PERFORMANCE AGREEMENT

Made and entered into by and between

THE CITY OF JOHANNESBURG METROPOLITAN MUNICIPALITY

("the city")

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

and

Dr. Gadirobe Mothibi

("Executive Director")

for the financial year: 1 July 2026 to 30 June 2027

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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 (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.

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 contact 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 2026

For: **THE CITY OF JOHANNESBURG**

METROPOLITAN MUNICIPALITY

_____

Dr. Floyd Brink
City Manager

Witness: _____

Witness: _____

SIGNED at Braamfontein on this the 31st day of July 2026

_____

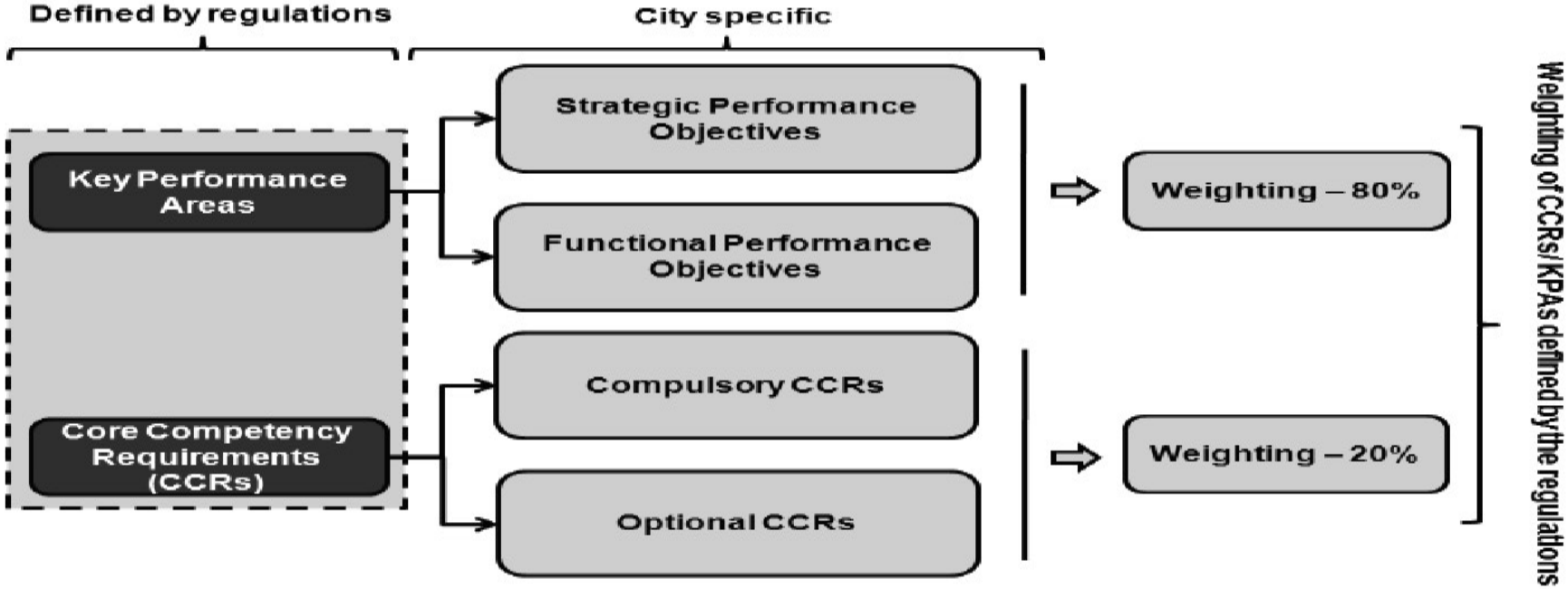
Dr. Gadirobe Mothibi
Executive Director: Health

Witness: _____

Witness: _____

PERFORMANCE SCORECARD – SECTION 57	
Employee	Dr Gadirobe Mothibi: Executive Director
Manager	Dr. Floyd Brink: 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 2026 to 30 June 2027	

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%.

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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	all DS-TB treatment success rate[1]	97.1%	1 = 85% 2 = 86% 3 = 88.2% 4 = 88.3% 5 = 88.4%	Performance dashboard retrieved from the DHIS and Progress Reports
		1.2	Percentage of HIV positive patients initiated on treatment[2]	96.9%	1 = 96.1% 2 = 96.2% 3 = 96.3% 4 = 96.4% 5 = 96.5%	Performance dashboard retrieved from DHIS and ART initiation
2.	Quadruple Burden of disease[3]	2.1	% Increase in the antenatal care early booking rate[4]	75.8%	1 = 76% 2 = 76.1% 3 = 76.3% 4 = 76.2% 5 = 76.7%	District Health Information System
3.	National Health Insurance readiness[5]	3.1	% Compliance in relation to the Ideal Clinic core standards in COJ health facilities in preparation for the NHI implementation[6]	80%	1 = 70% Compliance 2 = 75% Compliance 3 = 80% Compliance 4 = 85% Compliance 5 = 90% Compliance	• Provincial PPTICRM Results Report • Consolidated Quality Improvement Progress Report

[1] 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 Target across all spheres of government are as follows: National Dept of Health: 83%, Gauteng Department of Health (GDoH): 80% and City of Johannesburg (CoJ): 88% (the highest target This clearly indicates that CoJ has already reached the upper threshold for target-setting. The 88.3% target therefore reflects a realistic and nationally consistent.

[2] Annual target aligned to the National Strategic Plan (NSP) 2023–2028 and UNAIDS 95-95-95 framework, which requires at least 95% ART initiation among diagnosed PLHIV. Based on that CoJ has already reached the upper threshold for target-setting by 1.3%, hence it remained at 96.3% for the current year and outer years.

[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] The antenatal care early booking rate target is lower than the baseline, however targets are set at 70% for the National Department of Health (NDoH), 70% for the Gauteng Provincial Department of Health (GDoH), and 75.7% for the City of Johannesburg (COJ), the highest among the three. This indicates that COJ has reached the upper threshold, making the 75.7% target acceptable, realistic, and consistent with national and provincial standards.

[5] Through PHC re-engineering by strengthening the district health systems and improving Primary health care in the city.

[6] Planned perfect team for ideal clinic and realization maintenance (PPTICRM) is done once a year during the first quarter of the financial year and those results are kept and reported on for the year. In Quarter 3 self-assessments are done per facility So, 80% is the national target that must be achieved and improved on

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
						• Facility Self-Assessment Reports • Annual External Assess-ment
		3.2	% of eligible children fully immunized by age One (LG) [7]	93%	1 = 87.2 % 2 = 87.4% 3 = 87.5% 4 = 87.6% 5 = 87.7%	Performance dashboard retrieved from DHIS and Quarterly Progress Reports.
4.	Healthy living lifestyle	4.1	% knowledge increase of learners that are given health education on nutrition at schools[8]	New indicator	1 = 45% 2 = 50% 3 = 60% 4 = 65% 5 = 70%	• List of schools • Pretest • Post test based on nutrition • Attendance registers • Photos
5.	Food safety [9]	5.1	% Compliance to food safety legislation by formal food premises inspected[10]	90.32%	1 = 88% 2= 89% 3= 90% 4= 91% 5= 92%	Regional Environmental Health inspection registers and compliance checklists consolidated into the City-wide quarterly report
		5.2	% Compliance to food safety legislation by informal food premises inspected[11]	90%	1= 88% 2= 89% 3= 90% 4= 91% 5= 92%	Regional Environmental Health inspection registers and compliance checklists consolidated into the City-wide quarterly report

[7] Immunization is happening throughout the City's clinics; the target is set at population estimate per facility as per the catchment area ((Local Authority facilities only) Target set below baseline as first doses of vaccines or primary doses yield 85% of immunity for disease elimination according to vaccinator's manual "Immunization That Works" 4th edition 4th Edition, January 2015.

[8] 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 schools selected in the seven regions of the City of Johannesburg. This is a new KPI introduced in 2026/27 to standardize measurement of behaviour change through pre- and post-test tools administered by Health Promotion during school-based nutrition education sessions.

[9] 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.

[10] Compliance to food safety legislation is aimed at protecting the public against food related illnesses including food poisoning. IT reflects the pivotal role of Environmental Health Practitioners in supporting informal food traders through continuous health education, on-site hygiene assessments, inspections, enforcement actions, and provision of compliance guidance.

[11] Compliance to food safety legislation is aimed at protecting the public against food related illnesses including food poisoning. IT reflects the pivotal role of Environmental Health Practitioners in supporting informal food traders through continuous health education, on-site hygiene assessments, inspections, enforcement actions, and provision of compliance guidance.

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
		5.3	Percentage of reported bylaw violation successfully resolved[12]	New indicator	1=75% reported violation resolved 2=80% reported violation resolved 3=85% reported violation resolved 4=90% reported violation resolved 5=100% reported violation resolved	By law enforcement Consolidated quarterly progress report
6.	Economic sustainability	6.1	Number of EPWP job opportunities created through the departmental projects[13]	605 Jozi Ihlomile	1 = 100 2 = 150 3 = 200 job opportunities created 4 = 250 5 = 300	Contracts, Database
		6.2	Number of SMMEs supported by the department. Number of SMME's supported through the departmental projects[14]	76	1 = 80 2 = 90 3 = 100 SMME's supported 4 = 110 5 = 120	Signed Cover report Supporting sign-off by SMMEs
7.	Smart City	7.1	Number of health facilities implementing Electronic Patient Health Record software[15]	New	1 = 20 Health Facilities 2 = 30 Health Facilities 3 = 40 Health Facilities 4 = 45 Health Facilities	Utilization report Confirmation reports eHealth rollout reports

12 Refers to reported bylaw violations reported , i.e. illegal parking, illegal dumping, noise pollution, driving on undesignated areas , counterfeit goods , unlawful occupation of site, misuse of park and public open spaces, environmental degradation, malicious damage to property must be resolved according to Service Level Standards timeframes by all applicable department and entities that have inspectors

13 Target will depend on availability of budget. Achievement of the Jozi Ihlomile KPI is also considered as achievement for this KPI.

14 The department to comply with DED guidelines and criteria. DED target for the Health Department is 200. The support includes facilitation, training, etc.

15 Counts the total number of COJ health facilities where the Electronic Patient Health Record system has been successfully rolled out, installed, configured, and is in active use

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
					5 = 50 Health Facilities	
8.	Stakeholder Management	8.1	Number of citizens participating in departmental events and engagements[16]		1= 8,000 citizens 2= 9,000 citizens 3= 10,000 citizens[17] 4= 11,000 citizens 5= 12,000 citizens	Signed Database reflecting Physical and Virtual engagements, notices, registers singed off by Legislature Submission of monthly evidence as stipulated in the Stakeholder Engagement Tool
9.	Good Governance	9.1	Audit outcome[18]	Qualified Audit opinion	1= Disclaimer of Audit Opinion 2= Adverse Audit Opinion 3=Unqualified Audit opinion 4= Financially Unqualified Audit Opinion 5= Clean Audit Outcome	AG Management Letter
		9.2	% Resolution of internal audit findings[19]	85% resolution	1 = 65%- 70% resolution 2 = 71% - 84% resolution 3 = 85% resolution 4 = 86% -95% resolution 5 =96%-100% resolution (including no findings)	GRAS report on Audit Findings approved by GAC & GPAC
		9.3	% Resolution of external (AGSA) audit findings[20]	100% resolution	1 = 65%- 70% Resolution 2 = 71% - 84% Resolution	GAC Internal Audit Report on Findings

[16] 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.
[17] 10,000 citizens engaged towards achieving the CoJ target of 250,000 citizens engaged for the year 2025/26.
[18] Aligns to the SOCA Turnaround plan KPI to Resolve 100% of audit findings and sustain clean audit status.
[19] These are findings by internal audit only that are picked up on an ongoing basis.
[20] 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
					3 = 85% Resolution 4 = 86% -95% Resolution 5= 95%- 100% Resolution (including no findings)	
10.	Circular 88	10.1	Percentage of Circular 88[21] indicators reported.	New indicator	1 = 75% 2 = 80% 3 = 85% 4 = 90% 5 = 100%	Quarterly Circular 88 reports
	Ombudsman customer complains		% Resolution of customer complains within stipulated turnaround times[22]	No complaints received from the Office of the Ombudsman	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
11.	Service Level Standards	11.1	Percentage achievement of service standards[23]	100%	1 = < 75% compliance 2 = < 85% compliance 3 = 85% compliance	Departmental progress submitted to GG

[21] National Treasury provides indicators that form part of the planning and reporting requirements for Metropolitan Municipalities. Information regarding C88 is however subject to change as National Treasury continues to refine the C88 indicators as well as how they are implemented and reported. GSPCR will communicate any changes accordingly as soon as National Treasury communicates these changes. Health KPI's: Number of incidents of improper disposal of medical waste responded to by the municipality. Number of notifiable medical condition investigations following the prescribed protocols. Number of foodborne disease outbreak investigations following the prescribed protocols.

[22] 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.

[23] The Service Standards listed in the Service Standard Charter are:
Average time spent by patients at the facility on monthly basis: Under 2.5 hours
100% of Notifiable medical conditions reported within 3 working days
100% of Complaint resolution at facility level within 25 days
100% Request for services attended by Environmental Health Services

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KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
					4 = > 85% compliance 5 = > 95% compliance	Signed Consolidated Governance Service Level Standards Assessment Report of ME s and Departments by GG tabled at GPAC
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	• Approved Acquisition plan • Departmental Quarterly Acquisition Status Reports • SCM Assessment reports • Audited Financial statements
2	Revised UIFWe Strategy	2.1	Percentage reduction in historical **Unauthorised** expenditure reported 30 June 2026	None reported	1=<65% 2=65% -74% 3=85% reduction 4=86%-96% 5=97% and above (including non-incurrence in June 2027 report)	• GRAS UIFWe report tabled at GAC and GPAC • Audited Financial State-ments
		2.2	Percentage reduction in historical **Irregular** expenditure reported 30 June 2026	None reported	1=<65% 2=65% -74% 3=85% reduction 4=86%-96% 5=97% and above (including non-incurrence in June 2027 report)	• GRAS UIFWe report tabled at GAC and GPAC • Audited Financial State-ments

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
		2.3	Percentage reduction in historical **Fruitless and Wasteful** expenditure reported 30 June 2026	None reported	1=<65% 2=65% -74% 3=85% reduction 4=86%-96% 5=97% and above (including non-incurrence in June 2027 report)	• GRAS UIFWe report tabled at GAC and GPAC • Audited Financial State-ments
3	Risk Management	3.1	% Implementation of the action plans to mitigate the strategic risks	85%	1 = 60% of action plans implemented 2 = 70% of action plans implemented 3 = 80% implemented 4 = 90% of action plans implemented 5 = 100% of action plans implemented	• Signed quarterly depart-mental performance reports • GRGC Risk analysis reports and Minutes
4	Departmental performance monitoring and reporting	4.1	% Achievement of departmental SDBIP	84.2%	1 < 75% achieved. 2 = 75% - 84% achieved 3 = 85% - 89% achieved 4 = 90% - 94% achieved 5 = 95% - 100% achieved	• Signed quarterly depart-mental performance reports • GSPCR assessment reports
5	Policy Management	5.1	Percentage approved policies in departmental policy register	Approved policies in the register	1=<85% policies reviewed and approved. 2= 85% - 90% policies reviewed and approved 3= 91%-100% policies reviewed and approved 4 = 100% policies reviewed and approved within 6 months after the date of review 5=100% policies reviewed and approved 3 months after approval	• Progress report to GSPCR Pol-icy Office • Approved COJ policies report tabled at EMT and GPAC
SECTION 3: CORE COMPETENCY REQUIREMENTS (TOTAL WEIGHTING = 20%)						

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
Financial Competence (Compulsory)						
1.	Expenditure Management	1.1	% Spent of allocated departmental Capex[24]	99%	1 = 80% Capex spent 2 = 90% Capex spent 3 = 95% Capex spent 4 = 97% Capex spent 5 = 99% Capex spent	SAP Report
		1.2	% Spent of allocated departmental Opex budget	99%	1 = 80% Opex spent 2 = 90% Opex spent 3 = 95% Opex spent 4 = 97% Opex spent 5 = 99% Opex spent	Operating Expenditure Report From SAP
		1.3	Percentage of valid departmental invoices paid within 30 days of submission to Group Finance for payment[25]	90.4%	1 = 75% of valid invoices 2 = 80% of valid invoices 3 = 85% of valid invoices 4 = 90% of valid invoices 5 = 100% of valid invoices	• Midyear and Annual Merchants reports
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	95.9%	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	• Quarterly Performance Management compliance reports • Approved assessment report by GCSS • Signed departmental NFR report for 2025/26 performance rewards

[24] This is applicable to departments with large capex budget – threshold to be determined.
[25] 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.

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
		2.2	Percentage of disciplinary cases resolved within 120 days[26]	83%	1 < 60% 2 = 60 – 69% 3 = 70 - 79% 4 = 80 - 89% 5 = 90 - 99%	• Approved departmental quarterly performance reports • GCSS LR report Annual report 2025/26
Change Management (Optional)						
3.	Institutionalisation of GEYODI and EE in the City	3.1	Number of Geyodi programmes implemented as per the approved action plans.	New indicator	1 ≤ 2 or less[27] 2= 3 3= 4 4= 5 5= 6	• 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
		3.2	% EE, Gender and Disability mainstreaming[28]	New indicator	1 ≤ 40%[29] 2= 41% - 59%[30] 3= 60% - 79%[31] 4= 80% - 99%[32] 5= 100%[33]	• Minutes • Attendance registers • Concept documents.
4	Employee Safety	4.1	Percentage of Health and Safety corrective measures implemented	90%	1< 85% corrective measures implemented 2= 85% corrective measures implemented 3=100% corrective measures implemented	• Implementation plan with targeted corrective measures • Signed departmental quarterly progress reports • Consolidated GSHE bian-

[26] 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.
[27] Geyodi programmes implemented as per the approved action plans
[28] The KPI include both the internal focused initiatives on Employment Equity, inclusive of Gender Disabilities and Diversity Management initiatives and interventions.
[29] Attendance of consultative sessions scheduled i.e. directorate, departmental and/or citywide; depending on the level of representation in line with the approved Terms of Reference (TOR). This includes recruitment and selection processes which the representative has attended within the reporting period.
[30] Provide feedback to staff or the constituency in ways agreed to by the forum. This includes, emails, staff meetings or relevant structure/forum etc.
[31] Participate in the development of the Action Plan and monitor implementation.
[32] Input into or submission of relevant reports to various structures or relevant authorities.
[33] Facilitate the employee participation in citywide events planned for the City's employees, include workshops, training or EE, Gender and Disability events.

GB

KPA No	Key Performance Area	KPI No.	Key Performance Indicators (KPIs)	Baseline	Target	Means of Verification
					4= 100% corrective measures implemented, and no injuries sustained 5= 100% corrective measures implemented and no injuries and fatalities	nual assessment reports indicating corrective measures implemented and the level of compliance according to the audits conducted
Customer Orientation and Focus (compulsory)						
5	Customer satisfaction	5.1	% Increase in customer satisfaction index[34]	60%	1 <60% 2 = 60%. 3 = 61%[35] 4 = 62% 5 = >62%	Annual Customer satisfaction survey report

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:**	**Dr. Floyd Brink:** **City Manager**	**Signature:**	**Date:** **31 July 2026**

[34] The Customer Satisfaction Survey will focus on initiatives from the War Room, regional accelerated service delivery and all service delivery areas that require turnaround i.e. water, energy, waste, roads, safety and measure improvements in these areas, etc.
[35] Per GPAC guidance, an aspirational target to counter declining satisfaction trends