

**PERFORMANCE AGREEMENT**

Made and entered into by and between

**THE CITY OF JOHANNESBURG METROPOLITAN MUNICIPALITY**

("the City")

(Represented by the "**City Manager**", duly authorised by Municipal Council Resolution)

and

**Georgina Lefifi**

("the Group Head")

**for the financial year: 1 July 2022 to 30 June 2023**

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## 1. INTRODUCTION

- 1.1 The City has entered into a contract of employment with the Group Head in terms of Section 57 (1) (a) of the Local Government: Municipal Systems Act 32 of 2000 (“the Systems Act”).
- 1.2 Section 57 (1) (b) of the Systems Act, read with the contract of employment concluded between the parties, requires the parties to conclude an annual performance agreement.
- 1.3 The parties wish to ensure that they are clear about the goals to be achieved and secure the commitment of the Group Head reporting to the City Manager, to a set of actions that will secure local government policy goals.

## 2. PURPOSE OF THIS AGREEMENT

- 2.1 The parties agree that the purpose of this Agreement is to:
  - 2.1.1 Comply with the provisions of Section 57(1)(b), 4(A), (4B) and (5) of the Systems act; and the employment contract entered into between the parties;
  - 2.1.2 Specify objectives and targets established for the Group Head;
  - 2.1.3 Specify accountabilities as set out in the performance plan (scorecard) attached as Annexure ‘A’;
  - 2.1.4 Monitor and measure performance against set targeted outputs;
  - 2.1.5 Use the performance agreement and scorecard as the basis for assessing whether the employee has met the performance expectations applicable to their job;
  - 2.1.6 In the event of outstanding performance, to appropriately reward the employee in accordance with the City’s performance management policy; and

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2.1.7 give effect to the City's commitment to a performance-orientated relationship with the Group Head in attaining equitable and improved service delivery.

### **3. COMMENCEMENT AND DURATION**

3.1 Notwithstanding the date of signature hereof, this Agreement will commence on the date of appointment of the Group Head, and, subject to paragraph 3.3, will continue in force until a new performance agreement is concluded between the parties as contemplated in paragraph 3.2.

3.2 The parties will review the provisions of this Agreement during June of each year. The parties will conclude a new performance agreement that replaces this Agreement at least once a year, by no later than July of each year.

3.3 This Agreement, with the current City Manager, may terminate on the termination of the City Manager's appointment regardless of the reason for such termination and a new performance agreement may be entered into with a new City Manager.

3.4 The content of this agreement may be revised at any time during the abovementioned period to determine the applicability of the matters agreed upon.

3.5 If at any time during the validity of this agreement the work environment alters (whether as a result of government or council decisions or otherwise) to the extent that the contents of this agreement are no longer appropriate, the contents shall be revised.

### **4. PERFORMANCE OBJECTIVES**

4.1 The scorecard in Annexure "A" sets out:

4.1.1 The performance objectives and targets that must be met by the Group Head; and

4.1.2 Time frames within which those performance objectives and targets must be met.

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- 4.2 The performance objectives and targets reflected in Annexure “A” (scorecard) are set by the City Manager and the Group Performance Audit Committee after consultation with the Group Head, and are based on the Integrated Development Plan, Mayoral Priorities, Service Delivery and Budget Implementation Plan (SDBIP) and Budget of the City and include key objectives; key performance indicators; target dates and weightings.
- 4.3 The key objectives describe the main tasks that need to be done. The key performance indicators provide the details of the evidence that must be provided to show that a key objective has been achieved. The target dates describe the timeframe in which the work must be achieved. The weightings show the relative importance of the key objectives to each other.
- 4.4 The Group Head’s performance will, in addition, be measured in terms of contributions to the goals and strategies set out in the City’s Integrated Development Plan.

## **5. PERFORMANCE MANAGEMENT POLICY**

- 5.1 The Parties record that the City has a Performance Management Policy, which may be amended from time to time. It describes the systems and procedures of performance management in the City in which the Group Head will be required to engage in performing their job.
- 5.2 The Group Head agrees to participate in the performance management system that the City adopts or introduces.
- 5.3 The Group Head accepts that the purpose of the performance management policy and system is to provide a comprehensive system with specific performance standards to assist the City, City Manager and Group Head to perform to the standards required.

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5.4 The Group Head undertakes to actively focus on the promotion and implementation of the Key Performance Areas (KPAs) (including special projects relevant to the employee's responsibilities) within the local government framework.

5.5 The Group Head's assessment will be based on their performance in terms of the outputs/outcomes (performance indicators), identified as per the performance plan which are linked to the KPAs.

## 6. EVALUATING PERFORMANCE

6.1 It is recorded that in terms of the City's performance management policy and system, for purposes of evaluation of the performance of the Group Head, a Group Performance Audit Committee and Performance Evaluation Panel have been established to assist the City Manager and in the process of evaluating the Performance of the Group Head.

6.2 The performance of the Group Head in relation to their performance agreement shall be reviewed on a quarterly basis as follows:

First quarter : July – September

Second quarter : October – December

Third quarter : January – March

Fourth quarter : April - June

6.3 The Group Head must avail himself/herself for scheduled performance reviews. Failure to do so, may result in the City Manager concluding on the Group Head's review in absentia and the outcome of the review is final.

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- 6.4 The City Manager shall ensure that the Group Performance Audit Committee be convened to conduct review sessions on the performance of the Group Head at least twice per year.
- 6.5 The City Manager shall ensure that a record is kept of the mid-year review and final review sessions.
- 6.6 Performance feedback shall be based on the assessment of the Group Head's performance by the City Manager and Group Performance Audit Committee, as well as the Performance Evaluation Panel and may include recommendations for corrective steps to be taken to improve performance.
- 6.7 The City will be entitled to review and make reasonable changes to the provisions of the performance plan (scorecard) from time to time for operational reasons. The Group Head will be consulted before any such change is made.
- 6.8 Despite the establishment of agreed intervals for evaluation, the City Manager may, in addition, review the Group Head performance at any stage while the contract of employment remains in force.
- 6.9 Personal growth and development needs identified during any performance review discussion must be documented and, where possible, actions agreed.
- 6.10 The annual performance appraisal will involve assessment of the achievement of results as outlined in the performance plan and each KPA and CCR should be assessed according to the extent to which the specified standards or performance indicators have been met.

## 7. OBLIGATIONS OF EMPLOYER

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- 7.1 Create an enabling environment to facilitate effective performance by the employee;
- 7.2 Provide access to skills development and capacity building opportunities;
- 7.3 Work collaboratively with the Group Head to solve problems and generate solutions to common problems that may impact on the performance of the employee;
- 7.4 On the request of the Group Head, delegate such powers reasonably required by the Group Head to enable him or her to meet the performance objectives and targets established in terms of the agreement; and
- 7.5 Make available to the Group Head such resources as the Group Head may reasonably require from time to time, to assist him or her to meet the performance objectives and targets established in terms of the agreement.

## **8. CONSULTATION**

The City Manager agrees to consult the Group Head timely, in respect of decisions which will have a significant impact on the performance of the duties of the Group Head.

## **9. MANAGEMENT OF OUTCOMES**

- 9.1 The evaluation of the Group Head's performance shall form the basis for rewarding performance or correcting unacceptable performance.
- 9.2 A performance bonus not exceeding 14% may be paid to the Group Head in recognition of outstanding performance, in accordance with the City's policy and system referred to in this Agreement.
- 9.3 An increase may be awarded to the Group Head in accordance with the City's policy and system referred to in this Agreement.

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9.4 Should the Group Head be entitled to a performance bonus referred to in paragraph 9.2, this shall be paid out after the tabling of the annual report.

9.4.1 However, should the Group Head not be entitled to a performance bonus in line with the Group Head employment contract, alternative performance rewards can be awarded, as per the relevant policy.

9.5 In the case of unacceptable performance, the City Manager shall provide systematic remedial or developmental support to assist the Group Head to improve their performance.

9.6 Where the City Manager is, at any time during the Group Head's employment, not satisfied with the Group Head's performance with respect to any matter dealt with in this Agreement, the City Manager shall give notice to the Group Head to attend a meeting with the City Manager.

9.7 The Group Head will have the opportunity at the meeting to satisfy the City Manager of the measures being taken to ensure that the Group Head's performance becomes satisfactory and any programme, including any dates, for implementing these measures.

9.8 Where there is a dispute or difference as to the performance of the Group Head under this Agreement, the parties will confer with a view to resolving the dispute or difference.

## 10. **DISPUTES**

10.1 Any dispute arising out of this Agreement, shall be submitted to and determined by arbitration in accordance with the arbitration rules of an accredited private dispute resolution agency, as amended. The arbitrator shall be mutually agreed upon and shall be selected from a list of arbitrators supplied by an accredited private dispute resolution agency.

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- 10.2 The parties shall, prior to the arbitration date, be required to meet with the arbitrator to determine the appropriate terms of reference for the arbitrator, and their powers, and to submit an agreement in writing to the arbitrator.
- 10.3 Should the parties fail to agree on the identity of the arbitrator within a period of 14 days after the date of the submission of the dispute to the City Manager, either of the parties shall be entitled to request a private dispute resolution agency, to appoint the arbitrator. The accredited private dispute resolution agency, in making the appointment, shall have regard to the nature of the dispute, and shall have regard to the parties' requirement of speedy arbitration in the selection of arbitrators. If the appointment is to be made in this manner, preference shall be given to the attorneys or advocates on the panel of arbitrators of the accredited private dispute resolution agency.
- 10.4 The arbitrator shall further be entitled to determine the procedure to be followed in the arbitration, but to ensure that each party has the right to be heard, lead appropriate witnesses, submit documentation, and to argue in respect of the appropriate outcome and remedy. The arbitrator shall, in determining the procedures to be followed, be guided by the parties' intention to have the dispute finally adjudicated upon within as short as possible a period from the date of the dismissal, or of the dispute, arising.
- 10.5 The parties shall be entitled to be represented by a representative of choice at the arbitration, and the outcome of the arbitration shall be final and binding. The Group Head shall be bound to the dispute resolution procedures contained herein.
- 10.6 The fact that any dispute has been referred to, or is the subject of an arbitration, as well as any information submitted or furnished to the arbitrator, or in any other matter forming part of the record of any arbitration proceeding, shall be kept confidential by the parties to such proceeding.

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## 11. GENERAL

- 11.1 The contents of the Agreement and the outcome of any review conducted in terms of Annexure "A" (scorecard) are not confidential and may be made available to the public by the City, where appropriate.
- 11.2 Nothing in this Agreement diminishes the obligations, duties or accountabilities of the Group Head in terms of their contract of employment, or the effects of existing or new regulations, circulars, policies, directives or other instruments.

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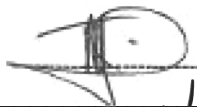
SIGNED AT BRAAMFONTEIN ON THIS 4<sup>th</sup> DAY OF JULY 2022.

For: **THE CITY OF JOHANNESBURG**  
**METROPOLITAN MUNICIPALITY**

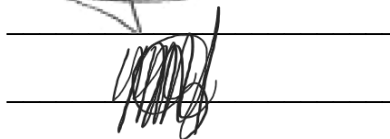


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**City Manager**

Witness:



Witness:



SIGNED AT BRAAMFONTEIN ON THIS 4<sup>th</sup> DAY OF JULY 2022.



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**Georgina Lefifi**  
**Group Head**

Witness:



Witness:



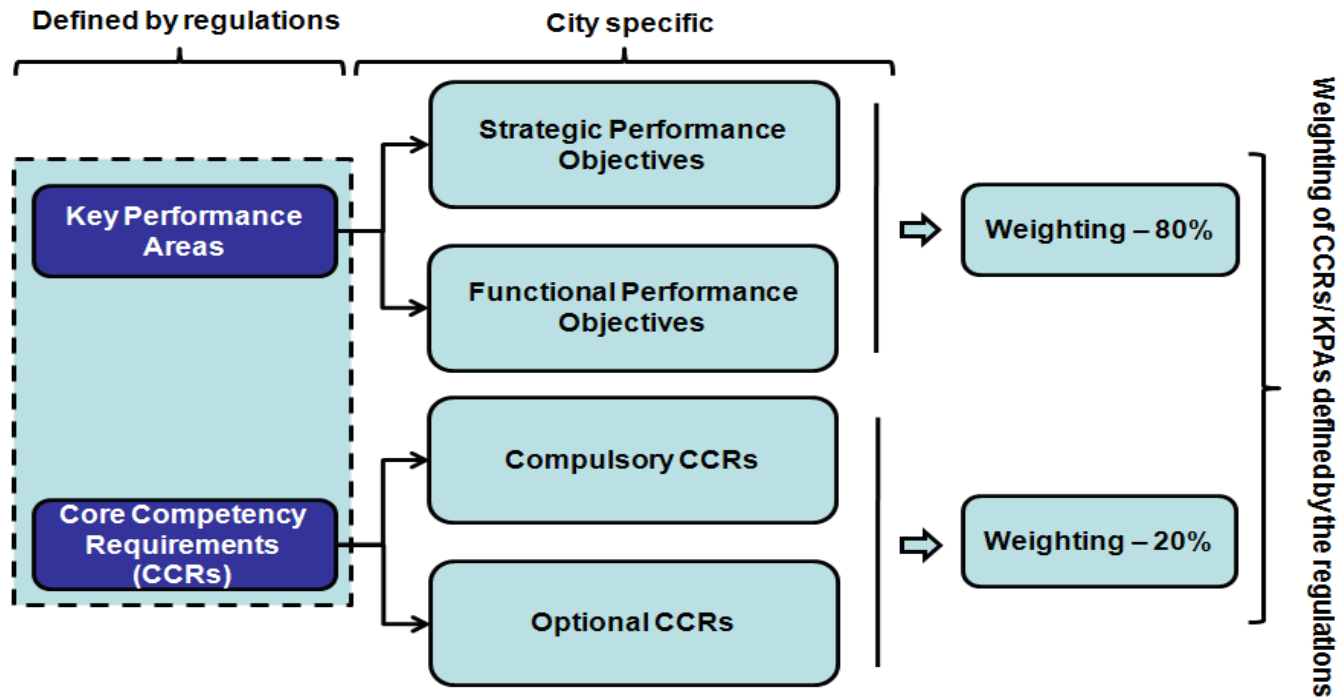


**Annexure “A”**

<b>PERFORMANCE SCORECARD: SECTION 57 MANAGER</b>	
<b>Employee Name:</b>	Georgina Lefifi: Group Head
<b>Manager:</b>	City Manager
<b>Department:</b>	Group Communication and Marketing
<b>Position Purpose:</b>	The Group Communication and Marketing Department is responsible for the overall reputation management of the City of Johannesburg. Its aim is to lead the City’s communication in a way that empowers residents, citizens, businesses, and other stakeholders to develop more meaningful and effective communal conversation on CoJ programmes, enabling their participation in the economy and leading to the improvement of their general well-being. The strategies to be deployed include proactive public relations, marketing, stakeholder management and strategic events management.
<b>The period of this Performance Plan is from 1 July 2022 to 30 June 2023.</b>	

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The individual performance scorecards shall be made up of Key Performance Areas (KPA) {divided into Functional Performance Objectives (FPO) and Strategic Performance Objectives (SPO)} and Core Competency Requirements (CCR). Therefore, the scorecard is separated into three sections, namely, Functional Performance Objectives, Strategic Performance Objectives and Core Competency Requirements.



Strategic Performance Objectives (SPOs) are those KPAs which are derived from key citywide and cluster-based objectives and strategies. Of the total 80% KPA weighting, the relative weighting for SPOs should not be less than 50%. The SPOs are developed to reflect the City's strategic priorities within the individual employee scorecard. Functional Performance Objectives (FPOs) relate to the employee's functional areas, objectives and responsibilities. Of the total 80% KPA weighting, the relative weighting for FPOs should not exceed 30%.

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**SECTION 1: STRATEGIC PERFORMANCE OBJECTIVES (SPOs)**

KPA No.	Key Performance Area (KPA)	KPI No.	Key Performance Indicator (KPI)	Baseline 2020/2021	Target	Means of Verification
<b>STRATEGIC PERFORMANCE OBJECTIVES TOTAL WEIGHTING = 50%</b>						
1	Municipal Planning and Governance <sup>1</sup>	1.1	Number of strategic stakeholder awareness building sessions/engagements executed.	22	1=2022/2023 Stakeholder Management Strategy and Action Plan 2=<26 sessions / engagements 3=26 sessions/engagements <sup>2</sup> 4=26 sessions <u>plus</u> Draft Stakeholder Management Strategy and Action Plan for 2023/2024 5=>26 sessions/engagements	<ul style="list-style-type: none"> <li>2022/2023 Stakeholder Management Strategy and Action Plan.</li> <li>Draft 2023/2024 Stakeholder Management Strategy and Action Plan.</li> <li>Evidence of sessions / engagements.</li> <li>Annual close-out report.<sup>3</sup></li> <li>Integrated stakeholder database (as developed by service provider).</li> </ul>
2	Accelerating digital transformation (innovation and smart city). <sup>4</sup>	2.1	Number of communications solutions implemented to enhance digital transformation in the City, i.e.: <ul style="list-style-type: none"> <li>Smart, integrated and web-based multichannel social</li> </ul>	New indicator	1=Roadmap of communications solutions for 2022/2023 <sup>6</sup> 2=<2 solutions implemented 3=2 solutions implemented <sup>7</sup> 4=2 solutions <u>plus</u> a written proposal to extend the ticketing platform as a city-wide web-based CRM system for automation of the City's customer service business processes	<ul style="list-style-type: none"> <li>Roadmap of communications solutions for 2022/2023.</li> <li>Evidence of implementation.<sup>8</sup></li> <li>Annual close-out reports for both solutions.</li> <li>Proposal to extend the ticketing platform as a city-wide web-based CRM system for automation of the City's customer service business processes.</li> </ul>

<sup>1</sup> KPA relates to improved communication with citizens/residents/stakeholders of the City and information-sharing by the department, which will lead to building, fostering and maintaining trust with the public.

<sup>2</sup> Rating of 3 = 26 sessions/engagements with SOP for 2022/2023 and annual close-out report.

<sup>3</sup> Annual close-out report to include feedback on follow-ups done per quarter and deduced impact of stakeholder engagements for the annum.

<sup>4</sup> Relates to promotion of service innovation and improvement of service delivery to citizens and vested stakeholders through digital transformation initiatives.

<sup>6</sup> An instant messaging communication platform and Omnichannel ticketing system with tickets from social media, web forms/website and chat.

<sup>7</sup> Rating of 3 = 2 solutions implemented, evidence of implementation and annual close-out reports.

<sup>8</sup> Evidence for the ticketing system: Approved PowerPoint presentation with-screen shots and graphs from Zoho Desk. Evidence for the instant messaging channel: A data-specific report generated by the platform (Desk) based on communication messages received (which may include responses, solutions, and engagement rate).

KPA No.	Key Performance Area (KPA)	KPI No.	Key Performance Indicator (KPI)	Baseline 2020/2021	Target	Means of Verification
			media ticketing system. <sup>5</sup> <ul style="list-style-type: none"> <li>City-wide instant messaging communication channel / platform (e.g., WhatsApp) for residents.</li> </ul>		5=2 solutions <u>plus</u> a draft roadmap of communications solutions to be implemented in 2023/2024	<ul style="list-style-type: none"> <li>Draft roadmap of communications solutions to be implemented in 2023/2024.</li> </ul>
3	City's priority programmes. <sup>9</sup>	3.1	Percentage positive media coverage received for the City. <sup>10</sup>	New indicator	1= $\leq$ 60% positive coverage 2=61%-74% positive coverage 3=75%-79% positive media coverage at end of quarter 4 4= $\geq$ 80% positive coverage at end of quarter 4 5= $\geq$ 80% positive coverage at the end of quarter 4 <u>plus</u> approved annual evaluation	<ul style="list-style-type: none"> <li>Quarterly Media Monitoring Report with statistical data.<sup>11</sup></li> <li>Annual evaluation (close-out report) with overall trends of coverage / stories.</li> </ul>
4	Providing strength to the City's brand and credibility. <sup>12</sup>	4.1	Number of events to market the brand and communicate or promote service	12	1=2022/2023 Events Calendar 2=12 events	<ul style="list-style-type: none"> <li>2021/2022 Events Calendar.</li> <li>Post-event reports with supporting documents.<sup>16</sup></li> <li>Annual close-out report for events hosted during annum.</li> <li>Signed agreements for collaborations/partnerships.</li> </ul>

<sup>5</sup> The platform can be extended as a city-wide web-based CRM system for automation of the City's customer service business processes.

<sup>9</sup> The KPA relates to all the City's priority programmes and activities and the aim is to build, foster and maintain trust with the public, gain PR insights and benchmark the brand against others.

<sup>10</sup> Any media coverage that positions the City positively in digital, broadcast and print media.

<sup>11</sup> These independent reports measure the media coverage or content output that the City receives so that we are able to monitor how citizens, residents, ambassadors etc. speak of or react towards the City of Joburg and mitigate any potential damage to the City's reputation.

<sup>12</sup> The KPA relates to creating memorable brand experiences, communicating messages, promoting service delivery initiatives, positioning the brand, building relationships, improving the profile of the city, and building the reputation of the organisation.

brand recognition and the communication, marketing or promotion of the City's priority programmes and activities, service delivery initiatives and/or successes on different platforms, to raise and increase awareness.

<sup>16</sup> Post-event reports to include information on work opportunities created, even if there were none. Supporting documents may include the programme, invitations / RSVPs, JOC compliance (where necessary), attendance register, guest list / VIPs, media releases, post-event survey / endorsements from participants and/or partners, Return on Investment (ROI), any photos & media clippings, advertising, radio & TV coverage, Q&A as well as feedback forms, etc.

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KPA No.	Key Performance Area (KPA)	KPI No.	Key Performance Indicator (KPI)	Baseline 2020/2021	Target	Means of Verification
			delivery initiatives and/or successes. <sup>13</sup>		3=22 events <sup>14</sup> and signed agreements for collaborations/partnerships <sup>15</sup> 4=24 events 5=>24 events	
		4.2	Number of integrated marketing campaigns executed. <sup>17</sup>	11	1=2022/2023 Integrated Marketing Strategy with implementation plan 2=<14 integrated marketing campaigns 3=14 integrated marketing campaigns <sup>18</sup> 4=14 integrated marketing campaigns <u>plus</u> Draft Integrated Marketing Strategy with implementation plan for 2023/2024 5=>14 integrated marketing campaigns	<ul style="list-style-type: none"> <li>• 2022/2023 Integrated Marketing Strategy with implementation plan.<sup>19</sup></li> <li>• Quarterly close-out reports for campaigns listed in departmental quarterly reports.<sup>20</sup></li> <li>• Draft 2023/2024 Integrated Marketing Strategy with implementation plan.<sup>21</sup></li> </ul>
<b>SECTION 1: COMPULSORY PARTS OF THE SCORECARD FOR 2022/23 FINANCIAL YEAR</b>						
5	Good Governance.	5.1	Audit opinion. <sup>22</sup>	Unqualified Audit Report	1=Adverse Audit report <sup>23</sup> 2=Qualified Audit Report <sup>24</sup>	AG Management Letter for applicable financial year.

<sup>13</sup> Key interventions include events management, brand building / marketing, public/private partnerships, collaborations with departments and MEs.

<sup>14</sup> Rating of 3 = ~~12~~ 14 events with post-event reports and supporting evidence, signed agreements for collaborations, and approved annual close-out report for all events during annum.

<sup>15</sup> Walk The Talk with 702, Joburg Ride, Joburg Open.

<sup>17</sup> An integrated marketing campaign (IMC) delivers consistent strategic and coordinated messages (verbal and non-verbal) across various channels of communication by using a mix of elements for optimisation and increased reach. Interventions may include a mix of promotional material (posters, pamphlets, etc.), event branding, banners (e-mail and project specific), activation, advertising: online, TV, radio and print media, outdoor advertising, trade shows and exhibitions.

<sup>18</sup> Rating of 3 = 14 integrated marketing campaigns with quarterly close-out reports for all campaigns, signed SOP, and an annual close-out report in respect of all campaigns (to include ROI details).

<sup>19</sup> The implementation part of the strategy to be divided into quarters with planned quarterly interventions or actions.

<sup>20</sup> The quarterly close-out report to include all evidence in respect of campaigns or activations delivered, e.g., any photos, posters, pamphlets, infographics, print media supplements, branding, advertising: online, TV, radio, and print media, outdoor, as well as financials (cost of campaign and ROI / reach).

<sup>21</sup> The implementation part of the strategy to be divided into quarters with planned quarterly interventions or actions.

<sup>22</sup> The opinion may be that given for the department/entity where applicable.

<sup>23</sup> This is where AGSA is unable to and does not express an audit opinion due to uncertainty.

<sup>24</sup> This is where there is a disagreement between AGSA and COJ on fair presentation & disclosure.

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KPA No.	Key Performance Area (KPA)	KPI No.	Key Performance Indicator (KPI)	Baseline 2020/2021	Target	Means of Verification
					3=Unqualified without material finding 4=Unqualified report with audit findings classified as other matters and administrative matters 5=Unqualified audit report with no findings (clean audit)	
		5.2	Percentage resolution of external (AGSA) audit findings. <sup>25</sup>	Zero (0) audit findings	1=≤85% resolution 2=86%-90% resolution 3=91%-95% resolution 4=96%-97% resolution 5=98%-100% resolution (including no findings)	GAC Internal Audit Report on Findings with minutes.
		5.3	Percentage resolution of internal audit findings. <sup>26</sup>	Zero (0) audit findings	1=≤85% resolution 2=86%-90% resolution 3=91%-95% resolution 4=96%-97% resolution 5=98%-100% resolution (including no findings)	GPAC and GAC Internal Audit Report on Findings with minutes.
		5.4	Percentage compliance with response timelines for the submission of the Annual Performance Report. <sup>27</sup>	100% compliance	1=≤90% compliance 2=91%-99% compliance 3=100% compliance 4=100% compliance 2 days earlier 5=100% compliance 3 days earlier	GSPCR tracking report signed-off by Group Head (to be provided by GSPCR).
6	Accountability and Good Governance.	6.1	Percentage agreed recommendations implemented by department emanating from <u>concluded</u>	Zero (0) concluded forensic investigations	1=≤50% implemented within 90 days or more 2=51%-84% implemented within 90 days or more 3=85%-100% implemented within 90 days	<ul style="list-style-type: none"> <li>GFIS Dashboard of concluded investigations (to be provided by GFIS).</li> <li>Copy of concluded investigation report (to be provided by GFIS).</li> <li>Departmental Implementation Plan.</li> </ul>

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<sup>25</sup> This is only for findings classified as matters affecting audit opinion and others important matters.

<sup>26</sup> These are findings by internal audit only that are picked up on an ongoing basis.

<sup>27</sup> Relates to response in terms of supply of full performance information as required by GSPCR for the development of the CoJ Integrated Annual Report.

KPA No.	Key Performance Area (KPA)	KPI No.	Key Performance Indicator (KPI)	Baseline 2020/2021	Target	Means of Verification
			forensic investigation within 90 days. <sup>28</sup>		4=100% implemented within 60 days 5=100% implemented within 30 days or less	<ul style="list-style-type: none"> <li>Implementation/status report signed off by Group Head.</li> <li>Quarterly monitoring report (submitted and signed off by the Head of GFIS).</li> </ul>
		6.2	Turnaround times to respond to oversight and advisory committees' requests:  GPAC MPAC GAC S79 oversight committees	New indicator	1=2 days after approved timelines 2=1 day after approved timelines 3=Within approved timelines 4=1 day ahead of approved timelines 5=2 days ahead of approved timelines	<ul style="list-style-type: none"> <li>Departmental quarterly tracking report (signed by HoD).</li> <li>Office of the City Manager (OCM): Analysis dashboard tabled at EMT.</li> </ul>

**SECTIONS 2 & 3: FUNCTIONAL PERFORMANCE OBJECTIVES (FPOs) AND CORE COMPETENCY REQUIREMENTS**

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2020/2021	Target	Means of Verification
<b>SECTION 2: FUNCTIONAL PERFORMANCE OBJECTIVES (FPOs) (TOTAL WEIGHTING = 30%)</b>						
1	Procurement and Contract Management.	1.1	Percentage management of supplier contracts within the department. <sup>29</sup>	New indicator	1= $\leq$ 70% (contract expired <sup>30</sup> without starting new procurement process) 2=80% (contract expired while procuring) 3=100% management of all contracts without incurring any deviations <sup>31</sup>	Status of the Contract Register (signed off by the OGCFO).

<sup>28</sup> It should be noted that this KPI has a dependency.

<sup>29</sup> Each department is responsible for ensuring that they have internal processes to monitor the lifespan of their supplier contracts. Contracts must always be in force for as long as the projects are ongoing to avoid Irregular Expenditure. The HoD must engage and respond to the GCFO in terms of updating the contracts register.

<sup>30</sup> Expiry by value or date. Refers to the contract administration process.

<sup>31</sup> Rating of 3 = All contracts awarded or extended without incurring any deviation. The intent is to manage contracts and to start procuring new contracts at least six months before they expire, if necessary, or if a variation is imminent.

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2020/2021	Target	Means of Verification
					4=130% (new contract secured/appointed within a month of expiry of old contract and not through deviation or Reg. 32 or 36) 5=150% (new contract secured/appointed within more than a month of expiry of old contract and not through deviation or Reg. 32 or 36)	
		1.2	Percentage compliance with the acquisition of goods and services, as per the approved demand plan/s.	<100% Procurement delayed	1=80% (acquisition/demand plan/s) 2=90% (procurement delayed <u>with reasons</u> ) 3=100% compliance 4=130% (target met 1 month ahead of delivery date) 5=150% (target met 2 months ahead of delivery date)	<ul style="list-style-type: none"> <li>Approved acquisition plan/s.</li> <li>Departmental Quarterly Acquisition Status reports (consolidated procurement reports).</li> <li>SCM Assessment reports (to be provided by SCM).</li> </ul>
2	UIFW Strategy Implementation.	2.1	Percentage reduction in historical <b>unauthorised</b> expenditure reported on at the end of the financial year.	New indicator	1=0% reduction 2=1%-69% 3=70%-75% 4=76%-80% 5=81%-85% or no historical unauthorised expenditure	UIFW report tabled at GAC and GPAC.
		2.2	Percentage reduction in current and/or new <b>unauthorised</b> expenditure.	New indicator	1=0% reduction 2=1%-69% 3=70%-75% 4=76%-80% 5=81%-85% or no new unauthorised expenditure	
		2.3	Percentage reduction in historical <b>irregular</b> expenditure reported on at the end of the financial year.	New indicator	1=0% reduction 2=1%-69% 3=70%-75% 4=76%-80% 5=81%-85% or no historical irregular expenditure	

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KPA No	Key Performance Area	KP I No.	Key Performance Indicators (KPIs)	Baseline 2020/2021	Target	Means of Verification
		2.4	Percentage reduction in current and/or new <b>irregular</b> expenditure.	New indicator	1=0% reduction 2=1%-69% 3=70%-75% 4=76%-80% 5=81%-85% or no new irregular expenditure	
		2.5	Percentage reduction in historical <b>fruitless and wasteful</b> expenditure reported on at the end of the financial year.	New indicator	1=0%-69% 2=70%-89% 3=90%-95% 4=95%-100% 5=0% historical incurrence of fruitless and wasteful expenditure	
		2.6	Percentage reduction in current and/or new <b>fruitless and wasteful</b> expenditure.	New indicator	1=0%-69% 2=70%-89% 3=90%-95% 4=95%-100% 5=0% incurrence of new fruitless and wasteful expenditure	
3	Risk Management.	3.1	Percentage risk mitigation / action plans for top strategic risks implemented towards the reduction of departmental risks. <sup>32</sup>	93.25% (Total average % of mitigations achieved for annum)	1=<50% 2=51%-69% 3=70%-100% implemented 4=40% of departmental top strategic risks improved 5=60% of departmental top strategic risks improved	GRGC Risk analysis reports and minutes.
4	Departmental performance monitoring and reporting.	4.1	Percentage attainment of performance targets on departmental SDBIP/BP.	91% in each quarter	1=<75% 2=76%-84% 3=85%-89% 4=90%-99% 5=100%	GSPCR assessment reports presented at Mayoral Committee and minutes.
5	mSCOA Compliance.	5.1	Percentage compliance with mSCOA compliance timelines by the department.	<40% compliance	1=<40% compliance with mSCOA compliance per NT requirement by 01 June 2023	Quarterly mSCOA compliance reports.

<sup>32</sup> It should be noted that some risks are residual risks and may not be improved (i.e., the remaining level of risk following the development and implementation of the department's response). The improvement must be based on improvement from inherent to residual over the financial year under review.

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2020/2021	Target	Means of Verification
					2=45% compliance with mSCOA compliance per NT requirement by 01 June 2023 3=50% compliance with mSCOA compliance per NT requirement by 01 May 2023 4=51% compliance with mSCOA compliance per NT requirement by 01 April 2023 5=53% compliance with mSCOA compliance per NT requirement by 01 March 2023	
		5.2	Percentage compliance with the mSCOA unbundling process by the department.	<40% compliance	1=<65% compliance with mSCOA data quality for NT strings submission 2=65% compliance with mSCOA data quality for NT strings submission 3=70% compliance with mSCOA data quality for NT strings submission 4=75% compliance with mSCOA data quality for NT strings submission 5=80% compliance with mSCOA data quality for NT strings submission	Quarterly mSCOA compliance reports.
<b>SECTION 3: CORE COMPETENCY REQUIREMENTS (TOTAL WEIGHTING = 20%)</b>						
<b>Financial Competence (Compulsory)</b>						
1	Expenditure Management.	1.1	Percentage allocated departmental Opex spent.	55%	1=<92% 2=93%-94% 3=95%-97% Opex spent 4=98%-99% 5=100%	<ul style="list-style-type: none"> <li>SAP Report.</li> <li>Midyear and Annual financial expenditure report by Group Finance.</li> </ul>

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2020/2021	Target	Means of Verification
		1.2	Percentage of valid departmental invoices paid within 30 days of submission to Group Finance for payment. <sup>33</sup>	Q1 = 95% Q2 = 98.6% Q3 = 99.6% Q4 = 98.7%	1=90% of valid invoices paid within 30 days 2=92% of valid invoices paid within 30 days 3=100% of <u>valid</u> invoices paid within 30 days 4=100% of valid invoices paid within 25 days 5=100% of valid invoices paid within 20 days	Midyear and Q4 Finance Reports.
<b>People Management and Empowerment (Compulsory)</b>						
2	Skills Development.	2.1	Percentage implementation of skills development initiatives for CoJ employees. <sup>34</sup>	New indicator	1=80% (establishment of Departmental Training Committee) 2=90% (development and sign-off of departmental WSP) 3=100% implementation of departmental WSP <sup>35</sup> 4=80% implementation of competency gaps identified in skills audits (levels 3–4 employees) <sup>36</sup> 5=80% implementation of competency gaps identified in skills audits (levels 5–6) employees	<ul style="list-style-type: none"> <li>ToR, agenda, and minutes (DTC).</li> <li>Signed Compliant Workplace Skills Plan (WSP).</li> <li>Annual departmental training report reflecting status and levels trained.</li> </ul>
3	Performance and People Management.	3.1	Percentage compliance with the performance management cycle, as per the policy for employees of the CoJ <sup>37</sup> in the department.	>100% (98% signed scorecards)	1= $\leq$ 65% 2=66%-84% 3=85%-100% compliance	Assessment report by GCSS.

<sup>33</sup> By paying service provider within required 30 days, there will be a reduction or elimination of unnecessary auditing findings which will lead to improved control environment within SCM and City as a whole. Each department must ensure that submission of invoices to Group Finance are not delayed. The Finance Manager must ensure that the invoice meets all requirements, and all relevant attachments are submitted with the invoice to avoid it being rejected by the Merchants thereby causing a delay in the payment. The department is liable for this compliance.

<sup>34</sup> Some Skills Audit interventions will be handled centrally by HCM, but departments will be responsible for budgets. Other interventions will be implemented via the departmental WSP – own training budgets, via line managers and HR Field Services through training budget. This includes other training initiatives, e.g., ILP and others.

<sup>35</sup> General training to improve skills including ILP trainings.

<sup>36</sup> This is specific to outcomes of the skills audits conducted. The HoD must ensure that employees within the department comply and participate as per the GCSS programme.

<sup>37</sup> This is performance for the entire staff complement in the department unless specified otherwise for departments with very large numbers of employees.

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KPA No	Key Performance Area	KP I No.	Key Performance Indicators (KPIs)	Baseline 2020/2021	Target	Means of Verification
					4=100% compliance and +40% of employees achieved 90% of their set scorecard targets 5=100% compliance and +60% of employees achieved 90% of their set scorecard targets	
		3.2	Percentage disciplinary cases resolved within 120 days. <sup>38</sup>	100% (or no cases)	1= $\leq$ 75% 2=76%-80% 3=81%-85% of cases resolved in 120 days 4=86%-90% 5=91%-100% or no new cases	<ul style="list-style-type: none"> <li>Appointment letters of Prosecutor and Presiding Officer.</li> <li>Disciplinary sanction.</li> </ul>
4	Employee safety.	4.1	Percentage compliance with SHE Policy/directives to promote health and safety in the department. <sup>39</sup>	97% compliance to SHE audits and 0 fatalities	1=40% compliance to SHE audits and $\geq$ 1 disabling injuries 2=60% compliance to SHE audits and $\geq$ 1 disabling injuries 3=80%-89% compliance to SHE audits and $\geq$ 1 disabling injuries 4=90%-94% compliance to SHE audits and 0 disabling injuries 5=0 fatalities and 95%-100% compliance to SHE audits	Quarterly assessment reports by SHELA & FCM tabled at EMT.

<sup>38</sup> This KPI has a dependency since the number of days will be determined by the disciplinary board / committee and participation of all parties in the process to resolve the case. Circumstances beyond control may influence the outcome. The counting begins with the charge (charge sheet date) laid on the employee up to the day of approval by the Chairperson and committee, of the recommended disciplinary action to be implemented.

<sup>39</sup> This relates to prevention of workplace incident classified as disabling injuries and fatalities by Group SHE. The department to provide the following documents to Group SHE to determine the compliance level of the department:

- I. List of employees attended training for SHE representatives' course, First Aids, Evacuation Marshalls, and Fire Fighting.
- II. Minutes confirming employees attending SHE Committee meeting.
- III. Progress report on the implementation of the recommended corrective measures.
- IV. SLA with JPC to address repairs and maintenance matters of the building.
- V. List of employees referred to Group SHE for pre-employment medical examination, periodic and exit medical examination.
- VI. Reporting of injury on duty cases/claims to COID office within 2 days after the incident.
- VII. List of employees provided with Personal Protective Equipment.
- VIII. Reporting of employees tested positive for COVID-19.
- IX. Reporting of employees vaccinated for COVID-19.
- X. Confirmation of provision desk screen to maintain social distancing.

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2020/2021	Target	Means of Verification
<b>Change Management (optional)</b>						
5	Human Capital Management and Empowerment.	5.1	Percentage compliance with the implementation of EE in the department.	60%	1= $\leq$ 40% <sup>40</sup> 2=41%-59% <sup>41</sup> 3=60%-79% <sup>42</sup> 4=80%-99% <sup>43</sup> 5=100% <sup>44</sup>	<p><b>Departmental level:</b></p> <ul style="list-style-type: none"> <li>• Approved departmental action plan (EE).</li> <li>• Management meeting minutes.</li> <li>• Training manuals and presentations.</li> <li>• DEEF and/or quarterly staff meeting minutes and annual schedules.</li> <li>• Signed quarterly progress reports.</li> </ul> <p><b>EE Office level:</b></p> <ul style="list-style-type: none"> <li>• Training manuals and presentations.</li> <li>• Annual EE Report (EEA2 &amp; EEA4).</li> <li>• City Group Quarterly Progress reports by EE Unit tabled at EMT.</li> <li>• Close-out report.</li> </ul>
6	Disability Mainstreaming.	6.1	Percentage attraction of suitably qualified People with Disabilities (PWDs) within departments (including measures to	New indicator	1=0%-19% <sup>46</sup> 2=20%-45% <sup>47</sup> 3=46%-79% <sup>48</sup> 4=80%-99% <sup>49</sup>	<ul style="list-style-type: none"> <li>• Training manuals and presentations.</li> <li>• Signed quarterly EE progress reports.</li> <li>• Recruitment reports.</li> </ul>

<sup>40</sup> Establish functional EE, Disability and Gender structures and development of the EE Annual Action Plan on the achievement of identified AA Measures.

<sup>41</sup> Developing measures of compliance with set EE (gender and racial targets) in line with the City's Approved EE Plan.

<sup>42</sup> Consultation with the Departmental EE & Skills Development Forum and/or feedback with the general staff members on EE & Skills Development issues. (This includes awareness campaigns and training done in the department).

<sup>43</sup> Training done in line with the employee's upward mobility requirements.

<sup>44</sup> Plan and celebrate annual transformation events e.g., Women's Day, 16<sup>th</sup> Days of Activism against Women and Children Abuse, National Disability Day etc.



<sup>46</sup> Identify position targeted for suitably qualified PWDs across occupational levels i.e., from Unskilled to Senior Management occupational levels.

<sup>47</sup> Awareness creation on Disability to all employees within the department.

<sup>48</sup> 0 – 1% of total staff complement as an improvement to the minimum 2% Disability target.

<sup>49</sup> >1% of total staff complement as an improvement to the minimum 2% Disability target.

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2020/2021	Target	Means of Verification
			enhance universal access and reasonable accommodation <sup>45</sup> ).		5=100% <sup>50</sup>	<ul style="list-style-type: none"> <li>SAP reports.</li> <li>Memorandum of Understanding (MOU) or partnership agreements (to be provided by GCSS).</li> </ul>
<b>Customer Orientation and Customer Focus (Compulsory)</b>						
7	Customer Satisfaction.	7.1	Percentage increase in satisfaction levels <sup>51</sup>	59% (2019/2020 polling results)	1=Decrease 2=No change or <1% increase 3=1% increase 4=2% increase 5=>2% increase	Poling results.
<b>By signing this performance scorecard, the manager and employee hereby indicate their full understanding of, and agreement with the contents of the scorecard. The manager and the employee both acknowledge that this is in full compliance with the City's Performance Management Policy.</b>						
Georgina Lefifi Group Head: Group Communication and Marketing			Signature: 	City Manager	Signature: 	Date: <b>4 July 2022</b>

<sup>45</sup> The aim of reasonably accommodating the needs of people with disabilities is to enable the person to perform the essential functions of the job. It thus refers to modifications or alterations to the way a job is normally performed, so that it is possible for a suitably qualified person with a disability to perform as everyone else. The type of reasonable accommodation required would depend on the job and its essential functions, the work environment and the person's specific impairment. Reasonable accommodation measures may include:

- Making the workplace more accessible according to the person's needs by removing physical barriers.
- Adapting existing facilities to make them accessible e.g., building a ramp to ensure wheelchair access and making toilets accessible. Lifts must be equipped with special numbering for blind persons.
- Access to information and technology. This includes adapting existing or acquiring new equipment, e.g., computer hardware and software.
- Re-organising workstations to ensure that people with disabilities can work effectively and efficiently for example adjusting work schedules, if necessary.
- Changing training and assessment materials and processes e.g., providing training materials on request in electronic format, Braille or on tape for people with visual disabilities.

<sup>50</sup> Partnership with external organisation to recruit disability learners or to improve on workplace accessibility. It must be noted that the department does not conclude partnerships with external organisations in respect of recruitment. This falls within the ambit of GCSS.

<sup>51</sup> Every two years the Quality of Life survey is conducted in partnership with GCRO and GPG; and in alternate years a Customer Satisfaction Survey is carried out by COJ with a private sector service provider. 2021/22 (Customer satisfaction survey), 2022/23 (Polling survey) 2023/24 (Quality of Life survey), 2024/25 (Customer satisfaction survey) 2025/26 (Quality of Life survey). An action plan for implementation will be developed following the finalisation of survey results.