PERFORMANCE AGREEMENT

Made and entered into by and between

THE CITY OF JOHANNESBURG METROPOLITAN MUNICIPALITY

("the city")

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

and

Dr. Gadirobe Mothibi

("Executive Director")

for the financial year: 1 December 2023 to 30 June 2024

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1. INTRODUCTION

1.1 The City has entered a contract of employment with the 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 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 between the parties.

2.1.2 specify objectives and targets established for the 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 Executive Director in attaining equitable and improved service delivery.

3. COMMENCEMENT AND DURATION

3.1 Notwithstanding the date of signature hereof, this Agreement will commence on the date of appointment of the 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 will terminate on the termination of the City Manager's contract of employment regardless of the reason for such termination.

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 because 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 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 Executive Director and are based on the Growth and Development Strategy, Integrated Development Plan, Mayoral Priorities Service Delivery and Budget Implementation Plan (SDBIP) and Budget of the City and include key objectives; key performance indicators; target dates and weightings.

4.3 The key objectives describe the main tasks that need to be done. The key performance indicators provide the details of the evidence that must be provided to show that a key objective has been achieved. The target dates describe the timeframe in which the work must be achieved. The weightings show the relative importance of the key objectives to each other.

4.4 The 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 Executive Director will be required to engage in performing their job.

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

5.3 The 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 Executive Director to perform to the standards required.

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

5.5 The 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 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 Executive Director, 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 Executive Director.

6.2 The performance of the 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**

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6.3 The Executive Director must avail themselves 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 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 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 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 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 Executive Director to solve problems and generate solutions to common problems that may impact on the performance of the employee.

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7.4 On the request of the Executive Director delegate such powers reasonably required by the Executive Director to enable them to meet the performance objectives and targets established in terms of the agreement; and

7.5 Make available to the Executive Director such resources as the Executive Director may reasonably require from time to time to assist them to meet the performance objectives and targets established in terms of the agreement.

8. CONSULTATION

The City Manager agrees to consult the Executive Director timeously in respect of decisions which will have a significant impact on the performance of the duties of the Executive Director.

9. MANAGEMENT OF OUTCOMES

9.1 The evaluation of the Executive Director'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 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 Executive Director in accordance with the City's policy and system referred to in this agreement.

9.4 Should the 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.

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

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

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

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9.8 Where there is a dispute or difference as to the performance of the 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 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 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 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

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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 Executive Director in terms of their contact or employment, or the effects of existing or new regulations, circulars, policies, directives, or other instruments.

SIGNED at Braamfontein on this the 30th day of January 2024

For: **THE CITY OF JOHANNESBURG**

METROPOLITAN MUNICIPALITY

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Floyd Brink
City Manager

Witness: _________________________

Witness: _________________________

SIGNED at Braamfontein on this the 30th day of January 2024

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Dr. Gadirobe Mothibi
Executive Director: Health

Witness: _________________________

Witness: _________________________

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PERFORMANCE SCORECARD – SECTION 57	
Employee	Dr. Gadirobe Mothibi: Executive Director
Manager	Floyd Brink: 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 Health, MSD, Finance, IPPR and Public Health
The period of this Performance Plan is from 1 December 2023 to 30 June 2024	

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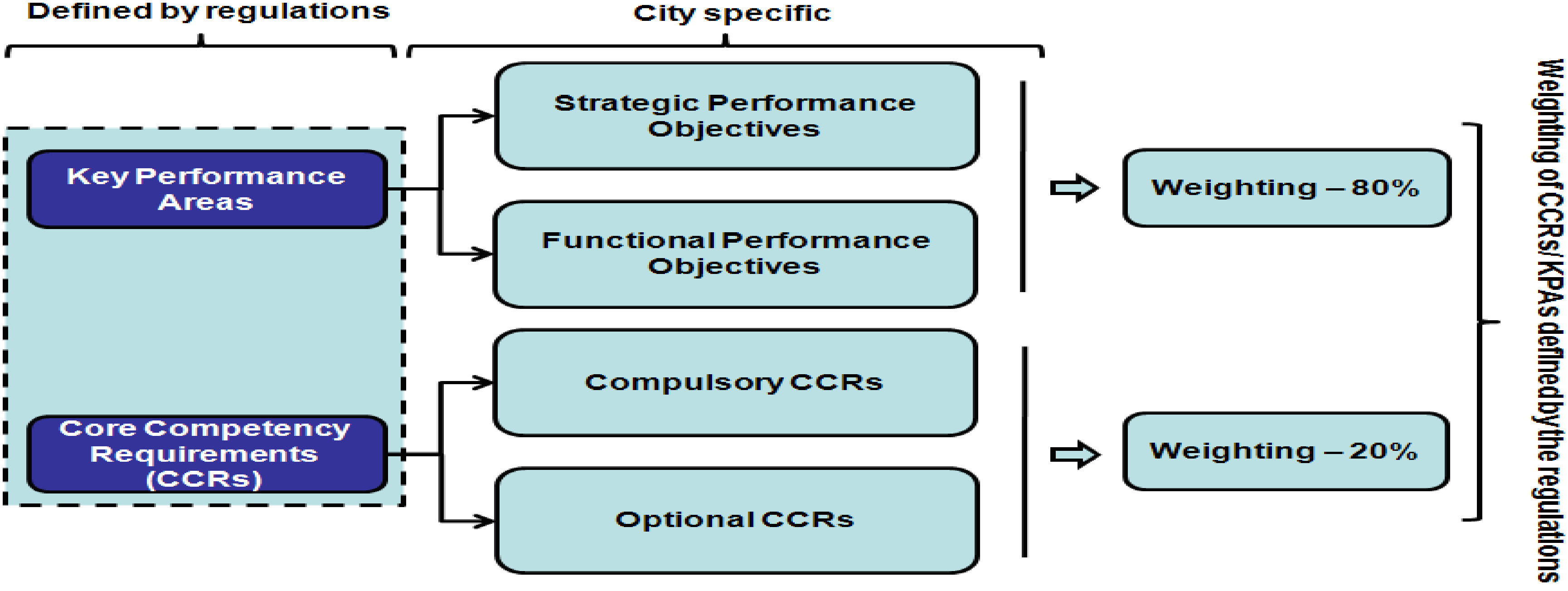
The individual performance scorecards shall be made up of Key Performance Areas (KPA) {divided into Functional Performance Objectives (FPO) and Strategic Performance Objectives (SPO)} and Core Competency Requirements (CCR) which shall have a relative weighting of 50%: to 30% to 20% respectively. Therefore, 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 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%.

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2022/2023	Target	Means of Verification
SECTION 1: STRATEGIC PERFORMANCE OBJECTIVES (SPO) (TOTAL WEIGHTING = 50%)						
1	Life expectancy[1]	1.1	Percentage of **TB** patients initiated on treatment[2]	96.0% (2469 of 2571) July 2022 to June 2023 (Web DHIS as on 25 Jul 2023)	1 = 94% 2 = 94.5% **3 = 96.5%** 4 = 96.6% 5 = 96.7%	WebDHIS Quarterly Reports
		1.2	Percentage of **HIV** positive **patients initiated on treatment[3]**	98.0% (21 450 of 21 878) July 2022 – June 2023 (WEBDHIS as on 17 June 2023)	1 = 93% 2 = 94.6% 3 = 96.3% 4 = 96.4% 5 = 96.5%	WebDHIS Quarterly Reports
2.	Quadruple Burden of disease[4]	2.1	% Increase in the **antenatal care early booking rate**[5]	76.3% (37 729 of 49 470) July 2022 – June 2023) WEBDHIS as on 28 July 2023) 75.2%	1 = 70% 2 = 71.1% **3 = 72.1%** 4 = 72.3% 5 = 72.4%	WebDHIS Quarterly Reports
3.	National Health Insurance readiness[6]	3.1	% Compliance in relation to the **Ideal clinic** standards in COJ health facilities in preparation for NHI implementation[7]	89.5%	1 = 80% Compliance 2 = 80% Compliance 3 = 80% Compliance 4 = 80% Compliance 5 = 80% Compliance	Quarterly reports signed by the Chief Director: JHB Health District Annual Assessment reports (business plan)

1.11 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.

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

[7] 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%.

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2022/2023	Target	Means of Verification
		3.2	Number of City Clinics that offer **extended service hours**[8]	2 Clinics Cumulative 51 (Q3)	1 = 0 2 = 1 3 = 2 additional 4 = 1 additional as per the need 5 = 1 additional as per need	Quarterly DHIS reports tabled at the HSD Cluster Committee Listing of additional City clinics that offer extended service hours
		3.3	Percentage children **under 1year immunised** (Integrated)[9]	82.8% (81 223 of 98 042) July 2022 – June 2023 (Web DHIS 28 June 202310)	1 = 83% 2 = 85.5% 3 = 87.2% 4 = 87.2% 5 = 87.2%	Quarterly WebDHIS reports
4.	Integrated substance abuse	4.1	Number of **nurses and doctors trained** in the identification of early warning signs for substance abuse and possible medical interventions[10]	363 Health Practitioners (346 nurses	1 = 20 clinicians 2 = 40 clinicians 3 = 90 clinicians 4 = 95 clinicians 5 = 100 clinicians	• Database of nurses and doctors trained. • Quarterly Reports • Training attendance register
5	Food safety [11]	5.1	% Compliance to food safety legislation by **formal food** premises inspected[12]	94%	1= 85% Compliance to food safety legislation by formal food premises 2= 86% Compliance to food safety legislation by formal food premises 3= 90% Compliance to food safety legislation by formal food premises 4= 91% Compliance to food safety legislation by formal food premises 5= 92% Compliance to food safety legislation by formal food premises	• Quarterly Departmental Performance Progress Reports to Mayoral committee
		5.2	% Compliance to food safety legislation by **informal food** premises	95%	1= 85% Compliance to food safety legislation by informal food	• Quarterly Departmental Performance Progress Reports to Mayoral

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[8] 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.

[9] 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.

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

[11] 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 though minimizing illegal dumping sites and ensuring safe reliable quality of food at food outlets.

[12] 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.

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2022/2023	Target	Means of Verification
			inspected[13]		premises 2= 86% Compliance to food safety legislation by informal food premises 3= 90% Compliance to food 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	committee
6.	Economic sustainability	6.1	Number of **EPWP** job opportunities created through the departmental projects[14]	Total: 930 (548 Jozi Ihlomile) (382 EPWP)	1 = 100 job opportunities created 2 = 200 job opportunities created 3 = 300 job opportunities created 4 = 350 job opportunities created 5 = 400 job opportunities created	• Cumulative participants listing • Certified ID copy • Copy of contract of employment • Attendance register • Proof of payment
		6.2	Number of **SMME's** supported through the departmental projects[15]	23	1 = 15 SMME's supported 2 = 20 SMME's supported 3 = 60 SMME's supported 4 = 62 SMME's supported 5 = 65 SMME's supported	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 8. Business consultation, business registration and compliance, business planning and market research, back-office support: accounting, legal; advice and mentorship, coaching, tendering assistance, funding facilitation
7.	Regional Service Delivery Profile	7.1	% Monitoring of the service delivery profile aligned to **Capex and Opex**	New indicator	1= 70% Service Delivery Profile	• Database of projects per region • Quarterly Implementation Reports per

1.1

13 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.

14 The department to engage and comply with DED guidelines and criteria. Target will depend on availability of funds.

15 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 2022/2023	Target	Means of Verification
			expenditure		developed and monitored 2=90% Service Delivery Profile developed and monitored 3=100% Service Delivery Profile developed and monitored 4=Up to 50% of projects completed 5>50% of the projects completed	region
8.	Accountability and Governance	8.1	% Implementation of the **ombudsman's adjudicated** recommendations[16]	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 **forensic investigation** within 90 days	36%	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	• GFIS Dashboard of concluded investigations • Copy of concluded investigation report • Acknowledgment of receipt by clients • Implementation plan by clients. • Implementation/status report signed off by HOD/CEO. Quarterly monitoring report signed off by signed-off by the Head of GFIS
		8.3	Turnaround times to respond to oversight & advisory committees' requests. • GPAC • MPAC • GAC • S79 Committees	Not recorded	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	• Tracking sheet of all requests received indicating status of responses signed by secretariat/chairperson. • POCM analysis dashboard

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[16] 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. If 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.

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2022/2023	Target	Means of Verification
9.	Smart City	9.1	Percentage development of Electronic Patient Health Record Software	*New*	*1= Development of Queue management* *2 = Pilot at 3 Clinics* *3 = Complete System & Deploy System in the 39 clinics.* *4 = Train COJ Health Staff to use system.* *5 = Integration to related systems i.e., Tier .NET, HPRS, SAP ID*	• *Quarterly report: Signed off by*
10.	A well-run City	10.1	Audit opinion[17]	Unqualified Audit opinion	1= Adverse Audit report[18] 2= Qualified Audit Report[19] 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
		10.2	% Resolution of internal audit findings[20]	100%	1 = ≤ 85% resolution 2 = 86% - 90% resolution 3 = 100% resolution 4 = 95% - 97% resolution (including no findings) 5 = 98% - 100% resolution (including no findings)	• GAC Internal Audit Report on Findings • Minutes
		10.3	% Resolution of external (AGSA) audit findings[21]	100%	1 = ≤ 85% resolution 2 = 86% - 90% resolution 3 = 100% resolution 4 = 95% - 97% resolution (including no findings) 5 = 98% - 100% resolution (including no findings)	• GAC Internal Audit Report on Findings • Minutes

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[17] The opinion may be that given for the department/entity where applicable.
[18] This is where AGSA is unable to and does not express an audit opinion due to uncertainty.
[19] This is where there is a disagreement between AGSA and COJ on fair presentation & disclosure.
[20] These are findings by internal audit only that are picked up on an ongoing basis.
[21] These are AGSA findings from departmental/entity annual reports, as well as the main CoJ annual report.

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2022/2023	Target	Means of Verification
		10.4	% Compliance with response timelines for the submission of the Annual Performance Report[22]	100% compliance	1 = ≤ 90% compliance 2 = 91% - 99% compliance 3 = 100% compliance 4 = 100% compliance 2 days earlier 5 =100% compliance 3 days earlier	GSPCR tracking report signed-off by M&E Unit Head
11	Circular 88	11.1	% Achievement of circular 88 indicators	New Indicators	1<80% achieved. 2= 80% achieved 3= 85% achieved 4= 90% achieved 5= 100% achieved	Signed Circular 88 reporting template
SECTION 2: FUNCTIONAL PERFORMANCE OBJECTIVES (TOTAL WEIGHTING = 30%)						
1	Procurement and Contract Management	1.1	Percentage management of contracted supplier contract within the department [23]	100% management	1 = contract expired without starting new procurement process 2 = Contract expired while procuring 3 = 90% management of all contracts without incurring and deviations 4 = 95% management of all contracts without incurring and deviations 5 = 100% management of all contracts without incurring and deviations[24].	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 = Acquisition plan 2 = Procurement delayed 3 = 100% compliance 4 = Target met within 15 days ahead of delivery date 5 = Target met within 1 month ahead of delivery date	• Approved Acquisition plan • Departmental Quarterly Acquisition Status Reports • SCM Assessment reports
2	UIFW Strategy	2.1	Percentage reduction in historical **Unauthorised** expenditure reported	52% reduction	1=<80% 2=81-84%	UIFW report tabled at GAC and GPAC

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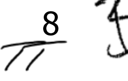
[22] Relates to response in terms of supply of full performance information as required by GSPCR for the development of the CoJ Integrated Annual Report
[23] Each department is responsible for ensuring that they have internal processes to monitor the lifespan of their supplier contracts. Contracts must 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.
[24] New contract secured/ appointed (not through deviation or regulation 32 or 36) within a month or two of expiry of old contract.



KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2022/2023	Target	Means of Verification
	Implementation		30 June 2023		3=85-95% 4=96-99% 5=100%	
		2.2	Percentage reduction in current and/or new **Unauthorised** expenditure	No new unauthorised expenditure	1=<80% 2=81-84% 3=85-95% 4=96-99% 5=100%	
		2.3	Percentage reduction in historical **Irregular** expenditure reported 30 June 2023	52% reduction	1=<80% 2=81-84% 3=85-89% 4=90-94% 5=95% and above	
		2.4	Percentage reduction in current and/or new **Irregular** expenditure	No new irregular expenditure	1=<80% 2=81-84% 3=85-95% 4=96-99% 5=100%	
		2.5	Percentage reduction in historical **Fruitless and Wasteful** expenditure reported 30 June 2023	52% reduction	1=<80% 2=81-84% 3=85-89% 4=90-94% 5=95% and above	
		2.6	Percentage reduction in current and/or new **Fruitless and Wasteful** expenditure	No new fruitless and wasteful expenditure	1=<80% 2=81-99% 3=85-95% 4=96-99% 5=100%	
3	Risk Management	3.1	% Of risks action plan for departmental top strategic risks implemented towards the reduction of departmental risks	33%	1 < 50% implemented. 2 = 51% - 84% implemented 3 = 85% implemented 4 = 95% of departmental top strategic risks implemented 5 = 100% of departmental top strategic risks implemented	GRGC Risk analysis reports and Minutes

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2022/2023	Target	Means of Verification
4	Departmental performance monitoring and reporting	4.1	% Of departmental SDBIP escalated matters resolved	New indicator	1 < 75% resolved. 2 = 75% - 84% resolved 3 = 85% - 89% resolved 4 = 90% - 99% resolved 5 =100% resolved	Mitigation plans reflecting the status of resolution signed by the HoD approved by the CM
5	Policies	5.1	% Management[25] of policies in the department	New indicator	1 < 85% (some policies expired/not implemented) 2 = 85% (some policies reviewed after 1 month of expiry) 3 = 100% (all policies implemented/valid/merged/reviewed within 1 month before expiry) 4 = 130% (all policies implemented/valid/merged/reviewed within 15 days before expiry) 5 = 150% (all policies implemented/valid/merged)	• Database of all policies and their status • Progress reports
6	mSCOA reporting	6.1	% Compliance with mSCOA reporting timelines	15% compliance	1<80% Compliance with mSCOA data quality for NT strings submission 2= 80% Compliance with mSCOA data quality for NT strings submission 3= 85% Compliance with mSCOA data quality for NT strings submission 4= 90% Compliance with mSCOA data quality for NT strings submission 5= 100% Compliance with mSCOA data quality for NT strings submission	Quarterly mSCOA compliance reports
SECTION 3: CORE COMPETENCY REQUIREMENTS (TOTAL WEIGHTING = 20%)						
Financial Competence (Compulsory)						
1	Expenditure Management	1.1	% Spent of allocated departmental Capex[26]	91%	1 = ≤ 92% Capex spent 2 = 93% - 94% Capex spent 3 = 95% Capex spent	• SAP Report • Midyear and Annual financial expenditure report by Group Finance

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[25] Management entails implementation, timeous reviews and merging and / or discarding redundant policies where applicable.
[26] This is applicable to departments with large capex budget – threshold to be determined.

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2022/2023	Target	Means of Verification
					4 = 98% - 99% Capex spent 5 = 100% Capex spent	
		1.2	% Spent of allocated departmental Opex budget	103%	1 = ≤ 92% Opex spent 2 = 93% - 94% Opex spent 3 = 95% Opex spent 4 = 98% - 99% Opex spent 5 = 100% Opex spent	• SAP Report • Midyear and Annual financial expenditure report by Group Finance
		1.3	Percentage of valid departmental invoices paid within 30 days of submission to Group Finance for payment[27]	100%	1 = 90% of valid invoices paid within 30 days 2 = 92% of valid invoices paid within 30 days 3 = 95% of valid invoices paid within 30 days of invoice date 4 = 97% of valid invoices paid within 30 days 5 = 100% of valid invoices paid within 30 days	Midyear and Q4 Finance Reports on UIFWs.
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 = 80% (Development and sign off a Departmental Workplace Skills Plan) 3 = 85% Implementation (of a Departmental Workplace Skills Plan[28]) 4 = 90% implementation (of Departmental Workplace Skills Plan and all competency gaps identified in the skills audits including for level 5 – 6 employees [29]) 5 = 95% implementation (of all competency gaps identified in the skills audits including for level 5 – 6 employees)	• Terms of Reference, Minutes, Agendas for the Training Committee. • Signed Compliant WSP • Annual Training Reports reflecting status and levels trained.

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[27] 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.

[28] General training to improve skills including Individual Learning Plans trainings.

[29] 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.

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2022/2023	Target	Means of Verification
3	Performance and People Management	3.1	% Compliance to the performance management cycle as per the policy for employees of the CoJ[30]	100%	1 = <65% 2 = 65% - 84% 3 = 85% - 100% 4 = 100% compliance, up to 50% of employees achieved 3.1 or more on their set targets 5 = 100% compliance, more than 50% of employees achieved 3.1 or more on their set targets	• Assessment report by GCSS
		3.2	% Establishment of the Departmental Performance Management Moderation Committee	New indicator	1 = < 65% (Draft TORs in place) 2 = 66% - 84% (Approved TORs) 3 = 85% - 100% (Committee members appointed and induction meeting held) 4 = First (or midyear) assessment done 5 = Final assessment done	• Approved Departmental TOR's • Appointment letters • Agenda and minutes of meetings
		3.3	Percentage of disciplinary cases resolved within 120 days[31]	0%	1. 1 ≤75% 2. 2 = 76 - 80% 3. 3 = 81 - 85% 4. 4 = 86 - 90% 5 = 91 - 100%	• 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[32]	100%	1 = 40% compliance to SHE audits 2 = 60% compliance to SHE audits 3 = 80% - 89% compliance to SHE audits 4 = 90% - 94% compliance to SHE audits	Quarterly assessment reports by SHELA & FCM tabled at EMT

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[30] This is performance for the entire staff compliment in the department unless specified otherwise for departments with very large numbers of employees.
[31] 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.
[32] This relates to prevention of workplace incident classified as disabling injuries and fatalities by Group SHE. The department to provide the following documents to Group SHE to determine the compliance level of the department.

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

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2022/2023	Target	Means of Verification
					5 = 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%[33] 2 = 41% - 59%[34] 3 = 60% - 79%[35] 4 = 80% - 99%[36] 5 = 100%[37]	• **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
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%[38] 2 = 20% - 45%[39] 3 = 46% - 79%[40] 4 = 80% - 99%[41] 5 = 100%[42]	• 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[43]	83.3% (2022/23 QoL)	1 = decrease. 2 = no change or <1% increase. 3 = 1% increase. 4 = 2% increase.	Satisfaction results

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[33] Establish functional EE, Disability and Gender structures and development of the EE Annual Action Plan on the achievement of identified AA Measures.
[34] Developing measures of compliance with set EE (gender and racial targets) in line with the City's Approved EE Plan.
[35] 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)
[36] Training done in line with the employee's upward mobility requirements.
[37] Plan and celebrate annual transformation events e.g., Women's Day, 16th Days of Activism against Women and Children Abuse, National Disability Day etc.
[38] Identify position targeted for suitably qualified PWDs across occupational levels i.e., from Unskilled to Senior Management occupational levels.
[39] Awareness creation on Disability to all employees within the department.
[40] 0 – 1% of total staff compliment as an improvement to the minimum 2% Disability target
[41] >1% of total staff compliment as an improvement to the minimum 2% Disability target.
[42] Partnership with external organization to recruit disability learners or to improve on workplace accessibility.
[43] 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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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline 2022/2023	Target	Means of Verification
					5 = > 2% increases.	

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.				
Dr. Gadirobe Mothibi **Executive Director: Health**	**Signature:**	**Floyd Brink** **City Manager**	**Signature:**	**Date: 30 January 2024**