



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

Frans Moseane

("the Acting Executive Director")

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

DF TT MM
BWA

1. INTRODUCTION

- 1.1 The City has entered into a contract of employment with the Acting Executive Director 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 Acting Executive Director 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 Acting Executive Director.
 - 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 Acting Executive Director in attaining equitable and improved service delivery.

3. COMMENCEMENT AND DURATION

DK MM 2
TT BM

- 3.1 Notwithstanding the date of signature hereof, this Agreement will commence on the date of appointment of the Acting Executive Director, 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 Acting Executive Director;
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 Acting Executive Director 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

DK *NM* *TT* *3 BM*

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 Acting Executive Director'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 Acting Executive Director will be required to engage in performing their job.

- 5.2 The Acting Executive Director agrees to participate in the performance management system that the city adopts or introduces.

- 5.3 The Acting Executive Director 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 Acting Executive Director to perform to the standards required.

- 5.4 The Acting Executive Director undertakes to actively focus on the promotion and implementation of the Key Performance Areas (KPA's) (including special projects relevant to the employee's responsibilities) within the local government framework.

- 5.5 The Acting Executive Director'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 KPA's.

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 Acting Executive Director, a Group Performance Audit Committee and Performance Evaluation Panel have been established

DF MM
TT 4BM

to assist the City Manager and in the process of evaluating the Performance of the Acting Executive Director.

6.2 The performance of the Acting Executive Director 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 Acting Executive Director must avail himself/herself for scheduled performance reviews. Failure to do so, may result in the City Manager concluding on their 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 Acting Executive Director 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 Acting Executive Director'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 Acting Executive Director 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 Acting Executive Director 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

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 Acting Executive Director 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 Acting Executive Director delegate such powers reasonably required by the Acting Executive Director 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 Acting Executive Director such resources as the Acting Executive Director 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 Acting Executive Director timeously in respect of decisions which will have a significant impact on the performance of the duties of the Acting Executive Director.

9. MANAGEMENT OF OUTCOMES

- 9.1 The evaluation of the Acting Executive Director's performance will form the basis for rewarding performance or correcting unacceptable performance.

DK MM 6
TT BM

9.2 A performance bonus not exceeding 14% may be paid to the Acting Executive Director 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 Acting Executive Director in accordance with the City's policy and system referred to in this agreement.

9.4 Should the Acting Executive Director 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 Acting Executive Director not be entitled to a performance bonus in line with their 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 Acting Executive Director to improve their performance.

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

9.7 The Acting Executive Director will have the opportunity at the meeting to satisfy the City Manager of the measures being taken to ensure that the Acting Executive Director'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 Acting Executive Director 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

DK TT BM
MM

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.

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 Acting Executive Director 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

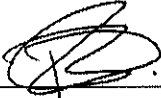
DF TT 8BM
MM

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.

11.2 Nothing in this Agreement diminishes the obligations, duties or accountabilities of the Acting Executive Director in terms of their contract or 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

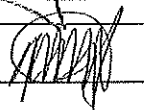


City Manager


Witness:



Witness:



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




Frans Moseane
Acting Executive Director

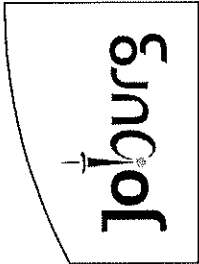
Witness:



Witness:



DF TT MM



ANNEXURE "A"

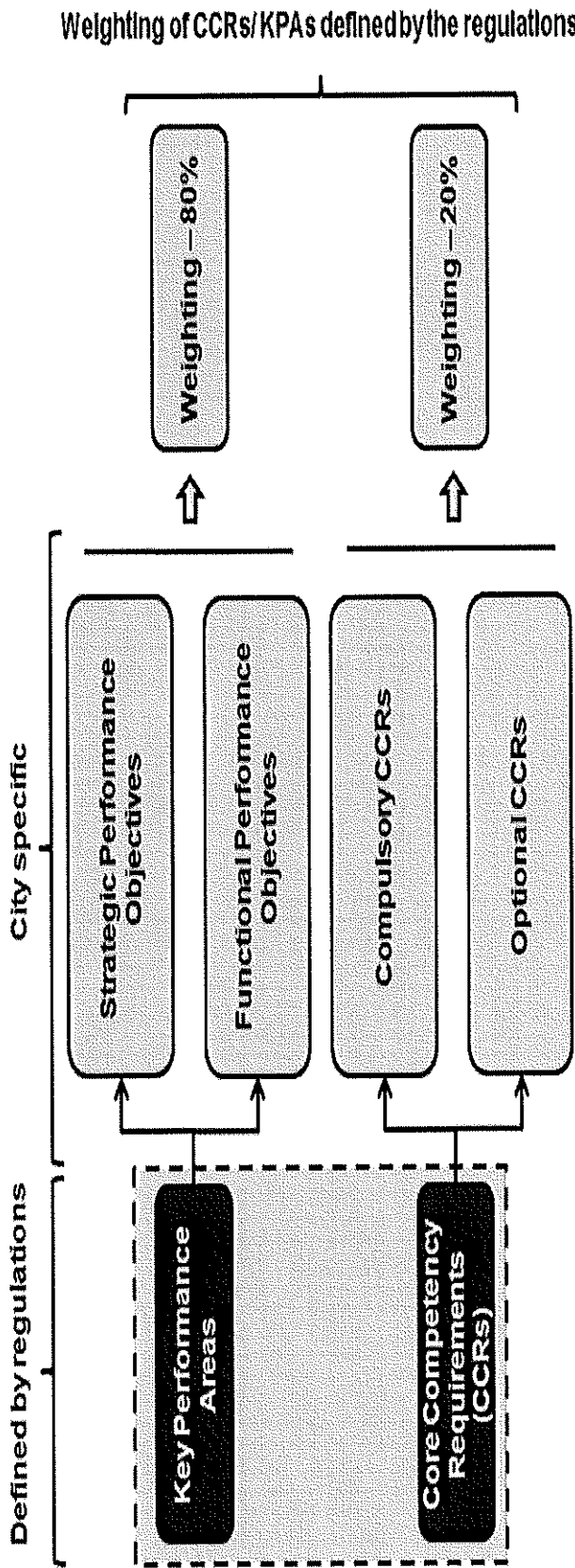
PERFORMANCE SCORECARD – SECTION 57

Employee	Frans Moseane: Acting Executive Director
Manager	City Manager
Department	Health
Position Purpose	To provide health and environmental health services to the community of the City of Johannesburg through District Health Systems (DHS) Development, Environmental and Public Health.

The period of this Performance Plan is from 1 July 2022 to 30 June 2023

DF- MMJ TT BM

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 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%.

MM
TT
DF
BM

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 (SPO) (TOTAL WEIGHTING = 50%)						
1	Life expectancy ¹	1.1	Percentage of TB patients initiated on treatment ²	95%	1 = 94% 2 = 94.5% 3 = 95% 4 = 95.5% 5 = 96%	WebDHIS Quarterly Reports
		1.2	Percentage of HIV positive patients initiated on treatment ³	94.1%	1 = 93% 2 = 94.6% 3 = 95% 4 = 95.3% 5 = 95.6%	WebDHIS Quarterly Reports
2.	Quadruple Burden of disease ⁴	2.1	% Increase in the antenatal care early booking rate ⁵	71.1%	1 = 70% 2 = 71.1% 3 = 72.1% 4 = 72.3% 5 = 72.4%	WebDHIS Quarterly Reports
3.	COVID-19	3.1	No of clinics that provides COVID 19 testing sites ⁶ across all the regions	75	1 = 75 clinics 2 = 76 clinics 3 = 77 clinics 4 = 78 clinics, 1 satellite plus 5 mobile clinics 5 = 78 clinics, 1 Satellite plus 7 mobile clinics ⁷ (86 health facilities)	Listing of clinics that offer covid testing

1.1

1 Human development index health outcome is life expectancy. The Human Development Index or HDI is a key measure used by the United Nations to assess the relative level of socio-economic development in countries. In everyday parlance the HDI is a measure of peoples' ability to live a long and healthy life, to communicate, participate in the community and to have sufficient means to be able to afford a decent living. The HDI is thus a composite of three factors reflecting longevity, economic prosperity, and schooling. More specifically the variables used are Life expectancy at birth; Per capita income; and Level of education based on the adult literacy rate and the average number of years of schooling of adults

2 This KPI includes the number of TB clients started on TB treatment, as a proportion of the TB symptomatic client who tested positive for TB (in Local Government Health facilities only). (Quality indicator)

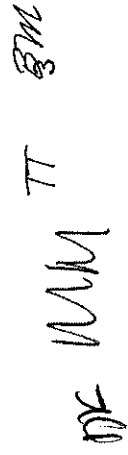
3 This KPI will focus on LG Health facilities only (Quality Indicator). One of the criteria for ART initiation in 2015/2016 was CD4 levels less than 350 cells/mm but this has changed to include all HIV positive individuals since September 2016. The National 90/90/90 strategy is that by 2020, at least 90% of those who test HIV positive

4 Towards improving life expectancy of the citizens of the COJ. By reduction in chronic diseases attributed to poor food management as well improving maternal mortality by increasing the antenatal book rate

5 Maternal health outcomes can be improved by educating pregnant women to book early for antenatal care (ANC) increasing early booking rate has been shown to ultimately contribute to the reduction in maternal mortality. (in local government health facilities only) (Quality indicator).

6 This is dependent on the testing kits availability from the Gauteng Health Department

7 There are 78 clinics, 1 satellite clinics and 10 mobile clinics in the Health Department. Testing is therefore being conducted at 76.



 MM TT BM

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
STRATEGIC PERFORMANCE OBJECTIVES (SPO) (TOTAL WEIGHTING = 50%)						
		3.2	Percentage of clinics providing Covid-19 vaccination ⁸	New	= 57% (45 clinics) 2 = 62% (50 clinics) 3 = 80% (63 clinics) 4 = 83% (65 clinics) 5 = 86% (67 Clinics))	Quarterly stats verified by DHIS
4.	National Health Insurance readiness ⁹	4.1	% Compliance in relation to the Ideal clinic standards in COJ health facilities in preparation for NHI implementation ¹⁰	80%	1 = 80% Compliance 2 = 80% Compliance 3 = 80% ¹¹ Compliance 4 = 80% Compliance 5 = 80% Compliance	Quarterly reports signed by the Chief Director, JHB Health District Annual Assessment reports (business plan)
		4.2	Number of City Clinics that offer extended service hours ¹²	Cumulative 46	1 = 0 2 = 1 (Slovoville) 3= 2 (Bosmont & Slovoville) 4 = 3 clinic Any additional as per the need 5=4 additional as per need	Quarterly DHIS reports tabled at the HSD Cluster Committee Listing of additional City clinics that offer extended service hours
		4.3	Percentage children under 1 year immunised (Integrated) ¹³	92.1% BP	1 = 83% 2 = 85.5% 3 = 87% 4 = 87.1% 5 = 87.3%	Quarterly WebDHIS reports

1.1

⁸ Covid19 – the mass Covid19 vaccination program will be continued as per National Health guidelines in 2021/2022

⁹ through PHC re-engineering by strengthening the district health systems and improving Primary health care in the city.

¹⁰ This indicator measures the number of clinics that are found to be compliant with the Ideal Clinic core standards in line with predetermined criteria. This is measured as a percentage of the achievements of the clinics against these standards. The National target is 80%.

¹² The number of COJ clinics that offer extended service hours will depend on budget availability. An additional 14 clinics have been planned to provide extended service hours in the 2019/2020 year.

¹³ The immunization coverage is calculated utilising the under 1 age population estimates of COJ from District Health Information System (DHIS). Any adjustment during the financial year in the population estimates will change the immunisation coverage achieved and thus affect target setting for the KPI.

TT
MM
DF

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
STRATEGIC PERFORMANCE OBJECTIVES (SPO) (TOTAL WEIGHTING = 50%)						
5.	Integrated substance abuse	5.1	Number of nurses and doctors trained in the identification of early warning signs for substance abuse and possible medical interventions ¹⁴	133	1 = 20 clinicians 2 = 40 clinicians 3 = 80 clinicians 4 = 90 clinicians 5 = 100 clinicians	<ul style="list-style-type: none"> Database of nurses and doctors trained Quarterly Reports Training attendance register
6	Food safety ¹⁵	6.1	% Compliance to food safety legislation by formal food premises inspected ¹⁶	85%	1= 85% Compliance to food safety legislation by formal food premises 2= 86% Compliance to food safety legislation by formal food premises 3= 88% Compliance to food safety legislation by formal food premises 4= 90% Compliance to food safety legislation by formal food premises 5= 92% Compliance to food safety legislation by formal food premises	<ul style="list-style-type: none"> Quarterly Departmental Performance Progress Reports to Mayoral committee
		6.2	% Compliance to food safety legislation by informal food premises inspected ¹⁷	85%	1= 85% Compliance to food safety legislation by informal food premises 2= 86% Compliance to food safety legislation by informal food premises 3= 88% Compliance to food	<ul style="list-style-type: none"> Quarterly Departmental Performance Progress Reports to Mayoral committee

1.1

¹⁴ The indicator measures the total number of health workers (doctors and nurses) that have undergone training in the identification of early signs for substance abuse and possible medical interventions.

¹⁵ Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. These conditions are known as social determinants of health (SDOH). One way of addressing these social determinants of health is by protecting the public from environmental health risks of food poisoning and vector borne diseases through minimizing illegal dumping sites and ensuring safe reliable quality of food at food outlets.

¹⁶ Compliance by formal food premises to R962 regulations governing general hygiene requirements for food premises and transport of food includes pest control activities (rodents, flies and cockroaches), waste management and any other activity that constitutes a health hazard. Database is a moving target.

¹⁷ Compliance by informal food premises to R962 regulations governing general hygiene requirements for food premises and transport of food includes pest control activities (rodents, flies and cockroaches), waste management and any other activity that constitutes a health hazard. Database is a moving target.

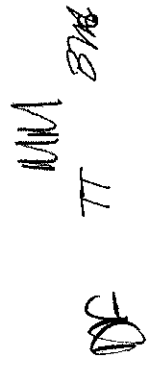
MM
MM
TT
DF

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
STRATEGIC PERFORMANCE OBJECTIVES (SPO) (TOTAL WEIGHTING = 50%)						
7.	Economic sustainability	7.1	Number of EPWP job opportunities created through the departmental projects ¹⁸	Total: 734 (433 Jozi Ihlomlile) (301 EPWP)	safety legislation by informal food premises 4= 90% Compliance to food safety legislation by informal food premises 5= 92% Compliance to food safety legislation by informal food premises 1 = 200 job opportunities created 2 = 300 job opportunities created 3 = 400 job opportunities created 4 = 500 job opportunities created 5 = 700 job opportunities created	<ul style="list-style-type: none"> • Cumulative participants listing • Certified ID copy • Copy of contract of employment • Attendance register • Proof of payment
		7.2	Number of SMME's supported through the departmental projects ¹⁹	8	1 = 15 SMME's supported 2 = 20 SMME's supported 3 = 26 SMME's supported 4 = 35 SMME's supported 5 = 60 SMME's supported	<ol style="list-style-type: none"> 1. Financial support: 2. Signed-off main contract or sub-contract; or 3. Purchase order(s), or invoice(s) or payment report(s) 4. Non-Financial Support 5. Training /workshops & exhibitions = attendance registers 6. Non-Financial Support 7. Business consultation reports on registration and compliance, business planning and market research, back-office support: 8.

1.1

¹⁸ The department to engage and comply with DED guidelines and criteria.

¹⁹ The department to comply with DED guidelines and criteria. DED target for the Health Department is 100. The support includes facilitation, training, etc.



KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
STRATEGIC PERFORMANCE OBJECTIVES (SPO) (TOTAL WEIGHTING = 50%)						
8.	Regional Service Delivery Profile	9.1	% Monitoring of the service delivery profile aligned to Capex and Opex expenditure	New indicator	1= 70% Service Profile monitored 2=90% Service Delivery developed and monitored 3=100% Service Delivery Profile monitored 4=Up to 50% of projects completed 5>50% of the projects completed	accounting, legal, advice and mentorship, coaching, tendering assistance, funding facilitation • Database of projects per region 9. Quarterly Implementation Reports per region
9.	Accountability and Governance	8.1	% Implementation of the ombudsman's adjudicated recommendations ²⁰	100%	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 days or less days	Quarterly dashboard of the Ombudsman's recommended cases implemented signed-off by the Ombudsman
		8.2	Percentage of agreed recommendations implemented by department emanating from concluded	36 %	1 = less than 50% implemented within 90 days or more days 2 = 50% - 84% implemented within 90 days or more days	GFIS Dashboard of concluded investigations Copy of concluded investigation

1.1

²⁰ Department/Entity/ Employee must provide the Office of the Ombudsman with a written confirmation within 14 days of receiving the recommended corrective action stating if the recommended corrective action will be implemented or not. In the event that the recommendation will not be implemented a compressive report must be written to the Ombudsman stating why the recommended corrective action will not be implemented. The recommendations may include but not limited to negotiations, conciliation or mediation. apology, action that may result in disciplinary measures and any other justified way to obtain a settlement. Any person who fails to comply with any lawful instruction issued by the Office of the Ombudsman shall be found guilty of an offence and liable for a fine or imprisonment. Should there be no recommendations to implement, the KPI will not be scored at evaluation time.

TT
OF MM BMZ

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
STRATEGIC PERFORMANCE OBJECTIVES (SPO) (TOTAL WEIGHTING = 50%)						
			forensic investigation within 90 days		3 = 85% - 100% implemented within 90 days 4 = 100% implemented within 60 days 5 = 100% implemented within 30 days or less days	report Acknowledgment of receipt by clients Implementation plan by clients. Implementation/status report signed off by HOD/CEO. Quarterly monitoring report signed off by the Head of GFIS
8.3			Turnaround times to respond to oversight & advisory committees' requests <ul style="list-style-type: none">• GPAC• MPAC• GAC• S79 Committees		1 = 2 days after the approved timelines 2 = 1 day after the approved timelines 3 = Within the approved timelines 4 = 1 day ahead of approved timelines 5 = 2 days ahead of approved timelines	<ul style="list-style-type: none"> • Departmental quarterly tracking reports signed by ED • POCM analysis dashboard tabled at EMT
9.	A well-run City	9.1	Audit opinion ²¹	Unqualified Audit opinion	1= Adverse Audit report ²² 2= Qualified Audit Report ²³ 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)	<ul style="list-style-type: none"> • AG Management Letter



1.1

²¹ The opinion may be that given for the department/entity where applicable.
²² This is where AGSA is unable to and does not express an audit opinion due to uncertainty.
²³ This is where there is a disagreement between AGSA and COJ on fair presentation & disclosure.

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
STRATEGIC PERFORMANCE OBJECTIVES (SPO) (TOTAL WEIGHTING = 50%)						
		9.2	% Resolution of internal audit findings ²⁴	New	1 ≤ 85% resolution 2 = 86% - 90% resolution 3 = 91% - 95% resolution 4 = 96% - 97% resolution 5 = 98% - 100% resolution (including no findings)	<ul style="list-style-type: none"> GAC Internal Audit Report on Findings Minutes
		9.3	% Resolution of external (AGSA) audit findings ²⁵	New	1 ≤ 85% resolution 2 = 86% - 90% resolution 3 = 91% - 95% resolution 4 = 96% - 97% resolution 5 = 98% - 100% resolution (including no findings)	<ul style="list-style-type: none"> GAC Internal Audit Report on Findings Minutes
		9.4	% Compliance with response timelines for the submission of the Annual Performance Report ²⁶	100% compliance	1 ≤ 90% compliance 2 = 91% - 99% compliance 3 = 100% compliance 4 = 100% compliance 2 days earlier 5 = 100% compliance 3 days earlier	<ul style="list-style-type: none"> GSPCR tracking report signed-off by GH

1.1

²⁴ These are findings by internal audit only that are picked up on an ongoing basis.

²⁵ These are AGSA findings from departmental/entity annual reports, as well as the main CoJ annual report.

²⁶ Relates to response in terms of supply of full performance information as required by GSPCR for the development of the CoJ Integrated Annual Report

DF
MM
BMB

SECTION 2: FUNCTIONAL PERFORMANCE OBJECTIVES (FPO)

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
FUNCTIONAL PERFORMANCE OBJECTIVES (TOTAL WEIGHTING = 30%)						
1	Procurement and Contract Management	1.1	Percentage management of contracted supplier contract within the department ²⁷		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)	Status of the Contracts Register Sign-off by the OGCFO
		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))	<ul style="list-style-type: none"> Approved Acquisition plan Departmental Quarterly Acquisition Status Reports SCM Assessment reports
2	UIFW	2.1	Percentage reduction in			UIFW report tabled at GAC and

1.1

²⁷ 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.

OF MM 3740 TT

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
FUNCTIONAL PERFORMANCE OBJECTIVES (TOTAL WEIGHTING = 30%)						
Strategy Implementation			historical expenditure reported 30 June 2022	Unauthorised	1= 0% reduction 2= 1% - 69% 3 = 70% -75% 4 = 76%- 80% 5 = 81%-85%	GPAC
		2.2	Percentage reduction in current and/or new 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		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		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.	

OF MM TT
8741

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
FUNCTIONAL PERFORMANCE OBJECTIVES (TOTAL WEIGHTING = 30%)						
2	Risk Management	2.1	% Of risks action plan for departmental top strategic risks implemented towards the reduction of departmental risks	60%	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 risks improved findings resolved	GRGC Risk analysis reports and Minutes
3	Departmental performance management, monitoring and reporting	3.1	% Attainment of performance targets on departmental SDBIP/BP.	87.17%	1 ≤ 75% 2 = 76% - 84% 3 = 85% - 89% 4 = 90% - 99% 5 = 100%	<ul style="list-style-type: none"> GSPCR assessment reports presented at Mayoral Committee meeting. Minutes of Mayoral Committee
4.	mSCOA compliance	4.1	% 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
		4.2	% 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	Quarterly mSCOA compliance reports

OFF MIM TT BMA2

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
FUNCTIONAL PERFORMANCE OBJECTIVES (TOTAL WEIGHTING = 30%)						
					strings submission 4= 75% Compliance with mSCOA data quality for NT strings submission 5= 80% Compliance with mSCOA data quality for NT strings submission	

SECTION 3: CORE COMPETENCY REQUIREMENTS

No	Key Performance Area	KPI No	Key Performance Indicator	Baseline	Target	Means of Verification
CORE COMPETENCY REQUIREMENTS (TOTAL WEIGHTING = 20%)						
Financial Competence (Compulsory)						
1	Expenditure Management	1.1	% Spent of allocated departmental Capex ²⁸	95%	1 ≤ 92% Capex spent 2 = 93% - 94% Capex spent 3 = 95% - 97% Capex spent 4 = 98% - 99% Capex spent 5 = 100% Capex spent	<ul style="list-style-type: none"> SAP Report Midyear and Annual financial expenditure report by Group Finance
		1.2	% Spent of allocated departmental Opex budget	97%	1 ≤ 92% Opex spent 2 = 93% - 94% Opex spent 3 = 95% - 97% Opex spent 4 = 98% - 99% Opex spent 5 = 100% Opex spent	<ul style="list-style-type: none"> SAP Report Midyear and Annual financial expenditure report by Group Finance
		1.3	Percentage of valid departmental invoices paid within 30 days of submission	97.23%	1 < 90% of valid invoices paid within 30 days 2 = 92% of valid invoices	Midyear and Q4 Finance Reports on UIFWs.

1.1

²⁸ This is applicable to departments with large capex budget – threshold to be determined.

OF
MM
TT
BMA3

No	Key Performance Area	KPI No	Key Performance Indicator	Baseline	Target	Means of Verification
CORE COMPETENCY REQUIREMENTS (TOTAL WEIGHTING = 20%)						
			to Group Finance for payment ²⁹		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	
People Management and Empowerment (Compulsory)						
2	Skills Development	2.1	% Implementation of skills development initiatives for CoJ employees.	New indicator	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 ³⁰ 4 = 80% implementation of all competency gaps identified in the skills audits for level 3 – 4 employees ³¹ 5 = 80% implementation of all competency gaps identified in the skills audits for level 5 – 6 employees	<ul style="list-style-type: none"> • Terms of Reference, Minutes, Agendas for the Training Committee. • Signed Compliant WSP • 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 ³²	77.39%	1 = <65% 2 = 66% - 84% 3 = 85% - 100% 4 = 100% compliance and	<ul style="list-style-type: none"> • Assessment report by GCSS

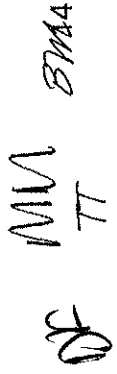
1.1

²⁹ 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.

³⁰ General training to improve skills including Individual Learning Plans trainings.

³¹ 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.

³² This is performance for the entire staff complement in the department unless specified otherwise for departments with very large numbers of employees.

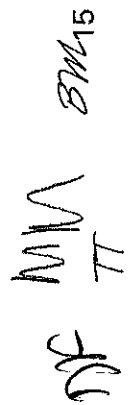


No	Key Performance Area	KPI No	Key Performance Indicator	Baseline	Target	Means of Verification
CORE COMPETENCY REQUIREMENTS (TOTAL WEIGHTING = 20%)						
					+40% of employees achieved 90% of their set scorecards targets 5 = 100% compliance and +60% of employees achieved 90% of their set scorecards targets	
		3.2	Percentage of disciplinary cases resolved within 120 days ³³		1. 1 = $\geq 75\%$ 2. 2 = 76 - 80% 3. 3 = 81 - 85% 4. 4 = 86 - 90% 5 = 91 - 100%	<ul style="list-style-type: none"> Appointment letters of Prosecutor and Presiding Officer Disciplinary sanction
4	Employee safety	4.1	Percentage compliance to SHE Policy/ Directives to promote health and safety in the department ³⁴	100%	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	Quarterly assessment reports by SHELA & FCM tabled at EMT

1.1

³³ 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.
³⁴ 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 COVID 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



No	Key Performance Area	KPI No	Key Performance Indicator	Baseline	Target	Means of Verification
CORE COMPETENCY REQUIREMENTS (TOTAL WEIGHTING = 20%)						
					4 = 90% - 94% compliance to SHE audits and 0 Disabling injuries and 5 = 0 Fatalities and 95% - 100% compliance to SHE audits	
Change Management (optional)						
5	Human Capital Management and Empowerment	5.1	% Compliance with the implementation of EE in departments	60%	1 < 40% ³⁵ 2 = 41% - 59% ³⁶ 3 = 60% - 79% ³⁷ 4 = 80% - 99% ³⁸ 5 = 100% ³⁹	<ul style="list-style-type: none"> • Departmental Level • Approved Departmental Action Plan. • Manco/SMT Minutes • Training Manuals & Presentations • DEE&SDF and/or Quarterly Staff meetings' minutes & Annual Schedules • Signed Quarterly Progress reports • EE Office Level • Training Manuals & Presentations • Annual EE Report (EEA2 & EEA4) • City Group Quarterly Progress reports by EE Unit tabled at EMT • Close out report

1.1

³⁵ Establish functional EE, Disability and Gender structures and development of the EE Annual Action Plan on the achievement of identified AA Measures.



³⁶ Developing measures of compliance with set EE (gender and racial targets) in line with the City's Approved EE Plan.

³⁷ 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)

³⁸ Training done in line with the employee's upward mobility requirements.

³⁹ Plan and celebrate annual transformation events e.g., Women's Day, 16th Days of Activism against Women and Children Abuse, National Disability Day etc.

DF
MM
TT
BMA6

No	Key Performance Area	KPI No	Key Performance Indicator	Baseline	Target	Means of Verification
CORE COMPETENCY REQUIREMENTS (TOTAL WEIGHTING = 20%)						
6	Disability Mainstreaming	6.1	% Attraction of suitably qualified People with Disabilities (PWDs) within departments (including measures to enhance universal access and reasonable accommodation)	New	1 = 0% - 19% ⁴⁰ 2 = 20% - 45% ⁴¹ 3 = 46% - 79% ⁴² 4 = 80% - 99% ⁴³ 5 = 100% ⁴⁴	<ul style="list-style-type: none"> • Training Manuals & Presentations • Signed Quarterly Progress reports • Recruitment reports • SAP Reports • Memorandum of Understanding (MOU) or Partnership Agreements
Customer Orientation and Customer Focus (Compulsory)						
7	Customer Satisfaction	7.1	Percentage increase in satisfaction levels ⁴⁵	59% 2019/20 results	1 = decrease. 2 = no change or <1% increase. 3 = 1% increase. 4 = 2% increase. 5 = > 2% increase.	Polling results
<p>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.</p>						
Frans Moseane Acting Executive Director: Health			Signature: 	City Manager	Signature: 	Date: 4 July 2022

TT
DF MM

1.1

⁴⁰ Identify position targeted for suitably qualified PWDs across occupational levels i.e., from Unskilled to Senior Management occupational levels.
⁴¹ Awareness creation on Disability to all employees within the department.
⁴² 0 – 1% of total staff complement as an improvement to the minimum 2% Disability target
⁴³ >1% of total staff complement as an improvement to the minimum 2% Disability target
⁴⁴ Partnership with external organization to recruit disability learners or to improve on workplace accessibility
⁴⁵ Every two years the Quality-of-Life survey is conducted in partnership with GCRO and GPC; 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.