volume has been opened.
ix. **CURRENT RECORDS**	Records that form part of a records classification system that are still in use.
x. **CUSTODY**	Control of records base upon their physical possession.

xi. DESTRUCTION CERTIFICATE	Certificate submitted to Archives and Records Service as certification that certain records have been destroyed in terms of a disposal authority.
xii. DESTRUCTION REGISTER	Register containing details of all records to be destroyed
xiii. DISPOSAL AUTHORITY	Written authority which specify records to be transferred into the custody of the Provincial Archivist or specifying records to be otherwise disposed of.
xiv. EPHEMERAL	Term used to describe records with little archival value that can be destroyed after disposal authority has been obtained from the Provincial Archivist.
xv. FILING SYSTEM	Plan according to which an institution arranges and file its correspondence so as to serve the office's requirements for information retrieval optimally.
xvi. GENERAL DISPOSAL AUTHORITY	Standing authority issued for series of records which are common to all offices, e.g. financial records, tenders and contracts, personal staff files.
xvii. STANDING DISPOSAL AUTHORITY	Authority issued to a particular body to dispose of specific current records. The authority remains valid as long as the specific records are still in use.
xviii. RECORDS CLASSIFICATION SYSTEM	Classification plan for the arrangement, storage and retrieval of records. This includes a filing system for correspondence files, records control schedule for records other than correspondence files and a classification system for electronic records.
xix. RECORDS CONTROL SCHEDULE	Instrument to control records other than correspondence files according to which such items are identified, retrieved and disposed of.
xx. REGISTER OF FILES OPENED	Register listing each file and volume opened for all approved subjects in the master copy of the filing system.

xxi.	TERMINATED RECORDS	Records created by a governmental body, according to a records classification system, which are no longer in use.
xxii.	TRANSFER LIST	List provided to a records centre during transfer of records containing the volume, batch or item number and complete description and period of each file or item concerned.

DISPOSAL SYMBOLS		
i.	A20	Valuable records which should be transferred to an archives repository for permanent preservation, 20 years after the end of the year in which it was created.
ii.	AP	Valuable records which may be preserved permanently or transferred to an archives repository by the body which created them, but with the written approval of the Provincial Archivist.
iii.	D	Records with little archival value that can be destroyed after the expiry of the retention period indicated after the D-symbol. e.g. D 3 : destroy after 3 years
iv.	DP	Records with little archival value which may be preserved in the body creating them for an indefinite period and destroyed once they have no further functional use, with the written approval of the Provincial Archivist.

ACRONYMS		
i.	PARS	Provincial Archives and Records Service
ii.	NARS	National Archives and Records Service
iii.	DPSA	Department of Public Service and Administration and other bodies
iv.	IT	Information Technology

LEGISLATIVE FRAMEWORK

i. Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996)

ii. Provincial Archives and Records Service, Eastern Cape, Act No 7 of 2003

iii. Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)

iv. Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000)

v. Public Finance Management Act, 1999 (Act No. 1 of 1999)

vi. Electronic Communication and Transaction Act, 2002 (Act No. 25 of 2002)

vii. Minimum Information Security Standards (1996)

1. PREAMBLE

1.1. Provincial Archives and Records Service, Eastern Cape, Act No 7 of 2003, Section 13 requires the Department of Social Development to ensure proper management and care of its records, to promote awareness of archives and records management, to ensure efficient and effective disposal of records according to prescribed legislation as well as to regulate how records should be accessed.

1.2. Section 13 (4) (a) prescribes that a Records Manager must be designated/appointed, (b) the Records Manager must ensure that the department complies with this Act and (c) additional powers and functions must be given to the Records Manager. To ensure compliance it must be ensured that all registries of the department report to the Records Manager.

1.3. The Department of Social Development shall as a long term acquire its own off-site storage to alleviate its records storage space problem. The current insufficient records storage space results in irregular dumping of records, making it impossible to centralise all records including decentralisation of HR records. It results in the department losing parts of its corporate memory through dumping of records as well as paying a service provider for storing huge volumes of records previously dumped, money which can be better utilised by obtaining the department's own off-site storage.

1.4. In an effort to address operational challenges with regard to record management in the department this policy intends to provide a policy framework for the institutionalisation and management of records across the department.

1.5. It is the policy of department of Social Development to manage its records in an accountable, effective and efficient manner through the implementation of a records management programme that takes into account related objectives such as orderly classification of records, retention and disposal, accessibility, security and confidentiality, training and performance and quality management

2. PURPOSE

This policy seeks to ensure that stability is achieved in how this department manages its records throughout its lifecycle to achieve efficient, effective and transparent governance as required by the Provincial Archives and Records Service Act, No 7 of 2003.

3. OBJECTIVES

a. To ensure compliance with Section 13 of the Provincial Archives and Records Service Act, No 7 of 2003 this requires the Department of Social Development to manage its records in a well-structured records keeping system, and to put the necessary policies

and procedures in place.

b. To ensure that the organizational structure of the department clearly capture the records management functions as required by Section 13 (4) (a), (b) and (c) of the Provincial Archives and Records Service Act, No 7 of 2003

c. To give effect to Section 13 (4) in ensuring that all registries; Main Registry, HR Registry, Finance Registry and the MEC's Registry are centralised under the control of the Records Manager.

d. To ensure that the Department of Social Development properly addresses its challenges in terms of insufficient records storage by obtaining its own off-site storage facility.

4. SCOPE OF APPLICABILITY

This policy is applicable to all officials of the Department of Social Development and covers all records regardless of format, medium or age.

5. PRINCIPLES AND VALUES

5.1 BEST PRACTICE

Department of Social Development utilizes the National and Provincial Archives and Records Service's Records Management publications as a model for its records management principles and practice and as a benchmark to measure the effectiveness of its records management systems.

5.2 ACCOUNTABILITY

The Department of Social Development must be able to account to appropriate regulatory authorities, to stakeholders and to the public to meet statutory obligations, audit requirements, relevant standards and codes of practice, and community expectations.

This is ensured through the implementation of a structured records management environment, with proper functioning registries, approved file plans, records control schedules and a proper disposal programme.

5.3 INFORMATION OWNERSHIP

a. All records, irrespective of the format created by any person or entity contracted to the Department of Social Development are owned by the Department and are subject to its overall storage requirements and disposal instructions.

b. However, personal files of employees transferred to other departments must be transferred to the department where the employee is transfered to, meaning the files

must follow the person. In cases where an employee resigns, the files remain the property of the department.

5.4 CUSTODY

a) Every governmental body that falls under the stipulations of the Provincial Archives and Records Service legislation is required to establish a proper registry area for the safekeeping of its records.

b) The Records Manager shall be responsible for the safekeeping and custody of the of the Department of Social Development official records.

c) Assistant Managers/Registry Heads at district level assumes the same responsibility for records at district level, thereby assuming the role of Sub-Records Manager.

d) Records with restricted access shall be kept in a restricted area and under the supervision of the Security and Records Managers.

e) Records are susceptible to various perils that can place them in jeopardy.

f) All records must be stored in areas where they are effectively protected against fire, flooding and unauthorized access.

g) Records must not be exposed to conditions where rough handling, heat, damp or humid conditions, dust, pests or related hazards can damage them.

h) The storage conditions for registries and any other storage area must comply with standards set by the Provincial Archives and Records Service.

5.5 ACCESSIBILITY

5.5.1 GENERAL ACCESS

a) Records shall at all times be protected against unauthorized access and tampering to protect their authenticity and reliability as evidence of the business of Social Development.

b) Security classified records shall be managed in terms of the Security Management Policy which is available from the Security Manager.

c) No staff member shall remove classified records that are not available in the public domain from the premises of Social Development without the explicit permission of the Head of Department.

d) No staff member shall provide information and records that are not in the public domain to the public without the explicit permission of the Head of Department.

e) Personal information shall be managed in terms of the Promotion of Access to Information Act until such time that specific protection of privacy legislation is enacted. Specific guidelines regarding requests for information are contained in the Promotion of Access to Information Manual which is maintained by the Chief/Deputy Information Officer.

f) No staff member shall disclose personal information of any member of staff or client of Social Development and to any member of the public without the explicit permission of the Head of Department. Any illegal disclosing of information carries a sanction of a final written warning.

g) Records storage areas shall at all times be protected against unauthorized access.

h) The following shall apply Registry and other records storage areas shall be locked when not in use.

i) All registries shall be burglar proofed and fitted with a counter to restrict unauthorised access.

j) Access to server rooms and storage areas for electronic records media shall be managed with key card access.

5.5.2. RESTRICTED ACCESS

a) Confidential, sensitive or personal information shall never be placed on general access files. Records of this nature are held on restricted access files.

b) Files that have restricted access are stored separately in a restricted area. Keys to these restricted storage areas must be held by both the Records and Security Managers only.

c) A separate register for restricted files shall be compiled.

d) Approval for access to restricted files requires authorization of the Records Manager and the Senior Manager of a business unit for records in his/her possession.

5.6. TRAINING

a) To achieve full benefit from records management systems, all affected staff shall be thoroughly trained and orientated on their use. Training projects shall take into account:

i. Records Management training courses presented by the National/Provincial Archives,

ii. Training on file plan implementation.

iii. Induction of new registry staff

b) The Records Manager in conjunction with the Departmental Records Management Forum and HRD shall be responsible for the evaluation of records management training needs of the department. The Records Manager shall be responsible for in-house records management training.

c) The Records Manager shall ensure that all registry staff are aware of the approved records management policy, registry procedure manual and all file plans and shall conduct or arrange such training as is necessary for the registry staff to equip them to perform their records management functions.

d) The Records Manager shall also take part in all panels when registry staff is recruited to ensure that competent staff are appointed.

5.7. Inspections by the Provincial Archives and Records Service

The Provincial Archives and Records Service, subject to the exemption provision contained in Section 13(2)(c) of the Provincial Archives and Records Services Act, No. 7 of 2003, is entitled to full and free access, at all times, to all public records in the department's custody.

6. POLICY STATEMENT

a) The Department of Social Development acknowledges the relevant pieces of legislation and standards that relate to records management and shall develop recordkeeping systems that capture and maintain records in accordance with these legislation and standards. By managing its records effectively and efficiently the department strives to give effect to the accountability, transparency and service delivery values contained in the legal framework.

b) All records created and received by the Department of Social Development shall be managed in accordance with the records management principles contained in Section 13 of the Provincial Archives and Records Service Act, No 7 of 2003.

c) The department shall follow sound procedures for the creation, maintenance, retention and disposal of all records, including electronic records.

d) The records management procedures of the department shall comply with legal requirements, including those for the provision of evidence.

e) The department shall follow sound procedures for the security, privacy and confidentiality of its records.

f) Electronic records of the Department of Social Development shall be managed according to the principles promoted by the Provincial Archives and Records Service.

g) This policy impacts upon the department's work practices for all who:

i. Create records regardless of format, medium or age

ii. Have access to records

iii. Have any other responsibilities for records, for example storage and maintenance responsibilities

iv. Have management responsibility for staff engaged in any of these activities; or manage, or have design input into, information technology infrastructure.

6.1 RECORDS MANAGEMENT PROGRAMME

a) Section 13 of the Provincial Archives and Records Service Act, No 7 of 2003 requires the Department of Social Development to manage its records in a well-structured record keeping system and to put the necessary policies and procedures in place to ensure its records management practices comply with the requirements of the Act.

b) Information is a resource of the same importance to good management as other standard resources like people, money and facilities. The information resources of the Department of Social Development must therefore be managed as a valuable asset. Appropriate records management is a vital aspect of maintaining and enhancing the value of this asset. The Department of Social Development considers its records to be a valuable asset to:

i. enable the Department to find the right information easily and comprehensively;

ii. enable the Department to perform its functions successfully and efficiently and in an accountable manner;

iii. enable the Department to conduct its business in an orderly, efficient and accountable manner;

iv. enable the Department to support and document policy formation and administrative decision-making;

v. Enable the Department to provide evidence of business.

6.2 FILE PLAN

a) Only the approved file plans (MEC, Staff and Main) shall be used for the classification of correspondence records. The file plans shall be used for the classification of paper-based and electronic (including e-mail) records.

b) Each staff member shall allocate file reference numbers to all correspondence (paper, electronic, e-mail) according to the approved subjects in the file plan.

c) When correspondence is created /received for which no subject exists in the file plan, the Records Manager shall be contacted to assist with additions to the file plan. Under no circumstances may subjects be added to the file plan if they have not been amended by the Records Manager and approved by the Provincial Archivist.

6.3 PAPER-BASED CORRESPONDENCE FILES KEPT IN THE CUSTODY OF

6.3.1 The Main Registry

a) All paper-based correspondence system records that are not HR related and those that are created in terms of the Main file plan shall be housed in the Main Registry.

b) All NPO project files for 2 financial years shall be stored in the Main Registry.

c) All Subsidised vehicle files shall be stored in the Main Registry

d) All these records shall be under the management of the Records Manager who is mandated to ensure that they are managed and disposed of properly.

e) The registry shall be a secure storage area and only registry staff must be allowed in the records storage area.

f) Staff members that need access to files in the registry shall place a request for the files at the counter.

g) The registry shall be locked when registry is not in operation.

6.3.2 The Human Resources Registry

a) All Human Resources related records e.g. personal files, unsuccessful applications and correspondence files generated in terms of the Staff file plan shall be housed in the HR Registry.

b) The general HR subject files as well as HR case files shall be under the control of the Assistant Manager - HR Records who is mandated to ensure that they are managed properly.

c) Maintains a set of paper-based case files for each staff member. These files are confidential in nature and shall be housed in a secure storage area in the HR Registry.

d) The case files shall be managed as part of the List of Series of Separate Case Files.

e) When the HR's Registry and its staff are transferred to the Records Manager, it will be under his/her control.

6.3.3 The Finance Registry

All finance related records e.g. Pre-Audit, NGO Payments, Salaries, Bookkeeping and other financial units shall be housed in the Finance Registry and under shall be under control of Records Management.

6.3.4 The MEC's Registry

a) All MEC related records e.g. domestic matters, matters concerning Provincial Legislature and Cabinet, departmental, party political and private matters shall be housed in the MEC's Registry and shall be under the control of Records Management.

b) This registry is currently under the control of the Chief of Staff but disposal of its records is vested in the Records Manager

c) When the MEC's Registry and its staff are transferred to the Records Manager, it will be under his/her control.

6.3.5 District Registries

a) Districts with sufficient space can have all these separate registries duplicated at district level

b) These registries must however be under the control of the Assistant Manager – Records Management or Supply Chain Management, if the latter is not appointed. Where there is only a Chief Registry Clerk appointed, that person assumes responsibility for all records until such time that the Assistant Manager – Records Management is appointed.

c) Districts with insufficient storage space are hereby advised to have one registry where all records are kept and managed. Paragraph B above also applies.

d) Registries shall also be duplicated at Area and Service Office level as the same records kept at districts are duplicated at these levels. However, Chief Registry Officials shall be appointed to head these registries. In the interim, it must be manage by the Social Work Manager.

6.4 SCHEDULE FOR RECORDS OTHER THAN CORRESPONDENCE SYSTEMS

a) The Records Manager maintains a schedule of all records other than the correspondence

system. The schedule contains a description of each set of records other than the correspondence system and indicates the storage location and retention periods of these records regardless of format. The schedule must be available in the Main Registry.

b) In the event that records are created/received and not listed in the schedule, the Records Manager shall be contacted to add the records to the schedule.

6.4.1 Paper-Based

a) Department of Social Development have the following sets of paper-based records other than the correspondence systems that are in the custody of the various officials that use them on a daily basis.

b) Photographs at Communications Unit

c) Service Level Agreements at Contract Management

d) Micrographic records

e) Audio-visual records

f) These records shall be all under the control of the Records Manager who is mandated to ensure that they are managed properly.

6.4.2 Electronic Systems other than the Correspondence Systems

a) The Department of Social Development has electronic records systems in operation which are not part of the correspondence system and that generate and store public records e.g. PERSAL, BAS, MIS, etc.

b) The Senior Managers – Systems Development and Management Information Systems shall be responsible for the day-to-day maintenance of these systems. Electronic correspondence records must be stored in an electronic repository that is maintained by the IT section. Access to storage areas where electronic records are stored is limited to the IT staff that has specific duties regarding the maintenance of the hardware, software and media. The Records Manager must at all times be granted access to all records storage areas.

6.5 DISPOSAL OF RECORDS

6.5.1 a) No public records (including e-mail) shall be destroyed, erased or otherwise disposed of without prior written authorization from the Provincial Archivist.

b) The Provincial Archivist issues General, Standing or Limited Disposal Authority for all records, on application. The Departmental Records Management Forum together

with the Records Manager shall be responsible for appraisal and deciding on retention periods but the Records Manager alone is responsible for disposal of records.

c) The procedures on appraisal, retention and disposal shall be dealt with in detail in the Registry Procedure Manual. However the responsibility rests with District/Senior/Area/ Service Office Managers to informs the Records Manager if there is a need to dispose of any records

6.5.2 Methods of Destruction

a) Records can either be destroyed through recycling or incineration. however, history has shown that recycling poses a serious risk as some records disposed in this manner resurface after a while, thereby exposing the department to unnecessary litigation.

b) Incineration therefore remains the only viable method of destruction. however, the department shall consider doing away with outsourcing the incineration function, as records can be destroyed physically by the records manager at no extra cost to the state. any risks are prevented as officials from internal risk compliance, provincial archives and records service as well as the local fire department is present during the physical destruction process.

c) Any official of the department, who destroys records without the permission of the head of department, commits an offence and shall be subjected to a disciplinary hearing.

6.5.3 Disposal Time-Frames

a) The time-frame for disposal of records usually depends on its importance/ value, e.g. legal, financial, historical and administrative values.

b) Records with any of the above values must be kept for 20 years after the date of closure before they can be transferred into archival custody, e.g. a records closed on 13 May 2013 must be kept until 13 May 2033 before it can be transferred into archival custody.

c) Records with none of the above values are normally managed through a retention schedule and destroyed after the expiry of the period, e.g. records with a retention period of 3 years and closed on 13 May 2013 must be kept safely and only destroyed after 13 May 2016.

d) Drafting and maintaining a comprehensive disposal plan is therefore of outmost importance.

6.6 DISASTER MANAGEMENT

a) To prevent any disasters in terms of fires, all registries must be fitted with 2 fire extinguishers, 1 inside and 1 immediately outside.

b) To prevent any disasters in terms of floods/water, no water pipes must be running above the ceilings of any registries nor must any water sprinkler systems be installed inside registries.

c) When implementing an electronic records management system, it must be ensured that the paper records are maintained as a mirror reflection of the electronic records. A copy can also be kept off-site if the department has off-site records storage. This will neutralise any disruptions when any disaster occurs.

7. APPROVING AUTHORITY

The Member of Executive Council and Head Of Department has the responsibility to approve the Departmental Records Management Policy.

8. ADMINISTRATION OF THIS POLICY

The General Manager: Supply Chain Management together with Responsibility Managers and the Records Manager shall be responsible for the administration of this policy. When the function is transferred to another Chief Directorate, the General Manager of that Chief Directorate takes over this responsibility.

9. ACCOUNTABILITIES AND RESPONSIBILITIES

9.1. **Head of Department shall:**

a) Supports the implementation of this policy and requires each staff member to support the values underlying in this policy.

b) Appoint a Records Manager to be responsible for all records management activities of the Department of Social Development and shall mandate him/her to perform such duties as are necessary to enhance the record keeping and records management practices to enable compliance with legislative and regulatory requirements.

9.2 General/ Senior Managers/District Managers/ Area Managers/ Service Office Managers

a) Shall be responsible for the implementation of this policy in their respective units.

b) Shall lead by example and shall themselves maintain good record keeping and records management practices.

c) Shall ensure that all staff is made aware of their record keeping and records management responsibilities and obligations.

9.3 Records Manager

a) Shall be accountable for the record keeping and records management practices of the entire Department of Social Development.

b) Shall implement the policy;

c) Shall conduct staff awareness regarding the policy;

d) Shall manage of all records according to the records management principles contained in the Provincial Archives and Records Service Act No 7 of 2003, Eastern Cape.

e) Shall determine the retention periods in consultation with the end users and taking into account the functional, legal, fiscal and historical need of the body to maintain records of transactions.

f) Manager's job description which is published on the intranet http://www.national.archives.gov.za. (Performance criteria for Records Managers)

g) Shall ensure that the Department of Social Development record keeping and records management practices comply with the records management principles contained in the Provincial Archives and Records Service Act.

h) Shall issue circulars and instructions regarding the record keeping and records management practices of the Department of Social Development.

i) Shall ensure that all records created and received by the Department of Social Development are classified according to the approved file plans and that a written disposal authority is obtained for them from the Provincial Archives and Records Service.

9.4 Departmental Records Management Forum

9.4.1 Composition of the Departmental Records Management Forum: The Departmental Records Management Forum must be structured as follows:

The Chairperson of the Forum to be the Senior Manager – HRA,

9.4.2 Members shall be as follows:

Manager – Records Management, Manager – Risk Management, Manager – Disposal Management, Manager – Security Management, Manager – Management Information Systems, Manager – Payments, Manager – Foster Care, Assistant Manager – Main Registry, Assistant Manager – HR Registry, Assistant Manager – Records Management at all districts or Chief Registry Clerk in cases where the Assistant Manager – Records Management has

not been appointed yet **Secretariat services:** shall be provided by a representative/s from the Records Management Sub-Directorate at Provincial Office

9.4.3 The forum shall be responsible for:

a) Propose, review and agree on norms &standards on records management

b) Support district offices of the department through the sharing of information and identification of resources

c) Recommend records management service providers, products and consultants for approved panels

d) Participate in developing structures for records management and off-site storage areas

e) Develop and monitor provincial records management training strategy for the entire department

f) Research and give advice on records management matters on decisions taken by Provincial Archives and Records Service (PARS), National Archives and Records Service (NARS), Department of Public Service and Administration (DPSA) and other bodies

g) Develop and implement a programme/strategy to monitor compliance with legislation

h) In consultation with the IT managers develop a framework for uniform Electronic Records Management Systems in the entire department

9.5 Chief/ Deputy Information Officers

a) Shall be responsible for approval of requests for information in terms of the Promotion of Access to Information Act, No 2 of 2000.

b) Shall inform the Records Manager if a request for information necessitates a disposal hold to be placed on records that are due for disposal.

9.6 Senior Managers – Management Information Systems, ICT Engineering and Systems Development (IT Managers)

a) The Senior Manager – ICT Engineering shall be responsible for the day-to-day maintenance of electronic systems that store records.

b) The Senior Manager – Management Information Systems shall work in conjunction with the Records Manager to ensure that electronic records are properly managed, protected and appropriately preserved for as long as they are required for business, legal and long-term preservation purposes.

c) The Senior Manager – Systems Development shall ensure that appropriate systems technical manuals and systems procedures manuals are designed for each electronic system that manages and stores records.

d) The Senior Managers – Management Information Systems and Systems Development shall ensure that all electronic systems capture appropriate systems generated metadata and audit trail data for all electronic records to ensure that authentic and reliable records are created.

e) The Senior Manager – Management Information Systems and the Records Manager shall ensure that electronic records in all electronic systems remain accessible by migrating them to new hardware and software platforms when there is a danger of technology obsolescence including media and format obsolescence.

f) The Senior Manager – Management Information Systems shall ensure that all data, metadata, audit trail data, operating systems and application software are backed up on a daily, weekly and monthly basis to enable the recovery of authentic, reliable and accessible records should a disaster occur.

g) The Senior Manager – Management information Systems and the Records Manager shall ensure that back-ups are stored in a secure off-site environment.

h) The Senior Manager – Systems Control and ICT Engineering shall ensure that systems that manage and store records are virus free.

9.7 Comprehensive Details Regarding Specific Responsibilities of the above IT Managers shall be contained in:

a) the Electronic Records Management Policy;

b) the E-mail policy;

c) the Web Content Management Policy;

d) Document Imaging Policy; and the

e) Information Security policy.

9.8 Security Manager

The Security & Records Managers shall be responsible for the following:

a) Identify categories of information that require protection

b) Identify which components in the department handles such information

c) Identify who may require access to such information (internal/external)

d) Identify the physical area where the information is handled/ stored

e) Identify the history of security breaches w.r.t. information

f) Conduct the security threat and risk assessment

g) Draft/review the security policy, plan and procedures

h) Awareness and implementation of security measures

9.9 The Risk Manager shall be Responsible for the following:

a) Give expert advice to the Records Manager and the Departmental Records Management Forum on all risk management matters.

b) Checking all relevant risks captured in the departmental risk profile/plan to mitigate and control all records management risks within the department

c) Attendance and participation at all Forum meetings as a member of the aforementioned Forum.

d) Together with the Records Manager advise and assure the Accounting Officer on the state of Records Management, prevention of risks associated with records management as well as compliance within the entire department.

e) Assist in conducting records management audits every year at Head Office and all districts to monitor progress and limit risks with regard to non-implementation of records management projects/programmes.

f) In consultation with the Records Manager facilitate implementation of awareness campaigns within the entire Department.

9.10. Legal Services Manager

Shall be responsible for keeping the Records Manager updated about developments in the legal and statutory environment that may impact on the record keeping and records management practices of the Department of Social Development.

9.11. Registry Staff

a) Shall be responsible for the physical management of the records in their care.

b) Detailed responsibilities regarding the day-to-day management of the records in the registry are contained in the **Registry Procedure Manual**.

Employees

a) Every employee shall create records of transactions while conducting official business.

b) Every employee shall manage those records efficiently and effectively by:

   i. Allocating reference numbers and subjects to paper-based and electronic records according to the file plans;

   ii. Sending paper-based records to the registry for filing;

   iii. Ensuring that no records are destroyed / deleted but requesting advice from the Records Manager which is the only official authorised to dispose of records.

10. EFFECTIVE DATE OF THIS POLICY

The Departmental Records Management Policy is effective from the date the Member of the Executive Council has approved this policy.

11. PROCEDURES FOR IMPLEMENTATION

The following actions are recommended for implementation in order to assist with the immediate operational activation of the Record Management Policy:

a) Programme/directorate/unit must ensure the management of records at all times using the approved file plan

b) Programme/directorate/unit must identify and communicate new file requirements according to the file plan.

c) Programme/directorate/unit must determine what crucial steps are being applied, if any

at all, to protect records in the department and the cost of implementing the file plan.

d) Programme/directorate/unit shall ensure overall supervision and administration of the record management policy with constant feedback on file application methods.

e) Conducting awareness sessions for all departmental officials on records management system.

12. MONITORING MECHANISMS

a) Routines shall be established for regular quality checks on the records management system. These may cover maintenance of the quality of both existing and of newly created records and the efficiency of current records management processes.

b) The Records Manager shall conduct audits (inspections) on the records management system as a whole. Department of Social Development records management practices shall be evaluated and tested annually at all districts by means of a Records Audit.

13. REVIEW OF THE POLICY

This policy will be reviewed in every three years (3) and whenever necessary to maintain relevance.

14. POLICY RECOMMENDATION AND APPROVAL

RECOMMENDED/ ~~NOT RECOMMENDED~~

HEAD OF DEPARTMENT: DEPT. OF SOCIAL DEVELOPMENT

DATE 2014/04/25

APPROVED/ NOT APPROVED

MEMBER OF THE EXECUTIVE (MEC): DEPT. OF SOCIAL DEVELOPMENT

DATE 14/01/2015

Province of the
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SOCIAL DEVELOPMENT

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ANNEXURE 1: DESTRUCTION CERTIFICATE: PERSONAL FILES AND STAFF RECORD CARDS

1. I hereby certify that the records listed hereunder were destroyed in terms of **Disposal Authority Number AP 3**

2. I also certify that all records listed were audited by Human Resource Administration and Risk Management as assurance that they are no longer required and that no litigation, investigation or request in terms of Promotion of Access to Information Act (PAIA) or Promotion of Administrative Justice Act (PAJA) regarding any of the listed records is pending.

Details of Employee	No of files excluding Employee Assistance Files	Description	Period	Audited	
				Yes	No

Name of Records Manager: ----------

Contact details: ----------

Fax: ----------

---------- ----------

Signature: Manager – HRA Date

---------- ----------

Signature: Records Manager Date

---------- ----------

Signature: Head – Risk Management Date

---------- ----------

Signature: Head of Department Date

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ANNEXURE 2: DESTRUCTION CERTIFICATE: UNSUCCESSFUL APPLICATIONS

1. I hereby certify that the records listed hereunder were destroyed in terms of **Disposal Authority Number AU 1 and PAO 1**

2. I also certify that all records listed were audited by Human Resource Administration and Risk Management as assurance that they are no longer required and that no litigation, investigation or request in terms of Promotion of Access to Information Act (PAIA) or Promotion of Administrative Justice Act (PAJA) regarding any of the listed records is pending.

Details of Post (Post Name & Reference Number)	No of Applications	No of Applicants shortlisted	Appointment Date of Successful Candidate	Retention Period	Expected Date of Disposal	Audited	
						Yes	No

Name of Records Manager: ----------

Contact details: ----------

Fax: ----------

--- ---

Signature: Manager – HRA Date

--- ---

Signature: Manager - Records Management Date

--- ---

Signature: Head – Risk Management Date

--- ---

Signature: Head of Department Date

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ANNEXURE 3: DESTRUCTION CERTIFICATE: UNSUCCESSFUL TENDERS AND RELATED RECORDS

1. I hereby certify that the records listed hereunder were destroyed in terms of **Disposal Authority Number AK 3**

2. I also certify that all records listed were audited by Supply Chain Management and Risk Management as assurance that they are no longer required and that no litigation, investigation or request in terms of Promotion of Access to Information Act (PAIA) or Promotion of Administrative Justice Act (PAJA) regarding any of the listed records is pending.

Tender No	Number of Applications	Type of Service	Date Closed	Retention Period	Expected date of disposal	Audited	
						Yes	No

Name of Records Manager: ----------

Contact details: ----------

Fax: ----------

--- ---

Signature: Head – Supply Chain Management Date

--- ---

Signature: Records Manager Date

--- ---

Signature: Head – Risk Management Date

--- ---

Signature: Head of Department Date

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ANNEXURE 4: DESTRUCTION CERTIFICATE: DISPOSAL OF RECORDS OF CHILDREN IN CONFLICT WITH THE LAW

1. I hereby certify that the records listed hereunder were destroyed in terms of **Disposal Authority Number: ----------**

2. I also certify that all records listed were audited by the Social Work Manager and Risk Management as assurance that they are no longer required and that no litigation, investigation or request in terms of Promotion of Access to Information Act (PAIA) or Promotion of Administrative Justice Act (PAJA) regarding any of the listed records is pending.

Surname & Initials	Date of Birth	Reference Number	Date Closed	Reason	Diversion Register in place		If No, State Reason	Assurer (Risk Management)	
					Yes	No		Yes	No

Name of Records Manager: Marlon May

Contact details: Tel: 043 6055 305 Fax: 086 555 9766

--- ---

Signature: Social Work Manager Date

--- ---

Records Manager Date

--- ---

Signature: Signature: Head – Risk Management Date

--- ---

Signature: Head of Department Date

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ANNEXURE 5: DESTRUCTION CERTIFICATE: DISPOSAL OF CHEQUES

1. I hereby certify that the records listed hereunder were destroyed in terms of **Disposal Authority Number AR 2**

2. I also certify that all records listed were audited by the Manager Salaries and Risk Management as assurance that they are no longer required and that no litigation, investigation or request in terms of Promotion of Access to Information Act (PAIA) or Promotion of Administrative Justice Act (PAJA) regarding any of the listed records is pending.

Details of Payee	Cheque Number	Cheque Amount	Date	Audited	
				Yes	No

Name of Office: ----------

Name of Records Manager : ----------

Contact details: ----------

Fax: ----------

--- ---

Signature: Manager - Salaries Date

--- ---

Signature: Records Manager Date

--- ---

Signature: Head – Risk Management Date

--- ---

Signature: Head of Department Date

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ANNEXURE 6 **DESTRUCTION CERTIFICATE: CHILD CARE CONTROL FILES**

1. I hereby certify that the records listed hereunder were destroyed in terms of **Disposal Authority Number: ----------**

2. I also certify that all records listed were audited by the Social Work Manager and Risk Management as assurance that they are no longer required and that no litigation, investigation or request in terms of Promotion of Access to Information Act (PAIA) or Promotion of Administrative Justice Act (PAJA) regarding any of the listed records is pending.

Surname & Initials	Date of Birth	Reference Number	Date of Admission	Date Closed	Reason	Retention Period	Assurer (Risk Management)	
							Yes	No

Name of Records Manager: Marlon May

Contact details: Tel: 043 6055 305 Fax: 086 555 9766

--- ---

Signature: Social Work Manager Date

--- ---

Signature: Records Manager Date

--- ---

Signature: Head – Risk Management Date

--- ---

Signature: Head of Department Date

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ANNEXURE 7: DESTRUCTION CERTIFICATE: FOSTER CARE RECORDS

1. I hereby certify that the records listed hereunder were destroyed in terms of **Disposal Authority Number AC 1**

2. I also certify that all records listed were audited by the Social Work Manager and Risk Management as assurance that they are no longer required and that no litigation, investigation or request in terms of Promotion of Access to Information Act (PAIA) or Promotion of Administrative Justice Act (PAJA) regarding any of the listed records is pending.

Surname & Initials	Date of Birth	Reference Number	Date Closed	Reason	Audited	
					Yes	No

Name of Office: ----------

Name of Records Manager: ----------

Contact Details ----------

Fax: ----------

--- ---

Signature: Social Work Manager Date

--- ---

Signature: Records Manager Date

--- ---

Signature: Head – Risk Management Date

--- ---

Signature: Head of Department Date

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ANNEXURE 8: Declaration: Loss/damage of records for submission to the Provincial Archivist

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1. This communiqué serves to confirm that all registries of this department have been thoroughly searched but that the records listed below could not be found.

2. We also confirm that enquiries/investigations indicate that the records mentioned below are not in the custody of any district office, area office, service office or any other institution or person.

3. As far as this department is able to establish from current or previous officials, the following events were actually or allegedly responsible for the loss/damage

---

---

4. The lost/damaged records comprise of the following

Name of Records Manager: ----------

Telephone: ----------

Fax: ----------

---------- ----------

Signature: District/Senior Manager Date

---------- ----------

Signature: Records Manager Date

---------- ----------

Signature: Head – Risk Management Date

---------- ----------

Signature: Head of Department Date

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ANNEXURE 9: The Comprehensive Control Sheet

Folio Number	Subject	Date of document	No of pages	Date filed	Signature of filing clerk	Reviewal by Supervisor

After completion of full page both Supervisor and Assistant Manager sign off as indicated below:

Reviewed by: ---------- Date: ----------

Certified as correct:---------- Date: ----------

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ANNEXURE 10: FILE MOVEMENT REGISTER

File Reference	File Requester Surname & Initials	Reasons	Contact Details	Date Out	Signature of File Requester	Date Back	Signature of File Requester	Comments	Verified by Supervisor

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After completion of full page both Supervisor and Assistant Manager sign off as indicated below:

Reviewed by: ---------- Date: ----------

Certified as correct: ---------- Date: ----------

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

Beacon Hill Office Park - Corner of Hargreaves Road and Hockley Close – Private Bag X0039 – Bhisho – 5605 – REPUBLIC OF SOUTH AFRICA

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ANNEXURE 11: REGISTER OF FILES OPENED

File No	Volume No	Date Opened	Date Closed	Surname & initials	Disposal Authority	Expected Date of Disposal	Reviewed by Supervisor

After completion of full page both Supervisor and Assistant Manager sign off as indicated below:

Reviewed by: ---------- Date: ----------

Certified as correct:---------- Date: ----------

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

RISK MANAGEMENT POLICY

POLICY REGISTRATION NO: 2015 - 09

TABLE OF CONTENT

1. DEFINITIONS AND TERMS

i. Accounting Officer	a) In a Constitutional Institution: The Chief Executive Officer; b) In a National Department: The Director-General; c) In a Provincial Department: The Head of Department;
ii. Accounting Authority	a) In a National Public Entity: The Board of Directors / Council appointed by the Minister accountable to Parliament for that public entity, or in whose portfolio it falls, or the Chief Executive Officer in the absence of the Board of Directors / Council; and b) In a Provincial Public Entity: The Board of Directors / Council appointed by the Premier or Member of the Executive Council, accountable to the Provincial Legislature and Executive Council for that public entity, or the Chief Executive Officer in the absence of the Board of Directors / Council.
iii. Audit Committee	An independent committee constituted to review the control, governance and risk management within the Institution, established in terms of section 77 of the PFMA
iv. Chief Audit Executive	A senior official within the organization responsible for internal audit activities (where internal audit activities are sourced from external service providers, the Chief Audit Executive is the person responsible for overseeing the service contract and the overall quality of the services provided).
v. Chief Risk Officer	A senior official who is the head of the risk management unit.

vi. Executive Authority	In a Constitutional Institution: The Chairperson of the Constitutional Institution in relation to a Constitutional Institution with a body of persons, and in relation to a Constitutional Institution with a single office bearer, the incumbent of that office; In a National Department: The Cabinet member who is accountable to Parliament for that department; In a Provincial Department: The Member of the Executive Council of a province who is accountable to the Provincial Legislature for that department; In a National Public Entity: The Cabinet member who is accountable to Parliament for that public entity or in whose portfolio it falls; In a Provincial Public Entity: The Member of the Provincial Executive Council who is accountable to the Provincial Legislature for that public entity or in whose portfolio it falls;
vii. Framework	The Public Sector Risk Management Framework.
viii. Inherent Risk	The exposure arising from risk factors in the absence of deliberate management intervention(s) to exercise control over such factors.
ix. Institution(s)"	National and provincial departments and public entities reporting to these departments, including their subsidiaries and trading entities; municipalities and municipal entities, and independent institutions established by the Constitution.
x. Internal Auditing	An independent, objective assurance and consulting activity designed to add value and improve an organization's operations. It helps an organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.
xi. King III"	The King Code of Corporate Governance for South Africa 2009.
xii. Management	All officials of the Institution except for the Chief Risk Officer and officials reporting to him/her.
xiii. Other Official	An official other than the Accounting Officer / Authority, Management, Chief Risk Officer and his/her staff

xiv. PFMA	Public Finance Management Act (Act No. 1 of 1999 as amended by Act No. 29 of 1999).
xv. Residual Risk	The remaining exposure after the mitigating effects of deliberate management intervention(s) to control such exposure (the remaining risk after Management has put in place measures to control the inherent risk).
xvi. Risk	An unwanted outcome, actual or potential, to the Institution's service delivery and other performance objectives, caused by the presence of risk factor(s). Some risk factor(s) also present upside potential, which Management must be aware of and be prepared to exploit. This definition of "risk" also encompasses such opportunities.
xvii. Risk Appetite	The amount of residual risk that the Institution is willing to accept.
xviii. Risk Champion	A person who by virtue of his/her expertise or authority champions a particular aspect of the risk management process, but who is not the risk owner.
xix. Risk Factor	Any threat or event which creates, or has the potential to create risk.
xx. Risk Management	Systematic and formalized processes to identify, assess, manage and monitor risks.
xxi. Risk Management Committee	A committee appointed by the Accounting Officer / Authority to review the Institution's system of risk management.
xxii. Risk Management Unit	A business unit responsible for coordinating and supporting the overall Institutional risk management process, but which does not assume the responsibilities of Management for identifying, assessing and managing risk.
xxiii. Risk Owner	The person accountable for managing a particular risk
xxiv. Risk Tolerance	The amount of risk the Institution is capable of bearing (as opposed to the amount of risk it is willing to bear).
ACRONYM	
i. COSO	Committee of Sponsoring Organizations

LEGISLATIVE FRAMEWORK

I. COSO Enterprise Risk Management - Integrated Framework 2004.

II. COSO - Strengthening Enterprise Risk Management for Strategic Advantage, 2009

III. Draft International Standards ISO/DIS 31000, 2008.

IV. Framework for Managing Programme Performance Information 2007.

V. International Standards for the Professional Practice of Internal Audit.

VI. King Code of Governance for South Africa 2009.

VII. Public Finance Management Act No. 1 of 1999.

VIII. Public Service Regulations, 2001.

IX. The Orange Book, Management of Risk - Principles and Concepts, October 2004.

X. Treasury Regulations (Issued in terms of PFMA)

1. PREAMBLE

1.1. This policy document outlines the commitment of the Department of Social Development to managing risks utilizing a comprehensive entity-wide and integrated approach. This will involve proactive, on-going, and consistent risk management processes to mitigate risks to the lowest levels towards the achievement of the Departmental mandate. This policy is developed, implemented and aligned to both the National Treasury's Public Sector Risk Management and Provincial Treasury's Provincial Risk Management Frameworks.

1.2. In an effort to address the operational challenges that affect sound organizational management within the department related to risk prevention, intervention, mitigation and management, this policy will serve as guiding tool for processes and structures towards the effective management of potential opportunities and adverse effects within the department's environment. Inherent to the risk management programme, the policy will promote a process whereby an entity both methodically and intuitively addresses the risk attached to their activities with the goal of achieving sustained benefit within each activity and across a portfolio of activities. Consequently this will enable the department to effectively deal with uncertainty and associated risk and opportunity, enhancing the capacity to build value.

2. PURPOSE

The policy aims to support the Departmental Priorities through providing information and guidance to enable the implementation and maintenance of effective systems to identify and mitigate the risks that threaten the attainment of service delivery, objectives, and optimise opportunities that enhance performance.

3. OBJECTIVES

a) Improving control and accountability systems and processes to take into account risk management and its results.

b) Aligning risk management with objectives at all levels of the department

c) Introducing risk management components into existing strategic planning and operational practices

d) Provide reasonable assurance to the department for continuous improvement

e) Effective, efficient and transparent utilization of resources

f) Ensure compilation of risk registers from risk assessment exercise

4. SCOPE OF APPLICABILITY

The policy is applicable to all Departmental Programmes, sub-programmes, operations and processes, NGOs, NPOs and Priority Projects Funded by the department.

5. PRINCIPLES AND VALUES

Principles are based on the eight fundamental principles of risk management:

a) Risk identification- determination and classification of risks that could prevent the entity or department or enterprise from achieving its objectives

b) Risk assessment- determination of qualitative and quantitative value of risk related to concrete situation and recognised threat.

c) Objective level Setting- alignment with departmental objectives

d) Determination of Control Objectives- setting of specific targets against with to test adequacy or controls.

e) Risk Profiles, register with control actions- is a Risk Management tool used in Risk Assessment which records and tracks details of all risks.

f) Risk Mitigation- systematic reduction in the extent of exposure to a risk- also called risk reduction

g) Risk Monitoring-is a continuous process of keeping track of identified risks, monitoring residual risks and identifying new risks and ensuring execution of risk control plans.

h) Communication- an interactive process to exchange information and opinion on risk among risk assessors, risk managers and other stakeholders.

6. POLICY STATEMENT

6.1 RISK MANAGEMENT CONCEPT

6.1.1. The concept of Risk Management is not new to the public service as the basic principles of service delivery (Batho Pele, 1997) clearly articulate the need for prudent risk management to underpin the achievement of government objectives

6.1.2. The Department commits to the integration of risk management into existing decision-making structures; with the following factors in mind:

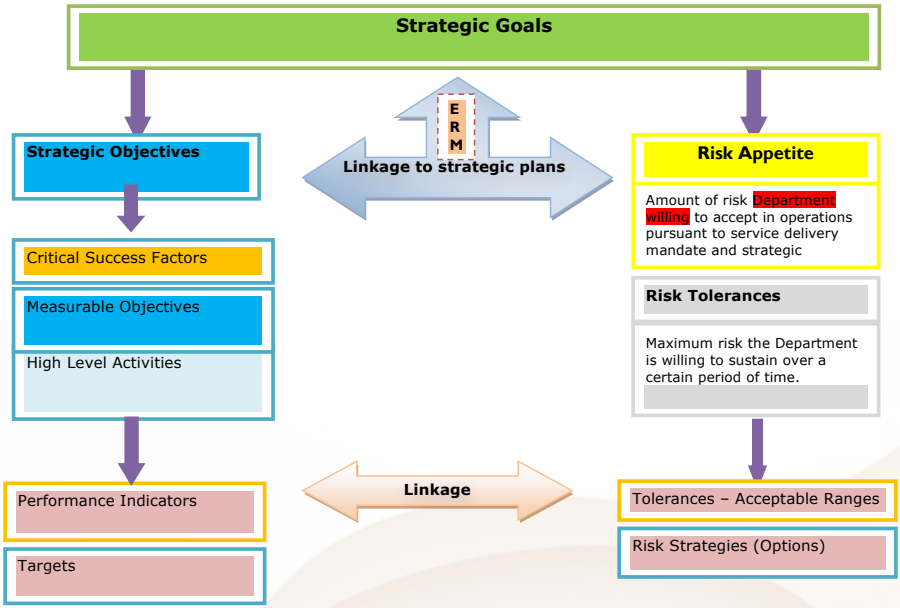
a) Aligning risk management with objectives at all levels of the Department;

b) Introducing risk management components into existing Strategic Planning and Operational practices;

c) Including risk management as part of appropriate employee's performance plans, and ultimately performance appraisals/or assessment; and;

d) Continuously improving control and accountability systems and processes to take into account risk management and its results.

6.1.3 The illustration below shows how the Department intends integrating all aspects of risk management into all aspects of our operations:-



a) VISION

A caring society for the protection and development of the poor and vulnerable towards a sustainable society

i. Caring Society through a collective approach or unity with stakeholders

ii. Poor & Vulnerable by building trust, hope and assurance

iii. Sustainable society through continuous improvement & sustainability

b) MISSION

To transform our society by building conscious and capable citizens through the provision of integrated social development services with families at the core of social change.

The key concepts of the mission are:

i. Transformation is about changing the landscape of South Africa through legislative reform; programmes which must radically change material conditions of our people and entrenching of human rights.

ii. Consciousness building has both an internal Organisation focus on building activist bureaucrats committed to the service of South African citizens. The outward focus is on creating a space for progressive awareness, critical engagement and participation of citizens in their development.

iii. Capabilities are about enhancing social, human, financial, physical and natural assets of citizens so as to enjoy freedoms espouses in the Constitution of South Africa.

iv. Integrated service is about ensuring that our provision of welfare services, community development and social security respond to lifecycle challenges that our people face. This requires budgets that enforce integration; structures that enforce integration; programmes that enforce integration, systems and processes that enforce integration.

c) VALUES

All employees of the Department are expected to subscribe to the Code of Conduct for Public Servants and the Batho Pele Principles.

The following Department-specific core values apply:

i. **Integrity:** Our actions and decisions must be in the interest of the community and must be beyond reproach

ii. **Dignity:** We are commitment to a rights based culture & professionalism in which the right to dignity of individuals and communities is sacrosanct.

iii. **Empathy:** We must show compassion to the most vulnerable by acting professionally

and diligently in our work.

iv. **Empowerment:** We aim to empower our employees and communities by building on existing skills, knowledge and experience and by creating an environment conducive to life-long learning.

v. **Accountability:** Understanding the impact of our work and taking responsibility for our actions and decisions

6.2 GENERAL REQUIREMENTS

6.2.1 The Accounting Officer of the Department of Social Development (Herein thereafter referred to as the AO) has committed the Department to a process of risk management that is aligned to the principles of good corporate governance, as supported by the **Public Finance Management Act (PFMA), Act 1 of 1999 as amended by Act 29 of 1999** and **Treasury Regulation**s.

6.2.2. Risk management is recognised as an integral part of responsible management and the Department thus adopts a comprehensive approach to the management of risk. It is expected that all programmes, sub-programmes, operations and processes will be subject to the enterprise-risk management processes. It is the intention that these programmes, sub-programmes, operations and processes will work together in a consistent and integrated manner, with the overall objective of managing risks, as far as reasonably practicable.

6.2.3. Effective risk management is imperative to the Department to fulfill our mandate, stakeholder's service delivery and the performance expectations.

The realization of our strategic plan depends on us being able to take calculated risks in a way that does not jeopardize the interests of our stakeholders. Sound management of risk will enable us to anticipate and respond to changes in our service delivery environment, as well as make informed decisions under conditions of uncertainty. Thus, the Accounting officer commits the Department to integrate risk management processes into daily operations

6.2.4. The Department subscribe to the fundamental principles that all resources will be applied economically to ensure:

a) The highest standards of service delivery;

b) A management system containing the appropriate elements aimed at minimizing risks and costs in the interest of all stakeholders;

c) Education and training of all our staff to ensure continuous improvement in knowledge, skills and capabilities which facilitate consistent conformance to the stakeholders expectations; and

d) Maintaining an environment, that promotes the right attitude and sensitivity towards internal and external stakeholder satisfaction.

6.2.5. An entity-wide approach to risk management is thus adopted by the Department, which means that every key risk in each part of the Department will be included in a structured and systematic process of risk management. It is expected that the risk management processes will become embedded into the Department's systems and processes, ensuring that our responses to risk remain current and dynamic. All risk management efforts will be focused on supporting the Department's objectives. Equally, they must ensure compliance with relevant legislation, and fulfill the expectations of employees, communities and other stakeholders in terms of good Departmental governance.

The following are formally adopted as the key Departmental risk management objectives:

a) Proactively identifying and understanding the risk factors and events that may have an impact on Departmental objectives;

b) Developing appropriate response strategies for risks, including taking calculated risks or managing risk through various initiatives;

c) Continuously monitoring and reporting risks;

d) Ensuring that risk management is a performance measurement for relevant managers;

e) Continually striving to embed risk management in day-to-day activities and Departmental values;

f) Sound, and robust internal control policies and procedures;

g) Continuous monitoring and updating of risks within the Department;

h) Internal control reviews and any other interventions by the Internal Audit function as indicated on the Internal Audit coverage plan for identified risk areas; and

i) Development and implementation of a Fraud Prevention Plan to manage Fraud risks.

6.3 ENTERPRISE / BUSINESS RISK MODEL

6.3.1. The Department is exposed to a variety of risks during normal course of operations. The challenge is for the Department to create and maintain a common understanding of the risks the Department is faced with. The creation of a Risk Model or framework is an essential step in establishing a common language. The model provides with the following benefits:

a) It allows both the management and staff to speak the same language when managing and communicating risks across the Department;

b) It groups risks into categories based on the nature of the risks;

c) It provides structure to a long list of what sometimes appears to be a collection of unrelated risks;

d) It serves as a basis for creating a risk universe or risk profile for the Department and is essential for conducting our annual risk assessment.

6.3.2 STRATEGIC OBJECTIVE LEVEL RISKS

The Department shall group risks according to the following categories:

a) **Strategic Risks:** Risks that impact the nature and viability of the institution's existence. Some of these risks may include internal risk and external risks

6.3.3 RELATED OBJECTIVES LEVEL RISKS

a. Operations objectives level risks:

i) **Operations and related Risks:** Risks that impact the effective operations of the institution. Examples being: Operational excellence risks, authority risks, etc

ii) **Financial management and related Risks:** Risks affecting the financial viability of the institution. Example being: Accounting risks, credit risks, interest rates risks, budget risks etc.

iii) **Supply chain and related risks:** Risk related to the Department's procurement processes. Examples being: Contract management risk, fraud risk, etc

iv) **Information technology and related risks:** Risk pertaining to the Department's computer systems. For example: system access risk, data integrity risk, etc.

b. Reporting objectives level

i) **Information risks:** Risks related to the compilation, analysis and reporting of that information is key to decision-making. Examples being: performance information risk, leave management risks.

c. Safeguarding objectives level

i) **Assets management risks:** Risks pertaining to assets management processes. Examples being: Assets disclosure risk, assets existence risks, etc.

ii) **Security risks:** Risk pertaining to security and safety of assets. Examples being: Access control risk, outsourcing risk, etc.

d. Compliance objectives level risk

i) **Legal and compliance risks:** Risk pertaining to the regulatory environment in which the Department operates. Examples being: Litigation risk, Legislation risks, etc.

6.4 RISK MANAGEMENT COMPONENTS

Risk management is an ongoing process at every level, and consists of eight interrelated components, namely:

6.4.1 **Control environment:** The control environment encompasses the "tone at top of the Department, and sets the basis for how risk is viewed and addressed by the Department, including risk management philosophy and risk tolerance/appetite, integrity and ethical values, and the environment in which the Department operates.

6.4.2 **Objective setting:** Objectives must exist before identification of potential events affecting their achievement. Risk management ensures that have in place a process to set objectives that the chosen objectives support and align with the Department's service delivery mandate and are consistent with its risk tolerance/appetite.

6.4.3 **Event identification:** Factors, events, etc. (both internal and external) with the ability of affecting achievement of service delivery mandate, and/or objectives must be identified.

6.4.4 **Risk assessment:** Risks must be analyzed, considering likelihood and impact, as a basis for determining how they should be managed. Risks are assessed on an inherent and a residual basis

6.4.5 **Risk management strategy:** Management selects the best viable and available risk responses:

a) **Risk acceptance**: acceptance responses take no action to affect likelihood or impact because it is such a minimal risk, or the cost to implement the risk mitigations plan is too high relative to the cost of the risk;

b) **Risk reduction**: Reduction responses reduce the risk likelihood, impact, or both;

c) **Risk sharing**: Sharing responses reduce risk likelihood or impact by transferring or otherwise sharing a portion of the risk;

d) **Risk transfer**: transferring the risks associated with fleet management to another party i.e. outsourcing such function;

e) **Risk avoidance**: avoidance responses take action to remove the activities that give rise

to the risks i.e. cessation of such risky functions;

f) Monitoring the likelihood or impact; and

g) Controlling likelihood or impact

For each identified risk, an appropriate and viable risk management strategy option will be selected. Upon which action plans will be developed to effect the selected strategy option.

6.4.6 **Information and communication:** relevant information should be identified, captured, and communicated in a manner and time lines that enable people to carry out their responsibilities.

6.4.7 **Control activities:** are the policies, processes and procedures designed and implemented to help ensure that risk management strategies are properly implemented. They usually involve two elements: a policy establishing what should be done and procedures to effect the policy (implementation plan).

6.4.8 **Monitoring:** risk management initiatives needs monitoring through ongoing activities, separate evaluations, or both

6.5 RISK AWARENESS

6.5.1 As per our policy, we subscribe to the fundamental principles that all resources will be applied economically to ensure:

a) A management system containing the appropriate elements aimed at minimizing risks and costs in the interest of all stakeholders;

b) Education and training of all our staff to ensure continuous improvement in knowledge, skills and capabilities which facilitate consistent conformance to the stakeholders expectations; and

c) Maintaining an environment, that promotes the right attitude and sensitivity towards internal and external stakeholder satisfaction.

d) Continually striving to embed risk management in day-to-day business activities and Departmental values;

e) Sound, and robust internal control policies and procedures; and

f) Continuous monitoring and updating of risks within the Department;

g) Design appropriate training material to support our fundamental principles as our policy statement

h) Keep abreast of new and recent risk management developments

i) Ensure maximum specialist risk management expertise support for our stakeholders

6.5.2 The Chief risk officer shall in conjunction with other stakeholders:

a) Conduct risk awareness within the Department

b) Ensure maximum specialist risk management expertise support to the Department

c) Keeping up with recent and best risk management practices

d) Assist Departmental management and employees effectively discharge their risk management duties

6.6. RISK MATURITY

6.6.1 Risk maturity is acknowledged as at the initial level, with the recognition of the need to establish sound risk management processes. There is currently lack of formalized risk management processes to deal with future uncertainties

6.6.2 Requesting assistance from the provincial treasury and capacitating Departmental risk management sub-programmes, are the two measures adopted to assist the Department with its risk maturity improvement processes.

6.7. DISPUTE RESOLUTION

The following mechanism will be adopted, to resolve any dispute relating to risk management processes:

a) The Risk Champion shall be notified of the nature of the dispute

b) Should the risk champion fail to resolve the matter amicably, the risk champion shall refer the matter to the risk management committee;

c) The risk management committee shall review the matter and make recommendations to the Accounting officer; and

d) The Accounting officer shall then make the final decision, based on the recommendations, Departmental interests, or any other appropriate facts.

7. APPROVING AUTHORITY

Head of Department will recommend this policy to MEC for approval and the Executive Authority shall be responsible for the approval of this policy.

8. ADMINISTRATION OF THE POLICY

The accounting officer together with the Risk Management Unit, Risk Management Committee shall be responsible for the administration and enforcement of this policy.

9. ACCOUNTABILITIES AND RESPONSIBILITIES

Everyone in Department has an inherent responsibility for risk management.

Role players in risk management processes include:

9.1 Member of Executive Council:

a) The MEC shall be accountable to the legislature and the executive in terms of the achievement of the goals and objectives of the Department. As risk management is an important management tool to support the achievement of this goal, it is important that the MEC must provide strategic political leadership as to governance and risk management.

b) By the virtue of being involved in accounting officer's recruitment processes, the Executive Authority has a major role in defining what it expects in integrity and ethical values and can confirm its expectations through oversight activities. Similarly, by reserving authority in certain key decisions, the executive authority plays a role in formulating high-level objectives and broad-based resource allocation.

9.2 Audit Committee:

a) The Audit Committee shall be responsible for providing the Accounting Officer with independent counsel, advice and direction in respect of risk management. The stakeholders rely on the Audit Committee for an independent and objective view of the effectiveness of Departmental risk management processes. In this way, the Audit Committee provides valuable and assurance that stakeholder interests are protected.

9.3 Risk Management Committee:

a) The Risk Management Committee shall be responsible for assisting the Accounting Officer in addressing his/her oversight requirements of risk management and evaluating and monitoring the Department's performance with regards to risk management. The role of the Risk Management Committee is to formulate, promote and review the

Department's risk management objectives, strategy and policy and monitor the process at all applicable levels.

b) Members of the Risk Management Committee must be formally appointed in writing by the Accounting Officers. Members must possess the blend of skills, expertise and knowledge of the Department, including familiarity with the concepts, principles and practice of risk management, such that they can contribute meaningfully to the advancement of risk management within the Department

9.4 **Internal Audit Services:**

a) Internal Auditors play an important role in the monitoring of risk management and the quality of performance as part of their regular duties. They must assist management, risk management and audit committees by monitoring, examining, evaluating, reporting on and recommending improvements to the adequacy and effectiveness of management's risk management, and internal control processes.

b) Internal Audit shall be accountable to the Audit Committee for providing independent advisory and assurance guidance regarding the Departmental risk management activities. Hence, Internal Audit is responsible for providing independent advice and assurance that management has identified the Departmental risks and has responded effectively. Internal Audit may also play an advisory and consulting role to Management regarding risk management matters.

9.5 National and Provincial Treasuries:

Both have explicit legal duties to:

a) Monitor and assess the systems of risk management in the Department

b) Assist with building Departmental risk management capacity by:

i. Facilitating appropriate risk management processes and initiatives

ii. Facilitate appropriate courses, workshops, risk awareness initiatives

iii. Enforce the PFMA, Treasury Regulations (by implication the specific prescripts therein pertaining to risk management)

9.6 External parties:

a) External parties i.e. media; civil organizations, parliamentary committees, etc often contribute passively, to achievement Departmental objectives. They play a "passive" risk management oversight role.

b) They can provide information useful in effecting risk management. They often bring to the fore the following, but not entirely limited to:

i. Poor service delivery issues

ii. Questionable and unacceptable behavior (suppliers, and employees)

iii. Public sentiments

iv. Reputation issues

Thus mechanism must be established to review such issues raised by such external parties.

9.7 Auditor-General South Africa:

a) Auditor General South Africa assesses and highlights weaknesses or deficiencies in the performance reporting of the Department. In providing an opinion on compliance with legislation the Auditor General will provide independent assurance on the effectiveness of the Departmental risk management activities.

9.8 Accounting Officer:

a) The Accounting officer is ultimately, the Department's Supreme Chief Risk Officer. Accounting officer shall be legally accountable for Department's risk management obligations, responsible for and must assume "ownership" for Departmental overall risk management.

b) More than any other individual, the Accounting officer sets the tone at the high strategic level that affects integrity and ethics and other factors of the control environment.

c) Departmentally, the Accounting officer fulfills this duty by providing leadership, direction, and applicable reviews to senior management.

d) The Accounting Officer must ensure that the responsibility for risk management vests at all levels of management and that it is not only limited to the Accounting Officer.

9.9. Management:

a) Risk management duties involve taking direct ownership of risks in their individual programmes, or sub-programmes.

b) They must work with the CRO's in implementing necessary risk management processes.

c) They shall monitor the risks management processes delegated to subordinates, on a regular basis, and provide appropriate information to the CRO on a regular basis

9.10 Departmental Employees:

a) Risk management shall be the responsibility of everyone in the Department and therefore

should be an explicit or implicit part of everyone's job description. Virtually all personnel produce information used in risk management or take other actions needed to manage risks.

b) Employees shall be responsible for communicating risks such as problems in operations, non-compliance with acceptable behavior outlined in Departmental fraud plans, applicable laws, policies, etc.

9.11 Chief Risk Officer (CRO):

a) Chief Risk Officer shall provide specialist expertise to assist the Department to embed and leverage the benefits of risk management to achieve its stated objectives.

b) Focusing on enterprise-wide risk management processes, the CRO shall be tasked with the overall efficiency of the risk management function. This is inclusive of the embedding of risk management practices and fostering a risk aware culture within the Department.

c) The CRO effectively assumes the role of the Department's primary advocate for risk management and brings specialist expertise to assist in integrating risk management throughout the Department.

9.11 Risk Champions:

a) All members of the senior management team within the Department's individual programmes.

b) Risk champions shall support the risk management process in specific allocated areas, programmes or functions.

c) A risk champion must have sufficient authority to drive risk management as required by the Department's risk management policy, strategy, and other risk management initiatives within their individual programmes

9.12 Risk Coordinators:

a) They are members of the Department with allocated specific risk management support functions within a programme/sub- programme/unit.

b) The core risk management responsibility of the risk coordinator shall involve maintenance of the risk register within their programmes, or sub-programmes

Refer to **Annexure C** for more details on roles, responsibilities, and evaluations

10. EFFECTIVE DATE OF THE POLICY

The policy is effective from the date of its approval.

11. PROCEDURE FOR IMPLEMENTATION

The Financial Management Programme will spearhead the implementation of the policy. A detailed plan will be compiled to include:

a) Facilitation of appropriate risk management processes i.e. risk assessments, risk management strategy, strategy implementation action plans, risk awareness, et;

b) Monitoring of the risk management processes;

c) Facilitation development of appropriate risk management training materials;

d) Facilitating appropriate training courses, and interventions; and

e) Facilitating development of risk awareness.

12. MONITORING MECHANISMS

The monitoring of the policy will be carried out through the following:

a) Assurance partners and monitoring tools:

b) National Treasury

c) Provincial Treasury

d) Internal Audit

e) Audit Committee

f) Risk Management Committee

g) Risk Management Reports

h) Risk Assessment

i) Risk Control Plans

13. REVIEW OF THE POLICY

The policy shall be reviewed on an annual basis to ensure that it remains appropriate and relevant due to the dynamic risk management environment and that the latest best practices in the risk management domain have been adopted. The risk assessment exercise shall be reviewed on a quarterly basis.

14. POLICY RECOMMENDATION & APPROVAL

RECOMMENDED/ NOT RECOMMENDED

Head of Department: Dept. Of Social Development

2015/02/12
Date

APPROVED/NOT APPROVED

MEC: Dept. of Social Development &

12/2/2015
Date

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

SECURITY MANAGEMENT POLICY

POLICY REGISTRATION NO: 2015 - 10

TABLE OF CONTENT

DEFINITIONS AND TERMS

i. ACCREDITATION	The official authorization by management for the operation of an Information Technology (IT) system, and acceptance by that management of the associated residual risk. Accreditation is based on the certification process as well as other management considerations;
ii. ASSETS	Material and immaterial property of an institution. Assets include but are not limited to information in all forms and stored on any media, networks or systems, or materiel, real property, financial resources, employee trust, public confidence and international reputation;
iii. AVAILABILITY	The condition of being usable on demand to support operations, programmes and services;
iv. BUSINESS CONTINUITY PLANNING	Includes the development of plans, measures, procedures and arrangements to ensure minimal or no interruption of the availability of critical services and assets;
v. CANDIDATE	An applicant, an employee, a contract employee or a person acting on behalf of a contract appointee or independent contractor;
vi. CERTIFICATION	The issuing of a certificate certifying that a comprehensive evaluation of the technical and non-technical security features of an Information and Communication Technology system (hereinafter referred to as an "ICT" system) and its related safeguards has been undertaken and that it was established that its design and implementation meets a specific set of security requirements;
vii. CRITICAL SERVICE	A service identified by an institution as a critical service through a Threat and Risk Assessment and the compromise of which will endanger the effective functioning of the institution;
viii. NATIONAL INTELLIGENCE STRUCTURES	The National Intelligence Structures as defined in section 1 of the National Strategic Intelligence Act, Act 39 of 1994;
viii. RELIABILITY CHECK	An investigation into the criminal record, credit record and past performance of an individual or private organ of state to determine his, her or its reliability;
x. RISK	The likelihood of a threat materializing by exploitation of vulnerability;

xi SCREENING INVESTIGATOR	Staff member of a National Intelligence Structure designated by the head of the relevant National Intelligence Structure to conduct security clearance investigations;
xii. SECURITY BREACH	The negligent or intentional transgression of or failure to comply with security measures;
xiii. SECURITY CLEARANCE	A certificate issued to a candidate after the successful completion of a security screening investigation, specifying the level of classified information to which the candidate may have access subject to the need to know;
xiii. SITE ACCESS CLEARANCE	Clearance required for access to installations critical to the national interest;
xiiii. TECHNICAL SURVEILLANCE COUNTER MEASURES	The process involved in the detection, localization, identification and neutralization of technical surveillance of an individual, an organ of state, facility or vehicle;
xiv.TECHNICAL / ELECTRONIC SURVEILLANCE	The interception or monitoring of sensitive or proprietary information or activities (also referred to as “bugging”);
xv. THREAT	Any potential event or act, deliberate or accidental that could cause injury to persons compromise the integrity of information or could cause the loss or damage of assets;
xvi. THREAT AND RISK ASSESSMENT	Within the context of security risk management, the process through which it is determined when to avoid, reduce and accept risk, as well as how to diminish the potential impact of a threatening event;
xvii VULNERABILITY	A deficiency related to security that could permit a threat to materialize.

xvii. DOCUMENT	a) Any note or writing, whether produced by hand or by printing, typewriting or any other similar process, in either tangible or electronic format; b) Any copy, plan, picture, sketch or photographic or other representation of any place or article; c) Any disc, tape, card, perforated roll or other device in or on which sound or any signal has d) Been recorded for reproduction;
xviii. INFORMATION SECURITY" INCLUDES, BUT IS NOT LIMITED TO:	a) Document security; b) Physical security measures for the protection of information; c) Information and communication technology security; d) Personnel security; e) Business continuity planning; f) Contingency planning; g) Security screening; h) Technical surveillance counter-measures; i) Dealing with information security breaches; j) Security investigations; and k) Administration and organization of the security function at organs of state;

ACRONMYS	
i. BCP	Business Continuity Planning
ii. ICT	Information and Communication Technology
iii. IT	Information Technology
iv. MISS	Minimum Information Security Standards
v. SAPS	South African Police Services
vii. SM	Security Manager
viii. SOCDEV	Department of Social Development
viiii. SSA	State Security Agency
ix. TRA	Threat and Risk Assessment
x. TSCM	Technical Surveillance Counter Measures

LEGISLATIVE FRAMEWORK

This policy is informed by and complies with applicable national legislation, national security policies and national security standards.

i. Constitution of the Republic of South Africa, 1996 (Act no 106 of 1996)

ii. Protection of Information Act, 1982 (Act no 84 of 1982)

iii. Promotion of Access to Information Act, 2000 (Act no 2 of 2000)

iv. Promotion of Administrative Justice Act, 2000 (Act no 3 of 2000)

v. Copyright Act, 1978 (Act no 98 of 1978)

vi. National Archives of South Africa Act, 1996 (Act no 43 of 1996) and regulations

vii. Public Service Act, 1994 (Act no 103 of 1994) and regulations

viii. Occupational Health and Safety Act, 1993 (Act no 85 of 1993)

ix. Criminal Procedures Act, 1977, (Act no 51 of 1977), as amended.

x. Private Security Industry Regulations Act, 2001 (Act no 56 of 2001)

xi. Control of Access to Public Premise and Vehicles Act, 1985 (Act no 53 of 1985)

xii. National Key Points Act, 1980 (Act no 102 of 1980)

xiii. Trespass Act, 1959 (Act no 6 of 1959)

xiv. Electronic Communication and Transaction Act, 2002 (Act no 25 of 2002)

xv. Electronic Communications Security (Pty) Ltd Act, 2002 (Act no 68 of 2002)

xvi. State Information Technology Agency Act, 1998 (Act no 88 of 1998)

xvii. Regulation of Interception of Communications and Provision of Communication-Related Information Act, 2002 (Act no 70 of 2002)

xviii. General Intelligence Law Amendment Act, 2000 (Act no 66 of 2000)

xix. Intelligence Service Act, 2002 (Act no 65 of 2002) and regulations

xx. National Strategic Intelligence Act, 1994 (Act no 39 of 1994)

xxi. Intelligence Services Control Act, 1994 (Act no 40 of 1994)

xxii. Labour Relations Act, 1995 (Act no 66 of 1995)

xxiii. Employment Equity Act, 1998 (Act no 55 of 1998)

xxiv. Occupational Health and Safety Act, 1993, (Act no 83 of 1993)

xxv. Fire-arms Control Act, 2000 (Act no 60 of 2000) and regulations

xxvi. Non-Proliferation of Weapons of Mass Destruction Act, 1993 (Act no 87 of 1993)

xxvii. Protection of Constitutional Democracy Against Terrorism and Related Activities Act, 2004 (Act no 33 of 2004)

xxviii. Protected Disclosures Act, 2000 (Act no 26 of 2000)

xxix. Intimidation Act, 1982 (Act no 72 of 1982)

xxx. Prevention and Combating of Corrupt Activities Act, 2004 (Act no 12 of 2004)

xxxi. Public Finance Management Act, 1999 (Act no 1 of 1999) and Treasury Regulations

OTHER REGULATORY FRAMEWORK DOCUMENTS

i. Minimum Information Security Standards (MISS), 1996

ii. SSA Guidance Documents: ICT Policy and Standards: Part 1 & 2

iii. International Standard of Operations 17799

iv. National Building Regulations

1. PREAMBLE

1.1. Departmental security is the assurance that information, assets (Human and physical) and services are protected against risks and vulnerabilities. The Department therefore depends on its personnel, information and assets to deliver services that ensure the health, safety, security and economic well- being of citizens within the Eastern Cape. It must therefore manage these resources with due diligence and take appropriate measures to protect them.

1.2.Threats that can cause harm to the Department, from within South Africa and abroad, include acts of terror and sabotage, espionage, unauthorized access to buildings and premises, theft, armed robbery, fraud and corruption, vandalism, fire, natural disasters, technical failures and accidental damage. The threat of cyber-attack and malicious activity through the Internet is prevalent and can cause severe harm to electronic services and critical infrastructure. Threats to the national interest, such as transnational criminal activity, foreign intelligence activities and terrorism, continue to evolve as the result of changes in the international environment. The policy is being developed in order to increase the compliance rating to the MISS as audited by SSA and to create a secure environment for officials to operate within.

1.3. The world and especially South Africa has changed dramatically during the last few years, with profound implications for our society and our government. The understanding of a range of issues that impact on security is evolving. Economic and environmental issues are of increasing concern and compete with traditional political and military issues for resources and attention. The South African Government has to serve and protect its own interests just like any other sovereign state in the world. The State Security Agency (SSA) has a statutory responsibility to protect the interests of the State through counter-intelligence measures. With these imperatives in mind SSA has focused their attention on the process used to formulate and implement information security policies on a national basis. These processes used to formulate policies and deliver information security services must be sufficiently flexible to facilitate change.

a) The need for secrecy and therefore information security measures in a democratic and open society with transparency in its governmental administration;

b) The security standards and procedures must result in the fair and equitable treatment of those upon whom we rely to guard the security;

c) Security policies must realistically match the threats against the Department and its people;

d) Security policies, practices and procedures must provide the needed information security in a cost effective way that will benefit the socio-economic development of the province.

1.4. With these aspects in mind the Minimum Information Security Standard (MISS) was

compiled as an official government policy document on information security, which must be maintained by all institutions who handle sensitive/classified material of the Government. This will ensure that the Departmental information interests are protected.

1.5. The Security Policy of the Department prescribes the application of security measures through continuous assessment of risks to reduce identified harm that can be caused to the institution if these threats should materialise. It has been designed to protect employees, preserve the confidentiality, integrity, availability and value of information and assets, and assure the continued delivery of services by implementation, monitoring and maintaining of appropriate internal management controls involving prevention (mitigation), detection, response and recovery. Since the Department relies extensively on information and communication technology (ICT) to provide its services, this policy emphasizes the need for acceptable use of ICT equipment as well as ICT protection measures to be complied with by employees.

1.6. Security Management will be achieved when it is supported by top management- an integral component of strategic and operational planning and embedded into departmental frameworks, culture, day-to-day operations and employee behaviours. Security threats, risks and incidents must be proactively managed to help protect the department's critical assets, information and services.

2. PURPOSE

The purpose of this policy therefore is to support the Departments asset interests and the business objectives by protecting employees, information and assets and assuring the continued delivery of services to all citizens within the Eastern Cape.

3. OBJECTIVES

a) To provide a baseline from which security systems, measure and procedures can be implemented for compliance with the policy.

b) To inform staff, contractors and visitors of those essential requirements for protecting the assets of the Department, of which the most important are people, property and information;

c) To provide framework in specifying the mechanisms through which security management requirement can be met.

4. SCOPE OF APPLICABILITY

4.1. This policy is applicable to the following individuals and entities:

a) Employees of the Department;

b) Contractors and consultants delivering a service to the Department, including their employees who may interact with the Department;

c) Temporary employees of the Department;

d) Information assets of the Department;

e) Intellectual property of the Department;

f) Fixed property that is owned or leased by the Department;

g) Moveable property that is owned or leased by the Department

h) Visitors to any premises of the Department;

i) Members of the public visiting premises of or may officially interact with the Department

5. PRINCIPLES AND VALUES

The following principles and values underpin this policy:

a) **Confidentiality** (also known as secrecy), meaning that sensitive information and assets can be read only and available to authorized parties.

b) **Integrity**, meaning that the information and assets can only be modified or deleted by authorized parties in authorized ways.

c) **Availability**, meaning that the assets are accessible to the authorized parties in a timely manner (as determined by the systems requirements).

d) **Accountability**, meaning that every person on whom this policy is applicable has the accountability to ensure compliance with the policy and applicable directives.

e) **Honesty**, meaning that every person must ensure that no sensitive information or assets are being compromised in a dishonest way.

f) **Loyalty** means the protection of sensitive state information and assets at all times.

6. POLICY STATEMENT

6.1. GENERAL

a) Employees of the Department must be protected against identified threats according to

baseline security requirements and continuous security risk management.

b) Information and assets of the Department must be protected according to baseline security requirements and continuous security risk management.

c) Continued delivery of services of the Department must be assured through baseline security requirements, including business continuity planning, and continuous security risk management.

d) The policy further covers the following seven elements of the security program of Social Development:

   i. Security organization

   ii. Security administration

   iii. Information security

   iv. Physical security

   v. Personnel security

   vi. Information and Communication Technology (ICT) security

   vii. Business Continuity Planning (BCP).

6.2. COMPLIANCE REQUIREMENTS

a) All individuals mentioned in paragraph 4.1 must comply with the baseline requirements of this policy and it's associated Security Directives as contained in the Security Plan of the Department. These requirements shall be based on integrated security Threat and Risk Assessments (TRA's) to the national interest as well as employees, information and assets of the Department. The necessity of security measures above baseline levels shall also be determined by the continual updating of the security TRA's.

b) Security threat and risk assessments involve:

   i. Establishing the scope of the assessment and identifying the information, employees and assets to be protected;

   ii. Determining the threats to information, employees and assets of the Department and assessing the probability and impact of threat occurrence;

   iii. Assessing the risk based on the adequacy of existing security measures and vulnerabilities;

iv. Implementing any supplementary security measures that must reduce the risk to an acceptable level.

c) Staff accountability and acceptable use of assets

i. The Head of Department of Eastern Cape Department of Social Development shall ensure that information and assets of the Department are used in accordance with procedures as stipulated in the Security Directives as contained in the Security Plan of the Department.

ii. All employees of the Department shall be accountable for the proper utilization and protection of such information and assets. Employees that misuse or abuse assets of the Department shall be held accountable therefore and disciplinary action shall be taken against any such employee (see Disciplinary Code of the department).

6.3. SPECIFIC BASELINE REQUIREMENTS

6.3.1. Security Organization

a) The Head of Department shall appoint a Security Manager (SM) to establish and direct a security program that ensures co- ordination of all policy functions and implementation of policy requirements.

b) Given the importance of this role a Security Manager with sufficient security experience and training, who is strategically positioned within the Department so as to provide institution-wide strategic advice and guidance to senior management, shall be appointed.

c) The Head of Department shall ensure that the Security Manager has an effective support structure (security component) to fulfil its functions (Refer to Departmental Organisational structure)

d) Individuals that shall be appointed in the support structure of the Security Manager shall all be security professionals with sufficient security experience and training to effectively cope with their respective job functions.

6.3.2. Security Administration

a) The functions may include the following:

i. General security administration (departmental directives and procedures, training and awareness, security risk management, security audits, sharing of information and assets);

ii. Setting of access limitations;

iii. Administration of security screening;

iv. Implementing physical security;

v. Ensuring the protection of employees;

vi. Ensuring the protection of information;

vii. Ensuring ICT security;

viii. Ensuring security in emergency and increased threat situations;

ix. Facilitating business continuity planning;

x. Ensuring security in contracting; and

xi. Facilitating security breach reporting and investigations.

b) Security incident/breaches reporting process

i. Whenever an employee of the Department becomes aware of an incident that might constitute a security breach or an unauthorized disclosure of information (whether accidentally or intentionally), he/she shall report that to the Security Manager of the Department by utilizing the formal reporting procedure prescribed in the Security Breach Directive of the Department.

ii. The Head of Department shall report to the appropriate authority (as indicated in the Security Breach Directive of the Department) all cases or suspected cases of security breaches, for investigation.

iii. The Security Manager of the Department shall ensure that all employees are informed about the procedure for reporting security breaches.

c) Security incident/breaches response process

i. The Security Manager shall develop and implement security breach response mechanisms for the Department in order to address all security breaches/alleged breaches which are reported.

ii. The Security Manager shall ensure that the Head of Department is advised of such incidents as soon as possible.

iii. It shall be the responsibility of the National Intelligence Structures (e.g. SSA or SAPS)

to conduct an investigation on reported security breaches and provide feedback with recommendation to the Department.

iv. Access privileges to classified information, assets and/or to premises may be suspended by the Head of Department until administrative, disciplinary and/or criminal processes have been concluded, flowing from investigations into security breaches or alleged security breaches.

v. The end result of these investigations, disciplinary action or criminal prosecutions may be taken into consideration by the Head of Department in determining whether to restore, or limit, the security access privileges of an individual or whether to revoke or alter the security clearance of the individual (Refer to the Security Directive: Security Breaches)

6.3.3. Information Security

a) Categorization of information and information classification system

i. The Security Manager shall ensure that a comprehensive information classification system is developed for and implemented in the Department. All sensitive information produced or processed by the Department shall be identified, categorized and classified according to the origin of its source and contents and according to its sensitivity to loss or disclosure.

ii. All sensitive Information shall be categorized into one of the following categories:

a) State Secret;

b) Trade Secret; and

c) Personal Information

and subsequently classified according to its level of sensitivity by using one of the recognized levels of classification:

d) Confidential;

e) Secret; and

f) Top Secret.

iii. Employees of the Department who generate sensitive information shall beresponsible for determining information classification levels and the classification thereof, subject to management review. This responsibility includes the labelling of classified documents.

iv. The classification assigned to documents shall be strictly adhered to and the prescribed security measures to protect such documents shall be applied at all times.

v. Access to classified information shall be determined by the following principles:

a. Intrinsic secrecy approach;

b. Need-to-know;

c. Level of security clearance.

(Refer to Security Directive : Information Security)

6.3.4. Physical Security

a) Physical security involves the proper layout and design of facilities of the Department and the use of physical security measures to delay and prevent unauthorized access to assets of the Department. It includes measures to detect attempted or actual unauthorized access and the activation of an appropriate response. Physical security also includes the provision of measures to protect employees from bodily harm.

b) Physical security measures must be developed, implemented and maintained in order to ensure that the entire Department, its personnel, property and information are secured. These security measures shall be based on the findings of the Threat and Risk Assessment (TRA) to be conducted by the Security Manager.

c) The Department shall ensure that physical security is fully integrated early in the process of planning, selecting, designing and modifying of its facilities. The Department shall:

i. Select, design and modify facilities in order to facilitate the effective control of access thereto;

ii. Demarcate restricted access areas and have the necessary entry barriers, security systems and equipment to effectively control access thereto;

iii. Include the necessary security specifications in planning, request for proposals and tender documentation;

iv. Incorporate related costs in funding requirements for the implementation of the above.

d) The Department shall also ensure the implementation of appropriate physical security measures for the secure storage, transmittal and disposal of classified and protected information in all forms.

e) All employees shall be required to comply with access control procedures of the Department at all times. This includes the producing of ID Cards upon entering any sites of the Department, the display thereof whilst on the premises and the escorting of official visitors (Refer to Security Directive : Access Control)

6.3.5. Personnel Security

a) **Security Screening**

i. All employees, contractors and consultants of the Department, who require access to classified information and critical assets in order to perform his/her duties or functions, shall be subjected to a security screening conducted by the State Security Agency (SSA) in order to be granted a security clearance at the appropriate level.

ii. The level of security clearance given to a person shall be determined by the content of or access to classified information entailed by the post already occupied or to be occupied in accordance with their respective responsibilities and accountability.

iii. A security clearance provides access to classified information subject to the need-to-know principle.

iv. A declaration of secrecy shall be signed by every individual issued with a security clearance to complement the entire security screening process. This will remain valid even after the individual has terminated his/her services with the Department.

v. A security clearance shall be valid for a period of ten years in respect of the Confidential level and five years for Secret and Top Secret. This does not preclude re-screening on a more frequent basis as determined by the Head of Department, based on information which impact negatively on an individual's security competence.

vi. Security clearances in respect of all individuals who have terminated their services with the Department shall be immediately withdrawn.

b) **Polygraph examination**

i. A polygraph examination shall be utilized to provide support to the security screening process. All employees subjected to a Top Secret security clearance shall also be subjected to a polygraph examination. The polygraph shall only be used to determine the reliability of the information gathered during the security screening investigation and does not imply any suspicion or risk on the part of the applicant

ii. In the event of any negative information being obtained with regard to the applicant during the security screening investigation (all levels), the applicant shall be given an opportunity to prove his/her honesty and/or innocence by making use of the polygraph examination. Refusal by the applicant to undergo the examination does not necessarily signify that a security clearance will not be granted.
(Refer to Security Directive : Personnel Security)

c) **Transferability of security clearances**

i. A security clearance issued in respect of an official from other government institutions

shall not be automatically transferable to the Department. The responsibility for deciding whether the official should be re-screened rests with the Head of Department.

d) **Security Awareness and Training**

i. A security training and awareness program shall be developed by the Security Manager and implemented to effectively ensure that all personnel and service providers of the Department remain security conscious.

ii. All employees shall be subjected to the security awareness and training programs and must certify that the contents of the programs(s) has been understood and shall be complied with. The program shall cover/covers training with regard to specific security responsibilities and sensitize employees and relevant contractors and consultants about the security policy and security measures of the Department and the need to protect sensitive information against disclosure, loss or destruction.

iii. Periodic security awareness presentations, briefings and workshops shall be conducted as well as posters and pamphlets frequently distributed in order to enhance the training and awareness program. Attendance of the above programs is compulsory for all employees identified and notified to attend the events.

iv. Regular surveys and walkthrough inspections shall be conducted by the Security Manager and members of the security component to monitor the effectiveness of the security training and awareness program.

6.3.6. Information and Communication Technology (ICT) Security

a) **IT Security**

i. A secure network shall be established for the Department in order to ensure that information systems are secured against rapidly evolving threats that have the potential to impact on their confidentiality, integrity, availability, intended use and value.

ii. To prevent the compromise of IT systems, the Department shall implement baseline security controls and any additional control identified through the security TRA. These controls, and the security roles and responsibilities of all personnel, shall be clearly defined, documented and communicated to all employees.

iii. To ensure policy compliance, the IT Manager of the Department shall:

1) Certify that all it systems are secure after procurement, accredit IT systems prior to operation and comply with minimum security standards and directives;

2) Conduct periodic security evaluations of systems, including assessments of configuration changes conducted on a routine basis;

3) Periodically request assistance, review and audits from the State Security Agency (SSA) in order to get an independent assessment.

iv. Server rooms and other related security zones where IT equipment are kept shall be secured with adequate physical security measures and strict access control shall be enforced and monitored.

v. Access to the resources on the network of the Department shall be strictly controlled to prevent unauthorized access. Access to all computing and information systems and peripherals of the Department shall be restricted unless explicitly authorized.

vi. System hardware, operating and application software, the network and communication systems of the Department shall all be adequately configured and safeguarded against both physical attack and unauthorized network intrusion.

vii. All employees shall make use of IT systems of the Department in an acceptable manner and for business purposes only. All employees shall comply with the IT Security Directives in this regard at all times.

viii. The selection of passwords, their use and management as a primary means to control access to systems is to strictly adhere to best practice guidelines as reflected in the IT Security Directives. In particular, passwords shall not be shared with any other person for any reason.

ix. To ensure the on-going availability of critical services, the Department shall develop IT continuity plans as part of its overall Business Continuity Planning (BCP) and recovery activities.

b) **Internet access**

i. The IT manager of the Department, having the overall responsibility for setting up Internet access for the Department, shall ensure that the network of the Department is safeguarded from malicious external intrusion by deploying, as a minimum, a configured firewall. Human Resources management shall ensure that all personnel with Internet access (including e- mail) are aware of, and will comply with, an acceptable code of conduct in their usage of the Internet.

ii. The IT Manager of the Department shall be responsible for controlling user access to the Internet, as well as for ensuring that users are aware of the threats, and trained in the safeguards, to reduce the risk of Information Security breaches and incidents.

iii. Incoming e-mail must be treated with the utmost care due to its inherent Information Security risks. The opening of e-mail with file attachments is not permitted unless such attachments have already been scanned for possible computer viruses or other malicious code.

c) **Use of laptop computers**

i. Usage of laptop computers by employees of the Department shall be restricted to business purposes only and users shall be aware of, and accept the terms and conditions of use, especially the responsibility for the security of information held on such devices.

ii. The information stored on a laptop computer of the Department shall be suitably protected at all times, in line with the protection measures prescribed in the IT Security Directive.

iii. Employees shall also be responsible for implementing the appropriate security measures for the physical protection of laptop computers at all times, in line with the protection measures prescribed in the IT Security Directive.

d) **Communication security**

i. The application of appropriate security measures shall be instituted in order to protect all sensitive and confidential communication of the Department in all its forms and at all times.

ii. All sensitive electronic communications by employees, contractors or employees of the Department must be encrypted in accordance with COMSEC standards and the Communication Security Directive of the Department. Encryption devices shall only be purchased from COMSEC and will not be purchased from commercial suppliers.

iii. Access to communication security equipment of the Department and the handling of information transmitted and/or received by such equipment, shall be restricted to authorized personnel only.

6.3.7 Technical surveillance counter measures (TSCM)

i. All offices, meeting, conference and boardroom venues of the Department where sensitive and classified matters are discussed on a regular basis shall be identified and shall be subjected to proper and effective physical security and access control measures. Periodic electronic Technical Surveillance Counter Measures (sweeping) will be conducted by SSA to ensure that these areas are kept sterile and secure.

ii. The Security Manager of the Department shall ensure that areas that are utilized for discussions of a sensitive nature as well as offices or rooms that house electronic communications equipment, are physically secured in accordance with the standards laid down by SSA in order to support the sterility of the environment after a TSCM examination, before any request for a TSCM examination is submitted.

iii. No unauthorized electronic devices shall be allowed in any boardrooms and conference facilities where sensitive information of the Department is discussed. Authorization must be obtained from the Security Manager.

6.3.8 Business Continuity Planning (BCP)

i. The Security Manager of the Department must establish a Business Continuity Plan (BCP) to provide for the continued availability of critical services, information and assets if a threat materializes and to provide for appropriate steps and procedures to respond to an emergency situation to ensure the safety of employees, contractors, consultants and visitors.

ii. The BCP shall be periodically tested to ensure that the management and employees of the Department understand how it is to be executed.

iii. All employees of the Department shall be made aware and trained on the content of the BCP to ensure understanding of their own respective roles in terms thereof.

iv. The Business Continuity Plan shall be kept up to date and re-tested periodically by the Security Manager.

6.4. EXCEPTIONS

Deviations from this policy and its associated Security Directives shall only be permitted in the following circumstances:

a) When security must be breached in order to save or protect the lives of people;

b) During unavoidable emergency circumstances e.g. natural disasters;

c) On written permission of the Head of Department of the Department (reasons for allowing non-compliance to one or more aspects of the policy and directives shall be clearly stated in such permission; no blanket non- compliance shall be allowed under any circumstances).

6.5. OTHER CONSIDERATIONS

The following shall be taken into consideration when implementing this policy:

a) Occupational Health and Safety issues in the Department.

b) Disaster management at the Department.

c) Disabled persons shall not be inconvenienced by physical security measures and must be catered for in such a manner that they have access without compromising security or the integrity of this policy.

d) Environmental issues as prescribed and regulated in relevant legislation (e.g. when implementing physical security measures that may impact on the environment).

6.6. COMMUNICATING THE POLICY

a) The Security Manager of the Department shall ensure that the content of this policy (or applicable aspects thereof) is communicated to all employees, consultants, contractors, service providers, clients, visitors, members of the public that may officially interact with the Department. The Security Manager must further ensure that all security policy and directive prescriptions are enforced and complied with.

b) The Security Manager shall ensure that a comprehensive security awareness program is developed and implemented within the Department to facilitate the above said communication. Communication of the policy by means of this program shall be conducted as follow

   i. Awareness workshops and briefings to be attended by all employees;

   ii. Distribution of memos and circulars to all employees;

   iii. Access to the policy and applicable directives on the intranet of the Department

6.7. REVIEW AND UPDATE PROCESS

The Security Manager, assisted by the Security Committee of the Department, shall ensure that this policy and its associated Security Directives shall be reviewed as the need arise e.g. Change in Legislation or National Mandate or when the Threat and Risk status has changed otherwise after five years (5) from its date of approval.

6.8. DISCIPLINARY ACTION

a) Non-compliance with this policy and its associated Security Directives shall result in disciplinary action which may include, but are not limited to:

   i. Re-training;

   ii. Verbal and written warnings;

   iii. Termination of contracts in the case of contractors or consultants delivering a service to the Department;

   iv. Dismissal;

   v. Suspension;

   vi. Loss of the Department information and asset resources access privileges.

b) Any disciplinary action taken in terms of non-compliance with this policy and its associated directives will be in accordance with the disciplinary code/directive of the Department.

7. APPROVING AUTHORITY

The Security Management Policy, on recommendation by the Head of Department, shall be approved by the Member of the Executive Council who is responsible for the Department.

8. ADMINISTRATION OF THE POLICY

a) The Accounting Officer bears, under all circumstances, overall responsibility for the provision and maintenance of security and therefore delegate the security function to the Security Manager to ensure provision are made for the effective administration and practice of security.

b) On advice from the Security Manager appoints Senior Managers to serve on the Security Management Committee. The Committee shall act on behalf of the Head of Department as an oversight structure in order to provide strategic guidance and advice to the Accounting Officer on Security matters.

9. ACCOUNTABILITIES AND RESPONSIBILITIES

9.1 Head of Department

The Head of Department of the Department bears the overall responsibility for implementing and enforcing the security program of the Department. Towards the execution of this responsibility, the Head of Department shall:

a) Establish the post of the Security Manager and appoint a well-trained and competent security official in the post;

b) Establish a security committee for the institution and ensure the participation of all senior management members of all the core business functions of the Department in the activities of the committee;

c) Approve and ensure compliance with this policy and its associated Security Directives by all it is applicable to.

9.2 Security Manager

The delegated security responsibility lies with the Security Manager of the Department who shall be responsible for the execution of the entire security function and program within the Department (coordination, planning, implementing, controlling, etc.). Towards execution of his/her responsibilities, the Security Manager shall, amongst others:

a) Chair the security committee of the Department;

b) Draft the internal Security Policy and Security Plan (containing the specific and detailed Security Directives) of the Department in conjunction with the security committee;

c) Review the Security Policy and Security Plan at regular intervals;

d) Conduct a security TRA of the Department with the assistance of the security committee;

e) Advise management on the security implications of management decisions;

f) Implement a security awareness program;

g) Conduct internal compliance audits and inspections at the Department at regular intervals;

h) Establish a good working relationship with both SSA and SAPS and liaise with these institutions on a regular basis.

9.3 Security Committee

a) The Security Committee whose members shall be appointed by the Head of Department and chaired by the Security Manager shall consist of senior managers of the Department representing all the main business units of the Department.

b) Participation in the activities of the Security Committee by the appointed representatives of business units of the Department shall be compulsory.

c) The Security Committee of the Department shall be responsible for, amongst others:

   i. assisting the Security Manager in the execution of all security related responsibilities at the Department, including completing tasks such as drafting/reviewing of the Security Policy and Plan, conducting of a security TRA, conducting of security audits, drafting of a BCP and assisting with security awareness and training.

9.4 Line Management

a) All managers of the Department shall ensure that employees within their Directorate/ Unit/District/ Area and Service Offices comply with this policy and the Security Directives as contained in the Security Plan of the Department at all times.

b) Managers shall ensure that appropriate measures are implemented and steps are taken immediately to rectify any non-compliance issues that may come to their attention. This includes the taking of disciplinary action against employees if warranted.

9.5 Employees, Consultants, Contractors and other Service Providers

Every employee, consultant, contractor and other service providers of the Department shall know what their security responsibilities are, accept it as part of their normal job function, and not only cooperate, but contribute to improving and maintaining security at the Department at all times.

9.6 District Security Management Committee

a) The Security Committee shall comprise of District Manager, Managers and Assistant Managers representing all the main business units of the Department at district level and shall act as a sub structure to the Departmental Security Committee.

b) Represent the relevant District on the Departmental Security Management Committee;

c) Ensure the implementation of an internal security policy as well as directives in connection therewith within the respective Districts;

d) Ensure that Staff members and Contractors with access to sensitive information are security cleared;

e) Implement recommendations made in terms of the risk and threat analysis in the most efficient and economical manner that will ensure that the identified security risk will be reduced to an acceptable level;

f) Implement measures to ensure the continuous monitoring of the compliance by the District with the Minimum Information Security Standards, the internal security policy of the Department and any directives issued in connection therewith.

10. EFFECTIVE DATE OF THE POLICY

This policy shall be implemented with effect from the date of approval by the Member of the Executive Council and Head Of Department.

11. PROCEDURES FOR IMPLEMENTATION

a) The Security Manager of the Department must manage the implementation process of this policy and its associated Security Directives (contained in the Security Plan) by means of an action plan (also to be included in the Security Plan of the Department).

b) All employees of the Department shall fully comply with this policy and its associated Security Directives as contained in the Security Plan. Non-compliance with any prescripts

shall be addressed in terms of the Disciplinary Code/Regulations of the Department

c) Prescripts to ensure compliance to this policy and the Security Directives by all consultants, contractors or service providers of the Department shall be included in the contracts signed with such individuals/institutions/companies. The consequences of any transgression/deviation or non-compliance shall be clearly stipulated in said contracts and shall be strictly enforced. Such consequences may include the payment of prescribed penalties or termination of the contract, depending on the nature of any non-compliance.

12. MONITORING OF COMPLIANCE

a) The Security Manager, with the assistance of the security component and security committee of the Department must ensure compliance with this policy and its associated Security Directives by means of conducting internal security audits and inspections on a frequent basis.

b) The findings of said audits and inspections shall be reported to the Head of Department forthwith after completion thereof.

13. REVIEW OF THE POLICY

This policy shall be reviewed every three (3) years and whenever necessary to maintain relevance

14. POLICY RECOMMENDATION AND APPROVAL

Recommended / Not recommended

HEAD OF DEPARTMENT

2015/02/12
DATE

Approved / Not approved

MEMBER OF EXECUTIVE COUNCIL

12/02/2015
DATE

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

SUBSISTENCE AND TRAVEL ALLOWANCE POLICY

POLICY REGISTRATION NO: 2015 - 11

TABLE OF CONTENTS

DEFINITIONS AND TERMS

For purposes of this policy, unless otherwise stated, the following definitions shall apply:

i. ACCOUNTING OFFICER	The Head of the Department of Social Development.
ii. CFO	Chief Financial Officer referred to in Chapter 2 of the National Treasury Regulations
iii. DELEGATED OFFICIAL	An official who has been delegated powers or instructed to perform duties assigned by the Accounting Officer;
iv. SPECIAL DAILY ALLOWANCE	An allowance payable to compensate for incidental expenses where actual expenses are claimed.
v. FIXED DAILY ALLOWANCE	An allowance payable in circumstances where actual expenses are not claimed.
vi. INCIDENTAL EXPENSES	The expenditure in respect of tips for tables, reading matter, private telephone calls and refreshments which do not form part of meals;
vii. HEADQUARTERS	The city, town or place where the principal duties an official has to perform or which may be indicated as his/her location on his/her job description;
viii. OFFICIAL DUTY	Official absence from headquarters on official business as authorised by his/her department;

ix. HOME	Refers to a place where an official resides daily. This will include: rented accommodation; boarding; residence that is registered in an official's name, whether single, with his/her spouse or life partner and where an official resides daily; and residence that is not registered in the official's name but where he/she resides daily with his/her parents, family or friends.
x. ADVANCE	A payment received prior to actual expenditure incurred and is only applicable to official visits abroad.

ACRONYMS	
i. MEC	The Member of the Executive Council
ii. COO	Chief Operations Officer
iii. GM	General Manager
iv. DPSA	The Department of Public Service and Administration
v. EFT	An Electronic Funds Transfer
vi. SCM	Supply Chain Management
vii. BAS	Basic Accounting system
viii. S&T	Subsistence and Travel

LEGISLATIVE FRAMEWORK

The following are pieces of legislation underpinning this policy:

i. Public Finance Management Act,1999 (Act no.1 of 1999) Section38(1)(a)(b)(c); 45(a)(b)(c)(d)

ii. Treasury Regulations, 2005 as amended, Part 4 Chapter 8; Part 7 chapter 17.1.1

iii. Public Service Act 3 of 1994

iv. Public Service Regulations, Chapter 1/Part V

v. PSCBC Resolution 3 of 1999, 7 of 2000 Part XI and Part XI

vi. Financial Manual (Revised Annually by DPSA)

vii. Ministerial Handbook, Chapter 3

viii. Guidelines issued by the Department of Public Service Administration

ix. Instruction Notes issued by the Provincial Treasury

1. PREAMBLE

1.1 The department of Social Development is required by legislation and regulation to provide measures for management of travel and subsistence allowance for employees. In an effort to combat the inconsistency in the management of claims, authorization, validation, verification and processing within the department, which duly create negative impact both on the official concerned as well as the department as there is a risk of over/underpayment which cannot be recovered or refunded within the relevant or specific period. With due consideration to fairness and reasonableness, as well as practicality, subsistence allowance must be cost efficient and economically justifiable.

1.2 The policy seeks to provide clear guidelines and framework on travelling and subsistence allowance which will therefore bridge the gap and curb these inconsistences, as supervisors and/or line managers will be required to follow the guidelines and processes as stipulated in this policy. Therefore the policy will ensure that there are no unnecessary delays regarding the reimbursement of expenses incurred by the relevant official who in terms of their operations are required to perform duties away from their normal place of work.

2. PURPOSE

a) The purpose of this policy is to provide procedures, rules, regulations and guidelines with regards to the reasonable expenditure that may be claimed by an employee when he/she is away from headquarters on official business and to ensure ongoing improvement of operational practices.

b) Compliance with Section 45(b) and (c) of the Public Finance Management Act which places onus on each employee within the Department to take responsibility for effective, efficient, economical and transparent use of financial and other resources within the employee's area of responsibility.

3. SCOPE OF APPLICABILITY

a) This policy is applicable to all employees of the Department of Social Development that are employed in terms of the Public Service Act of 1994 as amended who are required to perform official duties away from their normal place of work locally and/or abroad.

b) The policy also applies to non-employees of the department who have been invited to attend interviews in the Department of Social Development

4. PRINCIPLES AND VALUES

a) The employer may meet reasonable costs incurred by an employee whilst on official duty away from his/her headquarters according to the applicable rates as prescribed by the Department of Public Service and Administration and regulated by this policy.

b) If an employee takes an official journey that violates this policy, the department may compensate the employee none or part of the cost.

c) The department shall seek to find the most cost effective way of meeting its obligation within reasonable measures at all times.

d) All stakeholders should be accountable in the implementation of this policy.

e) Any claims found to have been fraudulently made shall be investigated further and any amounts will be recovered in full directly from the official concerned.

5. POLICY STATEMENT

The Department of Social Development commits to maintain proper, efficient, effective subsistence and travelling management controls through the policy directives contained herein. The subsistence and travel allowance is intended to reimburse an employee for actual and/or reasonable living and travelling expenses necessarily incurred by him or her whilst performing official duties away from headquarters. It is not intended to entertain, compensate an official for any discomfort and/or enriching an employee.

5.1 GENERAL REQUIREMENTS

a) Where an official has undertaken official trip away from headquarters as stipulated above, he/she must submit his/her claim within two (2) months of incurring expenditure.

b) Claims that are older than two (2) months shall be considered based on the approval from the Head of Department with clear motivation and recommendations by the relevant Responsibility Manager and Programme Manager as per Section 38(1) (a) of the Public Finance Management Act, 1 of 1999.

5.2 COMPENSATION FOR EMPLOYEES AWAY FROM HEADQUARTERS FOR A PERIOD LESS THAN 24HRS

a) Actual expenditure may be claimed in respect of meals provided that it is reasonable and supported by actual expenditure receipts. Maximum amounts payable in respect of meals (Breakfast, Lunch and Dinner) shall be determined according to the applicable rates as approved by the Head of Department.

b) An employee may claim for breakfast provided that he/she has left his/her home or headquarters before 6:00 am. This excludes officials whom the department has made arrangement for accommodation which includes breakfast.

c) An official who is away from his/her headquarters for official purposes between 12:00 and 17:00 and has travelled more than 60 km being a single trip shall be entitled to claim for lunch according to the maximum applicable rates. Where an official is attending a course or workshop or planning session where lunch is provided, she/he shall not be entitled to claim actual expenditure.

d) An official may claim for dinner on submission of proof of actual expenses incurred whilst away from his/her headquarters for official purposes provided that he/she has returned to his/her home after 20:00.

e) An official whose accommodation includes breakfast, lunch and dinner as arranged by the department, may not claim actual expenses incurred on meals.

f) An official may not claim expenses of more than two (2) tea/beverages per meal or expenses incurred in respect of tea/beverages for a relative or a friend.

g) An official may not claim for more than three (3) meals per day or expenses incurred in respect of meals for a relative or a friend and all three meals are limited maximum applicable rates.

h) An official may also be reimbursed for the out of pocket expenses e.g. parking fees, toll fees and bus fares and must be accompanied by the appropriate receipts, otherwise reimbursement of such expenses cannot be made.

i) Copies of the receipts must be attached to the claim form together with the original receipts for auditing purposes so as to verify the authenticity of the claim as original receipts fade after a while.

j) In cases where there are no receipts issued e.g. remote areas or where an official buys prepared food from a street vendor, reimbursement shall be based at half the applicable maximum amount.

5.3 COMPENSATION FOR EMPLOYEES WHO ARE AWAY FROM HEADQUARTERS OVERNIGHT AND FOR A PERIOD LONGER THAN 24HRS

a) An official that is away from his/her headquarters whilst performing official duties but residing at his/her home cannot claim special daily allowance or fixed daily subsistence allowance.

b) Officials using private accommodation instead of hotels or other types of accommodation through the SCM procurement processes when away on official duties shall be reimbursed at the ***fixed daily subsistence allowance*** rate payable in circumstances where actual expenses are not claimed as prescribed by the DPSA provided that a sworn affidavit is attached with the claim.

c) For officials where accommodation has been provided by the department, the ***special daily allowance*** to compensate for incidental expenses may be claimed but is limited to a maximum allowance as determined by DPSA. Allowance payable in these circumstances is revised by DPSA with effect from 01 April annually.

d) An additional meal, beverages, newspapers, magazines, private telephone calls, alcoholic beverages, tips, etc. shall be at the expense of the official and not the department.

e) Expenses in respect of laundry excluding dry cleaning may be claimed where the trip is more than three (3) continuous days and the amount claimed must be supported by substantiating documentation with stamp.

f) In cases of emergencies where normal procurement processes are not feasible and/or where an official cannot arrange their own private accommodation, actual expenditure may be reimbursed for accommodation expenses provided that there is written approval from the Head of Department with a copy of the receipt/ invoice attached to the claim.

5.4 ACCOMMODATION ON OFFICIAL JOURNEYS OUTSIDE THE REPUBLIC OF SOUTH AFRICA

5.4.1 An official, who is required to travel abroad on official purposes on approval by the Premier and/or Director-General, may apply for an advance before the trip is undertaken according to the maximum rates as stipulated in the Financial Manual. Any deviation with valid reasons from the calculated amount will only be approved by the Head of Department

5.4.2 When expenditure on accommodation is solely met from public funds an official is compensated on the following basis:

a) In the case of official visits to the countries listed in the Financial Manual

(i) The reasonable actual expenses in respect of accommodation, dry cleaning and laundering, and

(ii) A special daily allowance to compensate for the employee's three meals (breakfast, lunch and dinner) and incidental expenses (e.g. reading matter, private telephone calls, soft drinks which do not form part of meals, etc.)

b) In the case of official visits to the countries not listed in the Financial Manual

i. The reasonable actual expenses in respect of accommodation, dry cleaning and laundering

ii. The reasonable actual costs of three meals; and

iii. A special daily allowance, equal to the special daily allowance for local visits when actual expenses are claimed, to defray incidental expenses (reading matter, private telephone calls, soft drinks which do not form part of meals, etc.).

iv. The amounts set out in Annexure A of the financial manual shall be maximum amounts that are applicable to employees travelling abroad. Therefore when accommodation expenditure and related expenses are solely or partially sponsored by a donor or sponsor, or where part of the meals (e.g. breakfast, included in hotel accommodation expenses) is paid by the Employer, the payment of a reduced special daily allowance shall be calculated as follows:

1) Incidental Expenses (15%)

2) Breakfast (20%)

3) Lunch (20%)

4) Dinner (45%)

v. On return from the trip, an official must within 7days, submit a subsistence claim to salaries section with the original receipts and/or invoices in support of the expenditure incurred during the official visit abroad in order for the advance payment to be reconciled and settled within 30days in terms of the PFMA.

vi. Where an advance payment is less than the expenses incurred, an official must provide valid reasons which may only be considered and approved by the Head of Department before he/she can be reimbursed.

vii. Where an advance payment is more than the actual expenses claimed, the difference must be paid back immediately with the claim. In the event that the difference is not settled, the amount shall be deducted in accordance with the Departmental Debt Management Policy.

viii. When a claim is presented for settlement, only original receipts shall be accepted. Where an invoice or receipt is lost, a new invoice/receipt must be requested from the creditor/supplier stating that it is a copy. No faxes or copies are allowed. No affidavits shall be accepted.

5.5 ACCOMMODATION ON OFFICIAL JOURNEYS OUTSIDE THE REPUBLIC OF SOUTH AFRICA FOR EXECUTIVE AUTHORITIES

Travel of the Executing Authority shall be dealt with in terms of the Ministerial Handbook.

5.6 INTERVIEW EXPENSES

a) A candidate shortlisted and invited for an interview in the department who is not an employee of the department shall be compensated for accommodation expenses if his/her travelling cannot be for one day provided that prior arrangement has been made through the relevant HR office.

b) Where private accommodation was used, a maximum amount as determined by the DPSA may be reimbursed provided that prior arrangement has been made through the relevant HR office.

c) Travelling expenses may be reimbursed according to the engine capacity of the motor vehicle as determined by the Department of transport for kilometers travelled in cases where private vehicle was utilized.

d) Where public transport was used e.g. bus, taxi or any other form of public transport taking into consideration the most cost effective means of travel, original receipts must be attached and/or confirmation from the relevant taxi association where receipts are not available in case of mini bus taxi.

e) Where there is no proof of expenditure incurred in the form of receipts and/or tickets e.g hitch hiking, the department will not be liable to reimburse a candidate.

f) The chairperson must obtain written approval from the relevant Senior Manager and/ or Program Manager before a candidate may be reimbursed for interview expenses.

5.7 USE OF OWN PRIVATE VEHICLE

a) If an official is required to perform official duties and no "Government Vehicle" is available, prior approval must be obtained by the official from the Head of Department indicating that no government vehicle was available at the time.

b) Where an official is a member of the Middle Management Service and has structured for his/her car allowance, prior -approval from the Head of Department shall not be required.

c) Where an official has to continuously utilize his/her privately owned vehicle and has not structured for his/her car allowance due to reasons beyond an official's control, prior approval by the Head of Department must be obtained.

d) Total official kilometers travelled shall be reimbursed based on the engine capacity of the vehicle used according to the rates as determined by the Department of Transport. The rates applicable shall be reviewed monthly and may be obtained from the department's website: www.transport.gov.za

e) An employee shall generally take responsibility for costs of commuting to work.

f) Where an employee proceeds on an official journey directly from home or returns directly to his/her home, the official mileage should be calculated by reference to the lesser of:

1) the distance from home to the destination;

2) and the distance from headquarters to the destination

g) Any costs incurred in the form of fines, e.g. traffic fines and parking tickets for transgressing the traffic regulations, will be borne by the affected official.

h) All Programme Managers shall be responsible for managing and monitoring the travelling by officials in their respective components to ensure efficiency in the utilization of budget allocated.

i) All members of the Senior Management Service shall be required in terms of the SMS Handbook to use their privately owned vehicle for all official trips.

6. AUTHORITY TO APPROVE

The Head of Department and the Member of the Executive Council have the responsibility to approve this policy.

7. ADMINISTRATION OF THE POLICY

Expenditure Management Directorate and Finance officials at District offices shall be responsible for the administration and enforcement of the policy.

8. ACCOUNTABILITIES AND RESPONSIBILITIES

The following are roles and responsibilities of the following stakeholders:

8.1 Applicant

a) Ensure that all the relevant fields are completed and all relevant supporting documents are attached.

b) Ensure that the claim is submitted according to the prescribed time frames.

8.2 Line Managers

a) To ensure that the claim is valid and supported by verifiable supporting documents

b) To provide confirmation that the trips were undertaken by the applicant

c) Certify the claim (z43) for employees from level 1-10

8.3 Responsibility Managers

a) To approve the subsistence and travel allowance as per Supply Chain Management Delegations.

b) To ensure that the official kilometers travelled are not inflated

c) To ensure that the funds are available for the payment of the claim

d) Approve the claim (z43) for employees from level 1-10 and certify the claim for all level 11-12

8.4 General Managers

a) Approve the claim (z43) for all level 11-12 and Annexure C for level 13.

b) To ensure that the official kilometers travelled are not inflated

8.5 Programme Manager

a) To approve the subsistence and travel allowance as per Supply Chain Management Delegations.

b) To ensure that the funds are available for the payment of the claims

8.6 Head of Department

a) To approve the subsistence and travel allowance as per Supply Chain Management Delegations.

b) Approve the claims (Annexure C) for All General Managers, Chief Financial Officer, and Chief Operating Officer.

c) To approve the use of privately owned vehicle by an employee between salary level 1-10 and all MMS members who have not structured for car allowance.

d) To approve any deviation from the provisions of this policy.

8.7 Member of the Executive Council

a) To approve the official journeys outside the Republic of South Africa when the invitation and/or authority has been granted by the Director General.

b) To approve the petrol claim for Head Of Department

8.8 Salary Administration and Finance at District Office

a) To ensure effective implementation of this policy

b) To verify the accuracy of calculations and to process the payment upon approval recommendation by pre-Audit.

8.9 Pre-Audit Unit

To check accuracy, completeness validity of the claim before recommending for processing.

9. EFFECTIVE DATE OF THE POLICY

This policy will be effective from the date of its approval.

10. PROCEDURES FOR IMPLEMENTATION

a) Salary administration unit receives the completed subsistence and travel allowance claim with supporting documents from the relevant official and record it in the incoming register and verifies the calculations and attachments necessary for the processing of the claim and sends to Pre-Audit for further verification.

b) When the claim is recommended by the Pre-Audit unit for processing, it is captured by

capturer, approved by the reviser and authorized by the authorizer on the persal system within three (3) days.

c) There are two supplementary runs per month, the first supplementary run is processed on the first Wednesday of the month and the second supplementary run is processed on the third Wednesday of the month. Claims are to be submitted no later than two days before each supplementary run is processed. The processed claim on each supplementary run will be paid not later than five (5) days.

d) The employee applying for the S&T allowance must complete the Persal Subsistence & Travelling Claim. For the re-imbursement of official kilometers, MMS and SMS members must complete the (Z43) form and Annexure C respectively.

e) An employee must, within two(2) months of incurring expenditure submit a claim to the relevant salaries office and following supporting documents must be attached with each claim submitted:

i. Signed Weekly Plan/ Itinerary where applicable
ii. Memorandum and/or Invitation
iii. Copy of the order with quotation and hotel bill (not applicable to petrol claim)
iv. Attendance register
v. Confirmation letter signed by the relevant supervisor (***Non SMS Members***)
vi. Original receipts where applicable/Sworn Affidavit
vii. Prior approval from Head of Department for the use of privately owned vehicle
viii. Proof of available funds (Bas expenditure report)
ix. Applicable fuel tariffs as provided by the Department of Transport
x. Proof of engine capacity in the case of petrol claim

11. MONITORING MECHANISMS

a. The Head of Department shall be responsible for the continuous administration and monitoring of this policy and any inputs or amendments to this policy documents can be directed to him/her (HOD) in writing.

b. Salary Administration unit shall before each supplementary run ensure that all claims submitted conform to the provisions of this policy.

c. Compliance to the policy shall be monitored through quarterly visits to the districts.

12. REVIEW OF THE POLICY

This policy will be reviewed when the need arises e.g. change in legislation or national mandate has been given or after three (3) years from the date of its approval.

13. POLICY RECOMMENDATIONS AND APPROVAL

Recommended/~~Not Recommended~~

Head of Department: Dept. of Social Development & Special Programmes

2015/01/30
Date

Approved/~~Not Approved~~

Member of the Executive Council
Dept. of Social Development & Special Programmes

1/02/2015
Date

APPENDICES

Annexure A: S&T Claim Form

PERSAL

SUBSISTENCE & TRAVELING CLAIM

DEPARTMENT SOCIAL DEVELOPMENT

Date Stamp

Claim No:

Captured by:

ADVANCE TAKEN YES NO

Date Captured:

Authorised by:

AMOUNT R

Date Authorised:

Office From:

CLAIMED BY:

Surname & initials

PERSAL No:

CLAIM DESCRIPTION:

Description:

Period from

Period to:

Reference No:

ALLOCATION:

MARK WITH: X	PERSAL CODE	DESCRIPTION (Persal function #5.3.11) DESCRIPTION (Persal function #5.3.1)	SARS CODE	AMOUNT
	0436	S & T Allowance not exceeding amount set by SARS	3705	
	0443	S & T Allowance exceeding amount set by SARS	3704	
	0444	S & T Overseas: Exceeds amount set by SARS	3704	
	0462	S & T Actual expenditure (Accommodation & meals)	n/a	
	0463	S & T General Public Transport Expenditure	n/a	
	0464	S & T Parking Expenditure	n/a	
	0465	S & T Toll fees	n/a	
	0466	S & T Telephone costs	n/a	
	0469	Travel allowance >8000km's	3702	
	0470	Travel allowance <8000km's	3703	
	0473	S & T Overseas: Not exceeds amount set by SARS	3705	
	0476	S & T Actual Foreign expenditure (Accommodation & meals)	n/a	
	0446	Resettlement		
		S & T Allowance exceeding amount set by SARS		
	0043	ADVANCE: S & T	n/a	

CERTIFICATE

I hereby certify that I was actually and necessarily employed travelling or detained on public service during the period(s) stated above, that the charges are in accordance with the authorised rate and that the incidental expenses have been actually and necessarily reimbursed.

Total Claim: R -

PERSAL TRANSACTION:

APPLICANT		APPROVED IN ACCORDANCE WITH TREASURY REGULATIONS (SCM Delegations)		PRE-AUDIT APPROVAL
Signature: Applicant	Rank	Signature: Programme Manager	Rank	
Surname & Initials (Block letters)	Date	Surname & Initials (Block letters)	Date	

Trip Details

Detailed Claim Information

Description	Date From	Date To	Time From	Time To	Number of Hours	Number of Day	Rates	Amount R	Amount C
					Total Amount Claimed				
					Less: Advance Paid				
					Total Claim				

Declaration by Supervisor

I hereby certifiy that the trips were undertaken by the official concerned on the specified dates.

Signature:	Signature:
Surname and Initials:	Surname and Initials:
Rank :	Rank :
Date:	Date:

Calculations checked by: Finance

Annexure B: Z43 Claim Form

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT &
SPECIAL PROGRAMMES

81/11522
(Z 43)

CLAIM IN RESPECT OF OFFICIAL JOURNEYS UNDERTAKEN BY PRIVATELY OWNED MOTOR TRANSPORT

Claimed by (in block letters)		Department of	
Rank		Persal Number	
Address (to which warrant voucher must be sent)		Month	
		for Accountant	
Headquarters		Claim No.	

DESCRIPTION OF VEHICLE

Make and model	Year of manufacture	Type (motor-car, motor cycle, scooter, etc)	Registration number	Engine swept volume group in cm³/ Fuel type

SUMMARY OF JOURNEYS UNDERTAKEN AND CLAIM FOR ALLOWANCE

(For details see reverse)

For Accountant

	Kilometres travelled (Col.9)	Tafiff per kilometre	Amount R	Amount c	Allocation	Code
Kilometre allowance						
*Passenger allowance						
*Garaging and parking						
*Not applicalbe in the case of motor cycles and scooters		**Total**				

I certity that I was required to perform the travelling claimed for on official duty and that the allowances claimed are in accordance withy the reates authorised in respect of my motor-car/motor cycle/scooter and that the passengers were actually and necessarily conveyed on official business.

Signature of claimant | Date

CERTIFIED CORRECT		APPROVED	
Surname & Initials		Surname & Initials	
Rank		Rank	
Head of Branch/Office		Head of Department	
Date		Date	

PRE-AUDIT APPROVAL		*Calculations verified by: Salaries*
	Signature	
	Name	
	Rank	
	Date	

Trip Details

										81/11522
										(Z 43)
Details of journey (point to point)*								Kilometre distance		Passengers
1	2	3	4	5	6	7	8	9	10	11
Date	Reason	Departed from	Time	Arrived at	Time	Speedometer reading at commencement of journey	Speedometer reading at each point mentioned in column 5 and at end of journey	Kilometer distance between each consecutive point mentioned in columns 3 and 5 and at end of journey	Kilometer distance travelled by official passenger(s)	Name, rank and department
	TOTAL KM TRAVELLED							0		

*Note -** Point means the place where the official journey is commenced and terminated and all places *en route* where the journey is broken whether for official or private reasons.

ANNEXURE C: SMS CLAIM FORM

CLAIM IN TERMS OF PSCC D.1/4.4.6

A. DETAILS OF CLAIM :

1. **Name** :
2. **PERSAL/Salary No.** :
3. **Make and Model of Vehicle** :
1. **Vehicle Registration Number** :
4. **Engine Capacity/Fuel Type** :
5. **Official Kilometres covered during period:** _____
6. **Month**_____ ***Tariff***: _____
7. **Amount of Claim** *(Km x Tariff)*: R_____

(Sections B and C Below must be completed)

B. DECLARATION

I certify that the above details are correct.

--- ---

SIGNATURE OF CLAIMANT **DATE**
RANK:

PRE-AUDIT APPROVAL

Trip Details

DATE	SPEEDO READING-BEGINNING OF TRIP	SPEEDO READING-END OF TRIP	TOTAL KMs TRAVELLED	PURPOSE OF TRIP
TOTAL				

SIGNATURE OF APPLICANT

DATE

APPROVED BY HEAD OF DEPARTMENT

DATE

Calculations verified by: Salaries

Signature:……

Name:……..

Rank:……...

Date:……

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

WELLNESS MANAGEMENT POLICY

POLICY REGISTRATION NO: 2015 - 12

TABLE OF CONTENT

DEFINITIONS AND TERMS

For purposes of this policy, unless otherwise stated, the following definitions shall apply:

i. WELLNESS	An active process through which organizations become aware of, and make choices towards a more successful existence. For both the individual and the organization, the concept of wellness is one where active steps can be taken to reduce chronic disease and mitigate its debilitating impact on personal lives and organizational productivity (World Economic Forum).
ii. PHYSICAL WELLNESS	Promotes taking care of your body for optimal health and functioning**.**
iii. SOCIAL WELLNESS	Emphasises the positive and interdependent relationship with others and nature.
iv. PSYCHOLOGICAL WELLNESS	It is a dynamic state that is influenced by and influences our physical, intellectual, spiritual and social lives.
v. SPIRITUAL WELLNESS	Refers to integrating our beliefs and values with our actions, it enhances the connection between mind, body and spirit.
vi. INTELLECTUAL WELLNESS	The utilization of human resources and learning to expand knowledge and improve skills.
vii. FINANCIAL WELLNESS	The ability to maintain a fully developed and well balanced plan for managing one's financial life that is integrated with personal values and goals.
viii. THE HEAD OF DEPARTMENT	The head of the Provincial Department of Social Development and includes any employee acting in such post.
ix. THE DESIGNATED SENIOR MANAGER	A member of the Senior Management Services (SMS) who is tasked with championing the wellness management programme within the Public Service workplace.

x. THE EMPLOYEE	A person appointed in terms of the Public Service Act 1994 and Employment of Educators Act No. 76 of 1998.
xi. IMMEDIATE FAMILY	Refers to the employee's spouse, parent, adoptive parent, grandparent, child, adopted child, grandchild or sibling.
xii. WORK-LIFE BALANCE	A concept that supports the efforts of employees to split their time and energy between work and the other important aspects of their lives.
xiii. SICK BAY	The context of this policy a sick bay refers to a room that is used for the purpose of rest or relaxation for a short period not exceeding three (3) hours, in cases where an employee does not feel well and will resume work after having rested.
xiv. INTERNATIONAL LABOUR ORGANISATION	A structure that gives an equal voice to workers, employers and governments to ensure that the views of the social partners are closely reflected in labour standards and in shaping policies and programmes.

LEGISLATIVE FRAMEWORK

i. International Labour Organization Promotional Framework for Occupational Safety Convention 2006

ii. United Nations Convention on the Rights of People with Disabilities, 2007

iii. United Nations Millennium Declaration and its Development Goals (MDGs), 2008

iv. World Health Organization's Commission on social determinants of health, 2005-2008

v. Occupational Health and Safety Act, No. 85 of 1993

vi. Labour Relations Act, No. 66 of 1995

vii. Basic Conditions of Employment Act, No. 75 of 1997

viii. Compensation for Occupational Disease and Injuries Act, No. 130 of 1993

ix. Employment Equity Act, No. 55 of 1998

x. Disaster Management Act, No. 57 of 2002 and National Disaster Management Framework.

xi. Tobacco Products Control Amendments Act, No. 12 of 1999

xii. The Promotion of Equality and the Prevention of Unfair Discrimination Act, No. 4 of 2000

xiii. National Sports and Recreation Act, No. 110 of 1998

xiv. National Strategic Framework on Stigma and Discrimination, 2007-2011

xv. Employee Assistance Professional Association-South African Standards 2002

xvi. The Public Service Regulations, as amended, 2001

1. PREAMBLE

1.1 The Department of Social Development recognizes its responsibility to create and maintain a healthy and supportive working environment through the establishment of a Wellness Management Policy; the process is to assist its employees to deliver at their optimum level by promoting work life balance and access to the employee wellness programme. The development of this policy is based on the Employee Health and Wellness Strategic Framework for the Public Service (2008) which sets out the four functional pillars of any wellness programme. The framework was developed following research and benchmarking of international and local best practices and by obtaining inputs from stakeholders from previous Health and Wellness Indabas. Reports on the Key Health Trends from the Government Employee Medical Scheme and other medical aid schemes confirm trends of psychosocial problems, organisational climate assessments of hostile physical and psychosocial working environments.

1.2. The Departmental reports on Health Risk Screenings conducted by service providers (MED-X and GEMS, 2008-2013) such as Body Mass Index Assessment, Cholesterol, reflect a number of employees who are classified as being at high risk for high blood pressure, diabetes, obesity, tobacco smoking and higher stress levels.

1.3. In an effort to prevent and minimize the aforementioned risks, the Department has developed this policy that adopts an integrated, needs-driven, participative and holistic approach to the health and wellness of employees. This policy seeks to lessen indirect costs to the Department, which may include increase in absenteeism, decrease in productivity, increase in health care costs, low morale and stress. This shall be attained by creating an organizational climate and culture that is conducive to wellness and comprehensive identification of psycho-social health risks.

2. PURPOSE

This policy seeks to promote the physical, social, emotional, occupational, spiritual, financial and intellectual wellness of individuals, employees and the organization as a whole.

3. OBJECTIVES

The objectives of the policy are:

a) To meet the wellness needs of employees through preventative and curative measures

b) To promote the individual's physical, emotional, financial, intellectual and social wellness

c) To support healthy behaviours of employees and to improve health outcomes that will contribute to the improvement of service delivery

4. SCOPE OF APPLICABILITY

This policy is applicable to all employees who are employed by the Department in terms of the Public Service Act, Proclamation 103 of 1994 and their immediate families.

5. PRINCIPLES AND VALUES

The Wellness Management policy is underpinned by the following principles:

5.1. Confidentiality and Protection of Employee's Data

Employees utilizing the EH&W programme are assured of confidentiality, except in cases of risk to self and others or in terms of legislation. Records containing employee's information shall be kept confidentially except with a written consent of the employee concerned.

5.2. Accessibility

All employees should have reasonable access to decentralized services relating to employee's health and well-being.

5.3. Timeous Intervention

Employees should be referred to the Employee Assistance Programme within the Integrated Employee Wellness unit as soon as it is apparent that they need to deal with a particular concern that negatively impacts on their performance or personal life.

5.4. Credibility of Services

Employees utilizing the Wellness Management Programme will be referred to registered professionals (where necessary) for provision of therapeutic interventions.

5.5. Equity:

This policy seeks to respond to the needs of designated employees (e.g. people with disabilities and women)

5.6. Voluntary Participation

Employee's participation in the programme is voluntary; however employees will be encouraged to participate in the programme and shown the benefits of utilizing the programme.

6. POLICY STATEMENT

The Department acknowledges the responsibility to provide employees and co-workers of affected individuals with interventions that are aimed at minimizing risk to their health and promotes overall wellness management and thus commits to a holistic approach to the management of Wellness in the workplace. Wellness Management focuses on the following priority areas:

6.1 GENERAL REQUIREMENTS

a) The department shall encourage employees with personnel problems to take early advantage of the professional services provided through the Employee Wellness Programme.

b) All employees who voluntarily seek assistance through or accept referral from IEW Programme shall be expected to comply with the recommended action plans.

c) Utilization of the IEW Programmes shall be on a voluntary basis even if referred by management.

d) The decision to seek or accept assistance through IEW Programme shall rest mainly with the employer; however participation in the programme does no way relieve the employee of the responsibility to meet acceptable work performance and attendance standards.

e) Time off and the necessary treatment referral shall be provided to eligible employees

and immediate families, consistent with Special Leave Policy and applicable medical aid coverage.

f) The IEW Management Unit services may provide assistance with the broad range of personal concern, including

i. Marital, family and relationship problems.

ii. Financial, spiritual, psychological, social, intellectual and physical management problems.

iii. Workplace conflicts, trauma debriefing, counseling and bereavement support.

iv. Retirement and elderly care management.

v. Absenteeism interventions and any other related matters.

vi. Physical exercise, managing lifestyle diseases, promoting good nutrition and regular medical checkups.

6.2 Individual Physical Wellness

The physical dimension of Wellness aims to promote physical well-being for optimal health and functioning.

a) The Department may establish Wellness Centers with fitness and recreational facilities and programmes. Where these facilities are not available, the employer may subsidise employees who take the initiative to join these centers by an agreed upon percentage on membership fee.

b) The Integrated Employee Wellness Programme shall facilitate information sharing and education sessions on healthy lifestyles and nutrition.

c) The Department may make provision for canteens to be available as well as a kitchen and dining areas. The Integrated Employee Wellness unit shall, through a nutritional expert advice on the menu so as to minimize health risks that may lead to diseases of lifestyle and promote healthy nutrition and good eating habits.

6.3 Individual Psycho- Social Wellness

The Psycho-social dimension of wellness aims to promote the ability of employees to

interact successfully and to live up to the expectations and demands of personal roles; to promote emotional intelligence, self-esteem, optimism, sense of coherence, and resilience of employees.

a) The Department shall, through the Integrated Employee Wellness programme facilitate provision of self-development or life skills programmes such as conflict management, stress management, financial management, spiritual and intellectual workshops and any other related interventions.

b) The employer may review the garnishee process with a view to assist the affected employees to alleviate the burden of stress caused as a result of the garnishee order.

c) The Department may co-opt inter denominational spiritual ministers when necessary according to the religious needs of the employees to provide spiritual support.

d) The Department may conduct continuous debriefing sessions on a quarterly basis especially for the Social Work Service staff and staff working in Places of Safety, due to the nature of their work. This is aimed at reducing the effects of primary and secondary trauma, burnout, fatigue and stress that they are exposed to on a daily basis.

6.4 Organizational Wellness

The intended outcome of Organizational Wellness is to maximize and sustain the potential of human capital and an effective and efficient Department that is positively responsive to the needs of the public.

a) The Department shall facilitate Development and implementation of Organisational Development & Support programmes such as discrimination, harassment, and workplace violence and bullying.

6.4.1 Provision of sick bays

a) Sick bay refers to a room, preferably a ventilated room, with a couch and a stretcher, where an employee who does not feel well (for example who feels dizzy) will rest for a period of one to three hours and resume work thereafter. The Department may make provision for sick bays in the workplace with the objective of minimizing lost time for work and prevent absenteeism that can be avoided.

6.5 Work Life Balance

The Work- Life Balance Programme promotes flexibility in the workplace to accommodate work, personal and family needs; which can result in benefits to organizations due to higher levels of employee satisfaction and motivation.

a) The Department shall provide executive and non-executive lifestyle management programmes such as workshops on retirement in the workplace.

b) The employer may also make provision for day care centers for employees' dependants to minimize the rate of absenteeism related to non availability of child minders at home.

6.6 Treatment services

a) The Department shall employ Wellness Practitioners at District level and Head Office who will assist with facilitating provision of wellness programmes as well referrals to the Employee Assistance Programme.

b) Upon receiving and assessing the nature of the problem, with regards to a referred case, the Wellness Practitioner shall refer the employee to the relevant specialized services.

c) The wellness practitioner shall make continuous feedback to the supervisor of the concerned employee with regards to attendance of the sessions but not disclosing the nature of the illness without the employee's written consent. The referral procedures are attached as annexure to the policy.

6.7 Record Keeping of Confidential Information

The Integrated Employee Wellness staff, including those in the Districts, will be trained on basic Lay Counseling skills and on Case Management Register so that they are able to assess and make appropriate referrals and also keep employees' information electronically on the Case Management register.

7. THE APPROVING AUTHORITY

The policy shall be recommended by the Head of Department and approved by the Member of Executive Council.

8. ADMINISTRATION OF THE POLICY

Administration of this policy shall be vested on the Head of Department who may delegate the responsibility to a General Manager Corporate Service for administering and enforcing this policy.

9. ACCOUNTABILITIES AND RESPONSIBILITIES

This policy involves the following role players:

9.1 The Head of Department shall be Responsible to:

a) Ensure development and implementation of the policy on managing the wellbeing of both employees and the organization.

b) Appoint a designated Senior Manager to champion the Integrated Employee Wellness programmes in the workplace.

c) Ensure the provision of resources for the implementation of the Integrated Employee Wellness programmes in the Department.

d) Encourage all employees to belong to a medical aid scheme that will make treatment more accessible and affordable to them and their immediate family members.

9.2. The Designated Senior Manager shall be Responsible to:

a) Plan, structure, strategize, and develops holistic Integrated Employee Wellness programmes within budgetary guidelines.

b) Manage employee wellness strategies and policies i.e. wellness promotions.

c) Establish organizational support initiatives i.e. develop integrated wellness information management system

d) Establish governance and institutional development initiatives by developing and implementing a system for monitoring, evaluation and impact analysis on IEWP interventions.

9.3. The Employee shall:

a. Apply his/her knowledge, motivation, commitment, behavior, self-management, attitude and skills towards achieving personal well-being and organizational goals.

b. Look after his/her body by following a nutritionally balanced diet and maintain body mass index within a healthy range.

c. Take an active part in improving the world of work by encouraging a healthy living environment and initiating better communication with those around him/her.

d. Make use of wellness facilities and services provided at the workplace.

9.4. The Labour Representatives shall:

a) Represent employees in the workplace in case of disputes emanating from the implementation and interpretation of the policy.

b) Ensure that the employer fulfill mandates of Wellness legislation and regulations in order to optimize wellness in the workplace.

9.5. The Integrated Employee Wellness Unit shall:

a) Coordinate the implementation of wellness programmes and interventions.

b) Plan, monitor and manage wellness programmes according to strategies, policies and budgetary guidelines.

c) Make provision for counseling to individual employees and their immediate family members.

d) Analyse and evaluate data and communicate information, statistics and results to various stakeholders.

e) Act as a referral agent of employees to the relevant internal and external health support programmes.

f) Be involved in the identification of employee's needs and health risk at the work place.

g) Initiate and arrange staff training with regard to employee's needs and health risk at the work place.

9.6. The Integrated Employee Wellness Committee

9.6.1 Composition of Provincial / District Committee

The Provincial and District Integrated Employee Wellness Committee must be structured as follows: Chairperson of the committee to be the District Manager /Senior Manager - Integrated Employee Wellness, an Integrated Employee Wellness Coordinator who shall serve as a Secretariat and representatives from an Organised Labour. The Committee shall be responsible for:

a) Oversee the implementation of the Wellness policy and programmes in the work place.

b) Make recommendations to the employer regarding any policy matters and implementation procedures including any matters affecting the wellness of the employee.

c) Keep records of each recommendation made to the employer

d) Discuss any incident or condition of the work place which might have a negative impact

on the wellbeing of employees.

e) Participation in communicating and promoting wellness initiatives within the department.

10. EFFECTIVE DATE OF THE POLICY

This policy shall be effective from the date of its approval by the designated authority.

11. PROCEDURES FOR IMPLEMENTATION

The procedures shall be as follows:

a) Identification of an official, who is in need of wellness intervention,

b) Process of case management,

c) Process of referral both internally and externally,

d) Process of rehabilitation management internally and externally,

e) Process of reporting and management of sick bays services e.g. formal authorization and monitoring of it.

11.1 Referral Procedures:

a) The Department shall provide an environment in which concerned employees are encouraged to obtain guidance and advice as soon as possible.

b) Names and addresses of specialist agencies are available, in confidence, from the Integrated Employee Wellness unit.

c) Referral to specialist agencies and institutions must always include the agreement of the person with the problem and self-referral may be the most effective way of addressing the problem.

11.2 Self-Referral

a) An employee who believes that he/she is experiencing problems that impact negatively on work performance is encouraged to visit IEWP. When concerned employees seek the advice of EAP officials directly, it is known as a case of self-referral.

b) Employees may call for information or to make appointments without the knowledge or

participation of their supervisors. If attendance at such sessions is during the employee's normal work time, this should be by mutual agreement with the person's supervisor as per the provision of Special Leave Policy.

c) Any employee who, as a result of self-referral, is required to undertake a course of treatment that requires absence from work will be deemed to be absent from work on sick leave as per the provision of Special Leave Policy.

11.3 Supervisory Referral

a) A supervisor who has reasonable evidence to support the view that an employee for whom they have responsibility may have a problem that is affecting his/her work performance should arrange to discuss this with the employee concerned. The purpose of the discussion is not for the supervisor to "diagnose the problem"; rather it will be to raise problems in his/her work performance.

b) Supervisory Referral occurs when an employee is:

   i. Not meeting the minimum requirements of a job he/she should perform,

   ii. Whose performance has dropped noticeably,

   iii. Or whose performance is very unpredictable due to having personal problems that are not a direct result of the job situation.

c) If normal supervisory procedures do not assist in correcting the situation, a supervisor may refer the employee to the Employee Assistance Programme (EAP).

d) Any employee who, as a result of supervisory referral, is required to undertake a course of treatment that requires absence from work will be deemed to be absent from work on sick leave.

e) Training should be provided for managers giving them the confidence and skills to make early identification and to intervene should problems arise in the workplace.

f) What the Supervisor should do:

   i. Always inform all staff members of what is expected of them in terms of performance.

ii. Be alert to changes in performance and changes in patterns of attendance. Record such changes in consultation with the employee.

1.4 Referral Outcomes:

a) If, as a result of the referral programme, the employee is able to return to work at an acceptable level of performance, references to pending disciplinary action will be deleted.

b) Employees who embark on, but refuse to follow, the referral programme will be dealt with under the normal disciplinary procedures.

c) Employees who return to working at an acceptable standard but whose performance again deteriorates may, if appropriate, be given further opportunities under the referral procedures. If an employee appears incapable of dealing with the problem, the department may/will take steps to terminate the employment on the grounds of capability and/or conduct.

12. MONITORING MECHANISMS

a) Data of cases that are referred to the Employee Wellness unit shall be captured in the Case Management register.

b) The Integrated Employee Wellness staff shall be trained on the use of the Case Management register as part of the monitoring tool, and report trends to supervisors and Senior Managers

c) The IEW unit shall conduct impact assessment across the Department.

d) Monthly, quarterly, half yearly and annual reports shall be prepared and submitted to the Department.

e) In compliance with the requirements of the Department of Public Service Administration's Employee Health and Wellness framework, quarterly reports and programme implementation progress report shall be submitted to the Office of the Premier as well.

13. REVIEW OF THE POLICY

The policy shall be reviewed every three (3) years and whenever there are new developments to maintain relevance.

14. POLICY RECOMMENDATION AND APPROVAL

RECOMMENDED/ ~~NOT RECOMMENDED~~

HEAD OF DEPARTMENT
DEPT OF SOCIAL DEVELOPMENT

2015/01/30
DATE

APPROVED/ ~~NOT APPROVED~~

MEMBER OF EXECUTIVE COUNCIL
DEPT OF SOCIAL DEVELOPMENT

11/02/20..
DATE

ANNEXURE A

REFERRAL FORM

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

Beacon Hill Park Corner of Hargreaves Avenue and Hockley Close. Private Bag X0039 Bhisho 5605

– REPUBIC OF SOUTH AFRICA Te043 605 5126 Fax 0865650374· Email address lindelwa.koto@socdev.ecprov.gov.za: Website: www.socdev.ecprov.gov.za

CONFIDENTIAL

MANAGEMENT REFERRAL INFORMATION FORM

MANAGEMENT INFORMATION

WHEN REFERRING AN INDIVIDUAL TO THE EAP, PLEASE IDENTIFY AND EVALUATE THE AREAS OF WORK PERFORMANCE BREAKDOWN USING THE CRITERIA BELOW. BE SPECIFIC AND ADD ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE USEFUL. PLEASE INCLUDE ANY OTHER PREVIOUS CORRECTIVE ACTION.

THIS FORM MUST BE RECEIVED BY THE EAP PRIOR TO THE EMPLOYEE'S SCHEDULED APPOINTMENT

EMPLOYEE NAME & SURNAME

EMPLOYEE PERSAL NUMBER DIRECTORATE

PHONE NUMBER

NAME OFSUPERVISOR/MANAGEMENT REPRESENTATIVE MAKING REFERRAL

PHONE NUMBER

WORK PERFORMANCE PROBLEM		**SEVERITY OF PROBLEM**				
		MINOR			**SEVERE**	
ABSENTEEISM (FULL DAY)	q	1	2	3	4	5
PARTIAL DAY ABSENCES	q	1	2	3	4	5
TARDINESS	q	1	2	3	4	5
“UNSCHEDULED” VACATION DAYS	q	1	2	3	4	5
DECLINE IN QUALITY OF WORK	q	1	2	3	4	5
DECLINE IN QUANTITY OF WORK	q	1	2	3	4	5
CHANGE IN PERSONALITY	q	1	2	3	4	5
DISRUPTIVE BE AVIOR	q	1	2	3	4	5
CHANGE IN WORK HABITS	q	1	2	3	4	5
SAFETY RECORD	q	1	2	3	4	5
EXCESSIVE TIME AWAY FROM AREA	q	1	2	3	4	5
DATE	q	1	2	3	4	5
DATE	q	1	2	3	4	5
DATE	q	1	2	3	4	5

MANAGEMENT / EMPLOYEE DISCUSSIONS / DISCIPLINARY ACTION

DATE		REASON		RESULT	
DATE		REASON		RESULT	
DATE		REASON		RESULT	

PLAN OF ACTION FOR PERFORMANCE IMPROVEMENT
(TO BE FILLED OUT BY SUPERVISOR AND EMPLOYEE)

WORK PERFORMANCE PROBLEM(S):

_____

_____

_____

_____

_____

_____

GOALS TO IMPROVE JOB PERFORMANCE:

1. _____

2. _____

3. _____

4. _____

5. _____

SPECIFIC ACTIONS EMPLOYEE CAN TAKE TO IMPROVE WORK PERFORMANCE:

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

SUPERVISOR'S SIGNATURE:_____ DATE:_____

EMPLOYEE'S SIGNATURE:_____ DATE:_____

TO BE COMPLETED BY EWP PRACTITIONER

CONTACT WITH SUPERVISOR BEFORE APPOINTMENT. DATE:_____
TIME:_____

DATE PAPERWORK WAS
RECEIVED:_____

NOTES OR SUMMARY OF PRE-APPOINTMENT CONTACT WITH SUPERVISOR:

_____

_____

_____

FOLLOW UP EMPLOYEE APPTS:

_____

_____

FOLLOW UP SUPERVISOR CONTACTS:

_____

_____

Management Referral Information Form

Instructions

1. **Management Referral Information Form** -- used when a supervisor refers an employee to EWP for work performance problems

2. **EWP Information** -- to be completed by EWP Intake staff such as a specially trained Social Auxiliary Worker-- the date and time of initial contact and date and time of EWP appointment and name of EWP consultant are completed by the EWP -- the rest of the form is to be completed by the supervisor/ manager who is making the referral

3. **Management Information** -- manager/supervisor is to complete this section providing employee name, PERSAL number, department, phone number and include his/her name and telephone number

4. **Work Performance Problem** -- manager/supervisor then indicates which performance problem(s) are applicable and rates the severity

5. **Management/ Employee Discussions/ Disciplinary Action** -- if the manager/ supervisor has discussed the work performance problem with the employee in the past, and/or if disciplinary action has been taken: the dates, reasons and results (corrective action) of those occurrences should be recorded here; for example:

Date: Jan. 1, 2008 Reason: excessive absenteeism Result: 1st Written Warning

6. **Plan of Action for Performance Improvement** -- to be completed by the manager/ supervisor and employee together

   - **Work Performance Problem(s)** -- *a description of the work performance problem as understood by both, the employee and the supervisor: this description might be worded differently than the work performance problems listed on the front of the form*

   - **Goals to Improve Work Performance** -- *list all possible goals that will represent an improvement in job performance*

   - ***Specific Actions Employee Can Take to Improve Work Performance*** -- *list ideas and strategies developed by both the employee and supervisor that will facilitate the improvement of work performance*

   - ***Supervisor's Signature and the Date and Employee's Signature and the Date***

7. ***To Be Completed by EWP Practitioner*** -- this section is completed by the EWP Practitioner and records the initial contact with manager/supervisor, the date the paperwork was received and subsequent follow up contacts with employee and manager/ supervisor

8. ***Information Release Authorization*** -- employee completes this form and the manager/ supervisor signs and dates as the witness

Information Release Authorization

I, _____ [insert employee name and PERSAL NUMBER number], hereby give permission to the Employee Wellness Program Practitioner to:

x DISCLOSE the following information to _____

x OBTAIN the following information from _____

(Name of person information to be released or obtained from)

INFORMATION TO BE RELEASED:

☐All information in my record

☐Other [Specify Information]

☐attendance at EAP sessions

☐compliance with plan of treatment

☐work considerations

The purpose for the release of the information is: Progress and Follow-up

I understand that I may revoke this Authorization at any time, except to the extent that the Releasing Party has already taken action in reliance on said Authorization. Such revocation also has no effect until the written revocation is received by the Releasing Party. ***If not previously revoked, this consent will terminate within one (1) year from the date noted below.***

I have read and understand this form. All of my questions have been answered. I sign my name freely, voluntarily and without coercion.

Signature of Client .....

Signature .....

Date .....

PERSAL Number .....

ID NUMBER .....

Date .....

NOTICE TO RECIPIENT OF INFORMATION: This information has been disclosed to you from records, the confidentiality of which are protected by The EWP Policy. Accordingly, you are prohibited from making any further disclosure of this information without the specific prior written consent of the person to whom the information pertains, or as otherwise permitted by the EWP Policy. A general authorization for the release of medical or other information is not sufficient for this purpose.

CONTACT DETAILS

Integrated Strategic Planning Policy Development & Coordination Unit

Z Mhlatuzana	Senior Manager: Integrated Strategic Planning Directorate
N. Mabusela-Morrison	Manager: Policy Development and Co-ordnation
T V Mbekela	Assistant Manager: Policy Development and Co-ordnation
D Velwayo	Administration Officer: Policy Development

POLICY NAME	POLICY ORIGINATOR	CONTACT DETAILS
1) Asset Disposal Policy	Mr G Marshal	043 605 5289
	Mr D Tshangela	043 605 5288
	Mr Mdunyelwa	043 605 5298
2) Asset Management Policy	Mr G Marshal	043 605 5289
	Mrs N Nkalashe	043 605 5287
	Mr B Mawisa	043 605 5295
3) Fraud and Anti- Corruption Policy	Mr L Zenzile	043 605 5399
	Mr P Booi	043 605 5452
4) Health and Productivity Management Policy	Ms C Williams	043 605 5567
	Mr N Gaxa	043 605 5037
5) Health and Safety Environment, Risk & Quality (SHERQ) Management Policy	Ms C Williams	043 605 5567
	Ms N Javu	043 605 5527

6)	Bursary Policy	Mr X Moloti	043 605 5057
		Mr K Mbande	043 605 5427
7)	Loss Management Policy	Mr G Marshal	043 605 5289
		Mr D Tshangela	043 605 5288
		Mr Mdunyelwa	043 605 5292
8)	Records Management Policy	Mr G Marshal	043 605 5289
		Mr M May	043 605 5305
9)	Risk Management Policy	Mr L Zenzile	043 605 5399
10)	Security Management Policy	Mr L Zenzile	043 605 5399
		Mr J Van Vuuren	043 605 5500
11)	Subsistence and Travel Allowance Policy	Ms L Adons	043 605 5378
		Mrs F Ncunyana	043 605 5339
12)	Wellness Management Policy	Ms C Williams	043 605 5567
		Mrs L Gaca	043 605 5121