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**COMPENSATION COMMISSIONER**

**FOR OCCUPATIONAL DISEASES (CCOD)**

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**TO: PORTFOLIO COMMITTEE ON HEALTH,**

**PARLIAMENT OF THE REPUBLIC OF SOUTH AFRICA**

**FROM:DR BARRY KISTNASAMY / CCOD& MBOD MANAGEMENT**

**RE: PROGRESS IN ADDRESSING THE CHALLENGES AT THE COMPENSATION COMMISSIONER FOR OCCUPATIONAL DISEASES (CCOD)**

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**COMPILED BY: DR BARRY KISTNASAMY,**

**COMPENSATION COMMISSIONER**

**DATE: 1 SEPTEMBER 2016**

**PURPOSE:**

To update the Portfolio Committee on Health on progress in addressing the challenges at the Compensation Commissioner for Occupational Diseases (CCOD).

**BACKGROUND:**

The report is based on the activities carried out by the management at the Medical Bureau for Occupational Diseases (MBOD) and CCOD over the 2015/16 FY and for Quarter 1 of 2016/17 FY. The MBOD/CCOD was supported by the Chamber of Mines, the Gold Working Group of the major gold mining companies, the trade unions in the mines and works sector and social partners such as the Global Fund for AIDS, TB and Malaria; the World Bank; the International Organisation for Migration and ex-mineworker associations. The MBOD/CCOD worked closely with the Department of Planning, Monitoring and Evaluation in the Presidency, the Departments of Mineral Resources, Labour and Social Development and provincial Departments of Health as well as the governments of Botswana, Lesotho, Mozambique and Swaziland. The Minister of Health (Honourable Dr Motsoaledi), the Deputy Minister of Health (Honourable Dr Phaahla), the Director-General of Health (Ms Matsoso), the Chief Financial Officer (Mr van der Merwe), the Deputy Director-General of the Branch: Health Regulations and Compliance Management (Dr Pillay) and other senior managers at the Department of Health are acknowledged for their support. The Deputy Minister of Mineral Resources (Honourable Mr Oliphant) has also played a major role in the activities of the MBOD/CCOD.

**HIGHLIGHTS:**

1. The Strategic Plan of the CCOD for 2015/16 – 2019/20 and the Annual Performance Plans for 2015/16 FY and 2016/17 FY were tabled in Parliament via the Office of the Minister of Health.
2. The Governance Committees of the MBOD/CCOD met regularly and provided oversight, monitoring and support for the activities of the MBOD/CCOD.
3. The Annual Financial Statements of the 2010/11 FY and 2011/12 FY are ready for submission to the governance committees and Auditor-General of South Africa but awaiting the incorporation of the Actuarial Valuation Report, which will be completed later in September 2016. Work is underway on the 2012/13 FY and 2013/14 FY Annual Financial Statements.
4. Revenue collection improved through consolidation of the database of controlled mines and works, changes in the levy amounts per commodity and inspections of controlled mines and works.
5. The performance outputs (unaudited) of the MBOD/CCOD are improving despite the labour problems in 2015.

**Table 1: Selected Performance Indicators: 2015/16 FY and Q1 (2016/17 FY)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Target (15/16)** | **Actual (15/16)** | **Q1 Target** | **Q1 Actual** |
| Benefit medical examinations | 10500 | 15318 (+46%) | 3750 | 4669 (+25%) |
| Claims certified at MBOD | 8000 | \*7233 (-10%) | 3000 | 4754 (+58%) |
| Claims paid | 3000 | #1775 (-41%) | 500 | 633 (+27%) |
| Inspections of mines and works | 40 | 77 (+93%) | 13 | 14 (+8%) |
| Outreach | 10 | 34 (+240%) | 3 | 8 (+167%) |
| Payments of TB | 750 | 598 (-20%) | 193 | 209 (+8%) |

\*Resignation of Director of MBOD in August 2015; 24 medical doctors were appointed by the Minister in Q3 of 2015/16 FY; most work of the Certification Committees done in Q4 of 2015/16 FY

#Lack of financial software and claims processing system outdated. IP Capital appointed by Gold Working Group to assist with business process reforms and preparation of financial reports which kicked off in Q3 of 2015/16 FY.

1. Mobile One Stop Service Centres were launched in Kuruman in May 2016 with subsequent visits to Piet Retief,Matatiele and Bizana. From September to November 2016, the mobile units will cover 6 additional districts in the Eastern Cape and selected districts in Botswana, Lesotho, Mozambique and Swaziland.
2. Integration of compensation systems led by the Deputy Minister of Mineral Resources with a workshop in January 2016 and a summit in May 2016.

**DISCUSSION:**

1. Prior audits of the Compensation Fund had adverse opinions owing to missing beneficiary files and non-acceptance by the Auditor-General of South Africa of the actuarial valuation of the Compensation Fund. The CCOD has developed a registry for the beneficiary files and has undertaken a file verification exercise of the 200 000 CCOD files and the 400 000 files within the MBOD. The verification exercise revealed that approximately 100 000 claimants had unpaid claims with about 70% going back to before the year 2005. The senior management team has begun significant business process re-engineering interventions to overcome the backlog in the payment of unpaid claims, reconcile levy payments and revenue through inspections of controlled mines and works and development of the electronic claimant database. Other interventions such as the tracking and tracing of claimants, development of One Stop Service Centres (fixed and mobile) for the provision of claims administration and benefit medical examinations on a decentralised basis in the labour sending areas within South Africa and the neighbouring countries have renewed confidence in the system.
2. The MBOD/CCOD has significant infrastructural deficits with respect to buildings, equipment and especially the Information Technology and Systems dealing with claims management and digital X-rays.
3. The Governance Committees – Advisory, Risk and Audit and Risk Committees met regularly in 2015/16 FY and exercised their oversight, monitoring and support responsibilities.
4. The annual financial statements for 2010/11 (audited) and 2011/12 are completed and awaiting incorporation of the actuarial valuation report prior to submission to the Auditor General of South Africa (AGSA). The final data sets have been sent to the Deloitte &Touche actuarial valuation team by IP Capital. Meetings have been held with AGSA to update them on the process and progress to date. In parallel, the Deputy Commissioner (Mr Molautsi) and IP Capital are working on the 2012/13 and 2013/14 financial statements. Revenue collection has improved through better investment rates, changes in the levy amount and inspections of the controlled mines and works under the supervision of the Deputy Commissioner (Mr Molautsi). The timetable for submission of annual reports and annual financial statements is as follows:

**Table 2: Timetable for Submission of Outstanding Reports**

| **Activity** | **Date** | **Comment** |
| --- | --- | --- |
| Submission of Actuarial Valuation Report to governance committees | By 15 September 2016 | The Valuation Report once accepted by the Advisory Committee and Audit & Risk Committee will be incorporated into the annual financial statements |
| Submission of 2010/11 FY and 2011/12 FY annual and financial reports to Auditor-General of South Africa | By 30 September 2016 | Subject to financial and human resources and technical support |
| Submission of 2012/13 FY annual and financial reports to Auditor-General of South Africa | By 31 December 2016 | Subject to financial and human resources and technical support |
| Submission of 2013/14 FY annual and financial reports to Auditor-General of South Africa | By 28 February 2017 | Subject to financial and human resources and technical support |
| Submission of 2014/15FY annual and financial reports to Auditor-General of South Africa | By 31 May 2017 | Subject to financial and human resources and technical support |
| Submission of 2015/16 FY annual and financial reports to Auditor-General of South Africa | By 31 July 2017 | Subject to financial and human resources and technical support |
| Submission of 2016/17 FY annual and financial reports to Auditor-General of South Africa | By 31 August 2017 | Subject to financial and human resources and technical support |
| Submission of Actuarial Valuation Reports | Conducted annually for 2016/17 and 2017/18 | Valuation Report incorporated into outstanding annual financial statements |

1. The Certification Committees under the leadership of Dr Mtshali with the support of Mr Masilela are averaging about 500 certifications a week with about 40% being non-compensable claims. Priority is being given to completed claimant files from the One Stop Service Centres, mining companies and outreach activities (mobile services and track and trace activities).
2. Payments of compensable claims are up to150 per week as opposed to an average of 35 per week in 2015/16. Since February 2016 to end August 2016, R83.9mwas paid to 2141 claimants.
3. The Commissioner met the consulates of Botswana, Lesotho, Mozambique and Swazilandto update them on progress with claims management, medical assessments and payments of claims. The consulates will assist with the tracking and tracing activities of the MBOD/CCOD. They were also updated on the Global Fund programme on TB in the mining sector and the support of that programme to set up One Stop Service Centres in the Botswana, Lesotho, Mozambique and Swaziland.
4. The highlight for Quarter 1 of the 2016/17 FY was the introduction of a mobile Benefit Medical Assessment service (in partnership with AurumInnova) in Kuruman together with banking services (ABSA) and the MBOD/CCOD team. The inputs of the mobile service providers, MBOD/CCOD staff and the Northern Cape Department of Health are acknowledged. Dr Botes and Mr Letsele were instrumental in initiating the service. The mobile unitswere deployed to Piet Retief in June and in July – Matatiele and August – Bizana in partnership with the Office of the Premier and the Eastern Cape Department of Health.There have been unfortunate delays in establishing the One Stop Service Centres in Kuruman and Burgersfort which are being actively pursued by the Department of Health to construct and commission these centres during the 2016/17 financial year. The funding has been approved by the Director-General from donor funds and a Bid Evaluation Committee has been set up.
5. The World Bank is providing funding for a pilot track and trace project involving fieldworkers initially in the Eastern Cape with the lessons translated into track and trace activities in other districts and Botswana, Lesotho, Mozambique and Swaziland. The Office of the Premier of the Eastern Cape and the Eastern Cape Department of Health is actively involved in the project with stakeholder meetings involving ex-mineworker associations, local government and traditional leaders in Mthatha, Matatiele, Bizana and Lusikisiki. A further 4 districts in the Eastern Cape are being targeted in August and also 2 districts each in Botswana, Lesotho, Mozambique and Swaziland.In July, 7 316 ex-mineworkers or their beneficiaries were traced in 4 districts in the Eastern Cape.
6. The Chamber of Mines has provided support for an inbound and outbound Call Centre to complement the tracking and tracing project and to receive completed documents via TEBA outreach activities.
7. The Commissioner with Dr Botes met with the Financial Services Board (FSB) to consider synergies with the FSB on unclaimed benefits. The meeting arose out of Dr Botes presentation to the Presidency earlier in the year on the backlogs in medical assessments and compensation payments. The FSB, the Department of Planning, Monitoring and Evaluation (DPME) in the Presidency and the Department of Health hosted a workshop on unclaimed benefits in June 2016. The meeting alluded to similar problems of data sharing, updating databases and tracking and tracing. A Steering Committee and Task Teams have been set up under the leadership of the Department of Planning, Monitoring and Evaluation and the Financial Services Board. The FSB/DPME has hosted subsequent meetings of the task teams on Legislation, Database and Tracking & Tracing.
8. As part of the business process reforms supported by IP Capital, the website of the MBOD/CCOD has been developed and is live on the National Department of Health website (<http://www.health.gov.za/ccod/>). The front access portal for the electronic database is in use by selected front-line staff of the MBOD/CCOD with the One Stop Service Centres (Mthatha and Carletonville) and the in-bound call centre (XDS) having access later in 2016. IP Capital has also done business process mapping of all work-flow stations within the MBOD/CCOD and with Metrofile has introduced a scanning system to internally track and trace claimant files. The Chamber of Mines hosted a meeting with the Health Policy Committee and the MBOD/CCOD (Dr Kistnasamy, Dr Mtshali and IP Capital) to begin discussions on the updating of biographic and health data of workers in the controlled mines and works. Thus, there is a potential to have 1m records of workers and ex-workers in controlled mines and works on the database by the end of 2016.
9. Management has been attending the Steering Committee meetings of the Chamber of Mines and the Gold Working Group, which are overseeing the business process reforms and operations of the MBOD/CCOD as well as the Task Team meetings on Integration of Compensation Systems.
10. The MBOD/CCOD receives approximate R60m per annum from voted funds to provide medical services, collect revenue from controlled mines and works and manage claims. This is wholly inadequate and where it not for the additional funds (in-kind) from the Chamber of Mines, the Gold Working Group and the World Bank of R40m,we would not be able to carry out the business reform processes at the MBOD/CCOD; provision of decentralised services and innovations in tracking and tracing claimants. Other social protection funds (including compensation for injuries under the Department of Labour) use the revenue to defray the costs of administration and health care and provision of income protection. The MBOD/CCOD has a **flawed model** in that the levy on risk shifts collected from the controlled mines and works **only** covers the provision of income protection. The Occupational Diseases in Mines and Works Act, No 78 of 1973 externalised the costs of administration and provision of medical services and health care to the government for ex-workers. A disease screening, surveillance and coverage model is different to an injury (incident) model within compensation funds. The main differences are as follows:

**Table 3: Compensation for Occupational Injuries and Occupational Diseases**

|  | **Occupational Injuries under Department of Labour (Compensation for Occupational Injuries and Diseases Act, No 130 of 1993)** | **Occupational Diseases under Department of Health (Occupational Diseases in Mines and Works Act, No 78 of 1973)** |
| --- | --- | --- |
| Revenue (% of payroll or levy) | Covers costs of health care, administration and income protection | Covers income protection only |
| Revenue calculation and changes to contributions to employers | Claims history plays a role | Not possible for claims history owing to latency of occupational disease (10 years or more) except for TB claims; multiple employers and commodities |
| Benefit Medical Examinations (BMEs) | No | Need for special diagnostic tests for screening of workers / ex-workers every two years (Chest X-rays, Lung Function, TB sputum etc); possible addition of audiometry |
| Post Mortem examination of cardio-pulmonary organs (heart and lungs) | No | Provision of access to post-mortem services; assessment by a histo-pathologist; communication and feedback to ex-workers and family members |
| Certification Committees | No | Yes |
| Provision of health care | Covered once incident approved as injury at work | Current workers covered by employers; ex-workers covered by the government (unfunded and not provided currently) |
| Need for specialist medical personnel | Specialist medical and rehabilitation personnel depending on nature and severity of occupational injury | Specialist occupational health, public health, cardio-respiratory, pathology and diagnostic personnel (radiology) |
| Need for a specialised database covering current and ex-workers | Database mainly covering ‘policy –holders’ and some current worker information; database of injured workers | Database in place but deficient in hazard exposure data (dust levels), record of service, current address etc |
| Benefits | Temporary and permanent disability coverage including pensions and health care | Lump sum payments for disability (first and second degree) up to prescribed amounts; Loss of earnings for TB; health care non-existent for ex-workers |
| Geographic coverage | Within and outside South Africa | Within and outside South Africa; significant resources needed for tracking and tracing ex-workers for BMEs and payment of unpaid claims |

1. At the current budget support level from voted funds, it will take about 20 years to clear the backlogs in service delivery, claims management and payments especially given that the bulk of the ex-workers are in labour sending areas (mainly rural) or in Botswana, Lesotho, Mozambique and Swaziland.
2. At a policy level, there are discussions underway led by the Deputy Minister of Mineral Resources to integrate the two compensation systems (Department of Health and Department of Labour) and thus provide a comprehensive uniform compensation dispensation for occupational injuries and diseases for all workers in South Africa.
3. Meetings were held with the Deputy Minister of Mineral Resources to develop the agenda and preparatory inputs for the summit on the Integration of Compensation Systems. The role and funding inputs of the Mine Health and Safety Council (MHSC) and the International Organisation for Migration (IOM) is acknowledged. The workshop held on the 19th and 20th of May 2016 in Sandton brought together about 230 participants from neighbouring countries, government, employers, trade unions and development partners. The Steering Committee and Task Teams have continued their work post the summit under the leadership of Dr Botes and Mr Sekobe. Most of the period leading up to the summit was taken up by Task Team meetings. There was active engagement by all stakeholders in the Task Teams. The Organising Committee under the MHSC managed all document, facility, accommodation and transportation issues for the summit.

**RECOMMENDATION:**

The Portfolio Committee on Healthtakes note of the report.

**ANNEXURES**

1. Human Resources Profile
2. Unaudited Management Accounts of the Compensation Fund
3. Budget and expenditure of the MBOD/CCOD (2015/16 FY) – Voted Funds
4. Selected performance indicators
5. Business Process Mapping of MBOD/CCOD

**ANNEXURE 1: HUMAN RESOURCES PROFILE**

Table4: Distribution of posts at the CCOD as at 31 March 2016

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **Level** | **No of posts** | **Filled** | **Vacant** |
| Commissioner | 14 | 1 | 1 | 0 |
| Director | 13 | 2 | 2 | 0 |
| Deputy Directors | 12 | 2 | 2 | 0 |
| Assistant Directors | 10 | 3 | 3 | 0 |
| Senior State Accountants (Finance) | 8 | 1 | 1 | 0 |
| Senior State Accountants (Inspector) | 8 | 2 | 2 | 0 |
| Senior Administration Officer | 8 | 1 | 1 | 0 |
| State Accountants | 7 | 2 | 2 | 0 |
| Administration Officer | 7 | 4 | 3 | 1 |
| Senior Administration Clerks | 7 | 2 | 2 | 0 |
| Personal assistant to the Commissioner | 7 | 1 | 0 | 1 |
| Personal assistant to the Director | 6 | 1 | 1 | 0 |
| Senior Administration Clerk | 6 | 2 | 2 | 0 |
| Administration Clerk | 5 | 24 | 23 | 1 |
| Switchboard Operator | 5 | 1 | 1 | 0 |
| Cleaner | 3 | 1 | 1 | 0 |
| Messenger | 3 | 1 | 1 | 0 |
| **Total** |  | **51** | **48** | **3** |

Whilst the CCOD is capacitated at 94%, these are mainly administrative posts and there are an inadequate number of posts for specialised personnel within the CCOD in the financial, information technology, actuarial, legal and public health (epidemiological) and cardio-respiratory disciplines. Additional personnel seconded from the mining sector include the Chief Operating Officer (Acting) – Dr Botes, the Head of the Certifications Committees (Dr Mtshali) and 19 medical doctors for the Certifications Committees. IP Capital with 6 senior finance, logistics and information technology personnel are supported by the Gold Working Group. The Global Fund for AIDS, TB and Malaria is supporting 9 Health Inspectors and the Chamber of Mines is supporting a project manager to oversee the various business process activities.

Table 5: Profile of the Workforce

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LEVEL** | **AFRICAN** | | | | **COLOURED** | | | | **INDIAN** | | | | **WHITE** | | | | **TOTAL** | | |
| M | D | F | D | M | D | F | D | M | D | F | D | M | D | F | D | M | F | D |
| 14 |  |  |  |  |  |  |  |  | 1 |  |  |  |  |  |  |  | 1 |  |  |
| 13 | 2 | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |  | 1 |
| 12 |  |  | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |  |
| 10 | 2 |  | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 | 1 |  |
| 8 | 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 |  |  |
| 7 | 6 |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |  | 6 | 1 |  |
| 6 | 1 |  | 2 |  |  |  |  |  |  |  |  |  |  |  | 1 |  | 1 | 3 |  |
| 5 | 8 |  | 16 |  |  |  |  |  |  |  |  |  |  |  |  |  | 8 | 16 |  |
| 3 | 1 |  | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 | 1 |  |
| **TOTAL** | **23** | **1** | **22** |  |  |  |  |  | **1** |  |  |  |  |  | **2** |  | **24** | **24** | **1** |

\*M=Male F=Female D=With a disability

**ANNEXURE 2:**

**MANAGEMENT ACCOUNTS OF THE COMPENSATION FUND (UNAUDITED)**

**(2014/15; 2015/16 and Q1 – 2016/17)**

**Table 6: Income and Expenditure**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Classification** |  | **2014/15** | **2015/16** | **Q1 – 2016/17** |
|  |  | **R’000** | **R’000** | **R’000** |
| Revenue | Levy income | 260 939 | 310 208 | 72 493 |
| Interest on Investments | 172 104 | 210 854 | 60 503 |
| Transfers | 3 215 | 3 363 | - |
| **Total revenue** |  | **436 258** | **524 425** | **132 996** |
|  | | | | |
| Expenditure | Administration | 7 411 | 7 571 | 2 055 |
| Claims payments | 158 508 | 63 392 | 29 766 |
| **Total expenditure** |  | **165 919** | **70 963** | **31 821** |
|  | | | | |
| **Surplus / (Deficit)** |  | **270 339** | **453 462** | **101 175** |

**Table 7: Assets and Liabilities**

|  |  |  |  |
| --- | --- | --- | --- |
| **Classification** |  | **2014/15** | **2015/16** |
| ASSETS |  | **R’000** | **R’000** |
| Investments | 2 963 136 | 3 349 193 |
| Accounts receivable | 40 488 | 18 508 |
| Cash & cash equivalents | 58 995 | 122 351 |
| **Total** |  | **3 062 619** | **3 490 052** |
|  |  | | |
| LIABILITIES |  | **R’000** | **R’000** |
| Surplus / (deficit) | 1 891 950 | 2 121 962 |
| Provisions | 1 143 645 | 1 349 455 |
| Trade & other Payables | 27 024 | 18 635 |
| **Total** |  | **3 062 619** | **3 490 052** |

**ANNEXURE 3:**

**Table8: Budget and Expenditure of the MBOD/CCOD (2015/16 FY) – Voted Funds**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Classification** | **Budget**  **R'000** | **Expenditure**  **R'000** | **(Over)/Under**  **Expenditure**  **R'000** | **% spend** |
| Compensation of Employees | 28 283 | 29 285 | (1 002) | 103.5% |
| Goods and Services | 23 886 | 14 652 | 9 234 | 61.3% |
| Transfer payments | 3 363 | 3 445 | (82) | 102.4% |
| Machinery and Equipment | 3 112 | 2 041 | 1 071 | 65.6% |
| **Total** | **58 644** | **49 423** | **9 221** | **84.3%** |

**Table9: Budget and Expenditure of the MBOD/CCOD (2016/17 FY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Classification** | **2016/17**  **Budget**  **R'000** | **2016/17 Quarter 1**  **Expenditure**  **R'000** | **2016/17 Quarter 1**  **% spend** |
| Compensation of Employees | 31 461 | 7 733 | 24.6% |
| Goods and Services | 24 037 | 4 965 | 20.7% |
| Transfer payments | 3 541 | 61 | 1.7% |
| Machinery and Equipment | 2 604 | 59 | 2.3% |
| **Total** | **61 643** | **12 818** | **20.8%** |

**ANNEXURE 4:**

**SELECTED PERFORMANCE INDICATORS**

**Table 10: MBOD/CCOD - selected performance indicators (2015/16 FY &Q1 – 2016/17)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **Past** | | | | **Target**  **2015/16** | **Actual**  **2015/16** | **Variance**  **%** | **Current** | | | **Totals** | **Quarterly Targets** | **Quarterly**  **Variance %** | **Annual Target**  **2016** |
| **2011/12** | **2012/13** | **2013/14** | **2014/15** | **April**  **2016** | **May**  **2016** | **June**  **2016** | **Q1** | **Q1** |  |  |
| Number of workers and ex-workers in controlled mines and works accessing benefit medical examinations per year | 10 284 | 11 750 | 10 694 | 9781 | 10500 | 15318 | +46% | \*1191 | \*1393 | \*2085 | \*4669 | 3750 | +25% | 15000 |
| Number of claims certified at the Medical Bureau for Occupational Diseases | 6 367 | 4 376 | 4 444 | 6324 | 8 000 | 7233 | -10% | \*1072 | \*1868 | \*1814 | #4754 | 3000 | +58% | 10000 |
| Number of claims paid by the Compensation Commissioner (other than pensioners) per year | 758 | 1 779 | 3 124 | 1977 | 3 000 | 1775 | -41% | 179 | 150 | 304 | 633 | 500 | +27% | 3300 |
| Number of controlled mines and works inspected per year to verify levies payable based on risk shifts worked | –1 | –1 | 29 | 58 | 40 | 77 | +93% | 2 | 3 | 9 | 14 | 13 | +8% | 50 |
| Number of outreach and awareness activities with service providers, unions, employers, workers and ex-workers conducted per year | 9 | 4 | 6 | 8 | 10 | 34 | +240% | 1 | 2 | 5 | 8 | 3 | +167% | 10 |
| Number of workers in controlled mines and works paid for loss of earnings while undergoing tuberculosis treatment per year | 220 | 1 453 | 1 923 | 459 | 750 | 598 | -20% | 126 | 19 | 64 | 209 | 193 | +8% | 770 |

Notes:

\*Number of workers and ex-workers in controlled mines and works accessing Benefit Medical Examinations (Q1 - 2016/17)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SERVICE POINT** | **APR** | **MAY** | **JUN** | **Q1 TOTAL** |
| Carletonville One Stop Service Centre | 175 | 35 | 94 | 304 |
| Mthatha One Stop Service Centre | 214 | 38 | 36 | 288 |
| Lesotho | - | - | - | - |
| Botswana | - | 10 | - | 10 |
| Walk-ins (Braamfontein) | 313 | 93 | 117 | 523 |
| Other Service Providers including hospitals | 489 | 1217 | 1838 | 3544 |
| **Total** | 1191 | 1393 | 2085 | **4669** |

#Number of claims assessed at the Medical Bureau for Occupational Diseases (MBOD) (Q1 - 2016/17)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **APR** | **MAY** | **JUN** | **Q1 TOTAL** |
| Compensable diseases | 437 | 692 | 548 | 1677 |
| Non-compensable diseases | 571 | 1105 | 1195 | 2871 |
| Deferred | 64 | 71 | 71 | 206 |
| Total files assessed by the Certification Committees | 1072 | 1868 | 1814 | **4754** |

**ANNEXURE 5:**

**BUSINESS PROCESS MAPPING OF MBOD/CCOD**



**ANNEXURE 5 (Cont.)**



**ANNEXURE 5 (Cont.)**