



women

Department:
Women
REPUBLIC OF SOUTH AFRICA

3rd QUARTER RISK MANAGEMENT REPORT TO THE AUDIT AND RISK COMMITTEE

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1. Introduction

Section 38(1)(a)(i) and 51(1)(a)(i) of the Public Finance Management Act, (Act No 1 of 1999 as amended by Act No. 29 of 1999), require Accounting officers to ensure that their institutions have and maintain effective, efficient and transparent systems of risk management. The primary objective of the risk management function is to ensure that the Department of Women improves and sustains its performance by protecting the organisation from adverse outcomes and optimising on opportunities.

To give effect to this objective, a risk assessment was undertaken with all business units in the Department in order to identify risks that could impede the attainment of objectives and to determine the levels of controls and action plans that are currently in place to mitigate the risks.

The report layout;

SECTION A

- Executive Summary

SECTION B:

- Progress against the Risk Management implementation plan 2015/16

SECTION C:

- Summary of risk progress for Quarter 3
- Assessment of performance against the implementation of risk mitigation plans 2016/17.

SECTION D:

- Conclusion and way forward

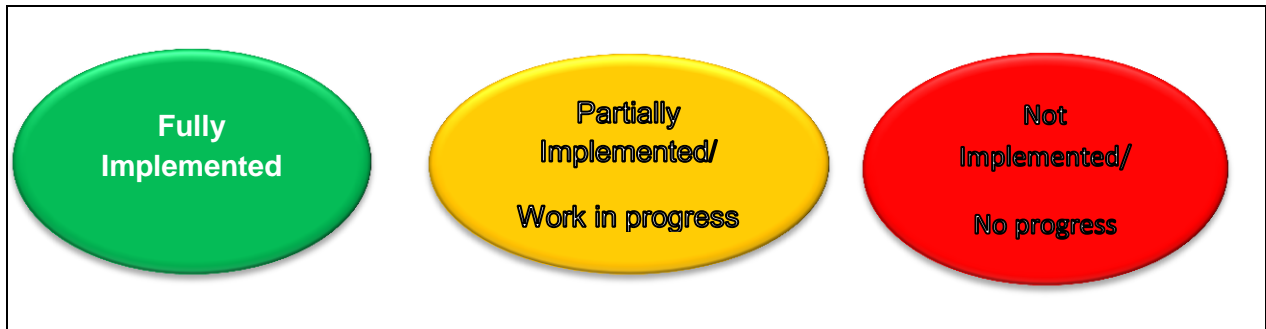
SECTION A

2. Executive Summary

2.1. Summary of Strategic Risk Mitigation Progress for Quarter 3

Below is summary of Strategic Risk Mitigation Progress for Quarter 3. In each there is progress in terms of implementation even though the mitigation action are not fully implemented:

Legends:



#	STRATEGIC RISKS	Progress Status 2016/17 Q3
1	Non Achievement of DoW Mandate	
2	Non Compliance with Governance legislations	
3	Inadequate Implementation of legislation to promote the women agenda (socio-economic empower)	
4	Inadequate ICT Infrastructure & Systems	
5	Reputational Risk	
6	Fraud, Corruption & Misconduct	
7	Inadequate capacity (Human & Skill)	

Interpretation:

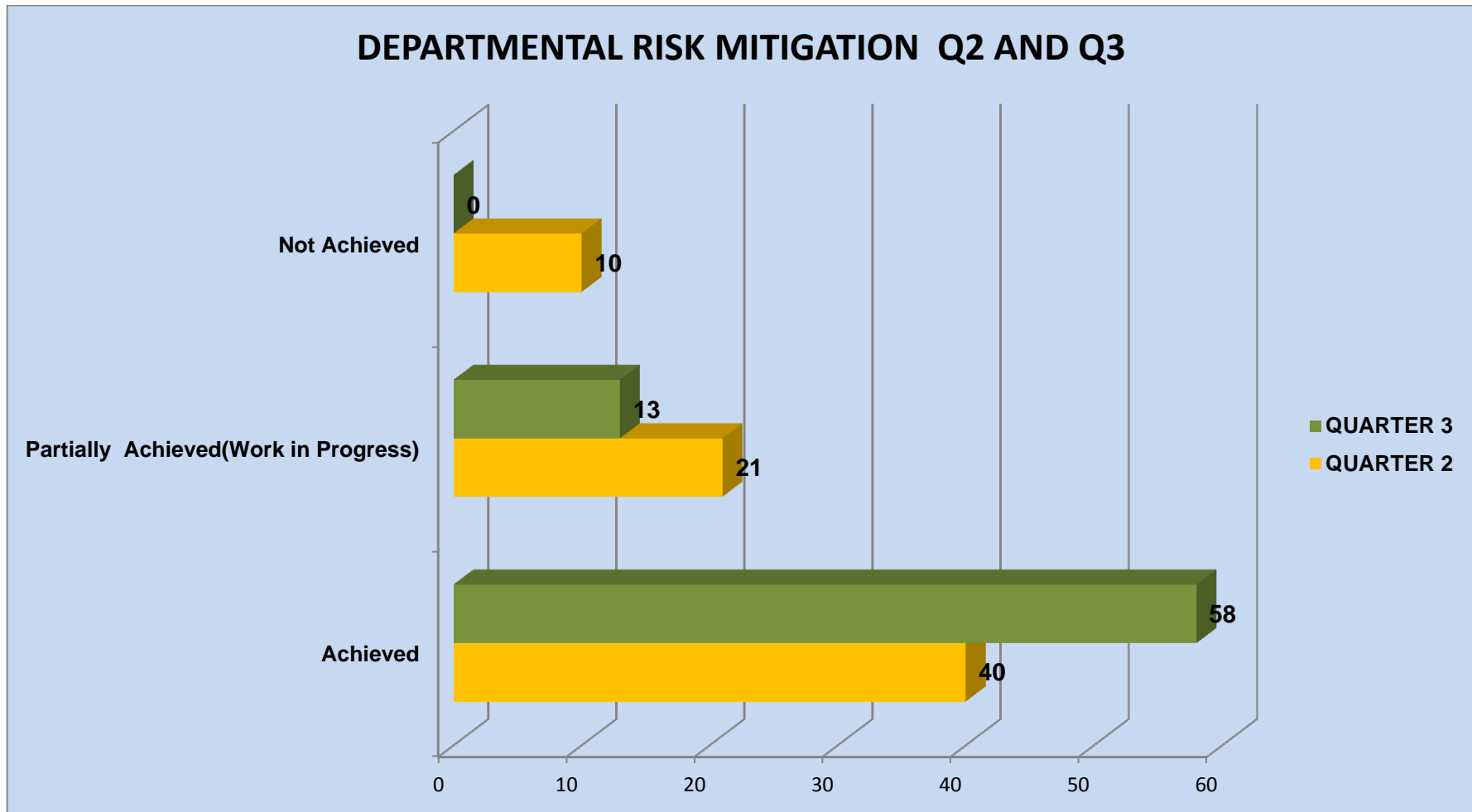
The total number of Strategic Risks identified is **seven (7)** and twenty (20) mitigation plans were identified. Out of the 20 mitigation plans identified **five (9)** have been fully implemented of which translates into **45%** and fifteen (11) are still work in progress this translates into **55%**

2.2. Summary of overall Operational Risk Mitigation Progress for Quarter 3

Interpretation:

The risk assessment report reflects a total of **71** risk mitigation plans that were due for reporting in the 3rd quarter excluding strategic risks. It is recorded that **58 (82%)** have been fully implemented, **12 (17%)** partially implemented and **1 (1%)** not implemented.

Summary of the overall progress on the implementation of risk mitigation plans for Quarter 3



SECTION B

3. Progress against the Risk Management implementation plan 2015/16

The Risk Management Plan is developed to effect the implementation of the Risk Management Strategy and outlines what risk management activities aimed at entrenching a risk aware culture and a risk smart workforce within the department.

The planned activities form the basis for quarterly risk management reporting to the Audit and Risk Committee.

1. The following were planned overall key activities against this plan which have been fully or partially achieved since 2015/16 to date.

#	Planned Risk Management activities as per the plan	Expected output	Progress to date
1	Conduct risk assessments on all major projects and events of the department. Facilitate risk identification and assessment sessions	Approved Risk Registers:Strategic and Operational	<ul style="list-style-type: none"> • Risk assessment sessions were conducted with all business units to facilitate the identification and assessment of risk during the fourth quarter of 2015/16. • Strategic Risk Assessment was conducted in Dec/Jan 2016 and approved in 21 March 2016
2	Development of risk response strategies	Action plans implemented per agreed milestones	<ul style="list-style-type: none"> • Mitigation plans have been drafted for all Risks identified and are currently being tracked for implementation as per agreed milestones
3	Maintain and continuously improve capacity within the department through training(accredited) and awareness	<ul style="list-style-type: none"> •Training •Completed orientation for all officials on risk management •Make presentations on risk management at management For a and meetings 	<ul style="list-style-type: none"> • Two officials from Strategic Management Unit attended training in risk management during October 2016. • The Chief Director presents at EXCO and the CRO presents at Manco.
4	Review of the Risk Management Framework documents(Policy,	Approved Risk Management Policy and Strategy	<ul style="list-style-type: none"> • Risk Management Framework document were reviewed and approved

#	Planned Risk Management activities as per the plan	Expected output	Progress to date
	Strategy)		during the fourth quarter of 2015/16.
5	Establish a Risk Mitigation Committee and draft the ToRs thereof.	Risk Mitigation Committee	<ul style="list-style-type: none"> Risk Mitigation Committee was established and members were formally appointed by the Director General.
6	Facilitate the execution of ERM processes and infrastructure	Approved progress reports: Present progress reports at various intervals	<ul style="list-style-type: none"> Progress reports are presented to various stakeholders at various intervals e.g. bi weekly at EXCO, monthly at MANCO and quarterly at ARC.

Overall achievement as a percentage: The plan has 11 planned actions of which only 6(55%) have been achieved and 5 (45%) are still outstanding.

2. Activities still outstanding as per the plan and remedial Actions

#	Planned Risk Management activities as per the plan	Expected output	Remedial Action
1	Publication of Risk Management Policy	Communicated risk management policy to all officials in the department	The policy is going to be posted on the intranet Awareness workshop on risk management is going to be conducted
2	Review Risk Management Methodologies and processes	Approved risk assessment methodologies and processes	Risk Methodology will be reviewed and approval sought
3	Drafting of individual key risk indicators for the top risks	<ul style="list-style-type: none"> Analysis report of key risk indicators per agreed frequency 	Analysis of key risk indicators will be conducted
4	Evaluate control effectiveness	<ul style="list-style-type: none"> Combined assurance Plan Assurance Report on controls assessed 	Risk Management unit will collaborate with Internal Audit to develop the combined assurance plan.
5	Ensure risk management processes and methodologies are reviewed independently	<ul style="list-style-type: none"> Performance Audit report Status report on risk management implementation 	Collaboration with internal audit will be sought in order to review the entire risk management process.

SECTION C

4. Detailed Progress against Strategic Risk Mitigation Action for 3rd Quarter

Below is a detailed progress against strategic risk mitigation action for each risk:

STRATEGIC RISK	RISK CONSEQUENCE	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	ACTION PLAN
1.Non achievement of DoW mandate	<ul style="list-style-type: none"> - Non achievement of the desired impact on women lives -Insufficient budget allocated to the department -Non alignment and inefficient utilization of the resources activities 	-Develop departmental strategic plan procedures	- Planning, Monitoring and Reporting Policy has been developed and approved. The departmental strategic plan procedure will be developed to align to the policy	- To develop departmental strategic plan procedures this will be prioritised in the next financial year.
		<ul style="list-style-type: none"> -Monthly reporting and engagements to improve performance reporting -Use of performance reporting to evaluate and improve the performance and service 	- Quarterly Performance reports are discussed both at EXCO and MANCO to ensure improved performance	
		-Development of the business case for improved budget allocations	-The Business Case has been finalised and presented to National	

STRATEGIC RISK	RISK CONSEQUENCE	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	ACTION PLAN
2.Non Compliance with Governance legislations	<ul style="list-style-type: none"> - Fruitless, Wasteful & irregular expenditure -Adverse Audit opinion -Possible litigation -Poor service delivery 	- Training & awareness on legislations	All policies are circulated to staff via email and displayed on the Intranet	To provide awareness on policies to all staff in the fourth quarter
		-Review Delegations	<p>Approved and signed HR Delegations in terms of the Public Service Act, 2007, and Public Service Regulations, 2016 which are:</p> <ul style="list-style-type: none"> (a) EA to the HoD in terms of the Public Service Act; (b) HoD to Performer Levels in terms of the Public Service Act; (c) EA to the HoD in terms of the Public Service Regulations; and (d) HoD to Performer Levels in terms of the Public Service Regulations. 	

STRATEGIC RISK	RISK CONSEQUENCE	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	ACTION PLAN
		<ul style="list-style-type: none"> - Implementation of departmental MPAT,HR,AGSA improvement plans - Monitoring of improvement plans 	<ul style="list-style-type: none"> - MPAT Improvement Plan developed and monitored on a quarterly basis -Action plan on issues raised by AGSA developed and monitored on the quarterly basis and presented to the Audit Steering Committee 	<ul style="list-style-type: none"> - Continue with quarterly Monitoring of MPAT Improvement Plan - Continue with monitoring implementation of action plan on issues raised by AGSA
3. Inadequate Implementation of legislation to promote the women agenda (socio-economic empower,)	-non achievement of the desired impact on socio-economic empowerment of women and advancement of gender equality	- Monitor and publish progress on the implementation of policies, programmes and efforts for women's empowerment for domestic, national and international	<ul style="list-style-type: none"> -The Report was presented to ESEID cluster department on the 12 October 2016. -Subsequently, a follow-up meeting with DST EXCO to present individual departmental report took place on the 21 November 2016. 	

STRATEGIC RISK	RISK CONSEQUENCE	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	ACTION PLAN
		<p>- Information & knowledge sharing</p>	<p>- Knowledge repository maintenance took place in the quarter using simple categories for internal knowledge sharing.</p> <p>DoW documents such as the Status of Women Report, CEDAW Report etc. uploaded on internet (department website) for external sharing.</p> <p>Distribution of information material during the 16 days of activism which is part of knowledge sharing.</p> <p>The National Dialogue in Limpopo provided a platform for knowledge sharing and awareness raising with grassroots communities/municipalities</p>	

STRATEGIC RISK	RISK CONSEQUENCE	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	ACTION PLAN
4. Inadequate ICT Infrastructure & Systems	<ul style="list-style-type: none"> - Fruitless, Wasteful & irregular expenditure -Adverse Audit opinion -Possible litigation -Poor service delivery 	<ul style="list-style-type: none"> -Review & finalization of the costed ICT strategy -Monitor implementation of the ICT strategy -Testing of systems for service continuity 	- ICT Governance Framework of the Department is under development stage (work in progress).	
			- Systems are tested on a quarterly basis for service continuity	- Continue system testing on a quarterly basis
5. Reputational Risks	<ul style="list-style-type: none"> -poor public image -Lack of public confidence -Delays & reversal in women's socio economic empowerment and societal transformation -gender equality 	<ul style="list-style-type: none"> -Monitor implementation of the communication strategy -Quality assurance standards for publications -Standard operating procedures manual 	- 1 st phase of the Communication Strategy, viz. the annual communication plan implemented	- Communication Strategy is being implemented in phases
6. Fraud, Corruption & Misconduct	<ul style="list-style-type: none"> -Misappropriation and abuse of assets/power - Adverse Audit opinion -Irregular ,fruitless and wasteful expenditure -Reputation risk 	-Training and awareness on policies & procedures	<ul style="list-style-type: none"> - Ethics training has been conducted with all staff - Fraud Prevention Policy 15/16 and Fraud Prevention Plan 15/16 developed and approved 	<ul style="list-style-type: none"> - To conduct fraud and ethics management awareness sessions on the fourth quarter. Awareness on key policies on SCM and Finance to be conducted in the fourth quarter.
7. Inadequate capacity (Human & Skill)	-Poor service delivery	<ul style="list-style-type: none"> -HRD based on classification of the required skills -Monitoring the implementation of the recruitment, selection process 	List of improved qualifications was submitted to DPSA for	

STRATEGIC RISK	RISK CONSEQUENCE	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	ACTION PLAN
		<ul style="list-style-type: none"> - Monitoring the implementation of the PDP's 	<ul style="list-style-type: none"> concurrency in September - Workplace skills plan was developed and submitted to PSETA in April 2016. Quarterly reports are submitted to PSETA on a quarterly basis. 	

5. 3rd quarter Progress on Implementation of Risk Mitigation Plans per Programme.

Programme1 consists of 10 units/directorates which are:

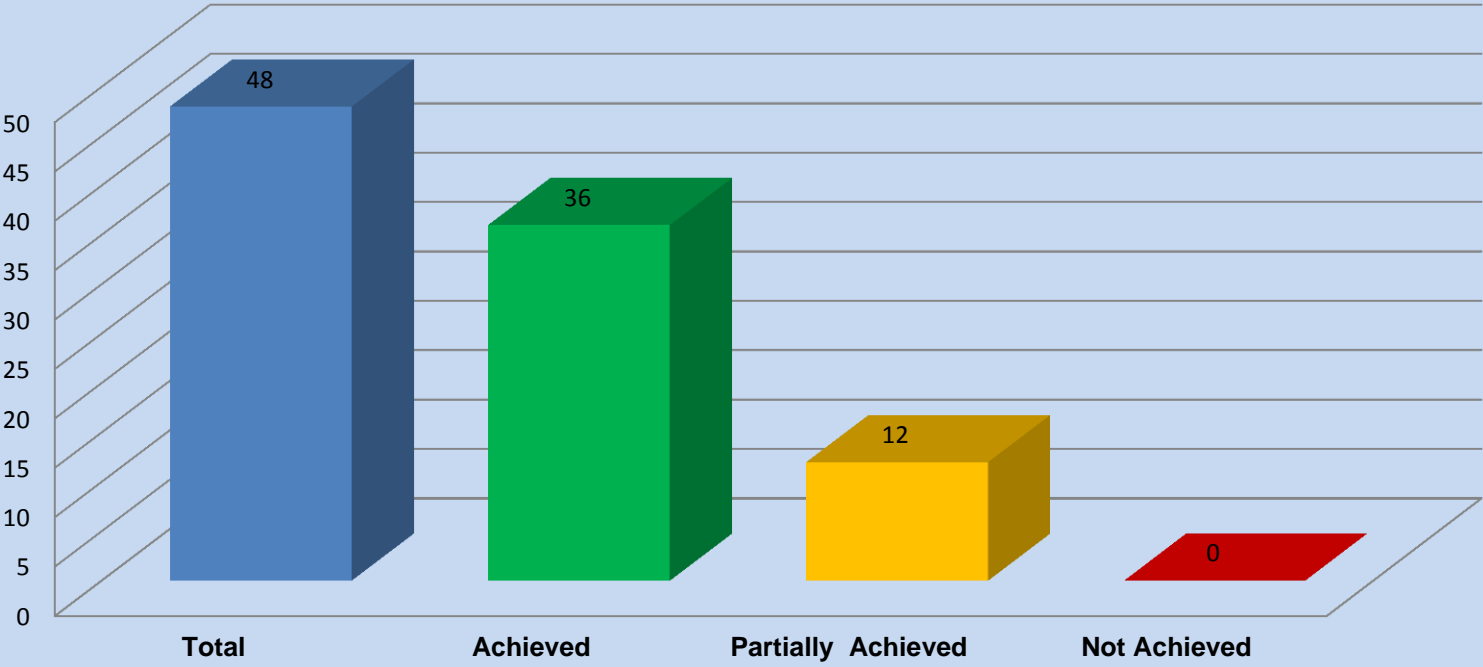
- Strategic Planning and Reporting
- Internal Operations Efficiency
- Internal Audit
- Financial Management
- Human Resources Management
- Information Communication and Technology
- Legal Services
- Auxiliary Services, Security Services and Records Management.

Programme 1 had 48 risk mitigation plans that were due for reporting in the third quarter. Out of the 48 mitigation plans **36** are fully implemented, which translates into **75%**, and **12** are partially implemented/still work in progress of which translates into **25%**.

Commentary Note:

- Substantial progress has been made towards implementing all risk mitigation plans.

PROGRAMME 1: ADMINISTRATION



Below is the progress against each risk mitigation action for Programme 1:

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
Strategic Planning and Reporting	Strategic objective of each business unit or programme may not be aligned to the vision and mandate of the department	<ul style="list-style-type: none"> -Programme may put strategic objectives that are convenient to them - Lack of understanding of the department's mandate - Ignoring the broader departmental strategic objectives - Insufficient situational analysis by Programme 	<ul style="list-style-type: none"> - Integrated strategic planning of the department - Consultation with Programmes to make sure that there is an alignment - Strategic documents are presented to management structures before approval 	- Conduct integrated planning	Integrated planning is a continuous process until the finalisation of the strategic planning. This is a process that is integrated in the whole strategic planning	Continue with the process until the finalisation of strategic planning process.
				- Monitor quarterly reports for alignment with the departmental strategic objectives	Quarterly reports monitored for alignment	This is going to be a continuous process
				-Quarterly reports presented at EXCO	Quarterly reports at presented at EXCO	This is going to be done quarterly
Strategic Planning and Reporting	Inadequate and misaligned reporting of performance	- Lack of branch meetings to discuss quarterly performance reports	<ul style="list-style-type: none"> - Standardised reporting template - Performance management policy 	- To issue non-compliance letters to DDG's and Heads of Unit for non-	Branches and Units submitted on time however , it was returned back to address some	This is going to be done when non-compliance is noted.

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
	information submitted by branches	incomplete quarterly reports - Submission in a form of malicious compliance -Non-compliance of due dates	in place - Circular for operational procedure for reporting - Quality assurance and internal audit report - Non- compliance report issued for programmes - Reports and evidence files are signed off by DDGs and Heads	compliance	comments from SMU	
				- Branches to submit analysis report	Branches submit quarterly reports and Strategic Management develops an analysis report on a quarterly basis	This is going to be a continuous process throughout the quarters
Internal Operations Efficiency	Inadequate monitoring and compliance with MPAT	-Non-compliance with the Management Performance Assessment Tool (MPAT) - Poor planning and management of MPAT	- MPAT Key Performance Arrears coordinators appointed - MPAT improvement plan developed and monitored on a quarterly basis -MPAT share folder created to file evidence -MPAT checklist developed	- MPAT reporting to be done on a quarterly basis	MPAT status report developed and signed off by the Director-General	This is going to be done on a quarterly basis.
		Processes Lack of quality assurance on evidence submitted by relevant managers - Lack of on-going monitoring on the improvement plan by relevant managers		Monthly MPAT progress meeting	MPAT progress meeting held on a monthly basis	
				Monitoring of MPAT evidence on the share folder	MPAT evidence filed with DPME on the 30 September 2016	There would be a continuous monitoring and verification of the evidence.

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
					Further more evidence was loaded on the MPAT system on 20 October 2016. This was delegations in terms of the Public Service Regulations which were signed off after 30 September 2016	
Internal Operations Efficiency	Inability to institutionalise risk management	<ul style="list-style-type: none"> - Lack of risk governance structures - Lack of risk understanding by braches and business units - Risk management may not be integrated into strategic management processes - Lack of monitoring for risk mitigation action 	<ul style="list-style-type: none"> - Risk Mitigation Committee Members appointed - Risk Management Framework in place - Operational Risk workshops conducted - Risk mitigation quarter progress report developed 	- Quarterly reports on risk mitigation action	^{3rd} quarter report developed and presented to the Audit and Risk Committee	The fourth quarter report is going to be developed and presented to the Audit and Risk Committee scheduled to take place in April.
				- Risk Mitigation Committee to meet every quarter	Risk Mitigation Committee met on the 3 rd of February 2017	The next meeting is going to take place in March before the end of this financial year.

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
Internal Audit	Failure to complete Internal Audit plans	<ul style="list-style-type: none"> - Insufficient human resources - Lack sufficient skills to perform audit work - Ad hoc internal audit assignment from management and the Audit and Risk Committee 	<ul style="list-style-type: none"> - Resourced planning of the internal audit activities - The Department entered into agreement with National Treasury to provide internal audit support to the internal audit activity of the Department - Audit and Risk Committee to assess the resource requirements of the Directorate: internal audit and recommend appropriate staff composition to Management of the Department 	The Office of the Accountant-General will periodically second an official to provide internal audit support to the Directorate: Internal Audit	National Treasury provides Internal Audit Support to the Department's Internal Audit function as when necessary.	Continue to work with National Treasury as and when necessary
				The Directorate: Internal Audit will establish collaboration with internal audit functions of other government departments and entities to share and transfers of skills.	During the third there was no collaborations formed between the Department's internal audit function and internal audit functions of other government departments and entities.	The Directorate will have collaborations with IA functions of other departments as an when the need arises.
Internal Audit	Lack of independence and objectivity in performance of audit work	<ul style="list-style-type: none"> - Audit scope limitation - Interference with audit work - Inadequate internal audit authority - Status of internal audit in the Department's 	<ul style="list-style-type: none"> - Internal Audit Charter - Internal Audit activity overseen by the Audit and Risk Committee - Dedicated internal audit budget - Internal Audit Plans are endorsed by MANCO and approved by the Audit and Risk 	Review Internal Audit Charter annually	Internal Audit Charter was tabled, discussed and approved by the ARC in the ARC meeting held on the 27 October 2016.	This will continue as required.

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
		organisational structure - Internal Audit plans that are not informed by the risk assessment results	Committee - Internal Audit dual reporting lines to the Director-General and the Audit and Risk Committee - Annual Departmental Risk Report	Quarterly Reporting to the Audit and Risk Committee	Quarterly Internal Audit Reports are presented at MANCO, EXCO and Audit Committee	This is going to continue as planned.
				Presentation of Internal Audit Plans to MANCO and the Audit and Risk Committee	Internal Audit Plans were presented and accepted by MANCO. They were also presented and discussed and subsequently approved by the Audit and Risk Committee	This process is going to continue annually until the final approval.
Financial Management	Non Compliance with Governance legislations : • Sec 38 • Sec 39 – Budget Responsibilities • Sec 40 - Reporting Responsibilities	- Inadequate alignment of financial and SCM policies and procedures -Non-payment of suppliers within the prescribed 30 days period .-Circumvention of SCM and financial policies - Unauthorised expenditure - Irregular expenditure - Lack of understanding from officials in the	-SCM and financial delegations in place - Financial instructions issued to officials - Financial Policies are in place - Awareness creation - Strengthening of financial controls - Asset register in maintained on excel - Enforcing controls on movement of assets	-Strengthening of awareness and enforcing SCM policies and procedures	Enforcing of procurement processes has been done to eliminate irregular expenditure. SCM policy have been drafted, approved and implemented SCM circular has been issued on Abuse of SCM processes	Continuous monitoring of
				- Implementation of consequence		

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
				management	implemented on payments outside of 30 days	deviations will take place
		department - Late submissions of required reports - Lack of policies and guidelines - Inadequate internal controls - Inadequate practices in management of assets - Incomplete asset register - Movement of assets not properly control and documented	-Bi-annual and annual physical verification of asset register -Budget committee in plan -Continuous monitoring of the budget	- Training people to migrate to LOGIS	SCM staff attended Logis training since Nov 2015 in phases	none
				- Budget committee to meet monthly and go through budget expenditure	Monthly Budget Committee in place, chaired by the Accounting Officer	The monthly meetings to continue as scheduled.
Human Resource Management	Mismanagement of leave	-Lack of monitoring of leave trends and patterns by supervisors -Lack of monitoring the personnel attendance	-Leave management policy -Leave administrators -Leave plan circular -Warning letters for late	-Develop HR standard operating procedures for the administration of leave.	Draft HRM in process of development and consultation - Submission for re-appointment of Leave Administrators submitted to DG for approval. - Submission sent to the DG for approval.	Finalise business processes.

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
					<p>- A communiqué approved by the DG was circulated to employees for submission of annual leave plans.</p> <p>- Circulated to all staff</p> <p>- A standard warning letter was developed to address non-compliance.</p> <p>Standard letter for non-compliance developed, signed by DG/CD: CM and given to respective employees/supervis or</p> <p>- Annual leave plan circular already circulated to all staff</p>	<p>On-going as the need arises</p>

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
		<ul style="list-style-type: none"> register by supervisors -Late and non-submission of leave forms -Non-compilation of annual leave plan and/or adherence to annual leave plan -Lack of leave verification and reconciliation -Absenteeism, late coming and early leaving by staff -Late capturing of leave 	<ul style="list-style-type: none"> submission of leave forms -Manual Register and reconciliation of leave forms -Attendance registers -Attachment of the leave credits available 	-Consequence management for non-compliant employees	Standard letter for non-compliance developed, signed by DG/CD: CM and given to respective employees/supervisor	On-going as the need arises
Human Resource Management	Lack of adequate training opportunities	<ul style="list-style-type: none"> -Lack of departmental skills development plan -Employees' non-availability or non-attendance of scheduled 	<ul style="list-style-type: none"> -Dedicated training budget -Skills audit conducted 	Quarterly training report	Quarterly training report submitted to PSETA on 07 October 2016	On-going as the need arises
		<ul style="list-style-type: none"> training -Ineffective management of bursary scheme 		<ul style="list-style-type: none"> -Nomination forms to hold employees accountable for non-attendance of training 	Nomination forms contain declaration by employees to comply with requirements, failure which they will be held liable for the payment courses	None
				Develop SOPs for the management of bursaries	Draft HRM business processes in process of development and consultation	SOP for the management of bursaries will be finalised during the first quarter of the next financial year

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
Human Resource Management	Ineffective performance management of employees	<ul style="list-style-type: none"> -Late/non-submission of performance work plans and agreements -Lack of understanding/commitment of PMDS policies and procedures by managers, supervisors and employees -Performance agreements and work plans not aligned to the Annual Performance Plan -Late/non-submission of prescribed performance assessments -Late/non-submission of prescribed performance moderations -Inadequate interventions for poor performance 	<ul style="list-style-type: none"> -PMDS policy and SMS Handbook -Circular on implementation of system -Workshops provided on implementation of system -Progress reported to EXCO/MANCO -Moderating Committees 	Consequence management for non-compliant employees	Standard letter for non-compliance developed, signed by DG/CD: CM	None
Human Resource Management	Delayed recruitment and selection processes to fill funded vacancies	<ul style="list-style-type: none"> -Jobs not profiled and evaluated prior to advertisement of posts -Limited capacity to handle responses to applications received -Limited capacity to manage recruitment and selection volumes -Delayed security screening of qualifying candidates 	<ul style="list-style-type: none"> -Recruitment and Selection policy -1 contract worker -1 employee temporarily from Facilities 	-Finalise job descriptions and evaluate all jobs	88.0% of job evaluated	Finalise job descriptions and evaluation process by the 31 March 2017.
				-Monitor implementation	Progress reported in Q2 HR Oversight Report	
ICT	Lack of ICT security	-Lack of policy on ICT security to guide the	-Anti-virus contract with the external service provider in place	-Approval of ICT security policy	Monthly meeting held with Info Gaud	To be presented to the ICT Steering

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
	controls	<ul style="list-style-type: none"> implementation of the controls -Lack of monitoring of the implementation of the ICT security controls - Exposure to logical attacks such as malware and viruses -Breach of IT contractual compliance with IT service providers -Logical access rights trespassing by users or unauthorized persons on active directory --Exposure of sensitive or confidential information due to media loss/disclosure to unauthorized persons -Limited or inadequate IT infrastructure and systems to effectively support the current and future needs of the department in an efficient, cost-effective and well controlled manner -Disclosure of department's information to unauthorized persons 	<ul style="list-style-type: none"> -Reporting of the monitoring of security activities conducted fortnightly -ICT policy draft implemented -ICT security infrastructure in place 		and SITA regarding activities and security access controls. Their provision of report is used to determine the accountability of functions rendered with respect to the agreed SLA. Register to physically access the Server Room exist. For internal people Biometric Access Control System is used. Remote access is provided only upon a signed and approved SLA with the department. An option of bringing Dashboards systems which are to be used to pull remote access logs has been discussed with Service Providers	Committee that is scheduled for the 4 th Quarter
ICT	'Disruption of ICT services	<ul style="list-style-type: none"> -Loss of IT services due to Interrupted/ failure of utilities performance. -Exposure to business 	<ul style="list-style-type: none"> -Monitoring tool in place to monitor the servers -Disaster recovery plan in place -Disaster recovery site has been 	Finalise the implementation of disaster recovery	Engagement with SITA are in progress to assist in operationalizing the	Sourcing assistance from SITA

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
		<ul style="list-style-type: none"> and operational interruptions emanating from loss of IT services(down time) -Absence of a functional Disaster Recovery Site may cause inability to recover critical systems and applications in the event of a disaster -Lack of backup policy implementation and testing -Lack of up to date working equipment 	<ul style="list-style-type: none"> built -Backups are running every day and are being monitored -IT personnel that are able to attend to issues -ICT contracts with SITA to support with disruption 	<ul style="list-style-type: none"> Conduct testing on backups 	<ul style="list-style-type: none"> DR Site Test has been conducted and it has been determined that the systems are not backing up data, and restoring also posing some challenges. 	<ul style="list-style-type: none"> Continuous testing to take place until all the challenges are resolved.

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
ICT	Lack of alignment of ICT activities to the strategic objectives of the department	<ul style="list-style-type: none"> -Misalignment of IT Projects with the strategic objectives/outcomes of the department -Separate or non-integration of IT within business processes -Failure of the new IT systems and software's to deliver the intended results. -Lack of up to date ICT policy -Lack of ICT governance implementation 	<ul style="list-style-type: none"> -Approved ICT Operational Plan -ICT governance Committee and structure -ICT up to date infrastructure in place Draft ICT Strategic Plan developed in 2015 will be reviewed 	<ul style="list-style-type: none"> -Continue with ICT governance committee meetings -Implement approved ICT Operational Plan -Continue monitor ICT up to date infrastructure 	<p>A meeting is held every quarter, minutes are kept as evidence. 2nd quarter meeting was held on the 28th of September. The current operational plan for 2016/17 has been approved. KPA 1 - Availability of infrastructure is managed through service level agreement with SITA .KPA2 - Implementation of system has been reviewed as a proposition of the ICT strategic committee due to its lack of measurability. Critical deliverables out of KPA 2 will be indicated in the 5 year plan which is expected to be completed by end of financial year. SITA and InfoGaurd reports within meetings held to</p>	<p>Review the ICT Strategic Plan. ITC Operational Plan as per resolution of ICT Strategic committee of the 29 Sept 2016 5 year plan is expected to be completed by end of financial year.Q4</p>

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
					<p>assess the findings and outcome of the infrastructure on a monthly bases, which is derived from the monitoring of systems and functions provided to the department. Also used to assess the business continuity reliability.</p>	
Legal Services	Exposure to commitments without valid or binding contracts	<ul style="list-style-type: none"> - Failure to consult with legal services prior into entering into contracts - End-users utilise legal services as a reactive measure as oppose to proactive - Non-involvement of legal services timeously on the inception/conceptualisation stage of agreements/decision 	-Legal services drafts contracts only when consulted	-Develop contract management register	New contract management policy is still work in progress, inputs have been received from various stakeholders	To be finalised and approved in quarter 4

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
		-No contract management systems in place -Lack of policy on contract management				
Legal Services	Failure to manage litigations properly	-Failure to explore all available avenues to remedy existing situation -Inadequate capacity within the legal services unit -Lack of litigations register -Lack of clear instructions or conflicting instructions -Lack or limited information to defends actions instituted against the department such as original documents that are supposed to be kept by legal service but are kept by end users or SCM Inadequate contract management	-Litigation register updated regularly -Quarterly reports on litigations management submitted to DPSA -Services of the Offices of the State Attorney and the State Law Adviser utilised by the department	-Continuous updating of the litigation register	Quarterly reports compiled for submission to DPSA Services of the OSA and OCSLA utilised for legal advice and litigations	None
Legal Services	Exposure of the department to litigations	Lack of adequate Human Resources in the labour relations unit -Lack of clear instructions or conflicting interactions -Lack of awareness/different understanding of public service prescripts by those providing instructions	-Guidelines for drafting and vetting of departmental agreements in place	'- Utilise circular on workflow process	Circular on workflow process being implemented	Finalise the implementation and monitor utilisation thereof

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
Auxiliary Services	Partial compliance with OHS act	<ul style="list-style-type: none"> - Minimal participation of some senior managers and junior staff on OHS issues -Lack of an approved smoking policy and designated smoking room 	<ul style="list-style-type: none"> -Awareness meetings and campaigns -Communications circular 	Quarterly Security Committee Meeting	Meetings were held with the landlord and have resulted in a joint evacuation drill that took place on 10/11/2016.	-None
				Buy microwaves for each floor	New microwaves bought, some moved to the kitchen from offices	-None
				Set up sickbay for the department	Majority of materials have been delivered, we are awaiting a bed to be delivered.	Finalize the set-up of the sickbay
				Approval of the smoking policy	Smoking room established	Smoking policy will be developed and approved in the 4 th quarter
				-Appointment of OHS committee members	OHS Committee members appointed by the Accounting Officer	None
Security services	Physical security breaches	<ul style="list-style-type: none"> -Inappropriate security locks -Inconsistence application of security measures 	<ul style="list-style-type: none"> -Perimeter Fence -Infra-Red beams -Metal detector -High security locks installed in ministry and top management offices 	-Monthly meetings with Security Company	Monthly meetings held with the security company	Continue with the monthly meetings as scheduled.
Security services	- Loss or theft of assets	<ul style="list-style-type: none"> - Lack of control of Assets taken out of the building - Lack of guidelines on the measures to safeguard 	-Awareness raising & circulars	- Engage ICT / SCM on the control of assets outside office	ICT has been engaged, there has been a reduction on the number of	Continue with the engagements and monitor the results

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
		State Assets outside the office			assets lost outside the office	
				- Register for security to include serial number and barcode of laptops and tablets	Vehicle entrance register bear the registration of the vehicle and Departmental Barcode	None
Security services	Compromise of classified information	<ul style="list-style-type: none"> - Delays in the finalization of security clearance of personnel. - Improper handling of classified info - Security screening of service providers - Lack of records management 	<ul style="list-style-type: none"> - MISS document of 1996 - Security policy - Circular on security screening of service providers - Follow-ups with State Security Agency 	Awareness raising	Awareness conducted through e-mails and circulars	None
				Distribute Security envelopes and register	Secure envelopes distributed to relevant offices	None
				Approval of the Information Security Policy	Information Security Policy approved by the Accounting Officer	None
Records Management	Lack of adequate record management implementation in the department	<ul style="list-style-type: none"> -Lack of departmental file plan -Lack of approved records and registry policy -Lack of file plan implementation -Lack of awareness of registry functions by employees 	<ul style="list-style-type: none"> -Ministry file plan approved -Department file plan submitted to National Archive for approval -Draft registry manual -Draft record management policy -Human Resource Management records filed -Management of incoming and outgoing mails Development of the Plan for Reengineering of the Registry 	-Consultation workshops	Workshops have been conducted with various business units on the file plan (95%)	To finalise workshops with the Ministry

Programme 2: Social Transformation and Economic Empowerment

Programme 2: Social Transformation and Economic Empowerment consists of three chief directorates which are:

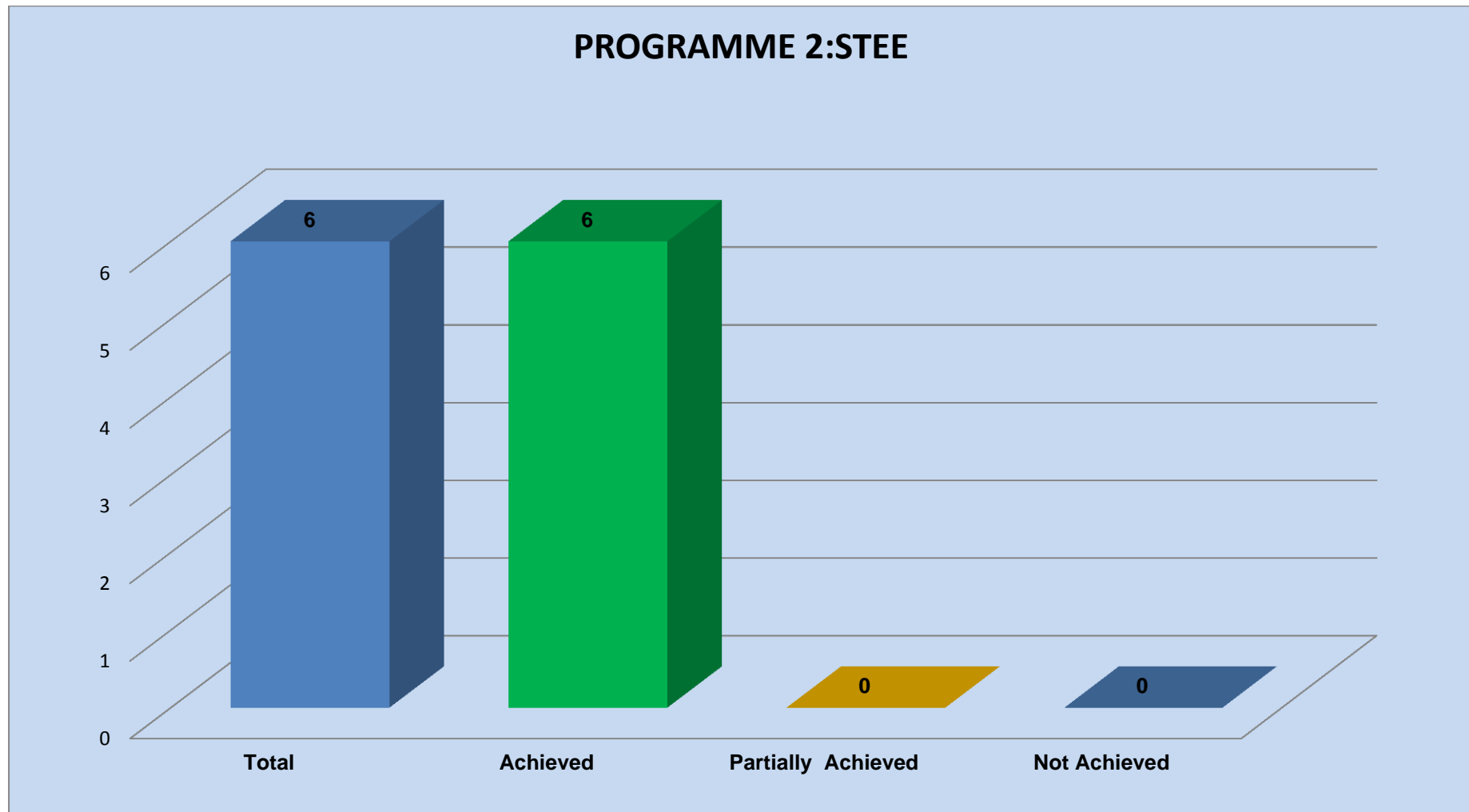
- Economic Empowerment and Participation,
- Social Empowerment and Transformation and Governance Transformation,
- Justice and Security.

Programme 2 had **6** mitigation plans that were due for reporting in the 3rd quarter. Out of the 6 mitigation plans, **all these mitigation plans have been fully implemented.**

Commentary note:

Major progress has been made towards the implementation of all risk mitigation plans thus far.

Graphical Presentation of the above analysis



3rd quarter detailed Progress on Implementation of Risk Mitigation Plans

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
Economic Empowerment and Participation	Fewer women economically empowered through government programs	<ul style="list-style-type: none"> -Departments not responding, timeously and with the relevant information -Lack of skilled human resources -Lack of gender mainstreaming expertise in sector departments 	<ul style="list-style-type: none"> -Presidential Directive on reporting requirements by departments -Reports by departments analysed and feedback provided 	<ul style="list-style-type: none"> -Follow-up engagements with sector departments (Correspondence bi-lateral, telephonic or electronic) 	<ul style="list-style-type: none"> -The Report was presented to ESEID cluster department on the 12 October 2016. -Subsequently, a follow-up meeting with DST EXCO to present individual departmental report took place on the 21 November 2016. -Other departments i.e. DoE, DoL, and DRDLR with outstanding reports were telephoned and the results were incorporated in the report. 	None

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
Social Empowerment and Transformation	Delays in women's social empowerment and societal transformation	- No policy framework in place on sanitary dignity project.	-Convene Steering Committee -Reports by departments analysed and feedback provided	-Development of Government Wide Sanitary Dignity Policy Framework	Steering Committee Working Group convened and Sanitary Dignity Indaba to develop Framework scheduled in February 2017	None
Governance Transformation, Justice and Security	Delays in gender mainstreaming	-Inconsistent institutionalisation of Gender Focal Points in terms of placement and level -Lack of standardisation of GFP functions -Inadequate integrated approach to VAWC -Out-dated National gender policy framework -Delays in consultation process	-Stakeholder engagements -Analysis of VAWC management to inform an integrated approach -Draft national policy framework on gender mainstreaming and GFPs	-Consultation on the National Policy Framework on gender mainstreaming and GFPs	Consultation with Governance & Administration cluster departments on the position paper/concept note held. Cabinet Memo has been Developed	None

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
				-Discussion document on the analysis of VAWC management	A refined Discussion Document on VAWC was developed VAWC discussion document/concept note incorporated into National Dialogues, National dialogues Pilot Report has been drafted	None
				-Consultation with key government departments on GRB (Quarterly	Discussions with UN Women Organization on Gender Responsive Budget were held, Draft Internal discussion position paper was consulted with National Treasury, DPME and Stats SA.	None
				-Follow-up engagements with sector departments (Correspondence bi-	-The Report was presented to ESEID cluster department on the 12 October 2016.	None

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
				lateral or telephonic)	<p>-Subsequently, a follow-up meeting with DST EXCO to present individual departmental report took place on the 21 November 2016.</p> <p>-Other departments with outstanding reports were telephoned and the results were incorporated in the report.</p>	
					<p>The Report was presented to ESEID cluster department on the 12 October 2016.</p> <p>Subsequently, a follow-up meeting with DST EXCO to present individual departmental report took place on the 21 November 2016.</p> <p>Other departments with outstanding</p>	None

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
					reports were telephoned and the results were incorporated in the report.	

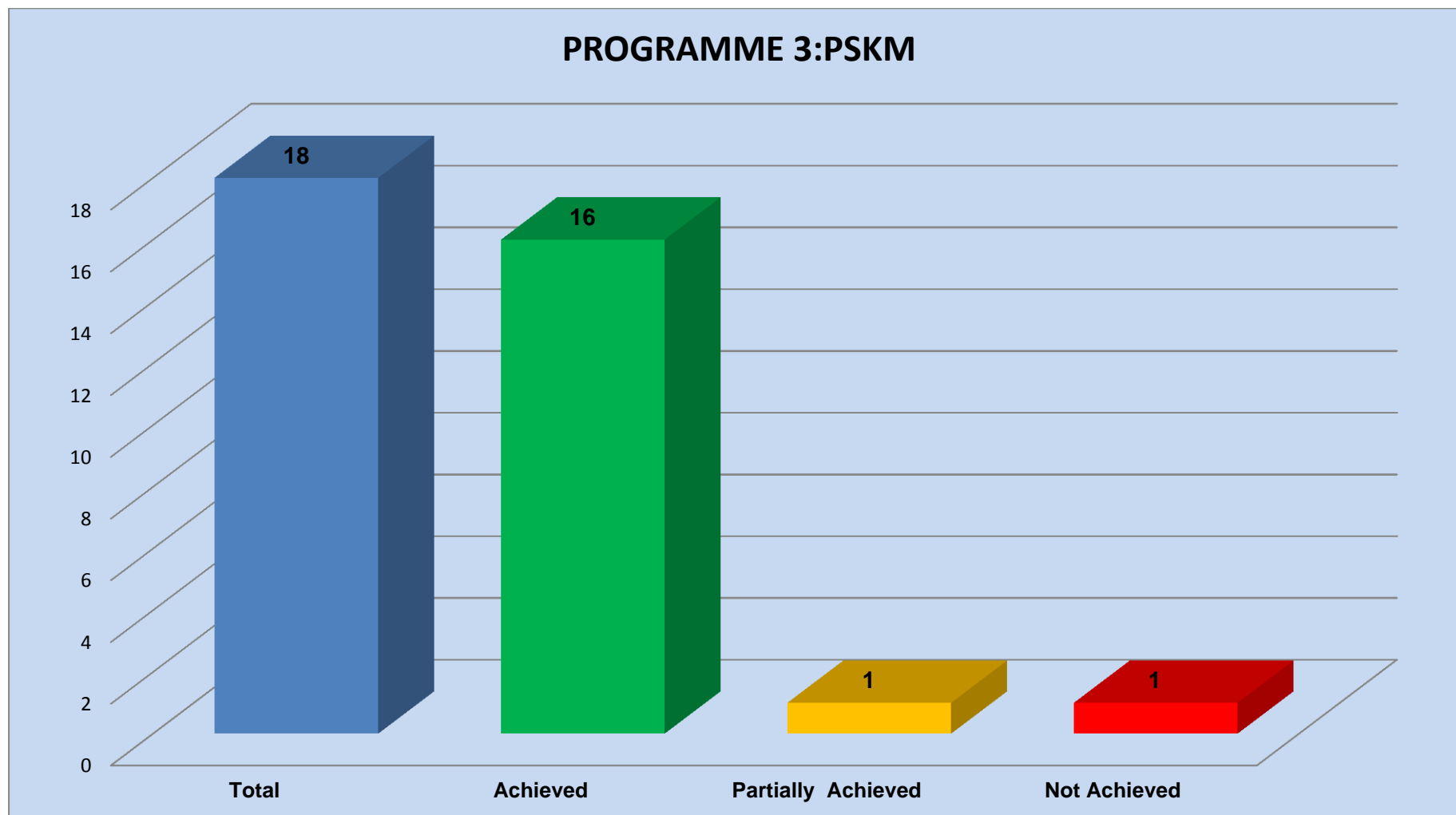
Programme 3: Policy, Stakeholder and Knowledge Management

Programme 3: Policy, Stakeholder and Knowledge Management consist of

- Research and Policy Analysis,
- Information and Knowledge Management,
- Stakeholder Coordination and Outreach and
- Monitoring and Evaluation.

Programme 3 had 18 mitigation plans that were due for reporting in the 3r quarter. Out of the 18 mitigation plans **sixteen (16)** are fully implemented, this translates into **88%**. One **(1)** partially implemented of which it translates into **6%** and **one (1)** not implemented this translates into **6%**. This is depicted in the graph below

Graphical presentation of the above interpretation



3rd quarter detailed Progress on Implementation of Risk Mitigation Plans

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
Research and Policy Analysis	Insufficient research and information on policy development nationally on the nine point plan to impact government priorities, plans and programmes for women's socio-economic empowerment and gender equality	<ul style="list-style-type: none"> -Lack of single cohesive coordinated process for research on gaps in women's socio-economic empowerment and gender equality -Fragmented nature of research topics, policy makers and Implementers - Irrelevant and gender insensitive research with minimal impact to current government priorities and plans -Dependency on external partners for research and data inputs causes lack/poor of analysis of data 	<ul style="list-style-type: none"> -One on one interactions with relevant departments and stakeholders to obtain information -Gender perspective inputs on draft policies 	Collaborations with specific departments and research institutions	<p>Meeting held with the Chief Director: Agri-Parks at the Department of Rural Development and Land reform on the inclusion of women in access to and benefit on the Agri-parks programme.</p> <p>Contacts established with the Medical Research Council and the research strategy shared with them.</p> <p>The research strategy also shared with the CGE and the Department of Basic Education</p>	None

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
				Q3 Developing a research strategy with a national research agenda that is focused on the nine point plan	Research Strategy including the Research agenda finalised in quarter 3	None
Information and Knowledge Management	Limited access to information and knowledge	<ul style="list-style-type: none"> - No formal institutional arrangements that gives the department access to information and knowledge -Lack of coordinated approach to gathering information -Absence of DoW knowledge repository -Lack of knowledge sharing platform with stakeholders 	<ul style="list-style-type: none"> -Individual units currently sourcing their own information though Office of the Director-General -Establishment of IKM unit -Open access to internet 	-Resourcing of the IKM unit	The engagement with the National Treasury on resourcing for IKM was incorporated as part of the bigger engagement for the whole departmental needs with National Treasury; this has yielded results in that DoW has received additional funding for human capacity needs as	

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
					<p>of 2018/19 financial year. During this quarter (Q3), there was a strategic engagement initiated by the Minister on the most appropriate location of IKM into the Research and Policy Analysis unit. This would assist in appropriately resourcing IKM in terms of human capacity</p>	

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
				<p>- Collaborations with stakeholders in preparation for the knowledge audit</p> <p>Gender Sector; IK Repository developed</p>	<p>In quarter 3, there was an external consultation with GCIS to benchmark the Knowledge Audit process. A questionnaire template was provided for DoWs benchmarking exercise</p> <p>The taxonomy was developed in August and maintained through the use of taxonomic organization categories in quarter 3</p>	
Stakeholder Coordination	Inadequate awareness on	- Lack of positive support from	-Outreach initiatives that raise awareness and give out	Circular signed by the DG appointing	Circular has not been drafted	Request for the meeting with the

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
and Outreach	socio-economic empowerment and women's rights	Stakeholders especially civil society - Lack of knowledge about the department in some community - Lack of a referral system that is functioning within the department - Lack of tracking system on issues Personnel to continuously update the stakeholder database.	information on what government offers in improving the lives of women -Inter-departmental committees facilitated to implement issues raised during community engagements -Working closely with sectors to make sure that young women are empowered	the internal task team Meetings with key stakeholder		DG to discuss and finalise will take place in the 4 th quarter
					Meetings with stakeholders took place in preparation of the 16 days of Activism including meetings with stakeholders on 365 Days of Activism	
		-Lack of awareness raising on the existence and mandate of the department		Reports with recommendations to the DG	Back to office reports following stakeholder engagements have been written and submitted	
				Liaise with the Communication Unit to print pamphlets on the mandate of the departments and women's rights	Distribution of information material during the 16 days of activism which is part of knowledge sharing. The	

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
					National Dialogues in Limpopo provided a platform for knowledge sharing and awareness rising with grassroots communities.	
Stakeholder Coordination and Outreach	Tarnished image of the department	<ul style="list-style-type: none"> -Lack of timely procurement of services by SCM -Lack of transparency from SCM on the preferred suppliers -Lack of local economic empowerment in line with Preferential Procurement Act -Lack of benchmarking 	<ul style="list-style-type: none"> -Forward planning and meetings for events -Involvement of other key participants within internally and externally -Constance engagements with political and management to get directions and guidance on coming events -Seeking financial sponsorship 	<ul style="list-style-type: none"> -To request the department to explore the possibility of appointing an events coordinator -Improve on the timeous appointment of the service providers 	Chief Director has been appointed to manage outreach initiatives Submission for procurement are being submitted to SCM on time	
Stakeholder Coordination and Outreach	Lack of coordination mechanisms	<ul style="list-style-type: none"> -Lack of proper planning for international engagements -Lack of proper coordination 	<ul style="list-style-type: none"> -Department is participating in the Inter-departmental Committee on international reporting -Stakeholder consultation -Reports on International 	<ul style="list-style-type: none"> - Multi-sectorial committee across all sectors to coordinate international commitments 	The Director-General has just approved the establishment of the Interdepartmental Task Team that will	The first sitting of the task team will be held before the end of the fourth quarter

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
		-Lack of feedback from international engagements -Lack of systems to monitor international commitments -Lack of internal coordination - Lack the departments fully participation in the inter-departmental committee	obligations are submitted -Department participate in international engagements -Participation reports developed		be responsible for international Relations Reporting Obligations and management of multilateral engagements	
				-Finalise concept paper.	Concept paper finalised	
				-Regular attendance on the interdepartmental committee	-CSW Consultative Meeting with Civil Society organisation was held on 9 November 2016 -1 st Consultation meeting with DIRCO on 61 st Session of the CSW was held 23 November 2016 -Inter-departmental meeting on the African Union 2017 theme was held 7 December 2016 -Interdepartmental Task Team meeting on International reporting was held 20 October 2016	
Monitoring and Evaluation	Lack of Reporting systems to provide	-Availability of Strategic Plans and APPs of other departments	-Letter signed by DG to departments requesting information -Reports received from	-Letter signed by DG to departments requesting information	The letter to various DGs was written and 44 APPs were received for	None

UNIT	RISK	ROOT CAUSES	CURRENT CONTROLS	MITIGATION PLAN(S) /CONTROLS	PROGRESS ON MITIGATION PLANS	CORRECTIVE ACTION
	guidance to sector departments	-Timeously and quality of Strategic Plans and APPs -In year review of Strategic Plans and APPs and lack of influence -Departments reporting on irrelevant information than what is required -Lack of response from sector departments on the required information -Lack of clear guidelines from the department on required information	other departments analysed -Follow-ups with departments that have not submitted -Concepts documents on the M & E systems		analysis	
				-Reports received from other departments analysed	Reports received from other departments have been analysed	None
				-Follow-ups with departments that have not submitted	All departments have submitted	None
				-Concept document on the M & E systems	M&E Framework has been approved by the Minister	None

SECTION D

6. Conclusion and way forward

The cooperation and support from business units is improving in respect of risk management and the risk management unit is continually striving to improve in all areas of the risk management function.