

ANNUAL PERFORMANCE PLAN 2022/2023

Portfolio Committee on Health
30 March 2022



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Chief Executive Officer
and
Mr Julius Mapatha
Chief Financial Officer

- Brief the Portfolio Committee on Health on the OHSC's Annual Performance Plan for the Financial Year 2022/23

MANDATE OF THE OHSC



MANDATE OF THE OHSC

To protect and promote the health and safety of users of health services by:

Monitoring and enforcing compliance by health establishments with norms and standards prescribed by the Minister in relation to the national health system; and

Ensuring consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner.

HEALTH NORMS AND STANDARDS REGULATIONS

The norms and standards applicable to different categories of health establishments were promulgated by the Minister of Health to strengthen the mandate of the OHSC to:

- Monitor and enforce compliance, investigate complaints related to breaches of the prescribed norms and standards, and
- Certification of health establishments found compliant with the prescribed norms and standards.
- Inspections of facilities commenced during the 2019/20 financial year.

VISION, MISSION OF THE OHSC



Vision:

Consistent, safe and quality healthcare for all



Mission:

We monitor and enforce healthcare safety and quality standards in health establishments independently, impartially, fairly, and fearlessly on behalf of healthcare users.

VALUES OF THE OHSC

**Our Values are informed by the South African Constitution and Batho-Pele Principles:
*“Human dignity; freedom and the achievement of equality; and that people must come first”***

Our mandate implies that we shall:

Human dignity

We will have respect for human individuality and treat each individual as a unique human being

Accountability

We will take responsibility for our results and outcomes

Transparency

We will operate in a way that creates openness between managers and employees

Quality healthcare

Quality health care means doing the right thing, at the right time, in the right way, for the right person – and having the best possible results

Safety

Maintain a safe and healthy workplace for all employees in compliance with all applicable laws and regulations. Promote a positive attitude towards safety

Integrity

We will conduct ourselves with openness, honesty, and respect for all stakeholders

DESIRED REGULATORY OUTCOMES/ IMPACT

The mandate of the OHSC contributes to two distinct but interdependent regulatory outcomes

Reductions in avoidable mortality, morbidity and harm within Health Establishments through reliable and safe health services

Improvements in the availability, responsiveness and acceptability of health services for users



In addition, will contribute to enhancing universal access to quality services

THE OHSC AND THE LINK TO THE NATIONAL HEALTH INSURANCE FUNDING FOR UNIVERSAL HEALTH COVERAGE



Certification of compliance with regulated standards is a pre-requisite for NHI funding.

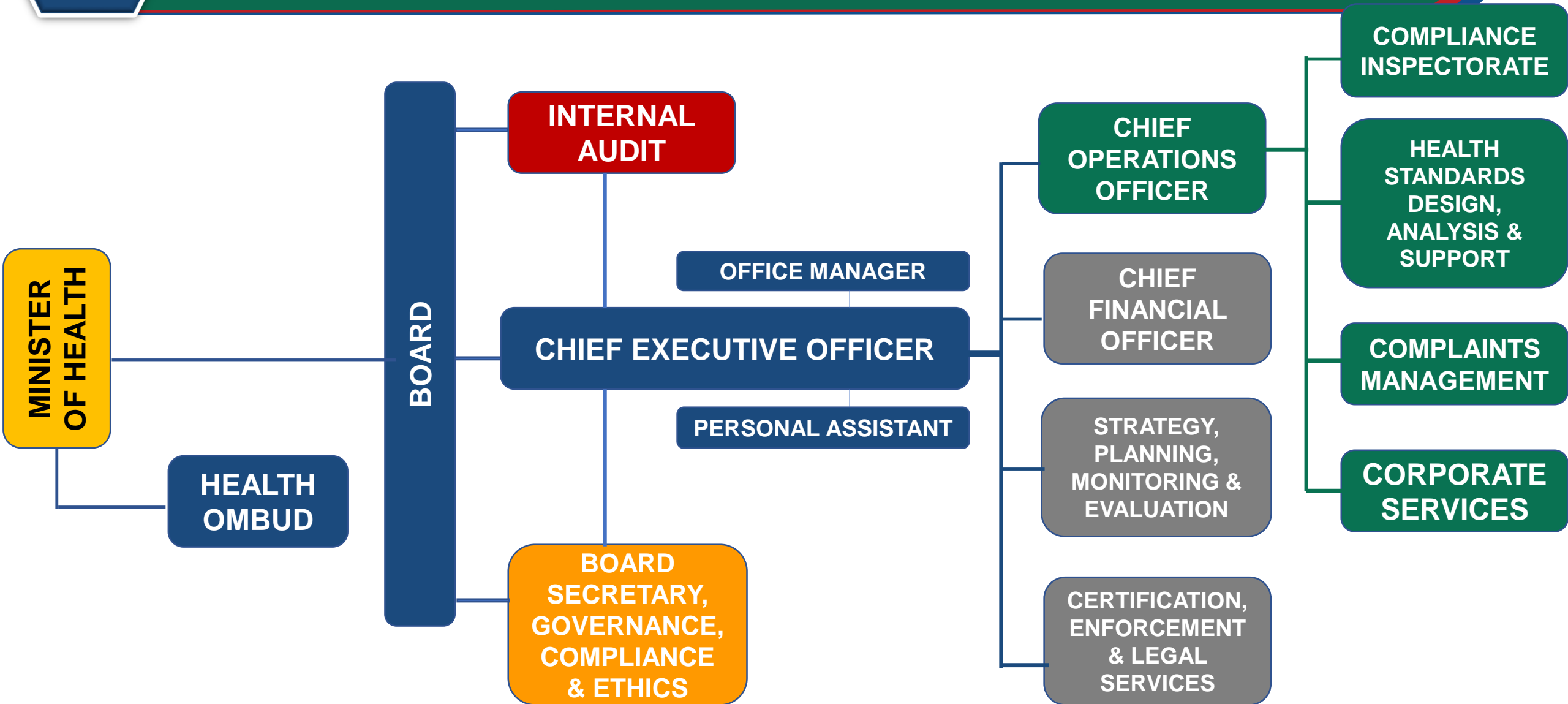
STRATEGIC FOCUS



OHSC

Office of Health Standards Compliance
Ensuring quality and safety in health care

ORGANISATIONAL STRUCTURE



SITUATIONAL ANALYSIS

- The contents of the 5 year Strategic Plan have not been changed and will remain as per the submission made for 2019/20 - 2024/25
- The Office developed the Annual Performance Plan for 2022/23 which is informed by the revised 2020 – 2024 Medium Term Strategic Framework (MTSF).
- Improving the quality of health care is a critical components of the National Development Plan outcome to "strengthen health system effectiveness" through enabling external assessments of compliance with prescribed standards.
- Compliance inspections, certification of compliant health establishment, investigation and resolution of complaints received by the OHSC will contribute towards improving the health system effectiveness.
- The plan considered the health sector constraints experienced through the COVID-19 pandemic

- The COVID-19 pandemic has placed enormous strain on the operational environment of the Office.
- The Office observed a significant increase in the number of complaints received.
- Due to the limited budgetary allocation over the MTEF period, OHSC has very limited capacity to increase human resources to:
 - Increase the number of inspections conducted,
 - Manage complaints and investigations,
 - Develop more health standards.

- Fiscal constraints which do not allow the OHSC to expand its Staff capacity and decentralization
- Information, Communication, Technology systems up-time maintained at more than 99% availability; however more adjustments in IT still required for optimization of functions
- All Executive Managers vacancies filled

- The Office is finalising inspection tools to cover different types of health establishments
- Additional personnel appointed (on a contract basis) in the Health Standards Design and Development Unit to increase capacity in the area of inspection tool development
- The OHSC is collaborating with the National Department of Health in the Quality Learning Centre (QLC) project – this will increase inspections output
- The OHSC is using community radio to reach greater numbers of stakeholders more efficiently than is possible by face-to-face communication – and overcoming potential barriers posed by the COVID-19 pandemic.

STATUS OF INSPECTION TOOLS

INSPECTION TOOL	STATUS/UPDATE
Clinic inspection tool	Finalised and implemented
Community Health Centre(CHC)inspection tool	Finalised and implemented
District hospital inspection tool	Finalised and implemented
Regulatory Regional hospital inspection tool	Finalised and implemented
Private Acute hospital inspection tool	Finalised, training workshops are being conducted in preparation for implementation
Central hospital inspection tool	Review and incorporation of stakeholder feedback in preparation for national workshop to formally adopt the inspection tool
Provincial Tertiary hospital inspection tool	Review and incorporation of stakeholder feedback in preparation for national workshop to formally adopt the inspection tool
Draft 2 General Practice inspection tool	Draft 2 version shared with Unity Forum for Family Practitioners (UFPF), and the next step is consultations with provincial GP community/structures.
Emergency Medical Services(EMS) inspection tool	Awaiting promulgation of Norms and Standards for EMS

REVISIONS TO LEGISLATIVE AND OTHER MANDATES

- There are no significant changes to the OHSC's legislative and other mandates
- The Office has commenced with the review of the Procedural Regulations Pertaining to the Functioning of the OHSC and Handling of Complaints by the Ombud.

MEASURING OUR PERFORMANCE



OHSC

Office of Health Standards Compliance
Ensuring quality and safety in health care

MEDIUM TERM STRATEGIC FOCUS PRIORITIES FOR 2019/20 - 2024/25

MTSF priorities for the OHSC:	Alignment to NDOH-MTSF Outcomes	OHSC MTSF Aligned Strategic Outcomes
Priority 3: Education, Skills and Health	<p>Goal 1: Increase Life Expectancy, improve health and Prevent Disease</p> <p>Goal 2: Achieve Universal Health Coverage by implementing NHI Policy</p> <p>Goal 3: Quality improvement in the Provision of care</p> <p>Goal 4 – Build Health infrastructure for effective service delivery.</p>	<ol style="list-style-type: none"> 1. Fully functional OHSC 2. Compliance with norms and standards is effectively monitored 3. Improved quality of health care services rendered to the users in the Health Establishments 4. Facilitate achievement of compliance with the norms and standards regulations for different categories of health establishments. 5. Compliance with norms and standards increased – health establishments certified for compliance with the norms and standards

OHSC PROGRAMMES



Programme 1:
Administration



Programme 2:
Compliance Inspectorate



Programme 3:
Complaints Management and Office of the Ombud



Programme 4:
Health Standards Design, Analysis and Support



Programme 5:
Certification and Enforcement

PROGRAMME 1: ADMINISTRATION

PROGRAMME PURPOSE

The purpose of the programme is to provide the leadership and administrative support necessary for the OHSC to deliver on its mandate and comply with all relevant legislative requirements.

SUB-PROGRAMME PURPOSE

The purpose of the sub-programme is to create an enabling environment for employees to contribute towards the achievements of the organisation objectives and mandate. The Human Resource Management (HR) Unit enables the Office to attract, develop and retain skilled people and to meet transformation targets.

Output Indicators		Audited Performance			Estimated Performance	MTEF Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Outcome 1: A fully functional OHSC								
Output 1.1: Vacancies filled within four months of the vacancy existing								
Output Indicator 1.1.1	Percentage of vacancies filled within four months of the vacancy existing	New indicator	New indicator	41.7% (10/24)	90%	90%	91%	92%
Output Indicator 1.1.2	Percentage vacancy rate per year	New indicator	New indicator	New indicator	New Indicator	7%	6%	5%
Output 1.2: Inspectors certified after completion of training								
Output Indicator 1.2.1	Percentage of certified inspectors after completion of training	New indicator	New indicator	80% (49/61)	95%	95%	95%	95%

Performance indicators		Reporting Period	Annual targets	Q1	Q2	Q3	Q4
Output 1.1: Vacancies filled within four months of the vacancy existing							
Output Indicator 1.1.1	Percentage of vacancies filled within four months of the vacancy existing	Quarterly	90%	75%	76%	85%	90%
Output Indicator 1.1.2	Percentage vacancy rate per year	Annually	7%	-	-	-	7%
Output 1.2: Inspectors certified after completion of training							
Output Indicator 1.2.1	Percentage of certified inspectors after completion of training	Annually	95%	-	-	-	95%

SUB-PROGRAMME PURPOSE

The purpose of the Information and Communication Technology (ICT) sub-programme is to provide and ensure infrastructure and systems are fully available for business to utilise effectively in achieving its operational objectives. The ICT programme undertakes long-term planning and provides day-to-day support across the OHSC in respect of ICT needs, services and systems.

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT)

Output Indicators		Audited Performance			Estimated Performance	MTEF Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Outcome 1: A fully functional OHSC								
Output 1.4: IT Service Availability								
Output Indicator 1.4.1	Percentage of ICT availability for core OHSC services	New indicator	New indicator	99.84%	95%	95%	95%	95%
Output Indicator 1.4.2	Percentage of ICT availability for OHSC support services	New indicator	New indicator	98.22%	95%	95%	95%	95%

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT)

Performance indicators		Reporting Period	Annual targets	Q1	Q2	Q3	Q4
Output 1.4: IT Service Availability							
Output Indicator 1.4.1	Percentage of ICT availability for core OHSC services	Quarterly	95%	95%	95%	95%	95%
Output Indicator 1.4.2	Percentage of ICT availability for OHSC support services	Quarterly	95%	95%	95%	95%	95%

SUB-PROGRAMME PURPOSE

To raise awareness on the role and powers of the OHSC and Health Ombud. The Communication and Stakeholder Relations sub-programme aims to facilitate delivery of the OHSC and Health Ombud's mandate through effective stakeholder engagement and developing partnerships that are mutually beneficial.

COMMUNICATION AND STAKEHOLDER RELATIONS

Output Indicators		Audited Performance			Estimated Performance	MTEF Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Outcome 1: A fully functional OHSC								
Output 1.5: Awareness about the role and powers of the OHSC is raised								
Output Indicator 1.5.1	Number of community stakeholder engagements to raise public awareness on the role and powers of the OHSC and Health Ombud	New indicator	New indicator	12	12	12	12	12
Output Indicator 1.5.2	Number of private sector engagements to raise awareness on the role and powers of the OHSC and Health Ombud	New indicator	New indicator	8	8	8	8	8

COMMUNICATION AND STAKEHOLDER RELATIONS

Performance indicators		Reporting Period	Annual targets	Q1	Q2	Q3	Q4
Output 1.5: Awareness about the role and powers of the OHSC is raised							
Output Indicator 1.5.1	Number of community stakeholder engagements to raise public awareness on the role and powers of the OHSC and Health Ombud	Quarterly	12	3	3	3	3
Output Indicator 1.5.2	Number of private sector engagements to raise awareness on the role and powers of the OHSC and Health Ombud	Quarterly	8	2	2	2	2

SUB-PROGRAMME PURPOSE

The OHSC is a public entity with a regulatory mandate in the health sector, where accountability and transparency are of paramount importance. It is crucial for the OHSC to demonstrate accountability by obtaining an unqualified audit in order to promote public trust in the OHSC and the way the OHSC conducts its affairs, both in financial governance and performance reporting.

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Performance indicators		Reporting Period	Annual targets	Q1	Q2	Q3	Q4
Output 1.6: Unqualified audit opinion achieved							
Output Indicator 1.6.1	Unqualified audit opinion achieved	Annual	Unqualified audit	N/A	N/A	N/A	Unqualified audit

PROGRAMME 2: COMPLIANCE INSPECTORATE

PROGRAMME 2: PURPOSE

To manage the inspection of health establishments in order to assess compliance with the national health system norms and standards regulations, as prescribed by the Minister.

COMPLIANCE INSPECTORATE

Output Indicators		Audited Performance			Estimated Performance	MTEF Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Outcome 2: Compliance with norms and standards is effectively monitored								
Output 2.1: Health establishments are inspected for compliance with the norms and standards								
Output Indicator 2.1.1	Percentage of public health establishments inspected for compliance with the norms and standards	19,13% (730/3 816)	16,95% (647/3 816)	10,14% (387/3 816)	8% (299/3 741)	21% (788/3 741)	22% (823/3 741)	22% (823/3 741)
Output Indicator 2.1.2	Percentage of private health establishments inspected for compliance with the norms and standards	-	-	0% (0/431)	6% (26/431)	12% (52/431)	15% (65/431)	20% (87/431)
Output 2.2: Additional inspection is conducted in health establishments where non-compliance was identified								
Output Indicator 2.2.1	Percentage of additional inspection (re-inspection) conducted in public and private health establishments that have completed the regulated reporting period where non-compliance was identified	New Indicator	New Indicator	100%	100%	100%	100%	100%
Output 2.3: Regulated inspection reports are published								
Output Indicator 2.3.1	Number of reports of inspections conducted with the names and location of the health establishments every six months published	-	-	-	-	2	2	2
Output Indicator 2.3.2	Number of annual reports that set out the compliance status of all health establishments and summarises the number and nature of the compliance notices issued published	-	-	1	1	1	1	1

Performance indicators		Reporting Period	Annual targets	Q1	Q2	Q3	Q4
Output 2.1: Health establishments are inspected for compliance with the norms and standards							
Output Indicator 2.1.1	Percentage of public health establishments inspected for compliance with the norms and standards	Quarterly	21% (788/3 741)	5,27% (197/3 741)	5,27% (197/3 741)	5,27% (197/3 741)	5,27% (197/3 741)
Output Indicator 2.1.2	Percentage of private health establishments inspected for compliance with the norms and standards	Quarterly	12% (52/431)	3,02% (13/431)	3,02% (13/431)	3,02% (13/431)	3,02% (13/431)
Output 2.2: Additional inspection is conducted in health establishments where non-compliance was identified							
Output Indicator 2.2.1	Percentage of additional inspection (re-inspection) conducted in public and private health establishments that have completed the regulated reporting period where non-compliance was identified	Quarterly	100%	-	80%	90%	100%
Output 2.3: Regulated inspection reports are published							
Output Indicator 2.3.1	Number of reports of inspections conducted with the names and location of the health establishments every six months published	Bi-Annual	2	-	1	-	1
Output Indicator 2.3.2	Number of annual reports that set out the compliance status of all health establishments and summarises the number and nature of the compliance notices issued published	Annual	1	-	-	-	1

PROGRAMME 3: COMPLAINTS MANAGEMENT

PROGRAMME 3: PURPOSE

The purpose of this programme is to consider, investigate and dispose of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical, and expeditious manner.

COMPLAINTS MANAGEMENT

Output Indicators		Audited Performance			Estimated Performance	MTEF Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Outcome 3: Improved quality of health care services rendered to the users in the Health Establishments								
Output 3.1: Low risk complaints resolved within twenty-five working days of lodgement in the call centre								
Output Indicator 3.1.1	Percentage of low-risk complaints resolved within twenty-five working days of lodgement in the call centre	-	-	91,81%	74,59%	80%	85%	90%
Output 3.2: User complaints resolved within 30 working days through assessment after receipt of a response from the complainant and/or the health establishment								
Output Indicator 3.2.1	Percentage of user complaints resolved through assessment within 30 working days of receipt of a response from the complainant and/or the health establishment	49,42%	7.3%	2.46%	11.8%	65%	70%	75%
Output 3.3: Complaints resolved within 6 months through investigation								
Output Indicator 3.3.1	Percentage of complaints resolved within 6 months through investigation	6.5%	10%	11,11%	12%	15%	20%	40%
Output 3.4: Complaints resolved within 12 months through investigation								
Output Indicator 3.4.1	Percentage of complaints resolved within 12 months through investigation	New Indicator	New Indicator	0%	0%	5%	5%	5%
Output 3.5: Complaints resolved within 18 months through investigation								
Output Indicator 3.5.1	Percentage of complaints resolved within 18 months through investigation	New Indicator	New Indicator	New Indicator	0%	2%	2%	2%

COMPLAINTS MANAGEMENT

Performance indicators		Reporting period	Annual targets	Q1	Q2	Q3	Q4
Output 3.1: Low risk complaints resolved within twenty-five working days of lodgement in the call centre							
Output Indicator 3.1.1	Percentage of low-risk complaints resolved within twenty-five working days of lodgement in the call centre	Quarterly	80%	60%	70%	75%	80%
Output 3.2: User complaints resolved within 30 working days through assessment after receipt of a response from the complainant and/or the health establishment							
Output Indicator 3.2.1	Percentage of user complaints resolved through assessment within 30 working days of receipt of a response from the complainant and/or the health establishment	Quarterly	65%	40%	45%	55%	65%
Output 3.3: Complaints resolved within 6 months through investigation							
Output Indicator 3.3.1	Percentage of complaints resolved within 6 months through investigation	Quarterly	15%	5%	10%	10%	15%
Output 3.4: Complaints resolved within 12 months through investigation							
Output Indicator 3.4.1	Percentage of complaints resolved within 12 months through investigation	Quarterly	5%	5%	5%	5%	5%
Output 3.5: Complaints resolved within 18 months through investigation							
Output Indicator 3.5.1	Percentage of complaints resolved within 18 months through investigation	Quarterly	2%	2%	2%	2%	2%

PROGRAMME 4: PURPOSE

To provide high level technical analytical support to the functions of the Office through research and health system analysis; development of data collection tools, provide training in the use of the tools and in-depth analysis and interpretation of data collected, and the establishment of stakeholder networks for capacity building and co-creation of information management systems.

- Design and develop health norms and standards.
- Monitor and analyse health establishment data
- Manage research,
- Provide guidance to the relevant authorities on the implementation of the health norms and standards
- Provide ongoing training to inspectors
- Establish communication networks with stakeholders.

Output Indicators		Audited Performance			Estimated Performance	MTEF Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Outcome 4: Facilitate achievement of compliance with the norms and standards regulations for different categories of health establishments								
Output 4.1: Implementation of recommended improvements by relevant authorities in the healthcare authorities								
Output Indicator 4.1.1	Number of recommendations reports for improvement in the healthcare sector made to relevant authorities	New Indicator	New Indicator	3	3	3	3	3
Output 4.2: Improved implementation of the norms and standards								
Output Indicator 4.2.1	Number of guidance workshops conducted to facilitate implementation of the norms and standards regulations	New Indicator	15	18	24	24	24	24

Performance indicators		Reporting Period	Annual targets	Q1	Q2	Q3	Q4
Output 4.1: Implementation of recommended improvements by relevant authorities in the healthcare authorities							
Output Indicator 4.1.1	Number of recommendations reports for improvement in the healthcare sector made to relevant authorities	Annual	3	-	-	-	3
Output 4.2: Improved implementation of the norms and standards							
Output Indicator 4.2.1	Number of guidance workshops conducted to facilitate implementation of the norms and standards regulations	Quarterly	24	4	6	8	6

PROGRAMME 5: CERTIFICATION AND ENFORCEMENT

PROGRAMME PURPOSE

The purpose of Certification and Enforcement is to certify compliant health establishments and take enforcement action against non-compliant health establishments. The programme is also responsible to publish information relating to certificates of compliance issued and enforcement actions taken against health establishments, this includes convening of ad hoc hearing tribunals for the purposes of enforcing compliance.

CERTIFICATION AND ENFORCEMENT

Output Indicators		Audited Performance			Estimated Performance	MTEF Targets		
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Outcome 5: Compliance with norms and standards increased								
Output 5.1: Compliant health establishments are issued with a certificate of compliance								
Output Indicator 5.1.1	Percentage of health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report and a recommendation by an Inspector	New Indicator	New Indicator	100%	100%	100%	100%	100%
Output 5.2: Enforcement action is taken against non-compliant health establishments								
Output Indicator 5.2.1	Percentage of health establishments against which enforcement action has been initiated within 10 days from the date of the final inspection report and a recommendation by an Inspector	New Indicator	New Indicator	0%	100%	100%	100%	100%
Output 5.3: Health establishment compliance status reports are published								
Output Indicator 5.3.1	Number of bi-annual reports developed for publication on the OHSC website	New Indicator	New Indicator	1	2	2	2	2

Performance indicators		Reporting Period	Annual targets	Q1	Q2	Q3	Q4
Output 5.1: Compliant health establishments are issued with a certificate of compliance							
Output Indicator 5.1.1.	Percentage of health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report and a recommendation by an Inspector	Bi-Annual	100%	-	100%	-	100%
Output 5.2: Enforcement action is taken against non-compliant health establishments							
Output Indicator 5.2.1.	Percentage of health establishments against which enforcement action has been initiated within 10 days from the date of the final inspection report and a recommendation by an Inspector	Bi-Annual	100%	-	100%		100%
Output 5.3: Health establishment compliance status reports are published							
Output Indicator 5.3.1	Number of bi-annual reports developed for publication on the OHSC website	Bi-Annual	2	-	1	-	1

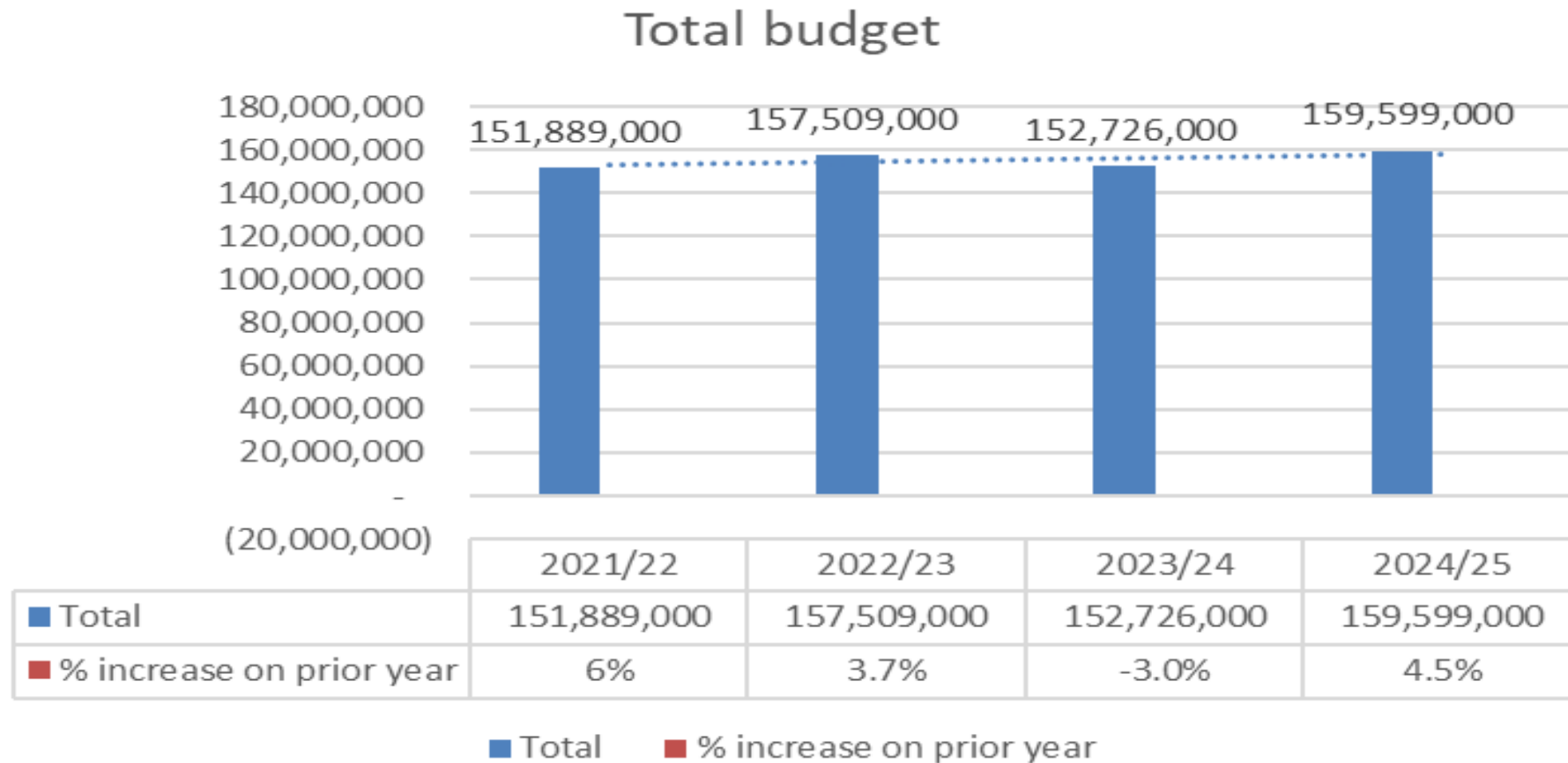
2022/23 MTEF BUDGET ESTIMATES



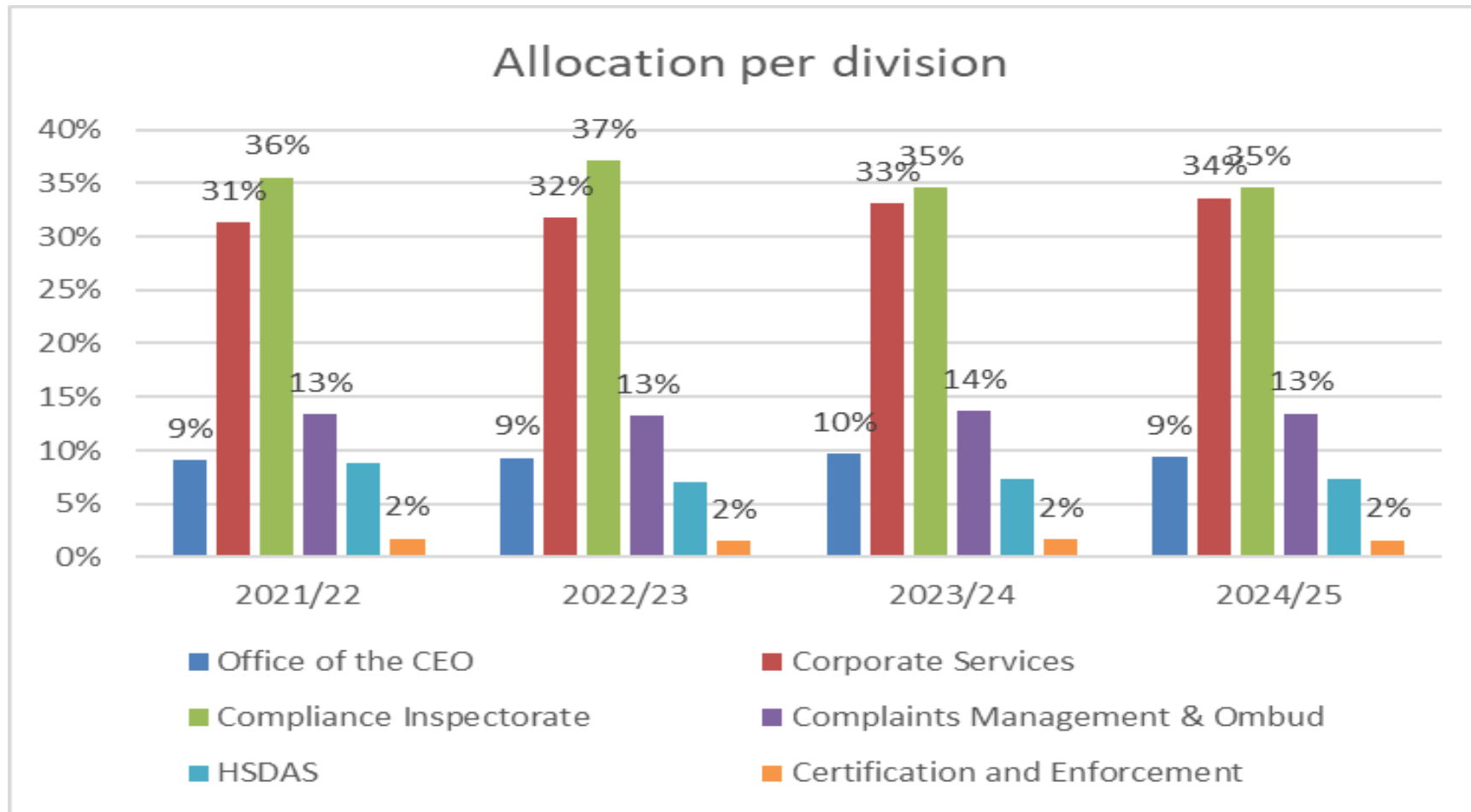
2022/23 MTEF BUDGET ESTIMATES

DIVISION	Audited outcomes 2021/21	2021/22	2022/23	2023/24	2024/25
Office of the CEO	11,720,192	13,796,772	14,693,973	14,763,460	15,046,875
Compliance Inspection	40,988,501	53,988,829	58,469,205	52,854,270	55,233,203
Certification and Enforcement	2,244,676	2,692,353	2,497,693	2,523,468	2,587,275
Complaints Management and Ombud	18,839,509	20,388,822	20,890,411	20,940,427	21,485,372
Corporate Services	52,731,680	47,626,315	49,986,032	50,464,520	53,626,883
Health Standards Design, Analysis & Support	9,189,268	13,395,909	10,971,686	11,179,855	11,619,392
TOTAL	135,713,826	151,889,000	157,509,000	152,726,000	159,599,000

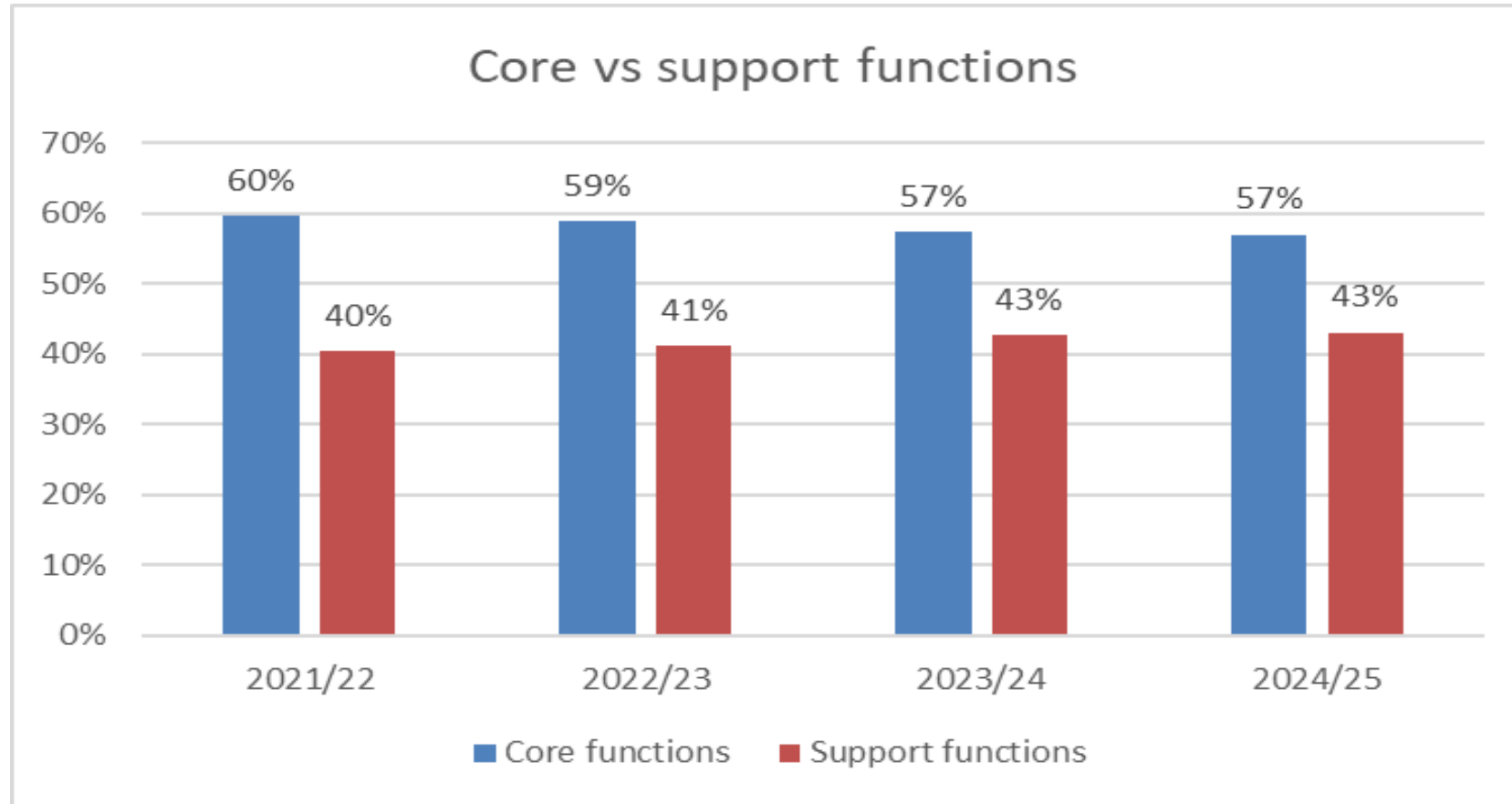
2022/23 MTEF BUDGET ESTIMATES



2022/23 MTEF BUDGET ESTIMATES



2022/23 MTEF BUDGET ESTIMATES



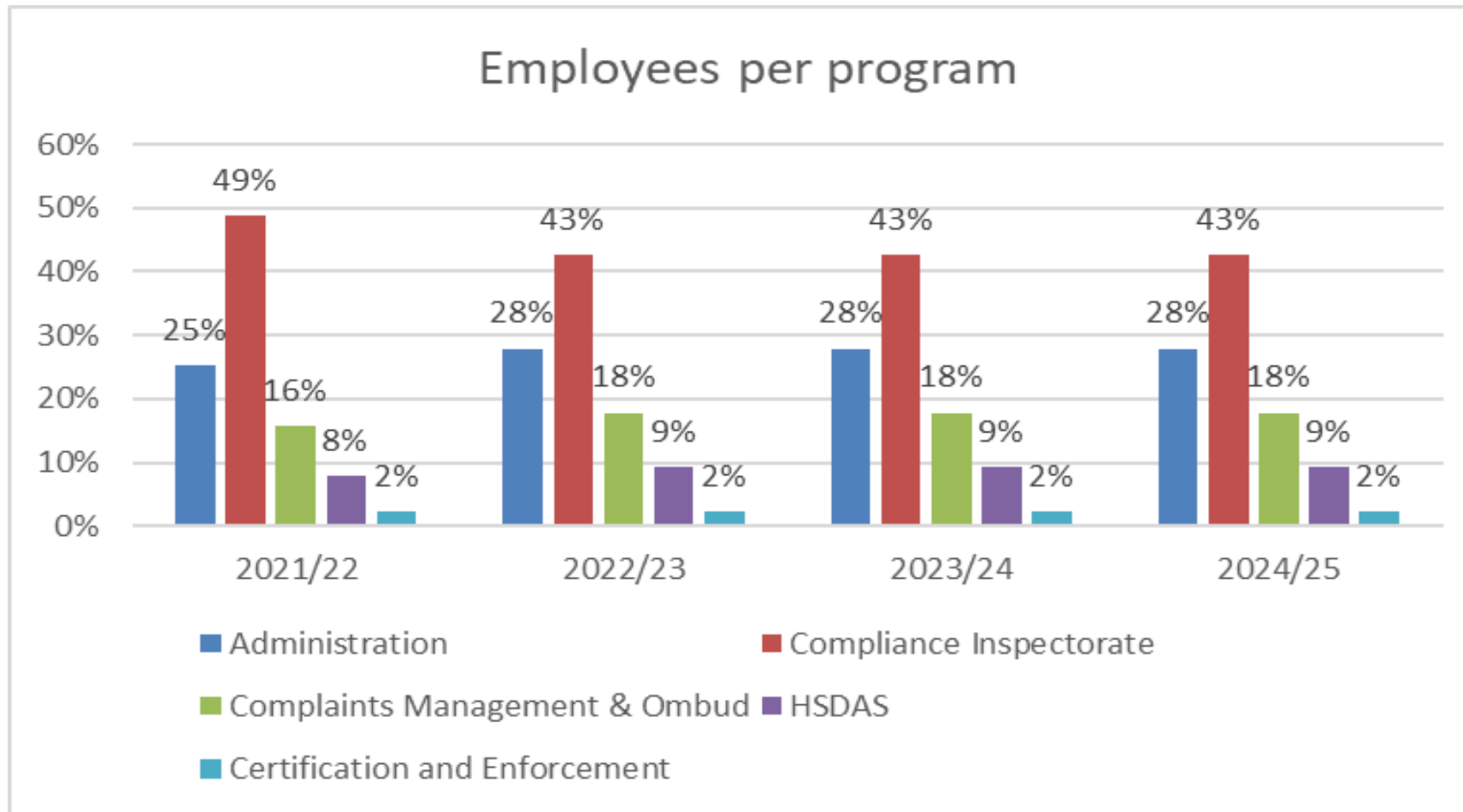
Core functions

- Compliance inspectorate,
- Compliance certification and enforcement
- Complaints management and Ombud
- Health standards design, analysis and support

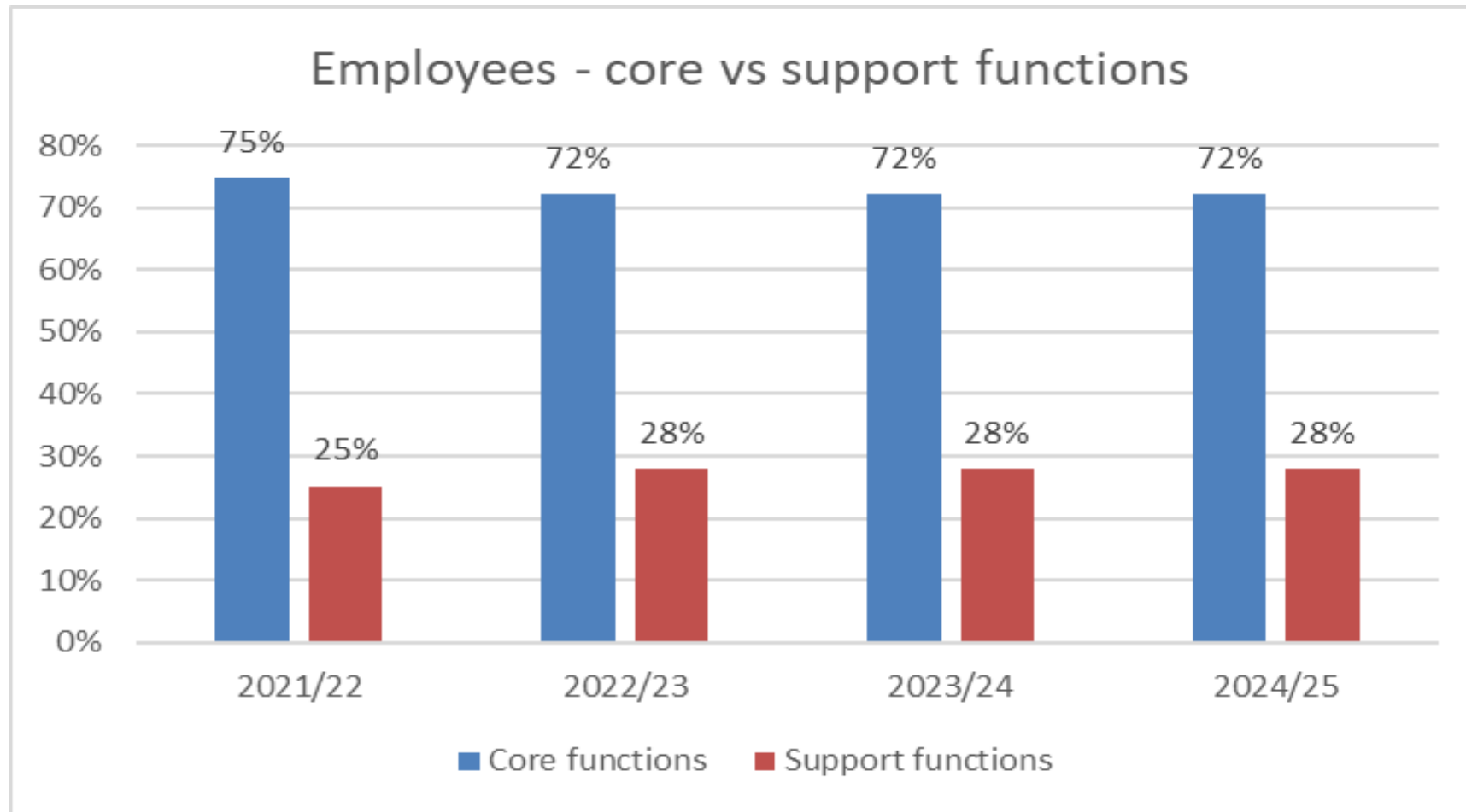
Support functions

- Board/Governance
- Finance and supply chain management
- Human resource management
- Information technology
- Communications and stakeholder relations
- Legal services
- Facilities management

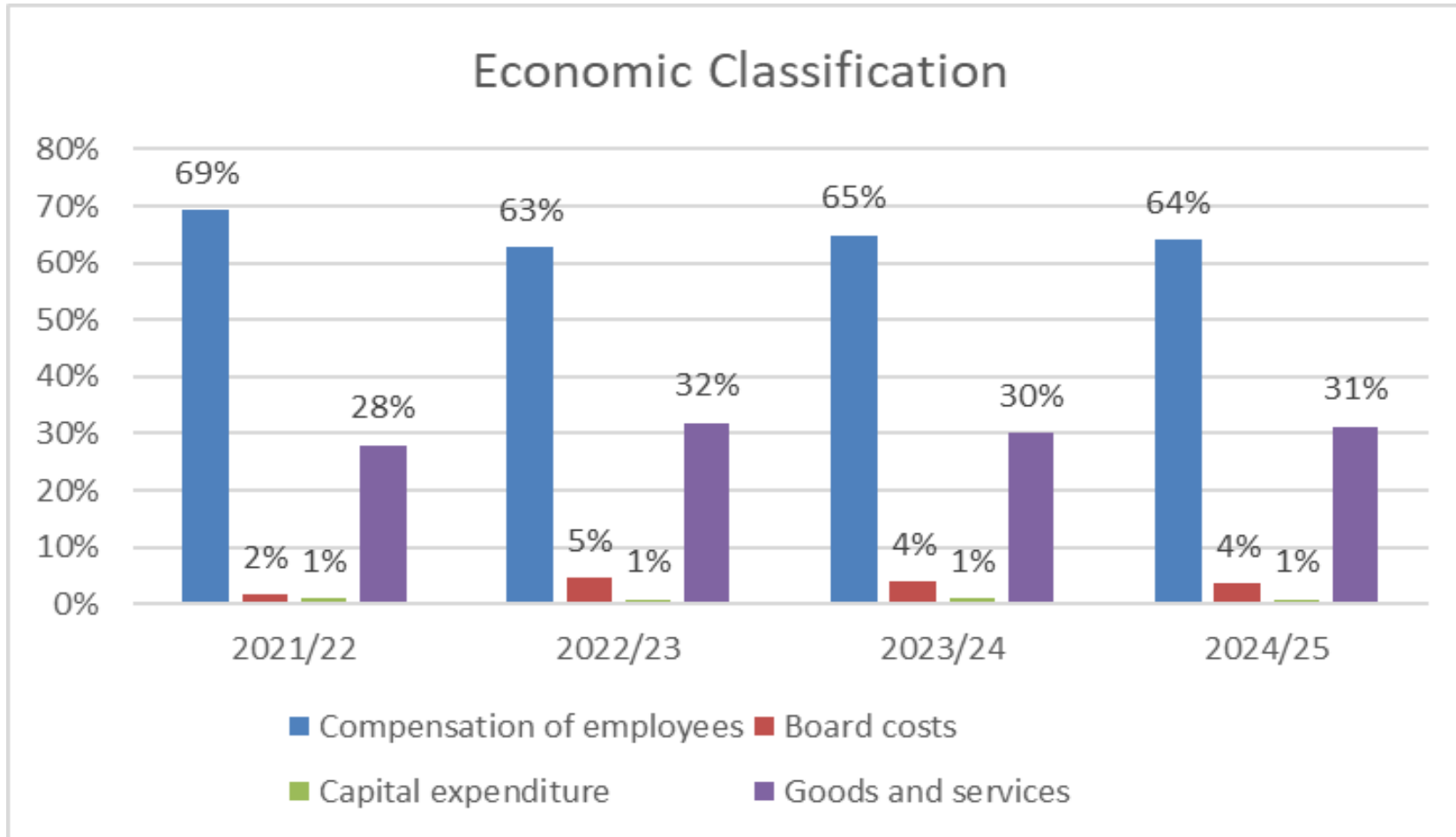
2022/23 MTEF BUDGET ESTIMATES



2022/23 MTEF BUDGET ESTIMATES



2022/23 MTEF BUDGET ESTIMATES



Key Considerations of the Budget

- Over the MTEF period, the budget increases by an average of 1.7%
- The compliance inspection division receives the highest allocation in line with the OHSC's founding legislation of conducting inspections of health establishments
- Increased inspection targets over the MTEF period, as well as implications for re-inspections and certification
- The need for continued guidance and support on norms and standards, as well as inspection tools, at both national and provincial levels, to increase compliance with norms and standards
- A large portion of administration allocation relates to the provision of adequate office space, tools of trade, business continuity plan, as well as training and development

Key Considerations of the Budget (cont.)

- Due to the nature of the OHSC services, staff members are key to achieving the OHSC objectives, hence personnel cost remains the highest cost element
- Staff complement increases from 127 to 129 over the MTEF period, with 72% of staff members are in the core operations of compliance inspections, certification and enforcement, complaints management, and standards design, analysis and support
- 28% of staff members are allocated to the CEO's office, communications and stakeholder relations, finance, supply chain management, human resource management, information technology, and administration

ngiyathokoza! **ro livhuwa!**
ke a leboga! **enKOSi!**
dankie! **thank you!** **udo livhuwa!**
inkomu!
ke a leboha! **ngiyabonga!**
siyabonqa!



OHSC

Office of Health Standards Compliance
Ensuring quality and safety in health care

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