

AGSA - ANNEXURE A & B: AUDIT REPORT MATTERS AND OTHER MATTERS

Audit Com No.	Audit Findings Description	No. of times reported in previous 3yrs	Internal Control Deficiency/Root Cause	Risk associated with the finding	CONTROL ADEQUACY - PLANNED ACTIONS				CONTROL EFFECTIVENESS AND VERIFICATION		
					Corrective Measures - Immediate action	Preventative Measures	Time frames	Person Responsible	Narrative on progress	Completeness status	Internal Audit Assurance
<b>RECEIVABLES - OTHER DEBTORS: DISALLOWANCE AND DAMAGES ACCOUNT</b>					<b>Ms Hlengiwe Bhengu : Acting Chief Financial Officer</b>						
37 54	HO – Limitation of scope - Other debtors: Disallowance account.	2	1. Lack of adequate oversight 2. Lack of proper record keeping 3. Lack of training to employees at the missions to understand the processes of recording to support the accuracy and completeness of financial statements created at head office	Material misstatements in the Annual Financial Statements that might lead to qualified audit opinion	1. Quarterly reconciliations to be reviewed by the CFO. 2. Journals to be reviewed by Chief Director to avoid duplicated transactions. 3. Monitor the use of SharePoint for record keeping. Monthly statistics to be provided to the Chief Director. 4. Acquire services on an Accounting Firm to augment capacity constraints.	5. Workshop and implement SOP on Journal Processing 6. Action to be taken on quarterly basis for officials/missions not complying with cash and cash equivalent framework.	27 February 2022	Ms H Bhengu: CD:FM	1. The reconciliation has been performed and reviewed by the ACFO, and as at 31 October 2021 as follows:  •Valuation of cashbooks for 2012/13 to 2017/18 was done and R48.4 million was identified as foreign losses and gains to be taken out of the disallowance account.  •The outstanding R24 million has been identified for write off as per the guidance received from NT. 2. Journals processed for the exceptions have been reviewed by the CD: FM. 3. The statistics have been provided up to the month of August 2021. Follow up with missions not complying is underway. 4. The TOR for the services of an accounting firm have been re-advertised for quotations with a closing date of the 12 November 2021. 3 quotations was received which will be submitted to the BEC for evaluation.	Incomplete	
52	HO - Disallowances: Understatement of repatriation and overstatement of DHA payables	2	1. Lack of adequate review on DHA repatriation account, CWC and journals processed	Material misstatements in the Annual Financial Statements that might lead to qualified audit opinion	1. Quarterly reconciliations to be reviewed by the CFO. 2. Journals to be reviewed by Chief Director to avoid duplicated transactions.	3. Workshop and implement SOP on Journal Processing. 4. Workshop missions and HO on SOP for accounting for DHA revenue. 5. Action to be taken against officials who are not complying with DHA revenue SOP.	27 February 2022	Ms H Bhengu: CD:FM	1. Monthly reconciliations were performed up to 30 September 2021 on Repatriation and Disallowance account. 2. Journals processed for the exceptions have been reviewed by the CD: FM.	Incomplete	Evidence provided
<b>MATERIAL MISSTATEMENTS ON FINANCIAL STATEMENTS</b>					<b>Ms Hlengiwe Bhengu : Acting Chief Financial Officer</b>						
16 19 30 18	HO - Material misstatements on the annual financial statements submitted for audit	0	Lack of overview of the information submitted for financial statements.  Lack of completeness assurance by the responsibility managers	Material misstatements on the annual financial statements	1. Action to be taken for non-compliance with timeframes. 2. Chief Directors of various sections to verify and sign off on all information submitted for inclusion in the annual financial statements 3. All reconciliation / registers to be fully supported by supporting documentation and audit evidence	4. Review of reconciliations and registers against supporting documentation for inclusion in the annual financial statements by Chief Director FM and CFO 5. Request for late submission of AFS, 30 June, to allow the department 2 months to prepare. 6. Take action on officials and missions that will not comply with the requirements of MCS and AMD.	27 February 2022	Ms H Bhengu: CD:FM	2. Review performed on reconciliations and registers received from relevant Chief Directors of various section. 3. All reconciliations submitted for interim financial statements were supported by documentation and audit evidence. 4. Interim financial statements completed for Quarter 2 (30 September 2021) reviewed by Acting Chief Director FM and ACFO. 5. Request for late submission of has been agreed with DGF and draft letter has been completed.	Incomplete	
<b>PROCUREMENT AND CONTRACT MANAGEMENT</b>					<b>Ms Hlengiwe Bhengu : Acting Chief Financial Officer</b>						
MSN Report	Missions - SCM – Minimum of 3 written quotes not obtained	3	Lack of adequate oversight by CSMs Lack of delegation of authority knowledge	Qualified audit opinion due to material findings on irregular expenditures  Understatement of irregular expenditures reported in the AFS as the Missions registers are incomplete	1. Circular to be drafted and sent to the Heads of Branches to request their intervention in ensuring compliance by Missions within their branches. 2. Memo to be drafted to the SSUs to confirm if all irregular expenditure has been reported accurately by the Missions following the Audit. 3. Irregular expenditure recorded in the Compliance Register to ensure accuracy and completeness for AFS reporting. 4. Consequence Management to be implemented against responsible officials.	1. Training on SCM Delegations of Authority and SCM processes conducted to all Missions as well as officials nominated for posting. 2. Analyse monthly compliance reports submitted by Missions and address compliance issues with the SSUs 3. Irregular expenditure recorded in the Compliance Register to ensure accuracy and completeness in AFS reporting.	29 July 2021  Monthly  Monthly	Mr M Mashaba CD:SCM  HOM/DDG	The training was conducted on the 29 July 2021 as planned for all DIRCO admin official.  The training was conducted on the 30 July 2021 as planned for all DIRCO nominated officials  The training was conducted on the 17 August 2021 as planned for all DIRCO nominated Heads of Missions	Incomplete	
54	HO - Local content requirements not included in the terms of reference	0	Lack of adequate oversight on the TOR  Lack of policy and procedure implementation (Preferential Procurement regulations & NT instructions notes)	Unqualified bidder might be awarded  Non Compliance with laws and regulations	1. Workshop arranged with DTIC to provide guidance to DIRCO on the implementation of local content requirement. 2. SCM to ensure compliance with local content in all procurement that require such by including the relevant SBD 6.2 indicating the required threshold for local content. 3. Revise the compliance checklist to include local content requirements and workshop internally within SCM to ensure compliance.		01 October 2021  01 September 2021  30 September 2021	Mr M Mashaba CD:SCM	SCM officials received training from DTIC on the 20 October 2021  Compliance checklist revised to include local content requirements and workshop internally within SCM to ensure compliance	Incomplete	

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From prior year Action plan:	Variation above 15% not approved by National Treasury (Mustek, Datacentrix, Neo Thando & Elliott, BT Communications)	From prior year Action plan	1. Non-approval from the national treasury for variations exceeding 15% of the original contract due to poor controls around contract management.	Contracts might be costed and budgeted for	1. Report irregular expenditure in the register and disclose in the annual financial statements	6. Implementation of contract management framework	31 December 2021	Mr M Mashaba CD:SCM	1. Irregular Expenditure has been reported in the register and annual financial statements	Incomplete	Evidence provided
Current 41	HO - Incomplete procurement and contract registers		2. Lack of review of the contract registers	Litigation disputes as there is no valid contract	2. Terminate the irregular contracts resulting from variation.	7. Contract management section to be created to deal with all the contracts in both Mission and Head office. Finalise appointment of Deputy Director: Contract Management.	31 March 2022		2. Termination of the irregular contracts (Mustek, Datacentrix and Neo Thando) has been implemented. BT Communications is month to month.		
	HO - Contracts not signed by the service provider		3. Lack of monitoring	Irregular expenditure might be incurred due to lack of valid contract	3. Management will re-asses any additional transactions that might have been missed and add them to the register as per AGSA recommendation	8. Implementation of temporary electronic contract management system in collaboration with ICT	31 March 2022		• The Department has strengthen the contract management unit by increasing the number of officials in the section.		
	HO - Payments made from inception of the contract exceed the contract price		4. Lack of dedicated contract management section	Increase in irregular expenditure	4. Review the contract register and update with the procurement that was conducted for Missions and sign-off by the Director: SCM.	9. Implement a contract management policy.	31 March 2022		• Developed and implemented a contract management register and it has been updated with all Head Office contracts, updated as at end of October 2021.		
56	HO - Variation not approved by National Treasury				5. As the contract that was not signed by the service provider has expired, SCM unit has forwarded the new contract to the service provider to sign.	10. Monitoring of contract performance as well as payments using the checklist	31 March 2022		• Implemented an early warning process for contract that are six months to expire.		
						11. Update the irregular expenditure register as required	Monthly		• Missions contract management registers have been reviewed during Budget Midterm Review process that is currently underway.		
						12. Training of the new officials on contract management	Monthly		3. Posts of the contract management section have been send to HR for advertisement		
									4. Contract Management Policy has been developed and submitted to Labour Organisations for consultation.		
									5. Updated the irregular expenditure register as required		
									6. Compliance checklists have been introduced in all levels of the procurement process for both Missions and Head Office.		
<b>PROCUREMENT HO</b>				<b>Ms H Bhengu: Acting Chief Financial Officer</b>							
17	HO - Goods and Services - Invoice not paid within 30 days	3	1. Lack of monitoring on the invoice tracking system 2. Lack of updated SOP as the current one are ineffective 3. Lack of consequence management implementation	1. Interest might be incurred on overdue accounts. 2. Non-compliance audit findings 3. Non achievements of the departments APP target 4. Causing hardships to the SMMEs	1. Revise current SOP on payments of invoices 2. Implement Payment Strategy document for both missions and HO 3. SCM will draft and send a circular to all end-users to sensitise them about the importance of verifying the invoices on time, and the implication of not processing payments within 30 days. 4. SCM will ensure that the rotational schedule is monitored to ensure the availability of personnel in the office for sufficient capacity on a daily basis. 5. SCM will engage VODACOM as it has most invoices per month to reconfigure their billing to invoice per respective cost centres in the Department, instead of per individual line, so that they can reduce the volume of invoices submitted for processing.	6. Communicate the SOP with all end users 7. Implement consequence management 8. Assign an ASD in SCM to monitor compliance with the 30 day payment requirement 9. Communicate SCM circular to all end users 10. Create and monitor electronic invoice register	31 December 2021  01 September 2021  01 September 2021	Mr M Mashaba CD:SCM	SOP on payments of invoices was revised and approved by the Acting CFO  SCM has also engaged VODACOM and reconfiguration has been implemented from August 2021	Incomplete	
23	HO - Preference point system - Incorrect allocation of B-BBEE points to points scored for price	0	1. Lack of quality assurance review and monitoring to ensure compliance with applicable legislation.	1. Incorrect bidder might be awarded 2. Irregular expenditure might be incurred	1. Training to be provided to bid committee members 2. Checklist to confirm compliance with the evaluation criteria to be checked and approved by the Director or Chief Director: SCM	Training to be provided to bid committee members and SCM staff  Checklist to confirm compliance with the evaluation criteria to be checked and approved by the Chief Director: SCM	Biannually  15 September 2021	Mr M Mashaba CD:SCM	The training was conducted on the 30 July 2021 as planned for all DIRCO nominated officials  Compliance checklist revised to include local content requirements and workshop internally within SCM to ensure compliance	Incomplete	
23	HO - Supplier not tax compliant at time of award		1. Lack of adequate review	1. Increase in irregular expenditure	1. Training to be provided to bid committee members 2. Checklist to confirm compliance with the evaluation criteria to be checked and approved by the Director or Chief Director: SCM	Training to be provided to bid committee members and SCM staff  Checklist to confirm compliance with the evaluation criteria to be checked and approved by the Chief Director: SCM	31 March 2022  15 September 2021	Mr M Mashaba CD:SCM	The training was conducted on the 30 July 2021 as planned for all DIRCO nominated officials  Compliance checklist revised to include local content requirements and workshop internally within SCM to ensure compliance	Incomplete	
27	HO - Non-compliance with B-BBEE Act and regulations requirements	0	1. Lack of monitoring		1. Appointment of a coordinating unit in DIRCO to manage the consolidation of B-BBEE information and ensure certification. 2. Appoint a credible service provider to facilitate the B-BBEE certification for the Department	Appointment of a coordinating unit in DIRCO to manage the consolidation of B-BBEE information and ensure certification.  Appoint a credible service provider to facilitate the B-BBEE certification for the Department	31 December 2021  31 December 2021	Mr M Mashaba CD:SCM	Service provider has been appointed to facilitate the BBBEE certificate for the Department	Incomplete	
40	HO - Evaluation and adjudication criteria applied in evaluating and adjudicating the bids are not the same as indicated in the bid documentations	0	1. Lack of adequate oversight:	Irregular expenditure might be incurred	1. Training to be provided to bid committee members 2. Checklist to confirm compliance with the evaluation criteria to be checked and approved by the Director or Chief Director: SCM	Training to be provided to bid committee members and SCM staff  Checklist to confirm compliance with the evaluation criteria to be checked and approved by the Chief Director: SCM	31 March 2022  15 September 2021	Mr M Mashaba CD:SCM	The training was conducted on the 30 July 2021 as planned for all DIRCO nominated officials  Compliance checklist revised to include local content requirements and workshop internally within SCM to ensure compliance	Incomplete	
03	HO - Late Submission of 2020/21 Annual Procurement Plans to National Treasury	3	Lack of consequence management implementation for non-compliance  Late submission of DMP Inputs from End Users.	Non Compliance with Treasury instructions	1. Memo to be drafted and forwarded to the Heads of Branches and the SSUs to submit Demand Management Plans on time, based on the indicative baseline immediately after MTR.	3. Ensure that Demand Management Plans are compiled using the indicative baselines confirmed during the MTR.	31 March 2022	Mr M Mashaba CD:SCM	The current demand plan was submitted to National Treasury with the deadline.  The first quarter demand management plan report submitted to NT within the deadline.	Incomplete	
04	Quarterly reporting on the Procurement Plans to National Treasury	0			2. All quarterly reports will be prepared at least two (2) weeks before the submission	4. Quarterly reports to be prepared for DG approval at least 2	Quarterly				

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					date to allow time for approval processing within the Department, and submission to National Treasury before due date.	weeks before due date for submission to NT						
42	SCM: Limitation of scope – Advertisement of bids on E-tender portal and publishing awards on E-tender portal	1	Lack of proper record keeping		1. Management will keep a register of all bids awarded 2. Update the bid process checklist to include a signature space for the Director to confirm the publishing of Bid Award within 10 days after approval by the Accounting Officer. 3. The register of bids awarded will include print screen copies of advertisements and published tenders as evidence.	4. Keeping the registers of all bids awarded	30 November 2021	Mr M Mashaba CD:SCM			Incomplete	
11	HO - No evidence of approval and review of pricing for access card replacement as required by National Treasury Regulation	0	There was an oversight on the annual review of pricing for the replacement of access cards	Non-compliance with applicable laws  Fruitless and wasteful expenditure might be incurred on the actual cost of new cards and the amount replacement	1. To review the pricing for 2021/2022 financial year 2. To update Standard Operating procedure (SOP) 3. Communicate the new rates to all end users	Annual review of the pricing	30 September 2021	Mr Mothetho Dir: Security		1. The annual pricing review for 2021/2022 has been approved.(submission approved) 2. The SOP to include the revised rates has been reviewed and approved. (SOP attached) 3. A memo to communicate the new rates to all staff members has been published.(memo attached)	Completed	Evidence submitted and verified  The finding will not be repeated in the next audit. As the root case has been effectively addressed.
<b>GOODS AND SERVICES</b>				<b>Ms H Bhengu: Acting Chief Financial Officer</b>								
MSN Report	Missions - SCM prescripts not followed	3	1. Lack of implementation of the delegation of authority 2. Lack of oversight by Missions and HO	1. Irregular expenditure might be incurred	1. Training on SCM Delegations of Authority and SCM processes conducted.  2. Monitoring of compliance by Missions in collaboration with SSUs.  3. Irregular expenditure recorded in the Compliance Register	1 Training on SCM Delegations of Authority and SCM processes conducted.  2 Monitoring of compliance by Missions in collaboration with SSUs.  3 Irregular expenditure recorded in the Compliance Register	29 July 2021  Monthly  Monthly	Mr M Mashaba CD:SCM		The training was conducted on the 28 July 2021 as planned for all DIRCO mission official.  The training was conducted on the 29 July 2021 as planned for all DIRCO admin official.  The training was conducted on the 30 July 2021 as planned for all DIRCO nominated officials  The training was conducted on the 17 August 2021 as planned for all DIRCO nominated Heads of Missions	Incomplete	
	Missions - Expenditure: Invoices not translated into English	3	Lack of oversight by Missions and HO	Payments might be made to services never rendered due to lack of understanding Contracts that might negatively bind the department might be signed.	SOP on payments of invoices will be developed for missions. Compliance matters will be outlined  Compliance checklist will be developed to ensure that every payment complies with applicable laws.	Implementation of compliance checklist	31 December 2021	Mr M Mashaba CD:SCM		SOP on payments of invoices was revised and approved by the Acting CFO  Compliance checklist revised workshop internally within SCM to ensure compliance	Incomplete	
<b>CONSEQUENCE MANAGEMENT</b>				<b>Amb G Tsengiwe: Deputy Director General Corporate Management</b>								
26	HO - Consequence management: no investigations conducted on prior year's fruitless and wasteful expenditure	3	Lack of capacity within the Department.  Inadequate budget allocated for investigations.	Fruitless and Wasteful expenditure might increase as no one is being held liable/accountable due to lack of investigations	1. Department to be approach the Department of Justice & Constitutional Development to second a person to conduct investigation for the Department.  2. National Treasury to be approached to provide a reliable database of investigators that the Department may utilize after following SCM process in acquiring the services.	3. Refer matters for investigation upon determination on a quarterly basis.  4. Review Financial Misconduct Framework	31 December 2021	Mr G Labane CAE  Ms M Mashao CD:HRM  Ms H Bhengu CD:FM		1. A submission requesting the approval of the acting DG to approach the Department of Justice & Constitutional Development to second a person to conduct investigation for the Department. DJoCD did not respond to the request. 2. National Treasury has also been approached and they appointed a forensic investigating company Fundudzani Forensic Services to investigate irregular expenditure of the department. 3. A team service provide met with the DIRCO team and scoping exercise has been completed for the service provider to commence with the investigation task. 4. Registers of Irregular fruitless and wasteful expenditures have been submitted to Internal Audit for further transmission to the service provider. 5. Financial Misconduct Framework have been revised and will be submitted for approval.	Incomplete	
34	HO - Consequence management: no investigations conducted on prior years Irregular expenditure	0	Lack of Capacity in the unit responsible for assessments	Irregular expenditure might increase as no one is being held liable/accountable due to lack of investigations								
From prior year Action plan	Unauthorised expenditure incurred by the Department.	From prior year Action plan	Non-compliance to section 38 and 39 of the PFMA as unauthorised expenditure was not prevented by the accounting officer.		1. Closing of identified missions.  2. Review the organisational structure  3. Retirement- All posts that become vacant due to retired are not filled, unless the post relate to scares skills	4. Review of organisational structure	31 March 2022	Ms Lobe Acting COO  Ms H Bhengu CD:FM		1. Six (6) missions have been closed. 4 missions will be closed later in the financial year. 2. Proposed functional organisational structure is in place and being consulted with both internal and external stakeholders Submission of the proposed organisational structure to DPSA for concurrence is underway. The organisational structure will only be approved upon concurrence by MPSA.	Incomplete	
<b>EXPENDITURE MANAGEMENT</b>				<b>Ms H Bhengu: Acting Chief Financial Officer</b>								
34	HO - Failure to prevent, irregular, and fruitless and wasteful expenditure	3	1. Lack of understanding of the delegation of authority and SCM processes 2. Lack of oversight by responsible managers on the procurement 3. Lack of consequence management implementation	1. Material irregular, fruitless and wasteful expenditure might be reported in the AFS 2. Funds might be misused 3. Litigation might arise from cancelation of contracts 4. Department might incur losses	1. Circular to be drafted and sent to the Heads of Branches to request their intervention in ensuring compliance by Missions within their branches.  2. Memo to be drafted to the SSUs to confirm if all irregular expenditure has been reported accurately by the Missions following the Audit.  3. Irregular expenditure recorded in the Compliance Register to ensure accuracy and completeness for AFS reporting.	1 Training on SCM Delegations of Authority and SCM processes conducted to Missions and HQ staff. 2 Updating of procurement checklist for HQ and Missions in collaboration with SSUs. 3 Irregular expenditure recorded in the Compliance Register	31 March 2022  Monthly	Mr M Mashaba CD:SCM		<ul style="list-style-type: none"> <li>The Department has revised the Financial Delegations of Authority to allocate adequate responsibilities to Heads of Missions and Branch Managers (DDGs).</li> <li>Training has been conducted to officials of the Department and the focus was on the Bid Committee members (Specification, Evaluation and Adjudication).</li> <li>Focused training was also done with missions' Corporate Services Managers as well as Heads of Missions.</li> <li>Compliance checklists have been introduced in all levels of the procurement process for both Missions and Head Office.</li> </ul>	Incomplete	

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CASH AND CASH EQUIVALENTS												Ms H Bhengu: Acting Chief Financial Officer											
13	HO - Investments (Foreign) - Long outstanding receipt and payment not cleared within a reasonable time	1	1. Lack of sufficient monitoring and review on foreign mission accounts	1. Payments might be duplicated and results in unnecessary bank charges (fruitless expenditure) 2. Receipts might not be deposited into the account 3. Misstatement in the Financial Statements	1. Action to be taken against officials or missions that do not comply with mission accounts procedure.	2. Quarterly review of reconciliation by the CFO.	15 November 2021	Ms H Bhengu: CD:FM		Communications has been sent to missions which do not comply with mission Accounts procedures.  Reconciliation was done up to September 2021 and reviewed by the ACFO	Incomplete												
TANGIBLE AND INTANGIBLE CAPITAL ASSETS												Ms H Bhengu: Acting Chief Financial Officer											
22	HO - Inconsistencies identified between the 2019/20 fixed asset register and the 2020/21 fixed asset register submitted for audit	3	1. Lack of effective automated system controls on Nettrace	1. Misstatement in the asset register and asset disclosure note in the financial statement.	1. Conduct CAATS to identify and correct discrepancies in the FAR in collaboration with Internal Audit	Conduct CAATS to identify and correct discrepancies in the FAR in collaboration with Internal Audit	Quarterly	Mr M Mashaba CD:SCM		CAATS for Q2 done Report on CAATS indicating what has been corrected is attached.	Incomplete	CAATS Report											
20	HO - Deficiency noted in the asset register: Physical location of some assets is not as per the asset register	3	1. Ineffective manual controls (completion of relocation forms) in the asset management unit. 2. Lack of oversight/spot checks on the verification performed 3. Lack of timeous system update	1. Risk of assets duplications	1. Training on how to conduct effective physical asset verification conducted during 2 <sup>nd</sup> quarter. 2. Additional written guidelines provided to Missions on 01 August 2021. 3. Biannual physical asset verification conducted to identify and correct discrepancies in the FAR	Training on how to conduct effective physical asset verification conducted during 2 <sup>nd</sup> quarter.  Additional written guidelines provided to Missions on 01 August 2021  Biannual physical asset verification conducted to identify and correct discrepancies in the FAR	Biannually  Monthly	Mr M Mashaba CD:SCM		The training was conducted on the 28 July 2021 as planned for all DIRCO mission officials.  Guidelines were sent to on the 1 <sup>st</sup> August to all missions.  Mission verification process has started on the 2 <sup>nd</sup> August 2021. Training for SMS officials going out as CSM's scheduled for 18 November 2021.  Verifications process still continuing.  Missions that are not at 100% with physical verification escalated to DDG's and letters from ACFO prepared for HoM's.	Incomplete	Verification Report											
36	Differences noted in annual financial statements, asset register and trial balance asset additions amounts.	0	1. Lack of monitoring and adequate review of assets schedules	1. Overstatement assets and understatement of goods and services	1. Biannual physical asset verification conducted to identify and correct discrepancies in the FAR 2. Reconciliation of the FAR with BAS to be conducted on monthly basis 3. Journals to be proposed to correct misallocations 4. All proposed journals passed and trial balance adjusted accordingly	1. Physical asset verification 2. Monthly reconciliation between the FAR and BAS 3. Journals to be proposed to correct misallocations 4. All proposed journals passed and trial balance adjusted accordingly 5. Monthly progress reports to Heads of Branch to ensure compliance by Missions	Biannually Monthly Monthly Monthly	Mr M Mashaba CD:SCM		Mission verification process has started on the 2 <sup>nd</sup> August 2021  Reconciliations have been performed until September 2021.  Monthly progress report being sent to SSU's for follow with Missions.  Journals to correct misallocations compiled and sent for processing.	Incomplete	Verification Report Journal Registers  Major Assets Recon Minor Assets Recon  Disposal assets Recon											
MSN Report	Missions - Assets on the register but could not be physically verified	3	1. Lack of adequate asset verification 2. Ineffective manual internal controls (movement of assets not verified) 3. Lack of timeous system update of the FAR	1. Material misstatement in the AFS	1. Training on how to conduct effective physical asset verification conducted during 2 <sup>nd</sup> quarter. 2. Additional written guidelines provided to Missions on 01 August 2021 3. Biannual physical asset verification conducted to identify and correct discrepancies in the FAR	Training on how to conduct effective physical asset verification conducted during 2 <sup>nd</sup> quarter.  Additional written guidelines provided to Missions on 01 August 2021 Biannual physical asset verification conducted to identify and correct discrepancies in the FAR	Biannually  Monthly	Mr M Mashaba CD:SCM		Mission verification process has started on the 2 <sup>nd</sup> August 2021  Guidelines were sent to on the 1 <sup>st</sup> August to all missions.  Mission verification process has started on the 2 <sup>nd</sup> August 2021  Training for SMS officials going out as CSM's scheduled for 18 November 2021.  Monthly progress report being sent  Verification report submitted to SSU's for follow up with Missions. Verification status = 82%  Missions that are not at 100% with physical verification escalated to DDG's and letters from ACFO prepared for HoM's	Incomplete	Asset Verification  Verification Report Journal Registers  Major Assets Recon Minor Assets Recon  Disposal assets Recon											
	Missions - Asset addition/acquisitions not included in the fixed assets register	3	1. Lack of timeous system update by HO upon completion of Mission verification and disposal or purchase of the new asset	1. Understatement of the FAR and AFS if additions are not included 2. Overstatement the FAR and AFS if damaged and undisposed are not removed in the FAR	1. Biannual physical asset verification conducted to identify and correct discrepancies in the FAR 2. Reconciliation of the FAR with BAS to be conducted on monthly basis 3. Journals to be proposed to correct misallocations 4. All proposed journals passed and trial balance adjusted accordingly 5. Biannual physical asset verification conducted to identify damaged and obsolete assets and to obtain disposal approval 6. Reconciliation and update of the FAR to record disposals.	Physical asset verification  Monthly reconciliation between the FAR and BAS  Journals to be proposed to correct misallocations  All proposed journals passed and the trial balance adjusted accordingly  Biannual physical asset verification conducted to identify damaged and obsolete assets and to obtain disposal approval  Reconciliation and update of the FAR to record disposals.  7. Monthly progress reports to Heads of Branch to ensure compliance by Missions	Biannually Monthly Monthly  Biannually  Monthly Monthly	Mr M Mashaba CD:SCM		Mission verification process has started on the 2 <sup>nd</sup> August 2021  Physical asset verification at Missions still continuing  Progress report sent monthly  Reconciliations have been performed until September 2021.  Journals to correct misallocations compiled and sent for processing.	Incomplete	Asset Verification											
	Missions - Damaged and undisposed assets	3	2. Lack of sufficient monitoring 3. Lack of monthly effective reconciliation on the movements occurred during the year																				
PAYABLES – DEPARTMENT OF HOME AFFAIRS (DHA)												Ms H Bhengu: Acting Chief Financial Officer											
45, 47	HO – Discrepancies in the DHA payables reconciliation: Misallocation of DHA expenditure  Exception reports are not drawn on a monthly basis to clear any DHA difference.	0	1. Lack of proper reconciliation and review on DHA Account for the month of March 2. Lack of review in DHA account at HO for March 3. Lack of understanding the requirements of MOU	1. Inaccurate balance of DHA payables being recorded in the financial statements 2. Full revenue collected might not be reported.	1. Quarterly reconciliations to be reviewed by the CFO. 2. Journals to be reviewed by Chief Director to avoid duplicated transactions. 3. Exception report to be drawn on monthly basis and journals be prepared on monthly basis.	4. Workshop and implement SOP on Journal Processing. 5. Workshop missions and HO on SOP for accounting for DHA revenue. 6. Action to be taken against officials who are not	15 December 2021	Ms H Bhengu: CD:FM		Review of full population including the month of March 2021 performed to ensure all misallocation identified and corrected. Further analysis on current year expenditure items identified and corrected in the account.  Monthly reconciliations were performed up to 30 September 2021, reviewed by Acting Chief Director and ACFO.	Incomplete	Evidence provided											

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	Management did not ensure that all transactions captured in the MCS have been accounted on BAS		4. Late interface of Mission Accounts due to late closure of accounts.			complying with DHA revenue SOP.						
46	HO – Non-adherence to the (MOU) between (DIRCO) and (DHA) – Revenue collected not paid to NRF. Missions are not sending money on a quarterly basis.	2	1. Lack of monitoring to ensure Missions send money as per MOU 2. Unavailability of funds to be transferred to NRF	1. Understatement of the revenue collected. 2. Missions might utilise revenue collection for DIRCO operations without approval. 3. Increase in payables due to inability to pay NRF	1. DIRCO to open a separate South African Bank Account for DHA collections. 2. CD: FM to ensure quarterly payments are made to NRF. 3. Action to be taken against missions utilising DHA collections without HO permission.		<b>30 October 2021</b>	Ms H Bhengu: CD:FM		<ul style="list-style-type: none"> <li>The Department has paid R38 million to National Revenue Fund collected as at end of September 2021.</li> <li>An amount of R88 million has been processed to National Revenue Fund from the R300 million of Revenue Collected and owed from previous financial years.</li> <li>The Department, DHA and National Treasury had an engagement which resulted in National Treasury instituting an investigation of the DHA balances in DIRCO's books.</li> <li>The investigation by National Treasury commenced on the 11th of November 2021 and the outcome will determine the way forward.</li> <li>The Department is awaiting National Treasury's approval for the opening of a separate Bank Account in South Africa to receive the revenue collected on behalf of DHA from South African Missions abroad.</li> </ul>	Incomplete	
44	HO – DHA payables journal erroneously processed twice affecting the balance of payables and disallowance	0	1. Lack of review on journal processed	1. Material misstatements in the AFS	1. Journals to be reviewed by Chief Director to avoid duplicated transactions. 2. Monitor the use of SharePoint for record keeping. Monthly statistics to be provided to the Chief Director.	3. Workshop and implement SOP on Journal Processing.	15 November 2021	Ms H Bhengu: CD:FM		Review of full population including the month of March 2021 performed to ensure all misallocation identified and corrected. Further analysis on current year expenditure items identified and corrected in the account.	Incomplete	
50	HO – No separate bank account opened for DHA collections at the Missions as required by the Memorandum of understanding (MOU)	0	1. Economic situations in various countries such as unfavourable exchange rates and huge bank charges 2. Lack of review for the new economic development since 20xx where separate bank account was mandated to be opened.	1. Money collected might be under/overstated if one bank account is utilised for both DIRCO and DHA 2. Revenue collected might not be returned to NRF	1. Head Office to perform a reconciliation of missions with DHA bank accounts 2. Communication to be sent to missions that do not have a separate DHA account.	3. Bi-annual report verification of bank accounts and report will be provided to the CD: FM of all Bank Accounts.	<b>27 February 2022</b>	Ms H Bhengu: CD:FM		Missions that do not have separate DHA bank accounts have been identified and Communication was sent to the missions  Request to open separate DHA bank accounts will be sent to National Treasury after receiving request from the mission.	Incomplete	Email evidence provided
<b>REVENUE ON BEHALF OF DHA (MISSIONS)</b>						<b>Ms H Bhengu: Acting Chief Financial Officer</b>						
MSN Report	Missions - Incorrect Tariffs Charged at the Mission  Missions - Delivery notes for face value documents were not provided by the mission  Missions - Missing Visa Labels	0	1. Lack of proper procedure over tariffs charged to applicants for civic and immigration 2. Lack of proper record keeping 3. Lack of proper procedure on how to issue VISA labels	4. Over/understatement of revenue collected.	1. Communication to be issued to Missions to ensure proper procedures followed with regard to revenue collected on behalf of DHA 2. Communication to DHA on adherence to correct tariffs to be paid out with regard to civic and immigration fees as per DHA circulars		<b>30 Nov 2021</b>	Ms H Bhengu: CD:FM			Incomplete	
<b>RECEIVABLES</b>						<b>Ms H Bhengu: Acting Chief Financial Officer</b>						
48	HO - Receivables impairment – No proof of impairment assessment provided	0	1. Lack of adherence to applicable laws	2. Incorrect transactions might be impaired due to lack of assessment	1. Develop a checklist for MCS and AMD requirements for each disclosure note. 2. Implementation of Standard Operating Procedure for Impairment 3. Full assessment of impairments to be verified and approved by Chief Director		27 February 2022	Ms H Bhengu: Acting CFO			Incomplete	
35	HO - Limitation of scope – Information not submitted for audit purposes	0	1. Lack of proper records management	1. Misstatement in the AFS	1. All balance that cannot be cleared which relate to old transactions for which no supporting documents is available will be recommended for write off in line with the write off policy of the Department. 2. Reconciliations to be reviewed by the CD: FM (monthly) and CFO (quarterly).		27 February 2022	Ms H Bhengu: Acting CFO		Based on the disposal policy, in the process of quantifying the transactions, for which there are no supporting documents that will be recommended for write off.  As at 30 September 2021 reconciliations accounts was performed and reviewed	Incomplete	
<b>ANNUAL APPROPRIATION STATEMENT</b>						<b>Ms H Bhengu Acting Chief Financial Officer</b>						
55	HO - Differences noted between the annual appropriation statement and the note to the accompanying statement		1. Lack of adequate reviews	1. Inaccurate financial reporting	1. Develop a checklist for MCS and AMD requirements for appropriation statement 2. CD:FM and CFO to strengthen the review process of the financial statements submitted for audit to ensure that the reported information is supported by accurate and complete audit evidence		<b>31 December 2021</b>	Ms H Bhengu: CD:FM			Incomplete	
<b>DISCLOSURES</b>						<b>Ambassador G Tsengiwe Deputy Director General Corporate Management</b>						
31	HO - Compensation of employees – Annual leave transactions not captured in a timely manner resulting in inaccurate leave balances at year end, which are being used to calculate the leave entitlement  Disclosure for negative leave balance is not in line with the Modified Cash Standard	1	1. Inadequate leave reconciliation 2. Lack of adequate reviews of the leave schedules 3. Late capturing of leave taken 4. Non submission of leave by employees on time	Misstatement of leave entitlement	1. Leave reconciliations will be performed to ensure monthly that all leave taken is captured on PERSAL in the correct reporting period (i.e. 31 March 2022). 2. DDG's to write to Business Unit Managers who do not adhere to the deadline of submission to hold Business Unit Managers accountable for leave forms submitted late in their areas. 3. A Circular to remind Business Units that leave statements have to be submitted bi-weekly will be sent to HO and Missions by 30 September 2021. 4. To continue in engagements with ICT and Service Provider concerning the automation of the E-leave system.	5. Remind the Department to submit leave statements and leave application forms bi-weekly. 6. Finalise automation of the leave system (E-Leave System) with ICT.	<b>1 October 2021</b>  <b>31 March 2022</b>	<b>Ms N Schreiber CD: HRA</b>		1. A circular to remind the Department to submit leave statements and leave application forms was circulated in the Department on 14 October 2021. 2. Leave forms received, are captured on Persal within 3-5 days from date of receipt, dependent on the number of leave forms received at the time. All leave forms received in October 2021 were captured. 3. Monthly reconciliation conducted. 4. Some of the leave forms for leave taken early in the year were only submitted in October 2021. Letters will be sent by end November 2021 to the Branch DDGs to hold Business Unit Managers who submitted their leave forms late accountable. 5. Engagements with ICT and Microsoft team are ongoing, concerning the implementation of the E-leave system, which is envisaged to be implemented with effect from 2022/23 financial year. Leave Determination and the Special Leave Collective Agreement were sent to the Microsoft team with all leave types.	Incomplete	
28	HO - Employee benefits: Leave entitlement comparative figures are misstated  Late submission of leave applications by Managers.	1										

											ICOS will meet with the Microsoft team to align processes and to outline the administration processes for the incorporation of specifics in the automation process.		
<b>6.</b>													
<b>COMPENSATION OF EMPLOYEES</b>					<b>Ambassador G Tsengiwe Deputy Director General Corporate Management</b>								
MSN Report	Missions - Overpayment of Cost of Living Allowances	0	1. Lack of oversight. 2. Lack of policy implementation 3. Lack of consequence management	1. Money might not be recovered timeously  2. Unauthorised expenditure might be incurred due to line item funds being depleted  3. Increase in debtors	1. To send payment advise to Salaries for implementation (deduction) of the overpayment  2. Salaries section will provide proof of debt take on to Foreign Service Conditions.  3. Circular to be sent to mission addressing late notification with regards leave of absence in lieu of all types of STP's.  4. To develop a Monthly Payroll Certificate monitoring the movement of staff in Missions.  5. Monitor adherence by Missions to submit the monthly Payroll certificates by assigning Missions to officials in directorate to update the Payroll audit certificate register. Supervisors will consolidate the information into one register and reasons for discrepancies will be followed up.  6. To remind Missions via emails to submit signed monthly Payroll Certificates and also follow up with missions who did not submit.	7. Constant monitoring of payroll monthly. 8. Bi-annually reminding missions by way of circular to comply with FSC.	30 September 2021 & Bi-Annually	Ms N Schreiber CD: HRA	40%	. A Monthly Payroll Certificate monitoring the movement of staff has been developed and distributed to Missions through a circular.  2. Payroll Audit Certificates (PAC) are submitted monthly by missions and analysed by FCOS desk officials  3. A tracking template is kept by desk officials tracking compliance and missions who did not comply are sent reminders 4. Payroll monitored monthly.  5. Where there is a need to implement the 60 day rule or any other adjustment, CSMS are requested to submit movement control forms on behalf of absent officials without a return date	Incomplete		
<b>PROPERTY MANAGEMENT</b>					<b>Ms H Bhengu Acting Chief Financial Officer</b>								
MSN Report	Missions – Payment of rental and other services in respect of an unoccupied properties	0	Slow response and lack of direction from Properties section	Fruitless and wasteful expenditure might be incurred	1. Mission and BU to provide a recommendation for the termination of leases when they become vacant	2. Monitor the quarterly Contract Verification Certificate to ensure that all properties are occupied	30 September 2021	Ms P Roji ACD: PFM		Lease terminated, approval letter sent to Mission	Incomplete		
	Missions - New lease contract exceeding the rental norms without approval from the Director General	0	Lack of adequate oversight	Irregular expenditure might be incurred	1. Mission to submit accurate information when requesting leases.  2. Application form to reflect the official's family size according to the Transfer Directive	3. Adequate assessment and analysis of lease requests	31 December 2021	Ms P Roji ACD: PFM		Application forms to be completed accurately	Incomplete		
12	The state owned property in Windhoek (Allasio Court) is rented/leased out without approval of the accounting officer and the lease renewal/extension agreement is not signed.	0	None, contract is approved	None. Approval to rent the property signed by the Accounting Officer, and lease renewal signed by both parties.	1. Provide AG with a copy of the signed lease renewal.	2. Request missions to submit bi-annually rented/leased out properties	30 November 2021	Ms P Roji ACD: PFM		Approval to lease property signed by DG as well as the lease renewal signed by both parties submitted	Incomplete		
29	Rental charges for state owned properties being let out abroad were no reviewed in the 2020/21 financial year	0	Lack of oversight	Rental charges might not be within the market standards	1. Annual review to take place in the event that properties are being let out in future.	2. Annual review of rental rates	31 December 2021	Ms P Roji ACD: PFM		Terms of Reference sent to Missions to appoint professionals to value properties and determine current rentals, actual and market rentals.	Incomplete		
25	Fruitless and wasteful expenditure - Late payment to ABSA Vehicle Management Solutions	3	Lack of monitoring of invoices Invoices are not registered in an invoice tracking system Lack of consequence management on fruitless and wasteful expenditure	Increase in fruitless and wasteful expenditure Unauthorised expenditure might be incurred as the interest was not budgeted for.	1. Update the register of fruitless and Wasteful expenditure with the interest amount 2. Invoices to be registered on database for tracking purposes 3. Assessment of the expenditure will be performed in Internal Control	4. Include an invoice in the register of invoices 5. Consequence management implementation	31 December 2021	Ms P Roji ACD: PFM		Updated the register of fruitless and Wasteful expenditure with the interest amount	Incomplete		
<b>INTERNAL AUDIT, AUDIT AND RISK COMMITTEES</b>					<b>Mr G Labane and Ms Modukanele</b>								
08	HO - internal audit (IA) function did not assess the operational procedure and monitoring mechanisms over all transfers and subsidies as required by TR 3.2.8	0	Limited capacity within the Internal Audit Unit.	Non-compliance with Treasury Regulations.	1. To fill in three Internal Audit positions (1 DD and 2 ASDs)  2. The audit has been included in the 2021/22 annual plan to be executed and reported on at the end of Q4.	3. All compliance/legislated audits will be included in the annual plan regardless of the limitations	31 December 2021  31 March 2022	Mr G Labane CAE		<ul style="list-style-type: none"> <li>A special request has been made and approved by the Acting Accounting Officer to fill in three Internal Audit positions (1 DD and 2 ASDs). The Branch Corporate management is still processing the recruitment request.</li> <li>The internal audit regarding the assess the operational procedure and monitoring mechanisms over all transfers and subsidies as required by TR 3.2.8 will be done in Q4 of 2021/22</li> </ul>	Incomplete		
01	HO - No approved combined assurance plan.	1	Guidelines from the Public Sector Audit Committee Framework are not yet fully institutionalised	Non-adherence to the Public Sector Audit Committee Framework	1. Develop a checklist for all the Public Sector Audit Committee Framework guidelines, for inclusion in the Audit Committee Annual Work Plan/Charter  2. The first draft combined assurance framework was presented to the Audit Committee in Q1, inputs were received and the revised version will be presented (for approval) during the Q2 Audit Committee meeting.  3. Once the framework has been approved, the plan will be developed with inputs from all the relevant stakeholders	4. Develop a checklist for all the Public Sector Audit Committee Framework guidelines, for inclusion in the Audit Committee Annual Work Plan/Charter  5. Periodically report to the Audit Committee on the progress made in implementing the Combined Assurance Plan	31 December 2021	Mr G Labane CAE		1. First draft has been presented to the Audit Committee, inputs received and the revised version will be presented (for approval) during the Q2 Audit Committee meeting.  2. An Audit Committee Annual Work Plan prepared on the basis of the Public Sector Audit Committee Framework guidelines has been approved by the Audit Committee on 28 October 2021.  3. The 2021/22 combined assurance framework was approved by the Audit Committee on 28 October 2021.  4. The plan, which has to be informed by the Framework will be presented to the Audit Committee (for approval) in Q3 of the 2021/22 financial period.	Incomplete		
02	HO – Audit committee's performance evaluation for the 2019/20 financial year was not	0	The activity was not included in the Audit Committee Annual Work Plan/Calendar due to oversight.	Non-adherence to the Audit Committee Charter	1. To include/diarise the activity in the Audit Committee annual work plan.	2. To include/diarise the activity in the Audit	31 October 2021	Mr G Labane CAE		For the 2020/21 financial period, the Audit Committee annual assessment was concluded on 31 August 2021.	Incomplete		

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	yet finalized by 30 August 2020 as per the approved audit committee charter.					Committee annual work plan.				The activity will be diarised in the 2021/22 Audit Committee annual work plan.			
10	HO - Risk committee did not hold meetings as per their terms of reference.	0	<ol style="list-style-type: none"> <li>Inadequate succession planning</li> <li>Lack of tools of trade for remote work (amid Covid-19 restrictions)</li> </ol>	<ol style="list-style-type: none"> <li>Inadequate risk management framework</li> <li>Lack of monitoring the implementation of risk management framework</li> <li>Non-timeous recommendations on improvements of risk management framework</li> </ol>	<ol style="list-style-type: none"> <li>Schedule of dates for RMC meetings agreed with the Chairperson</li> <li>Consultations with members of RMC through DGF</li> <li>RMC Chairperson consultation meetings with the Director-General</li> <li>Second in charge to be appointed in absence of the Chief Risk Officer</li> <li>Use of old operational laptops</li> </ol>	<ol style="list-style-type: none"> <li>Continuous consultations with members of RMC through DGF</li> <li>Foster continuous professional relations with the Chairperson through one-on-one consultation meetings</li> <li>Schedule quarterly meetings</li> <li>Receipt of newly acquired laptops</li> </ol>	Quarterly	Ms M Modukanele: CRO	<p>Schedule of meetings had been agreed with the Chairperson and shared with all RMC members and consistent RMC meetings have been held to date (March 21, June 21, July 21 and October 21)</p> <p>CRO tabled the department's risk status/ progress report at DGF meetings (every month)</p> <p>The CRO met with the Chairperson a day prior to the RMC meetings to enable proper preparation for the meeting (March 21, June 21, July 21 and October 21) (attending to issues of clarity by Chairperson)</p> <p>The Chairperson and CRO had met with the Acting Director-General subsequent to the RMC meeting to offer his counsel on strategic risk issues that needed elevation and strategic attention</p> <p>Only CRO has received the operational laptop. The rest of risk professional staff (4) do not have laptops</p>	Incomplete			
<b>INFORMATION TECHNOLOGY</b>													
<b>Ambassador G Tsengiwe Deputy Director General Corporate Management -</b>													
ICT Audit Report	Information and communication technology directorate was not fully capacitated to effectively support the department.	3	Budgetary constraints within the department.	Lack of sufficient capacity to provide and support ICT services	<ol style="list-style-type: none"> <li>Identify critical positions that should be prioritised to approach HR for advertisement.</li> </ol>	<ol style="list-style-type: none"> <li>Review of the current ICT Structure in alignment with the Digital Strategy.</li> </ol>	31 December 2021	Ms B Molathlegi CIO	<p>Critical posts have been identified and submitted to HR. Awaiting approval to advertise.</p> <p>Filling of a critical vacant CIO position Completed.</p> <p>Consultations with the Organisational Development to review the current ICT Structure is underway.</p>	Incomplete			
	Inadequate and outdated disaster recovery plan	3	Delays in the implementation of the infrastructure Refresh Plan.	An inadequate DRP increases the risk that the department might not be able to recover critical systems in the event of a disaster, thereby hampering resumption of normal business operations.	<ol style="list-style-type: none"> <li>Appoint a service provider to replace the infrastructure.</li> <li>Expedite the placement of an order with the Original Equipment Manufacturer (OEM) by the appointed service provider.</li> <li>Negotiate and sign the Service level Agreement (SLA) with the appointed service provider.</li> <li>Technical workshops and Training (Q3 2021/22)</li> <li>Replace the infrastructure at OR Tambo Building (Q4 2021/22)</li> <li>Replace the infrastructure at London HUB</li> <li>Replace the infrastructure at Washington HUB</li> </ol>	<ol style="list-style-type: none"> <li>Continuous engagement with stakeholders to ensure the availability of resources to replace the infrastructure</li> </ol>	<p>31 May 2021</p> <p>30 September 2021</p> <p>31 October 2021</p> <p>30 September 2021</p> <p>31 December 2021</p> <p>28 February 2022-</p> <p>31 March 2022</p>	Ms B Molathlegi CIO	<p>A service provider to replace the obsolete infrastructure has been appointed. The order has been placed with the OEM.</p>	Incomplete			
	Obsolete backup infrastructure, outdated backup software and lack of a disaster recovery testing performed for critical application systems	3	Delays in the implementation of the infrastructure Refresh Plan.	Failure to ensure that backups are successfully completed might result in the department not being able to recover data to continue operation should a disaster occur. This might ultimately lead to the loss of critical information.				31 December 2021	Ms B Molathlegi CIO	25%	<p>A service provider to replace the obsolete infrastructure has been appointed. The order has been placed with the OEM(Equipment Manufactures)</p>	Incomplete	
	Change management policy not reviewed	3	Review of all DIRCO policies has been placed on hold by the Bargaining council as they declared a deadlock, and this has been the status as at early 2020.	Lack of a reviewed policy could result in the organisation having a policy in place that does not comply with new laws and regulations.	<ol style="list-style-type: none"> <li>Craft the ICT Change Management Policy</li> <li>Present to the ICT Steering Committee</li> <li>Engagement with other stakeholder including the bargaining council</li> <li>Approval of the ICT Policies</li> </ol>	<ol style="list-style-type: none"> <li>ICT policies will be monitored and reviewed on regular basis</li> </ol>	<p>30 September 2021</p> <p>30 November 2021</p> <p>31 December 2021</p> <p>31 January 2022</p>	Ms B Molathlegi CIO	<p>The review of the policy is in progress. The draft policy will be presented to the ICT Steering Committee.</p>	Incomplete			
	Program changes not tested prior to being migrated into the production environment	3	Delays in the implementation of the infrastructure refresh plan to ensure that there is a testing capability for patches to be tested before being deployed into the production environment.	If programme changes are deployed without being tested; this might impact the department's systems negatively resulting in unforeseen disruptions to the department's day-to-day operations.	<ol style="list-style-type: none"> <li>Appoint a service provider to replace the infrastructure.</li> <li>Expedite the placement of an order with the Original Equipment Manufacturer (OEM) by the appointed service provider.</li> <li>Negotiate and sign the Service level Agreement (SLA) with the appointed service provider.</li> <li>Technical workshops and Training (Q3 2021/22)</li> <li>Replace the infrastructure at OR Tambo Building (Q4 2021/22)</li> <li>Replace the infrastructure at London HUB</li> </ol>	<ol style="list-style-type: none"> <li>Continuous engagement with stakeholders to ensure the availability of resources to replace the infrastructure</li> </ol>	<p>31 May 2021</p> <p>30 September 2021</p> <p>31 October 2021</p> <p>31 October 2021</p> <p>31 December 2021</p> <p>28 February 2022-</p> <p>31 March 2022</p>	Ms B Molathlegi CIO	<p>A service provider to replace the obsolete infrastructure has been appointed. The order has been placed with the OEM(Equipment Manufactures)</p>	Incomplete			

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					7. Replace the infrastructure at Washington HUB								
	Change logs not maintained on the Mission Cashbook System, NetTrace Asset Management and NUQ Payroll Software	3	System Limitation	Unauthorised users might transact	1. To record logs on the database 2. MCS team to avail a script to ICT for them to be able to retrieve the logs through report or readable document	3. Logs are currently recorded on the database for both MCS and Nettrace, however they cannot be extracted directly from the database needs to be extracted as a report format	Quarterly	Ms B Molathlegi CIO	30%	Strengthen the current available report signed on quarterly basis by Supervisor to include more columns for logs	Incomplete Nettrace planned version release by end of October will address the logs report and MCS script will be forward to Application Support section by the 15th October		
ICT Audit Report	Inaccurate user creation dates on Mission Cashbook System	1	Combined MCS fields (alter /creation date)	System might be manipulated	1. To separate of alter and creation dates on audit reports 2. Arrange reports as different column	3. Monitoring of the system	31 December 2021	Ms B Molathlegi CIO	40%	Quarterly report will be separate according to creation and alter date	Quarter 1 report has been separated accordingly		
	Lack of review of user access rights on the NUQ Payroll Software and Personnel and Salary System (human resource module)	3	Updates from BU's who have NuQ users not received timely when users should be terminated	Users may have access rights that are not commensurate with their job responsibilities and this access could be used to perform fraudulent activities which might go undetected	1. To disable the account as the official have left the department 2. To engage ICT and service provider on possible restriction that can be implemented such as a 30 day non-use/non confirmation lockout	3. Managers will bi – annually requested to confirm the users of the system and officials will be lockout of system when not confirmed by the relevant manager	30 November 2021	Ms B Molathlegi CIO		Official have been disabled o the system  BU's have been requested to confirm list of active users on NuQ.	Incomplete		
	Incomplete logging of administrator activities on Active Directory	1	Financial and performance management – IT systems The process of migrating all users to the Azure is in progress.	Unauthorized access to Active Directory	Migration of all users to Azure	Implementation of Infrastructure refresher plan		31 December 2021	Ms B Molathlegi CIO	30%	The process of migrating all users to the Azure is in progress.	Incomplete	
	Terminated users still active on the NUQ, Nettrace, and LOGIS	3	Updates from BU's who have NuQ users not received timely when users should be terminated	An account user could try to create a valid business reason that might be used to effect unauthorised changes/updates	1. To disabled/deactivate user IDs when it is known that they are no longer active. 2. To amend/ improvement the route form for the official to indicate systems they had access to. 3. Request for BU's to update the current lists of NuQ users – to use Marval System to requests for updates.	4. Lockout of system and new application for access to be submitted. 5. Peral termination report quarterly to check users who are terminated. 6. Nettrace and Logis Termination forms are completed whenever user leaves the department and we have requested a termination persal report from HR so that we can deactivate users on time accordingly.		Quarterly	Ms B Molathlegi CIO	50%	Logis and Nettrace users were terminated as per audit finding, quarter 1 reports sent to responsible managers to confirm if users are still using the functions.	Completed	Evidence provided
	Lack of detailed audit trail report and user function reports on Nettrace and Mission Cashbook System	3	Management oversight	System might be manipulated  Root cause for system errors might not be traced	1. MCS team will avail a script to ICT for them to be able to retrieve the logs through report or readable document 2. Nettrace will develop reports for that will be submitted on the next audit	3. In the meantime there is a spreadsheet developed to monitor the Logs 4. Logs are currently recorded on the database for both MCS and Nettrace, however they cannot be extracted directly from the database needs to be extracted as a report format		Quarterly	Ms B Molathlegi CIO		Logs are currently recorded on the database for both MCS and Nettrace, however they cannot be extracted directly from the database needs to be extracted as a report format	Incomplete Nettrace planned version release by end of October will address the logs report and MCS script will be forward to Application Support section by the 15th October	
ICT Audit Report	Lack of review of user access rights on the NUQ Payroll Software	1	. Updates from BU's who have NuQ users not received timely when users should be terminated	Users may have access rights that are not commensurate with their job responsibilities and this access could be used to perform fraudulent activities which might go undetected	1. To engage ICT and service provider on possible restriction that can be implemented – could consider a 30 day non-use/non confirmation lockout	2. Lockout of system and new application for access to be submitted.	30 November 2021	Ms B Molathlegi CIO		BU's have been requested to confirm list of active users on NuQ. Users not confirmed by their business units will be disabled by 30 November 2021.	Incomplete		
	Users with duplicate user accounts on the NUQ Payroll Software and  Mission Cashbook System	2	Unauthorised users  Administrators were given both Admin and Payroll manager status as senior managers.	An account user could try to create a valid business reason that might be used to effect unauthorised changes/updates	1. To deactivate duplicate users 2. System controller and Computron team will conduct system clean up on duplicates 3. After removing duplicate Login credentials a block on sql will be implemented to stop duplicate login creation.	4. The MCS will from the change give error message when trying to insert a duplicate login 5. NuQ will only be activated upon request.	Immediately then report quarterly	Ms B Molathlegi CIO		Duplicate users have been deactivated and can only effect changes to the system via the request form to ICT  The matter has been resolved. The two officials have been deactivated on NuQ.	Completed MCS Duplicate users clean up completed and sql block has been set to stop duplicate login creation	Evidence provided	
	Ineffective implementation of the user account creation process on Nettrace and MCS	1			No action			31 December 2021	Ms B Molathlegi CIO			Incomplete	
	Non-compliance to the patch management policy, procedures and the use of outdated patch management software.	3	Delays in the implementation of the infrastructure refresh plan to ensure that there is a testing capability for patches to be tested before being deployed into the production environment.	Cyber Security Threats	1. Appoint a service provider to replace the infrastructure. 2. Expedite the placement of an order with the Original Equipment Manufacturer (OEM) by the appointed service provider. 3. Negotiate and sign the Service level Agreement (SLA) with the appointed service provider.	8. Continuous engagement with stakeholders to ensure the availability of resources to replace the infrastructure		31 May 2021  September 2021  31 October 2021	Ms B Molathlegi CIO		A service provider to replace the obsolete infrastructure has been appointed. The order has been placed with the OEM(Equipment Manufactures)  Project planning activities are underway	Incomplete	



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					4. Technical workshops and Training (Q3 2021/22)		31 October 2021					
					5. Replace the infrastructure at OR Tambo Building (Q4 2021/22)		31 December 2021					
					6. Replace the infrastructure at London HUB		28 February 2022-					
					7. Replace the infrastructure at Washington HUB		31 March 2022					
	Information and communication technology policies and procedures not reviewed	3	Review of all DIRCO policies has been placed on hold by the Bargaining council as they declared a deadlock, and this has been the status as at early 2020.	Lack of a reviewed policy could result in the organisation having a policy in place that does not comply with new laws and regulations.	1. Craft the ICT Policies 2. Present to the ICT Steering Committee 3. Engagement with other stakeholder including the bargaining council 4. Approval of the ICT Policies	5. ICT policies will be monitored and reviewed on regular basis	30 September 2021 30 November 2021 31 December 2021 January 2022	Ms B Molathlegi CIO		The review of the policy is in progress. The draft policy will be presented to the ICT Steering Committee.	Incomplete	
	Inadequate password configurations on the Foreign Service Payroll System (NUQ), NetTrace and Basic Accounting System.	3	Lack of monitoring	Fraudulent transactions might occur	1. To ensure continuous settings of password configuration on BAS and Nettrace.	2. Security settings to always be in line with the department configuration	31 December 2021	Ms B Molathlegi CIO	100 %	Security settings are in line with the department configuration BAS and Nettrace the password configuration has set accordingly	Completed for Basic Accounting system and Nettrace this audit finding was address in 2017/18 audit and configuration has never been changed ever since	Evidence provided
<b>POLICIES AND STANDARD OPERATING PROCEDURES</b>												
09	HO - Lack review for DIRCO Policies and procedures  Recruitment & Selection Policy Placement Policy Working hours and Remunerative overtime Policy Resettlement Policy	0	Lengthy policy consultation processes	Changes in legislation and the control environment may not be appropriately updated into DIRCO policies	1. To review all policies timely 2. Ensure that the consultation process is finalised and policies are approved by 31 December 2021.	3. Strict timelines to be implemented for policy consultation process	31 December 2021.	Amb Tsengiwe Acting DDG: Corporate Management		The consultation process for the Placement policy has been completed. The Resettlement policy was presented at the Policy Task Team Committee and will be tabled at DBC prior to approval. The Working Hours and Overtime policy will be presented at the Policy Task Team Committee before end of September 2021 The Recruitment and Selection policy will be presented at the Policy Task Team Committee before end of September 2021	Incomplete	
	Performance Management and Development System (PMDS) for salary levels 1 – 12 Internship and Experiential Training Policy	0	Lack of interest in the consultation procedure  Protracted consultations and / or prioritisation of other policies during consultations Delays in review of the Policy and consultation procedures		1. The consultation procedure will be expedited since the Departmental Bargaining Chamber (DBC) parties have already finalised the consultation procedure. 2. The timelines on consultations will be strictly adhered to and the draft processed if the stakeholders delay the procedure.	3. The review of the policies will be commenced with a year in advance to ensure adequate time for consultation in the Departmental structure, including the DBC	31 December 2021	Amb Tsengiwe Acting DDG: Corporate Management		Consultation in the DBC has been concluded and the revised PMDS policy is due for top management's consideration.  The review of the Internship and Experiential Policy has commenced and shall be taken through consultation procedure in the second and third quarter	Incomplete	
	Regulatory Framework for Supply Chain Management	0	Lack of Policy monitoring		1. Review Supply Chain Management Policy 2. Develop SCM SOP in line with the revised Financial delegations of Authority 3. Develop Contract Management Policy		31 December 2021	Ms H Bhengu Acting CFO		The draft contract management policy has been inputted by the legal services and risk management unit and currently awaiting input of the bargaining cancel before approval by the DG.	Incomplete	
	Regulatory Framework for Asset Management Assessment Framework for works of art	0	Lack of Policy monitoring		1. Review Asset Management Policy 2. Review existing Framework for works of art 3. Develop Asset Management Procedures		31 December 2021 31 December 2021 31 December 2021	Ms H Bhengu Acting DDG - CFO		The Asset management policy has been submitted for legal services and risk management unit.	Incomplete	
	Acceptance of Gifts by employees	0	Lack of Policy monitoring  Lack of understanding of Diplomatic Practices by the DPSA	Policy on hold to enable engagement between Minister DIRCO and Minister DPSA. Policy adapted to include the Guide on Gifts from DPSA and agreement between Ministers.	1. Write to the Minister of DPSA to engage to up the limit applicable to Gifts from R350.00p.a to R3000.00 p.a.	2. Review existing policy	31 March 2022	Amb Tsengiwe Acting DDG: Corporate Management		The Minister send a letter to the Minister of DPSA in July 2021 to engage with the DPSA to up the limit applicable to Gifts from R350.00p.a to R3000.00p.a. DPSA has responded to the letter requesting further information that was given to them on 18 August 2021. There could possibly be a delay from the Minister of DPSA to respond due to the change in administration.	Incomplete	