



PERFORMANCE AGREEMENT

Made and entered into by and between

THE CITY OF JOHANNESBURG METROPOLITAN MUNICIPALITY

("the City")

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

and

Lizzie Ramogale

("the acting 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
 - 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

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- 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 each year. The parties will conclude a new performance agreement that replaces this Agreement at least once a year by not later than July 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 the time frames within which those performance objectives and targets must be met.
- 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

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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 as 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.

- 5.4 The Group Head undertakes to actively focus towards 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 themselves 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.

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 a 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.

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- 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

The City must -

- 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 timeously 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 will 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.

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- 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.
- 9.4 Should the Group Head be entitled to a performance bonus referred to in paragraph 9.2, this will 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's employment contract, alternative performance rewards will 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 Acting 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 will 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.
- 10.2 The parties shall, prior to the arbitration date, be required to meet with the arbitrator in order to determine the appropriate terms of reference for the arbitrator, and their powers, and to submit an agreement in writing to the arbitrator.

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- 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 be entitled further 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.

11. GENERAL


- 11.1 The contents of the Agreement and the outcome of any review conducted in terms of Annexure "A" (scorecard) will not be confidential and may be made available to the public by the City, where appropriate.

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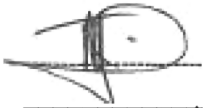
11.2 Nothing in this Agreement diminishes the obligations, duties or accountabilities of the Group Head in terms of their contract of employment, or the effects of existing or new regulations, circulars, policies, directives or other instruments.


SIGNED at Braamfontein on this the 4th day of July 2022.

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

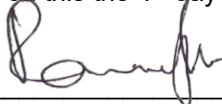


City Manager


Witness: 


Witness: 

SIGNED at Braamfontein on this the 4th day of July 2022.



Lizzie Ramogale
Acting Group Head

Witness: 

Witness: 

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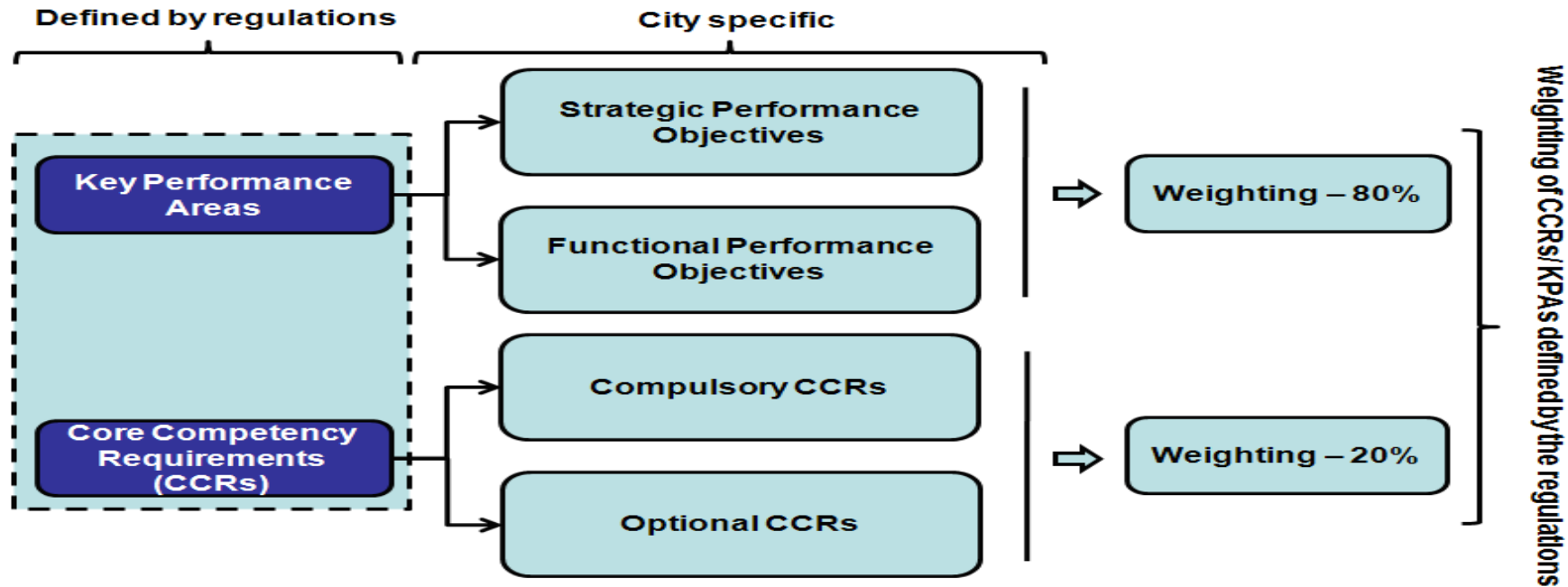


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| PERFORMANCE SCORECARD – SECTION 57 EMPLOYEES | |
|---|---|
| Employee | Lizzie Ramogale: The Acting Group Head |
| Manager | City Manager |
| Department | Group Forensic and Investigation Services (GFIS) |
| Position purpose | To prevent, detect, investigate and resolve all reported crimes committed against City of Johannesburg (CoJ) related to fraud and corruption, theft of CoJ's assets, Maladministration including Unauthorised Irregular, fruitless and Wasteful (UIFW), Hijacked properties, Compliance with property Bylaw, Cybercrime, illegal connections, vandalism and Breach of security, as well as monitor progress made on the implementation of remedial actions emanating from finalised forensic investigation reports. |
| The period of this Performance Plan is from 1 July 2022 to 30 June 2023 | |

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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) which shall have a relative weighting of 50%: to 30% to 20% respectively. 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 sector-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 (SPO)

| KPA No | Key Performance Area | KPI No. | Key Performance Indicators (KPIs) | Baseline | Target | Means of Verification |
|---|--|---------|--|----------|--|---|
| STRATEGIC PERFORMANCE OBJECTIVES (TOTAL WEIGHTING = 50%) | | | | | | |
| 1. | Reported allegations of crimes committed against the CoJ | 1.1 | % Of fraud and corruption ¹ matters investigated and finalised ² | 35.7% | 1 = 45% 2 = 55% 3 = 65% 4 = 50% of 10 priority cases ³ finalised and remedial action monitored 5 = 80% of 10 priority cases finalised and remedial action monitored | 1. A Dashboard of fraud and corruption investigations with the status (received, investigated, carried overs, and concluded). 2. Physical case files. 3. Proof of submission to relevant clients. 4. Progress of remedial actions implemented on priority cases. |
| | | 1.2 | % Of theft of CoJ assets ⁴ matters investigated and finalised | 50% | 1 = 45% 2 = 55% 3 = 65% 4 = 50% of 2 priority cases finalised and remedial action monitored 5 = 100% of 2 priority cases finalised and remedial action monitored | 1. A Dashboard of Theft of CoJ's assets investigations with the status (received, investigated, carried overs, and concluded). 2. Physical case files. 3. Proof of submission to relevant clients. 4. Progress of remedial actions implemented on priority cases |



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¹ GFIS is considering to conduct a study to determine the crime level in the CoJ in collaboration with GSPCR and other relevant role players.

² Finalised means all investigations initiated, executed and final report and/or closing memo issued.

³ There are 19 priority cases consisting of 10 fraud and corruption, 2 theft of City assets and 7 maladministration including UIFW.

⁴ Assets including lost, stolen and damaged


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| KPA No | Key Performance Area | KPI No. | Key Performance Indicators (KPIs) | Baseline | Target | Means of Verification |
|---|----------------------|---------|--|---------------|---|---|
| STRATEGIC PERFORMANCE OBJECTIVES (TOTAL WEIGHTING = 50%) | | | | | | |
| | | 1.3 | % Of investigated maladministration ⁵ (including UIFW ⁶) matters investigated and finalised | 32.9% | 1 = 45% 2 = 55% 3 = 65% 4 = 50% of 7 priority cases finalised and remedial action monitored 5 = 80% of 7 priority cases finalised and remedial action monitored | 1. A Dashboard of maladministration (including UIFW) investigations with the status (received, investigated, carried overs, and concluded). 2. Physical case files. 3. Proof of submission to relevant clients. 4. Progress of remedial actions implemented on priority cases. |
| | | 1.4 | % Of cybercrime matters investigated and finalised | New indicator | 1 = 45% 2 = 55% 3 = 65% 4 = 66% - 70% 5 = above 70% | 1. A Dashboard of Cybercrime investigations with the status (received, investigated, carried overs, and concluded). 2. Quarterly reports. 3. Physical case files. |

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⁵ Maladministration refers to inefficient, dishonest administration and mismanagement.

⁶ Unauthorised, Irregular, Fruitless and Wasteful expenditure (UIFW) is defined as any expenditure incurred without authority, irregularly and/or fruitless and wasteful in line with Circular 68 of National Treasury Regulations.

| KPA No | Key Performance Area | KPI No. | Key Performance Indicators (KPIs) | Baseline | Target | Means of Verification |
|---|--|---------|---|---------------|--|--|
| STRATEGIC PERFORMANCE OBJECTIVES (TOTAL WEIGHTING = 50%) | | | | | | |
| | | 1.5 | % Of hijacked /problem properties ⁷ matters investigated and finalised | 35.8% | 1 = 45% 2 = 55% 3 = 65% 4 = 50% of 4 priority cases finalised ⁸ and monitored 5 = 20% of 19 finalised priority cases monitored for successful prosecution by South African Police Service (SAPS) and National Prosecuting Authority (NPA) | 1. A Dashboard of hijacked/problem properties) investigations with the status (received, investigated, carried overs, and concluded) 2. Physical case files. 3. List of properties handed over to the rightful owners. 4. Attendance registers. 5. Progress of remedial actions implemented on priority cases. |
| | | 1.6 | Number of property By-Law inspection conducted. | New indicator | 1 = 246 2 = 369 3 = 492 4 = 550 5 = above 550 | 1. Dashboard of properties inspected for compliance. 2. Property inspection reports. |
| 2. | Crimes committed against the CoJ | 2.1 | Number of joint operations conducted | 87 | 1 = 60 2 = 90 3 = 120 4 = 125 5 = above 125 | Quarterly report of joint operations conducted with date, type of operation, venue, outcome, police station, participants. |
| 3. | Minimum Information Security Standard (MISS) Programme | 3.1 | % Implementation of case management | New indicator | 1 = less than 95% 2 = 95% 3 = 98% | Quarterly report. |


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⁷ Problem properties refers to a property/ies which does not comply with the CoJ Bylaws (this may also include hijacked properties).

⁸ There are 23 priority cases related to hijacked property and 4 of these are under investigation and 19 are finalised with criminal cases at SAPS and NPA for prosecution

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| KPA No | Key Performance Area | KPI No. | Key Performance Indicators (KPIs) | Baseline | Target | Means of Verification |
|---|----------------------|---------|---|---------------|---|--|
| STRATEGIC PERFORMANCE OBJECTIVES (TOTAL WEIGHTING = 50%) | | | | | | |
| | | | | | 4 = 99% 5 = 100% | |
| | | 3.2 | Number of CoJ Z204 forms coordinated with State Security Agency (SSA) | New indicator | 1 = 1 000 2 = 1 100 3 = 1 200 4 = 1 300 5 = above 1 300 | 1. Awareness schedules. 2. Attendance Registers. 3. Vetted employee database. |
| | | 3.3 | % Processing of all pre employment screening requests | New indicator | 1 = 95% 2 = 97% 3 = 100% 4 = 100% within 14 days 5 = 100% within 7 days | 1. Copies of pre-screening requests. 2. Pre-screening reports and dashboard. |
| | | 3.4 | CoJ wide Information Security Policy approved | New indicator | 1 = Terms of Reference for Security for Security Committee 2 = Draft Security Policy 3 = CoJ wide Security policy approved 4 = Awareness of the approved policy 5 = Security Committee with 4 meetings held per annum | 1. CoJ wide Security policy approved. 2. Terms of Reference. 3. Attendance Register. |
| | | 3.5 | % Implementation of Document Classification guidelines City wide | New indicator | 1 = 1 st Draft of the statement of sensitivity 2 = Draft document classification guidelines 3 = Approved document classification | Copy of Document Classification guidelines |


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| KPA No | Key Performance Area | KPI No. | Key Performance Indicators (KPIs) | Baseline | Target | Means of Verification |
|---|---|---------|---|----------|---|--|
| STRATEGIC PERFORMANCE OBJECTIVES (TOTAL WEIGHTING = 50%) | | | | | | |
| | | | | | guidelines 4 = Awareness of the approved policy 5 = At least 4 Departments/Entities documents classified and safely stored | |
| 4. | Accountability and Good Governance | 4.1 | Number of awareness sessions conducted | 77 | 1 = 60 2 = 90 3 = 120 4 = 125 5 = above 125 | 1. List of awareness sessions conducted. 2. Attendance register. 3. Awareness messages communicated e.g. pamphlets, presentations, social media posts platforms. |
| 5 | Monitor implementation of finalised forensic report | 5.1 | % Of disciplinary action cases emanating from forensic report recommendations monitored | 100% | 1 = 80% 2 = 90% 3 = 100% 4 = 100% plus 10% of remedial action cases resolved within 90 days 5 = 100% plus 20% of remedial action cases within 90 days | 1. Dashboard of disciplinary cases monitored. 2. Quarterly reports. |





| KPA No | Key Performance Area | KPI No. | Key Performance Indicators (KPIs) | Baseline | Target | Means of Verification |
|---|-----------------------------------|---------|---|---------------------|--|--|
| STRATEGIC PERFORMANCE OBJECTIVES (TOTAL WEIGHTING = 50%) | | | | | | |
| | | 5.2 | % Of cases monitored that have recommendation for recoveries ⁹ | New indicator | 1 = 85% 2 = 90% 3 = 100% 4 = R200k recoveries made within 90 days 5 = above R200k recoveries added within 90 days | 1. Dashboard of cases monitored for recovery. 2. Quarterly reports. |
| 6 | Criminal Prosecution and Sanction | 6.1 | % Of criminal cases ¹⁰ monitored for prosecution | 100% | 1 = 80% 2 = 90% 3 = 100% 4 = 100% plus 10% of criminal cases finalised by SAPS and/or NPA within 3 months 5 = 100% plus 20% criminal cases finalised by SAPS and/or NPA within 3 months | Dashboard of criminal cases at SAPS and their status including progress by NPA (where applicable). |
| 7 | Accountability and Governance | 7.1 | Percentage of agreed recommendations implemented by department emanating from concluded forensic investigation within 90 days | 36% all departments | 1 = less than 50% implemented within 90 days or more days 2 = 50% - 84% implemented within 90 days or more days 3 = 85% - 100% implemented within 90 days 4 = 100% implemented within 60 days 5 = 100% implemented within 30 | 1. GFIS Dashboard of concluded investigations. 2. Copy of concluded investigation report. 3. Acknowledgment of receipt by clients. 4. Implementation plan by clients. 5. Implementation/status report signed off by HOD/CEO. |

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⁹ Recoveries include civil and

¹⁰ Criminal cases include cases reported at SAPS for further investigation, prosecuted by NPA, placement in the Court roll and sanctioned by Court.

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| KPA No | Key Performance Area | KPI No. | Key Performance Indicators (KPIs) | Baseline | Target | Means of Verification |
|---|----------------------|---------|---|---------------------------|--|---|
| STRATEGIC PERFORMANCE OBJECTIVES (TOTAL WEIGHTING = 50%) | | | | | | |
| | | | | | days or less days | 6. Quarterly monitoring report signed off by signed-off by the Head of GFIS. |
| | | 7.2 | Turnaround times to respond to oversight & advisory committees' requests GPAC MPAC GAC GRGC S79 Committees | New indicator | 1 = 2 days after the approved timelines 2 = 1 day after the approved timelines 3 = Within the approved timelines 4 = 2 day ahead of approved timelines 5 = 1 days ahead of approved timelines | 1. Tracking table of submission dates to the relevant oversight & advisory committee. 2. POCM Sign-Off |
| 8. | Well-run City | 8.1 | Audit opinion ¹¹ | Unqualified Audit Opinion | 1 = Adverse Audit report ¹² 2 = Qualified Audit Report ¹³ 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) | AG management letter. |

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¹¹ The opinion may be that given for the department/entity where applicable.

¹² This is where AGSA is unable to and does not express an audit opinion due to uncertainty.

¹³ This is where there is a disagreement between AGSA and COJ on fair presentation & disclosure.


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| KPA No | Key Performance Area | KPI No. | Key Performance Indicators (KPIs) | Baseline | Target | Means of Verification |
|---|----------------------|---------|--|---------------|--|--|
| STRATEGIC PERFORMANCE OBJECTIVES (TOTAL WEIGHTING = 50%) | | | | | | |
| | | 8.2 | % Resolution of internal audit findings ¹⁴ | 100% | 1 ≤ 85% resolution 2 = 86% - 90% resolution 3 = 91% - 95% resolution 4 = 96% -97% resolution 5 = 98% - 100% resolution (including no findings) | 1. GAC Internal Audit report on findings. 2. Minutes. |
| | | 8.3 | % Resolution of external (AGSA) audit findings ¹⁵ | 68% | 1 ≤ 85% resolution 2 = 86% - 90% resolution 3 = 91% - 95% resolution 4 = 96% -97% resolution 5 = 98% - 100% resolution (including no findings) | 1. GAC Internal Audit report on findings. 2. Minutes. |
| | | 8.4 | % Compliance with response timelines for the submission of the Annual Performance Report ¹⁶ | New indicator | 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 GH. |

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¹⁴ These are findings by internal audit only that are picked up on an ongoing basis.

¹⁵ This is for only findings classified as matters affecting audit opinion and others important matters

¹⁶ Relates to response in terms of supply of full performance information as required by GSPCR for the development of the CoJ Integrated Annual Report

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| KPA No. | Key Performance Area | KPI No. | Key Performance Indicators (KPIs) | Baseline | Target | Means of Verification |
|---|-------------------------------------|---------|---|---------------|---|--|
| SECTION 2: FUNCTIONAL PERFORMANCE OBJECTIVES (FPO) (TOTAL WEIGHTING = 30%) | | | | | | |
| 1 | Procurement and Contract Management | 1.1 | Percentage management of contracted supplier contract within the department ¹⁷ | New indicator | 1 = ≤ 70% (contract expired without starting new procurement process) 2 = 80% (Contract expired while procuring) 3 = 100% management of all contracts without incurring and deviations. 4 = 130% (New contract secured/ appointed (not through deviation or regulation 32 or 36) within a month of expiry of old contract) 5 = 150% (New contract secured/ appointed (not through deviation or regulation 32 or 36) within more than a month of expiry of old contract) | 1. Status of the contracts register. 2. Sign-off by the GCFO. |
| 2 | UIFW Strategy Implementation | 1.2 | % Compliance to acquisition of goods and services as per the approved demand plan | 100% | 1 = 80% (Acquisition plan) 2 = 90% (Procurement delayed) 3 = 100% compliance 4 = 130% (Target met ahead of delivery date (1 month)) 5 = 150% (Target met ahead of delivery date (2 months)) | 1. Approved Acquisition plan. 2. Departmental quarterly Acquisition status reports. 3. SCM Assessment reports. |
| | | 2.1 | Percentage reduction in historical Unauthorised expenditure reported 30 June 2022 | New indicator | 1 = 0% reduction 2 = 1% - 69% 3 = 70% - 75% 4 = 76% - 80% 5 = 81% - 85% | UIFW report tabled at GAC and GPAC |

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¹⁷ 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.

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| KPA No. | Key Performance Area | KPI No. | Key Performance Indicators (KPIs) | Baseline | Target | Means of Verification |
|---|----------------------|---------|---|-----------------|--|---|
| SECTION 2: FUNCTIONAL PERFORMANCE OBJECTIVES (FPO) (TOTAL WEIGHTING = 30%) | | | | | | |
| | | 2.2 | Percentage reduction in current and/or new Unauthorised expenditure | New indicator | 1 = 0% reduction 2 = 1% - 69% 3 = 70% -75% 4 = 76% - 80% 5 = 81% - 85% | |
| | | 2.3 | Percentage reduction in historical Irregular expenditure reported 30 June 2022 | New indicator | 1 = 0% reduction 2 = 1% - 69% 3 = 70% - 75% 4 = 76% - 80% 5 = 81% - 85% | |
| | | 2.4 | Percentage reduction in current and/or new Irregular expenditure | New indicator | 1 = 0% reduction 2 = 1% - 69% 3 = 70% -75% 4 = 76%- 80% 5 = 81%-85% | |
| | | 2.5 | Percentage reduction in historical Fruitless and Wasteful expenditure reported 30 June 2022 | New indicator | 1 = 0- 69% 2 = 70%- 89% 3 = 90%-95% 4 = 95%-100% 5 = 0% incurrence of fruitless and wasteful expenditure. | |
| | | 2.6 | Percentage reduction in current and/or new Fruitless and Wasteful expenditure | New indicator | 1 = 0- 69% 2 = 70%- 89% 3 = 90%-95% 4 = 95%-100% 5 = 0% incurrence of fruitless and wasteful expenditure. | |
| 3 | Risk Management | 3.1 | % of risks action plan for departmental top strategic risks implemented towards the reduction of departmental risks | 71% implemented | 1 = ≤ 50% implemented 2 = 51% - 69% implemented 3 = 70% -100% implemented 4 = 40% of departmental top strategic risks improved 5 = 60% of departmental top strategic | GRGC Risk analysis reports and Minutes. |


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| KPA No. | Key Performance Area | KPI No. | Key Performance Indicators (KPIs) | Baseline | Target | Means of Verification |
|---|---|---------|--|-----------------|--|---|
| SECTION 2: FUNCTIONAL PERFORMANCE OBJECTIVES (FPO) (TOTAL WEIGHTING = 30%) | | | | | | |
| | | | | | risks improved | |
| 4 | Departmental performance monitoring and reporting | 4.1 | % Attainment of performance targets on departmental SDBIP/BP | 100% | 1 = < 75% 2 = 76% - 84% 3 = 85% - 89% 4 = 90% - 99% 5 = 100% | 1. GSPCR assessment reports presented at Mayoral meeting. 2. Minutes of Mayoral Committee. |
| 5 | mSCOA compliance | 5.1 | % Compliance with mSCOA compliance timelines by the department | <40% compliance | 1<40% Compliance with mSCOA compliance per NT requirement by 01 June 2023 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 01 April 2023 5= 53% Compliance with mSCOA compliance per NT requirement 01 March 2023 | Quarterly mSCOA compliance reports |
| | | 5.2 | % Compliance with 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 | Quarterly mSCOA compliance reports |



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| KPA No. | Key Performance Area | KPI No. | Key Performance Indicators (KPIs) | Baseline | Target | Means of Verification |
|--|----------------------|---------|-----------------------------------|----------|---|-----------------------|
| SECTION 2: FUNCTIONAL PERFORMANCE OBJECTIVES (FPO) (TOTAL WEIGHTING = 30%) | | | | | | |
| | | | | | 5= 80% Compliance with mSCOA data quality for NT strings submission | |

| SECTION 3: CORE COMPETENCY REQUIREMENTS (TOTAL WEIGHTING = 20%) | | | | | | |
|---|------------------------|-----|--|-----|--|--|
| Financial competence (compulsory) | | | | | | |
| 1 | Expenditure Management | 1.1 | % Spent of allocated departmental Opex budget | 85% | 1 = < 93% Opex spent 2 = 93% - 94% Opex spent 3 = 95% - 97% Opex spent 4 = 98% - 99% Opex spent 5 = 100% Opex spent | 1. SAP report 2. Midyear and Annual financial expenditure report by Group Finance |
| | | 1.2 | Percentage of valid departmental invoices paid within 30 days of submission to Group Finance for payment ¹⁸ | 97% | 1 ≤ 95% of valid invoices paid within 30 days 2 = 96% of valid invoices paid within 30 days 3 = 100% of valid invoices paid within 30 days of invoice date 4 = 100% of valid invoices paid within 25 days 5 = 100% of valid invoices paid within 20 days | Midyear and Q4 Finance reports on UIFWs. |

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¹⁸ 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.


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**SECTION 3: CORE COMPETENCY REQUIREMENTS
(TOTAL WEIGHTING = 20%)**

People Management and Empowerment (Compulsory)

| | | | | | | |
|---|-----------------------------------|-----|--|------|--|--|
| 2 | Skills Development | 2.1 | % Implementation of skills development initiatives for CoJ (GFIS) employees ¹⁹ | 100% | 1 = 80% (Establishment of a Departmental Training Committee) 2 = 90% (Development and sign off a Departmental Workplace Skills Plan) 3 = 100% Implementation of a Departmental Workplace Skills Plan ²⁰ 4 = 80% implementation of all competency gaps identified in the skills audits for level 3 – 4 employees ²¹ 5 = 80% implementation of all competency gaps identified in the skills audits for level 5 – 6 employees | 1. Terms of Reference, Minutes, Agendas for the Training Committee; 2. Signed Compliant WSP 3. Annual Training Reports reflecting status and levels trained. |
| 3 | Performance and People Management | 3.1 | % Compliance to the performance management cycle as per the policy for employees of the CoJ (GFIS) ²² in the department | 100% | 1 = <65% 2 = 66% - 84% 3 = 85% - 100% 4 = 100% compliance and +40% of employees achieved 90% of their set scorecards targets 5 = 100% compliance and +60% of employees achieved 90% of their set scorecards targets | Assessment report by GCSS. |

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¹⁹ 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 through training budget. This includes other training initiatives, e.g. ILP and others.

²⁰ General training to improve skills including Individual Learning Plans trainings.

²¹ 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.

²² 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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| SECTION 3: CORE COMPETENCY REQUIREMENTS (TOTAL WEIGHTING = 20%) | | | | | | |
|--|-----------------|-----|--|-------------------------------------|---|--|
| | | 3.2 | Percentage of disciplinary cases resolved within 120 days ²³ | 100% | 1 = >75% 2 = 76 - 80% 3 = 81 - 85% 4 = 86 - 90% 5 = 90 - 100% | 1. Appointment letters of Prosecutor and Presiding Officer. 2. Disciplinary sanction. |
| 4 | Employee safety | 4.1 | Percentage compliance to SHE Policy/ Directives to promote health and safety in the department ²⁴ | 0 fatalities and 100% compliance to | 1 = 40% compliance to SHE audits and ≥ 1 Disabling injuries 2 = 60% compliance to SHE audits and ≥ 1 Disabling injuries 3 = 80% - 89% compliance to SHE audits and ≥ 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. |

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²³ 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.

²⁴ 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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**SECTION 3: CORE COMPETENCY REQUIREMENTS
(TOTAL WEIGHTING = 20%)**

Change Management (optional)

| | | | | | | |
|---|--|-----|---|---------------|--|---|
| 5 | Human Capital Management and Empowerment | 5.1 | % Compliance with the implementation of EE in department | 100% | 1 < 40% ²⁵ 2 = 41% - 59% ²⁶ 3 = 60% - 79% ²⁷ 4 = 80% - 99% ²⁸ 5 = 100% ²⁹ | 1. Approved Departmental Action Plan. 2. Manco/SMT minutes. 3. Training manuals & presentations. 4. DEE&SDF and/or quarterly staff meetings' minutes & annual schedules. 5. Signed quarterly progress reports. EE Office Level 6. Training manuals & presentations 7. Annual EE report (EEA2 & EEA4). 8. City Group quarterly progress reports by EE Unit tabled at EMT. 9. Close out report. |
| 6 | Disability Mainstreaming | 6.1 | % Attraction of suitably qualified People with Disabilities (PWDs) within | New indicator | 1 = 0% - 19% ³⁰ 2 = 20% - 45% ³¹ 3 = 46% - 79% ³² | 1. Training manuals & presentations. 2. Signed quarterly progress |

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²⁵ Establish functional EE, Disability and Gender structures and development of the EE Annual Action Plan on the achievement of identified AA Measures.

²⁶ Developing measures of compliance with set EE (gender and racial targets) in line with the City's Approved EE Plan.

²⁷ 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)

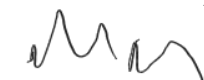
²⁸ Training done in line with the employee's upward mobility requirements.



²⁹ Plan and celebrate annual transformation events e.g., Women's Day, 16th Days of Activism against Women and Children Abuse, National Disability Day etc.

³⁰ Identify position targeted for suitably qualified PWDs across occupational levels i.e., from Unskilled to Senior Management occupational levels.

³¹ Awareness creation on Disability to all employees within the department.

³² 0 – 1% of total staff compliment as an improvement to the minimum 2% Disability target


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| SECTION 3: CORE COMPETENCY REQUIREMENTS (TOTAL WEIGHTING = 20%) | | | | | | |
|---|------------------------------|-----|---|-----------------------------------|---|---|
| | | | departments (including measures to enhance universal access and reasonable accommodation) | | 4 = 80% - 99% ³³ 5 = 100% ³⁴ | reports. 3. Recruitment reports. 4. SAP reports. 5. Memorandum of Understanding (MOU) or Partnership Agreements. |
| Customer Orientation and Customer Focus (Compulsory) | | | | | | |
| 7 | Customer satisfaction levels | 7.1 | Percentage increase in satisfaction levels ³⁵ | 59% 2019/20 polling results | 1 = decrease. 2 = no change or <1% increase. 3 = 1% increase. 4 = 2% increase. 5 = > 2% increase. | Polling results |
| 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. | | | | | | |
| Lizzie Ramogale Acting Group Head: GFIS | | | Signature:  | City Manager | Signature:  | Date: 4 July 2022 |

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³³ >1% of total staff compliment as an improvement to the minimum 2% Disability target

³⁴ Partnership with external organisation to recruit disability learners or to improve on workplace accessibility

³⁵ 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.

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