



PERFORMANCE AGREEMENT

Made and entered into by and between

THE CITY OF JOHANNESBURG METROPOLITAN MUNICIPALITY

("the city")

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

and

Dr. Gadirobe Mothibi

("Executive Director")

for the financial year: 1 July 2025 to 30 June 2026

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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 Executive Director'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 (KPA's) (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 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 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

- 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.
- 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.
 - 9.4.1 However, should the 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 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.

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

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.


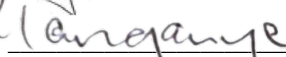
11.2 Nothing in this Agreement diminishes the obligations, duties, or accountabilities of the Executive Director in terms of their contract or employment, or the effects of existing or new regulations, circulars, policies, directives, or other instruments.

SIGNED at Braamfontein on this the 31st day of July 2025

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




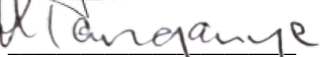
City Manager

Witness: 
Witness: 

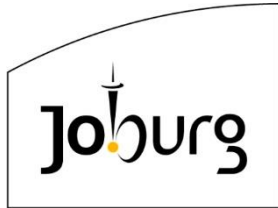
SIGNED at Braamfontein on this the 31st day of July 2025



Dr. Gadirobe Mothibi
Executive Director: Health

Witness: 
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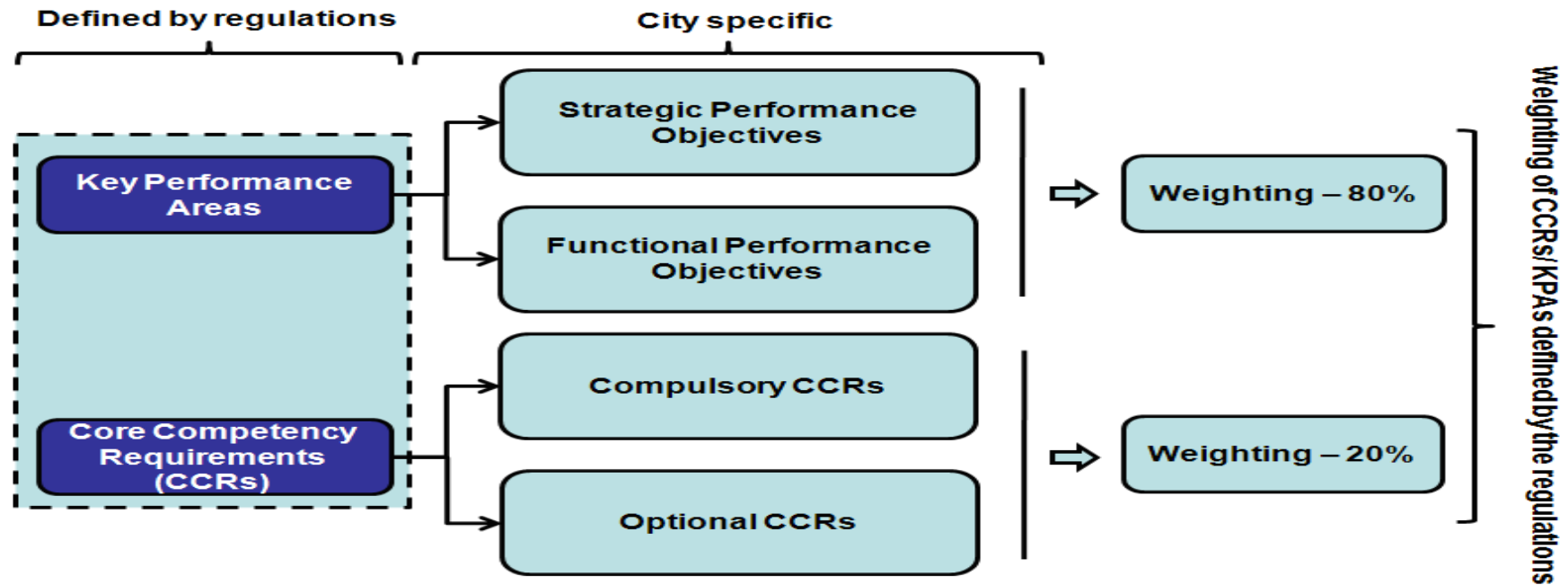


PERFORMANCE SCORECARD – SECTION 57

Employee	Dr Gadirobe Mothibi: Executive Director
Manager	City Manager
Department	Health
Position Purpose	To lead, coordinate and provide health services to the community of Johannesburg through District Health Systems (DHS) Development, Environmental Health, Public Health MSD, Finance and IPPR
The period of this Performance Plan is from 1 July 2025 to 30 June 2026	

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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	Target	Means of Verification
SECTION 1: STRATEGIC PERFORMANCE OBJECTIVES (SPO) (TOTAL WEIGHTING = 50%)						
1	Life expectancy	1.1	% DS-TB treatment success rate ¹	88.1%	1 = 84 2 = 86% 3 = 88% 4 = 90% 5 = 92%	<ul style="list-style-type: none"> WebDHIS Quarterly Reports District Health Information System
		1.2	Percentage of HIV positive patients initiated on treatment ²	97.9%	1 = 96% 2 = 96.2% 3 = 96.3% 4 = 96.4% 5 = 96.5%	<ul style="list-style-type: none"> WebDHIS Quarterly Reports District Health Information System report
2.	Quadruple Burden of disease ³	2.1	% Increase in the antenatal care early booking rate ⁴	73,3%	1 = 76% 2 = 76.1% 3 = 76.3% 4 = 76.5% 5 = 76.7%	<ul style="list-style-type: none"> WebDHIS Quarterly Reports District Health Information System
3.	National Health Insurance readiness	3.1	% Compliance in relation to the Ideal clinic standards in COJ health facilities in preparation for NHI implementation ⁵	87%	1 = 70% Compliance 2 = 75% Compliance 3 = 80% Compliance 4 = 85% Compliance 5 = 90% Compliance	<ul style="list-style-type: none"> Quarterly reports signed by the Chief Director: JHB Health District Annual Assessment reports (business plan) Annual Assessment Reports (Provincial). Outcome will be reported in Q4.
		3.2	% of eligible children fully immunized by age One (LG) ⁶	81.4% (2023/2024)	1 = 87. % 2 = 87.2% 3 = 87.4% 4 = 87.6% 5 = 87.7%	Quarterly WebDHIS reports
4.	Healthy living lifestyle	4.1	% knowledge increase of learners that are given health education on nutrition at schools ⁷	New indicator	1 = 40% 2 = 45% 3 = 50%	<ul style="list-style-type: none"> Quarterly Departmental Performance Progress Reports to

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¹ Description: TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who subsequently successfully completed treatment as a proportion of all those in the treatment outcome cohort

² 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.

³ 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

⁴ 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).

⁵ 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%.

⁶ Immunization is happening throughout the City's clinics; the target is set at population estimate per facility as per the catchment area

⁷ This education is given to prevent obesity which is a risk factor for the prevalence of type 2 diabetes, and address issues of Malnutrition (Obesity, underweight etc.) the choose of schools is because to monitor progress a controlled environment is more ideal i.e. quantal 1 – 3 which are deprived schools and prone to nutrition challenges.

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
					4 = 55% 5 = 60%	Mayoral committee
5.	Food safety ⁸	5.1	% Compliance to food safety legislation by formal food premises inspected ⁹	94%	1 = 88% 2 = 89% 3 = 90% 4 = 91% 5 = 92%	<ul style="list-style-type: none"> Quarterly Departmental Performance Progress Reports to Mayoral committee Inspection records, premises registers
		5.2	% Compliance to food safety legislation by informal food premises inspected ¹⁰	95%	1 = 88% 2 = 89% 3 = 90% 4 = 91% 5 = 92%	<ul style="list-style-type: none"> Quarterly Departmental Performance Progress Reports to Mayoral committee Inspection records, premises registers
6.	Economic sustainability	6.1	Number of EPWP job opportunities created through the departmental projects ¹¹	567 Jozi Ihlomile 147 EPWP = 714	1 = 200 2 = 250 3 = 300 job opportunities created 4 = 350 5 = 400	DED analysis report
		6.2	Number of SMME's supported through the departmental projects ¹²	39	1 = 15 2 = 40 3 = 60 SMME's supported 4 = 62 5 = 65	Procurement SAP SMME analysis report
7.	Smart City	7.1	Number of health facilities implementing Electronic Patient Health Record software	New indicator	1 = 6 Health Facilities 2 = 10 Health Facilities 3 = 14 Health Facilities 4 = 18 Health Facilities 5 = 22 Health Facilities	System generated report approved by Director (IPPR)

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⁸ 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.

⁹ 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.

¹⁰ 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.

¹¹ The department to engage and comply with DED guidelines and criteria. Target will depend on availability of funds.

¹² The department to comply with DED guidelines and criteria. DED target for the Health Department is 100. The support includes facilitation, training, etc.

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
8	Stakeholder Management	8.1	Number of citizens participating in departmental events and engagements ¹³	New indicator	1= 8,000 citizens 2= 9,000 citizens 3= 10,000 citizens ¹⁴ 4= 11,000 citizens 5= 12,000 citizens	<ul style="list-style-type: none"> Signed Database reflecting Physical and Virtual engagements, notices, registers signed off by Legislature Submission of monthly evidence as stipulated in the Stakeholder Engagement Tool
9	Good Governance	9.1	Audit opinion ¹⁵	Unqualified Audit opinion	1= Disclaimer of Audit Opinion 2= Adverse Audit Opinion 3=Unqualified Audit opinion without material findings 4= Financially Unqualified Audit Opinion 5= Clean Audit Outcome	<ul style="list-style-type: none"> AG Management Letter
		9.2	% Resolution of internal audit findings ¹⁶	85%	1 = 65%- 70% resolution 2 = 71% - 84% resolution 3 = 85% resolution 4 = 86% -95% resolution 5 =96%-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 ¹⁷	100%	1 = 65%- 70% Resolution 2 = 71% - 84% Resolution 3 = 85% Resolution 4 = 86% -95% Resolution 5= 95%- 100% Resolution (including no findings)	GAC Internal Audit Report on Findings
10.	Circular 88	10.1	Percentage of incidents of improper disposal of medical waste responded to by the municipality (C102(ENV))	0	1= <80% of the of incidents responded to. 2= 80% of the of incidents responded to. 3= 85% of the of incidents responded to. 4= 90% of the of incidents responded to. 5= 100% of the of incidents responded to and Signed Circular 88 Reporting template	<ul style="list-style-type: none"> Quarterly reports signed off by Director: Env Health Signed Circular 88 Reporting template

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¹³ This KPI measures the number of citizens who actively participate and engage in city led events and initiatives. These engagements include meaningful two-way interactions aimed at fostering mutual understanding and building stronger relations between the city and its residents.

¹⁴ 10,000 citizens engaged towards achieving the CoJ target of 250,000 citizens engaged for the year 2025/26

¹⁵ The opinion may be that given for the department/entity where applicable.

¹⁶ These are findings by internal audit only that are picked up on an ongoing basis.

¹⁷ This is for only findings classified as matters affecting audit opinion and others important matters.

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
		10.2	Percentage of notifiable medical condition investigations following the prescribed protocols (C103(ENV))	286 Cumulative 1382	1 = ≤ 95% investigated. 2 = 100% notifiable medical conditions investigated 3 = 100% notifiable medical conditions investigated and reported within 3 days 4 = 100% notifiable medical conditions investigated, reported within 3 working days & report written. 5 = 100% notifiable medical conditions investigated and reported within 3 working days, report written and disseminated	Surveillance system report
		10.3	Percentage of foodborne disease outbreak investigations following the prescribed protocols (C104(ENV))	14	1= <80% of the foodborne disease outbreaks investigated. 2= 80% of the foodborne disease outbreaks investigated. 3= 85% of the foodborne disease outbreaks investigated. 4= 90% of the foodborne disease outbreaks investigated. 5= 100% of the foodborne disease outbreaks investigated and Signed Circular 88 Reporting template	Quarterly report signed off by Director: Env Health
11.	Service Standards Level	11.1	Waiting times at clinics	Under 2.5 hours	1 = Under 2 hours 2 = Under 2.5 hours 3 = 2.5 hours 4 = Under 2.5 hours 5 = Under 2 hours	Signed Service Standards Reports
		11.2	Reported notifiable medical conditions ¹⁸	100%	1 = ≤ 95% investigated. 2 = 100% investigated 3 = 100% investigated and reported within 3 days 4 = 100% investigated, reported within 3 working days & report written 5 = 100% investigated and reported within 3 working days, report written and disseminated	<ul style="list-style-type: none"> Disease line listing with pivot analysis Report of cases investigated within 3 days.

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¹⁸ This KPI is also part of the Circular 88 KPI's listed above.

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
		11.3	Request for services attended to by environmental health services	100%	1 =90% of requests attended to in line with Eh complaints policy 2 =95% of requests attended to in line with Eh complaints policy 3 = 100% of requests attended to in line with Eh complaints policy 4 =100% of requests attended to in line with Eh complaints policy 5 =100% of requests attended to In line with Eh complaints policy	Signed Service Standards Reports
		11.4	Response to complaints and requests for personal health services	100%	1 = 80 % complaints resolved 2 = 85% complaints resolved 3 = 90% complaints resolved 4 = 95% complaints resolved 5 = 100% complaints resolved	Reports from Regions signed by RHDD
12	Ombudsman customer complains		% Resolution of customer complains within stipulated turnaround times ¹⁹		1= Less than 50% resolution within 90 days or more 2= 50-99% resolution within 90 days or more 3= 100% resolution within 90 days 4= 100% resolution within 60 days 5= 100% resolution within 30 days or less	Quarterly report on Ombudsman findings/corrective/remedial action tabled at OCOL
SECTION 2: FUNCTIONAL PERFORMANCE OBJECTIVES (TOTAL WEIGHTING = 30%)						
1.	Procurement and Contract Management	1.1	% Compliance to acquisition of goods and services as per the approved demand plan	100%	1 = 70% compliance 2 = 80% compliance 3 = 90% compliance 4 = 100% compliance 5=100% compliance and no SCM deviations reported	<ul style="list-style-type: none"> Approved Acquisition plan Departmental Quarterly Acquisition Status Reports Consolidated SCM Assessment reports
2	UIFW Strategy Implementation	2.1	Percentage reduction in historical Unauthorised expenditure reported 30 June 2024	52% reduction	1=<65% 2=65% -74% 3=85% reduction 4=86%-96% 5=97% and above (including non-incurrence in June 2025 report)	<ul style="list-style-type: none"> GRAS UIFWe report tabled at GAC and GPAC Audited Financial Statements
		2.2	Percentage reduction in historical	No Irregular	1=<65%	<ul style="list-style-type: none"> GRAS UIFWe report tabled at GAC

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¹⁹ Includes Ombudsman, revenue, basic services and petitions. A new baseline will determine reduction to be measured in the next financial year. The turnaround times will be derived as stipulated In the Ombudsman SOPs and/or Departmental SLS and/or SOPs.

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
			Irregular expenditure reported 30 June 2024	expenditure reported	2=65% -74% 3=85% reduction 4=86%-96% 5=97% and above (including non-incurrence in June 2025 report)	<ul style="list-style-type: none"> and GPAC Audited Financial Statements
		2.3.	Percentage reduction in historical Fruitless and Wasteful expenditure reported 30 June 2024	Fruitless and Wasteful expenditure reported	1=<65% 2=65% -74% 3=85% reduction 4=86%-96% 5=97% and above (including non-incurrence in June 2025 report)	<ul style="list-style-type: none"> GRAS UIFWe report tabled at GAC and GPAC Audited Financial Statements
3	Risk Management	3.1	% Implementation of the action plans to mitigate the risks	58%	1 = 60% implemented. 2 = 70% - 84% implemented 3 = 80% implemented 4 = 90% of departmental top strategic risks implemented 5 = 100% of departmental top strategic risks implemented	<ul style="list-style-type: none"> Signed quarterly departmental performance reports GRGC Risk analysis reports and Minutes
4	Departmental performance monitoring and reporting	4.1	% Achievement of departmental SDBIP	74.5%	1 < 75% achieved. 2 = 75% - 84% achieved 3 = 85% - 89% achieved 4 = 90% - 94% achieved 5 = 95% - 100% achieved	<ul style="list-style-type: none"> Signed quarterly departmental performance reports GSPCR assessment reports
5	Policy Management	5.1	% Compliance of policies in the departmental policy register	Approved policies	1= 75% compliance 2= 80% compliance 3= 85% compliance 4= 90% compliance 5= 95% compliance	<ul style="list-style-type: none"> Progress report Approved GSPCR analysis report
SECTION 3: CORE COMPETENCY REQUIREMENTS (TOTAL WEIGHTING = 20%)						
Financial Competence (Compulsory)						
1.	Expenditure Management	1.1	% Spent of allocated departmental Capex	91%	1 = 90% Capex spent 2 = 95% Capex spent 3 = 100% Capex spent including accruals 4 = 100% Capex spent by end of June without accruals 5 = 100% Capex spent by mid-June without accruals	<ul style="list-style-type: none"> SAP Report Midyear and Annual financial expenditure report by Group Finance



KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
		1.2	% Spent of allocated departmental Opex budget	102%	1 = 90% Opex spent 2 = 95% Opex spent 3 = 100% Opex spent including accruals 4 = 100% Opex spent by end of June without accruals 5 = 100% Opex spent by mid-June without accruals	<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 to Group Finance for payment ²⁰	96%	1 = 90% of valid invoices 2 = 95% of valid invoices 3 = 100% of valid invoices 4 = 100% of valid invoices paid within 25 days 5 = 100% of valid invoices paid within 20 days	<ul style="list-style-type: none"> Midyear and Annual Merchants reports
		1.4	Percentage of spent on repairs and maintenance to property, plant, and equipment. ²¹	48,6%	1 < 6% 2 = 7% 3 = 8% 4 = 9% 5 = 10%	<ul style="list-style-type: none"> SAP Report Midyear and Annual financial expenditure report by Group Finance
People Management and Empowerment (Compulsory)						
2.	Performance and People Management	2.1	% Of departmental staff receiving performance coaching and review as per the LG Municipal Staff Regulation of 2021 on performance management	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	<ul style="list-style-type: none"> Quarterly Performance Management compliance reports Approved assessment report by GCSS Signed departmental NFR report for 2025/26 performance rewards
		2.2	Percentage of disciplinary cases resolved within 120 days ²²	13%	1 < 60% 2 = 60 – 69% 3 = 70 - 79% 4 = 80 - 89%	Approved consolidated disciplinary report

1.1

²⁰ 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.

²¹The Total Property, Plant and equipment value is R180 million as at 1 July 2025 and 8% therefore amounts to R14,4 million (which should be the budget allocation for Repairs and maintenance 2025/26. However, the Repairs and Maintenance approved budget allocation for 2025/26 is only R7,6 million and thus we will not achieve the target of 8% as we can spend R7,6 million whilst the requirement is R14,4 million for 2025/26 financial period for ED Health's scorecard.

²² 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.

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification	
					5 = 90 - 99%		
Change Management							
3.	Institutionalisation of GEYODI in the City	3.1	Number of Geyodi programmes implemented as per the approved action plans ²³	New indicator	1 < 2 or less ²⁴ 2= 3 3= 4 4= 5 5= 6	<ul style="list-style-type: none"> Approved GEYODI action plans signed off by Departmental Executive Directors and Municipal Entities Accounting Officers. Nomination Letters of Geyodi Focal Persons to champion GEYODI. Quarterly Compliance Reports 	
4	Employee Safety	4.1	Percentage of Health and Safety corrective measures implemented	New indicator	1< 85% corrective measures implemented 2= 85% corrective measures implemented 3= 100% corrective measures implemented 4= 100% corrective measures implemented, and no injuries sustained 5= 100% corrective measures implemented and no injuries and fatalities	<ul style="list-style-type: none"> Implementation plan with targeted corrective measures Signed departmental quarterly progress reports Consolidated GSHE biannual assessment reports indicating corrective measures implemented and the level of compliance according to the audits conducted 	
Customer Management							
5	Customer satisfaction	5.1	Customer satisfaction index score ²⁵	New measurement ²⁶	1 <58% 2 = 58%. 3 = 63% ²⁷ 4 = 68% 5 = 70%	Satisfaction results by GSPCR	
<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>							
Dr. Gadirobe Mothibi Executive Director: Health		Signature: 		City Manager		Signature: 	Date: 31 July 2025

1.1

²³ Geyodi Programmes implemented as per the approved action plans

²⁵ While Customer Satisfaction has been tracked previously, this KPI represents the establishment of a new, consolidated baseline for annual reporting 2025/26 Customer Satisfaction Survey. The Customer Satisfaction Index measures public perception of service improvements linked to War Room interventions, regional accelerated delivery, and key turnaround areas including water, energy, waste, roads, and safety. It tracks impact, identifies service gaps, and informs continuous improvement through evidence-based community feedback.

²⁶ While Customer Satisfaction has been tracked previously, this KPI represents the establishment of a new, consolidated baseline for annual reporting

²⁷ 2025/26 Customer Satisfaction Survey, The Customer Satisfaction Index measures public perception of service improvements linked to War Room interventions, regional accelerated delivery, and key turnaround areas including water, energy, waste, roads, and safety. It tracks impact, identifies service gaps, and informs continuous improvement through evidence-based community feedback. 2025/26 Customer Satisfaction Survey.