



CHRIS HANI
DISTRICT MUNICIPALITY
SUSTAINING GROWTH
THROUGH OUR PEOPLE

ANNUAL PERFORMANCE AGREEMENT

Prepared for and entered into by:

Mr. G Mashiyi
the Municipal Manager of the
CHRIS HANI DISTRICT MUNICIPALITY
("the Municipal Manager")

and

Ms Ntombikayise Mnyengeza
the Director at the
CHRIS HANI DISTRICT MUNICIPALITY
("the Director")

For the financial year: 2021-2022

Commencement Period: 1 July 2020- 30 June 2022

PROLOGUE

- 1.1. The Municipality has, in terms of Section 57(1)(a) of the Local Government: Municipal Systems Act, No. 32 of 2000 ("the Systems Act") entered into a contract of employment with the Director for a period of 5 years, commencing on 01 June 2021
- 1.2. Section 57(1)(b) of the Systems Act, read with the contract of employment concluded between the Parties, require 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 Director to a set of outcomes that shall secure local government policy goals.
- 1.4. The Parties wish to ensure that there is compliance with Sections 57(4A), (4B) and (5) of the Systems Act.

1. INTERPRETATION

- 1.5. In this Agreement the following words shall have the meaning ascribed thereto:
 - 1.5.1. "this Agreement" – means the performance agreement between the Municipality and the Director and the annexures thereto.
 - 1.5.2. "the Executive Authority" – means the Council of the Municipality constituted in terms of Section 55 of the Local Government: Municipal Structures Act as represented by its chairperson, the Executive Mayor.
 - 1.5.3. "the Executive Mayor" – means the Executive Mayor who is the representative of the Council of the Chris Hani District Municipality and the executive leader of the Chris Hani District Municipality in terms of Section 32, 54 and 56 of the Local Government: Municipal Structures Act, 117 of 1998
 - 1.5.4. "the Director" – means the Director Health and Community Services who is directly accountable to the Municipal Manager in terms of Section 56(a) of the Systems Act.
 - 1.5.5. "the Municipal Manager" – means the Municipal Manager appointed in terms of Section 82 of the Local Government: Municipal Structures Act, No. 117 of 1998



1.5.6. "the Municipality" – means the CHRIS HANI DISTRICT MUNICIPALITY.

1.5.7. "the Parties" – means the Municipal Manager and the Director.

2. PURPOSE OF THIS AGREEMENT

2.1. The Parties agree that the purposes of this Agreement are to:

2.1.1. comply with the provisions of Section 57(1)(b), (4A), (4B) and (5) of the Systems Act as well as the contract of employment entered into between the Parties;

2.1.2. specify objectives and targets established for the Director and to communicate to the Director the Municipality's expectations of the Director's performance and accountability;

2.1.3. specify accountabilities as set out in Annexure A;

2.1.4. monitor and measure performance against targeted outputs and outcomes;

2.1.5. use Annexures A, B and C, as a basis for assessing whether the Director has met the performance expectations applicable to her job;

2.1.6. appropriately reward the Director in accordance with the Municipality's performance management policy in the event of outstanding performance;

2.1.7. establish a transparent and accountable working relationship; and

2.1.8. give effect to the Municipality's commitment to a performance-orientated relationship with its Director in attaining equitable and improved service delivery.

3. COMMENCEMENT AND DURATION

3.1. Notwithstanding the date of signature this Agreement shall commence on the 1 July 2020 and shall remain in force until a new performance agreement including a Performance Plan and Personal Development Plan is concluded between the Parties as contemplated in Clause 3.2 The performance agreement shall be entered into for each financial year of the municipality ;

3.2. The Parties shall review the provisions of this Agreement during June each year and shall conclude a new performance agreement including a Performance Plan and Personal Development Plan that replaces this Agreement at least once a year within one month after commencement of the new financial year (by not later than the 31st of July each year).

3.3. The payment of the performance bonus is determined in accordance with the regulation 32 states that a performance bonus shall be paid based on the affordability to the Director and after

- The annual report for the financial year under review has been tabled and adopted by council;
- An evaluation of performance in accordance with the provision of regulation 23 and
- Approval of such evaluation by the municipal council as a reward for outstanding performance.

3.4. If at any time during the validity of this Agreement the work environment alters (whether as a result of government or council decisions or otherwise) to the extent that the contents of this Agreement are no longer appropriate, the contents shall must by mutual agreement between the parties. immediately be revised.

3.5. This Agreement shall terminate on the termination of the Director's contract of employment for any reason.

4. PERFORMANCE OBJECTIVES

4.1. The Performance Plan in **Annexure A** sets out:

4.1.1. the performance objectives and targets which must be met by the Director; and

4.1.2. the timeframes within which those performance objectives and targets must be met.

4.1.3. The Core Management Competencies (**Annexure B - definition**) reflected herein set out those management skills regarded as critical to the position held by the Director.



- 4.2. The Personal Development Plan in **Annexure C** sets out the Director's personal developmental requirements in line with the objectives and targets of the Municipality.
- 4.3. The performance objectives and targets reflected in **Annexure A** are set by the Municipality in consultation with the Director and based on the Integrated Development Plan, Service Delivery and Budget Implementation Plan the Budget of the Municipality, and include key objectives, key performance areas, target dates and weightings.
- 4.4. 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 time frame in which the work must be achieved. The weightings show the relative importance of the key objectives to each other.
- 4.5. The Director's performance shall, in addition, be measured in terms of contributions to the development objectives and strategies set out in the Municipality's Integrated Development Plan.

5. PERFORMANCE MANAGEMENT SYSTEM

- 5.1. The Director agrees to participate in the performance management system that the Municipality adopts.
- 5.2. The Director accepts that the purpose of the performance management system shall be to provide a comprehensive system with specific performance standards to assist the municipal management and municipal staff to perform to the standards required.
- 5.3. The Council and/or Municipal Manager shall consult the Director about the specific performance standards that shall be included in the performance management system as applicable to the Director.
- 5.4. The Director undertakes to actively focus towards the promotion and implementation of his/her Key Performance Areas as set out in **Annexure A** including special projects relevant to the Director's responsibilities within the local government framework.

6. PERFORMANCE ASSESSMENT

- 6.1. The performance of the Director shall be assessed against the outputs and outcomes achieved in terms of his/her Key Performance Areas (KPAs) as fully described in **Annexure A** and his/her Core Management Competencies (CMCs) determined at the commencement of this Agreement with a weighting of 80:20 allocated to the KPAs and CMCs respectively. Therefore the KPAs that refer to the main tasks of the Director account for 80% of his/her assessment while the CMCs make up the other 20% of the Director's assessment score.
- 6.2. The weightings agreed to in respect of the Director's KPAs attached as **Annexure A** are set out in the table below:

KEY PERFORMANCE AREA	DESCRIPTION	WEIGHT
KPA 1	Municipal Transformation and Organisational Development	5%
KPA 2	Basic Service Delivery and Infrastructure Development	70%
KPA 3	Local Economic Development	5%
KPA 4	Financial Management and Viability	5%
KPA 5	Good Governance and Public Participation	15%
TOTAL		100%



6.3. The weightings agreed to in respect of the CMCs considered most critical for the Director's position and further defined in Annexure B are set out in the table below:

LEADING COMPETENCIES

NO	COMPETENCY AREA	DEFINITION	ACHIEVEMENT LEVEL	WEIGHT
1	Strategic Leadership and Management	Provide and direct a vision for the institution, and inspire and deploy others to deliver on the strategic institutional mandate	Advanced	5%
2	People Management	Effectively manage, inspire and encourage people, respect diversity, optimise talent and build and nurture relationships in order to achieve institutional objectives	Advanced	10%
3	Programme and Project Management	Able to understand program and project management methodology; plan, manage, monitor and evaluate specific activities in order to deliver on set objectives	Advanced	10%
4	Financial Management	Able to compile, plan and manage budgets, control cash flow, institute financial risk management and administer procurement processes in accordance with recognised financial practices. Further to ensure that all financial transactions are managed in an ethical manner	Advanced	5%
5	Change Leadership	Able to direct and initiate institutional transformation on all levels in order to successfully drive and implement new initiatives and deliver professional and quality services to the community	Advanced	5%
6	Governance Leadership	Able to promote, direct and apply professionalism in managing risk and compliance requirements and apply a thorough understanding of governance practices and obligations. Further, able to direct the conceptualisation of relevant policies and enhance cooperative governance relationships	Advanced	5%

CORE COMPETENCIES

NO	COMPETENCY AREA	DEFINITION	ACHIEVEMENT LEVEL	WEIGHT
1	Morale Competence	Able to identify moral triggers, apply reasoning that promotes honesty and integrity and consistently display behaviour that reflects moral competence	Advanced	5%
2	Planning and Organising	Able to plan, prioritise and organise information and resources effectively to ensure the quality of service delivery and build efficient contingency plans to manage risk	Advanced	15%
3	Analysis and Innovation	Able to critically analyse information, challenges and trends to establish and implement fact-based solutions that are innovative to improve institutional processes in order to achieve key strategic objectives	Advanced	5%
4	Knowledge and Information Management	Able to promote the generation and sharing of knowledge and information through various processes and media, in order to enhance the collective knowledge base of local government	Advanced	5%
5	Communication	Able to share information, knowledge and ideas in a clear, focused and concise manner appropriate for the audience in order to effectively convey, persuade and influence stakeholders to achieve the desired outcome	Advanced	15%
6	Results and Quality Focus	Able to maintain high quality standards, focus on achieving results and objectives while consistently striving to exceed expectations and encourage others to meet quality standards. Further, to actively monitor and measure results and quality against identified objectives	Advanced	15%

TOTALS

100%

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R.D.

6.4. The assessment of the performance of the Director shall be based on the following rating scales for KPAs and CMCs:

RATING SCALES		
LEVEL	TERMONOLOGY	DESCRIPTION
5	Outstanding Performance	Performance far exceeds the standard expected of an employee at this level. The appraisal indicates that the employee has achieved above fully effective results against all performance criteria and indicators as specified in the Performance Agreement and Performance Plan and maintained this in all areas of responsibility throughout the year.
4	Performance Significantly Above Expectations	Performance is significantly higher than the standard expected in the job. The appraisal indicates that the employee has achieved above fully effective results against more than half of the performance criteria and indicators and fully achieved all others throughout the year
3	Fully Effective	Performance fully meets the standards expected in all areas of the job. The appraisal indicates that the employee has fully achieved effective results against all significant performance criteria and indicators as specified in the Performance Agreement and Performance Plan
2	Performance Not Fully Effective	Performance is below the standard required for the job in key areas. Performance meets some of the standards expected for the job. The review/assessment indicates that the employee has achieved below fully effective results against more than half of the key performance criteria and indicators as specified in the Performance Agreement and Performance Plan.
1	Unacceptable Performance	Performance does not meet the standard expected for the job. The review/assessment indicates that the employee has achieved below fully effective results against almost all of the performance criteria and indicators as specified in the Performance Agreement and Performance Plan. The employee has failed to demonstrate the commitment or ability to bring performance up to the level expected in the job despite management efforts to encourage improvement.

6.5. To determine which rating on the five-point rating scale did the Director achieve for each KPA, the following criteria should be used:

Description	Definition
Duration of task	Was the target achieved within the projected timeframe
Level of complexity	Did the task require problem solving; reconciling different perceptions and the use of innovative alternatives?
Cost	Was the target delivered within budget? Was there saving or was there over expenditure?
Constraints	Did the envisaged constraints materialise? If so, were steps taken to manage/reduce the effects of the constraint? If not, was it beneficial to the completion of the target? Were there any innovative/pro-active steps taken to manage the constraint

7. PANEL AND SCHEDULE FOR ASSESSMENTS

7.1. An assessment panel consisting of the following persons shall be established when assessing the annual performance of the Director:

7.1.1. The Municipal Manager

7.1.2. Chairperson of the Performance Audit Committee or Audit committee in the absence of a performance committee

7.1.3. Member of the Mayoral Committee

7.1.4. Municipal Manager from another Municipality

7.2. The manager responsible for human resources of the Municipality must provide a secretarial services to the evaluation panels refer to in 7.1

7.3. In addition, a pre-assessment shall be done by:

7.3.1. The Municipal Manager

7.3.2. The Director (own assessment)

7.4. The performance of the Director shall be assessed in relation to his/her achievement of:

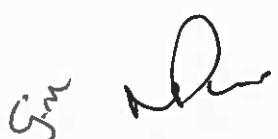
7.4.1. The targets indicated for each KPA in Annexure A;

7.4.2. The CCRs as defined in clause 6.3 of this agreement on a date to be determined for each of the following quarterly periods:

Quarter	Months	Review Date
1	July – September	October
2	October – December	January
3	January – March	April
4	April – June	July

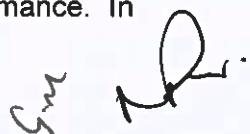
7.5. Assessments in the first and third quarter may be verbal if the Director's performance is satisfactory

7.6. The Municipality shall keep a record of the mid-year and annual assessment meetings.



8. EVALUATING PERFORMANCE AND THE MANAGEMENT OF EVALUATION OUTCOMES

- 8.1. The Director shall submit quarterly performance reports and a comprehensive annual performance report with the self-assessment to the Municipal Manager before the performance assessment meeting.
- 8.2. The Municipal Manager shall give performance feedback to the Director after each quarterly and the annual assessment meetings.
- 8.3. The Director shall be subjected to the performance evaluation panel at the end of the financial year for assessing the performance during the year
- 8.4. The evaluation report of the Director's performance shall form the basis for rewarding outstanding performance or correcting unacceptable performance.
- 8.5. The results of the annual assessment and the scoring report of the Director for the purposes of bonus allocation, if applicable, shall be submitted to the council for approval.
- 8.6. Personal growth and development needs identified during any performance assessment discussion, must be documented in the Director's Personal Development Plan as well as the action steps and set time frames agreed to.
- 8.7. Despite the establishment of agreed intervals for assessment, the Municipal Manager may, in addition, review the Director's performance at any stage while his/her contract of employment remains in force.
- 8.8. Parties may agree to review and make reasonable changes to the provisions of Annexure "A" from time to time for operational reasons. The Director shall be fully consulted before any such change is made.
- 8.9. The provisions of Annexure "A" may be amended by the council when the Municipality's performance management system is adopted, implemented and/or amended as the case may be subject to clause 5.3.
- 8.10. A performance bonus ranging from 5% to 14% of the all-inclusive remuneration package may be paid to an employee in recognition of outstanding performance. In



determining the performance bonus the relevant percentage is based on the overall rating, calculated by using the applicable assessment-rating calculator; provided that:

- 8.10.1. a score of 130% to 149% is awarded a performance bonus ranging from 5% to 9%; and
- 8.10.2. a score of 150% and above is awarded a performance bonus ranging from 10% to 14%.

9. OBLIGATIONS OF THE MUNICIPALITY

- 9.1. The Municipality shall create an enabling environment to facilitate effective performance by the Director.
- 9.2. The Director shall be provided with access to skills development and capacity building opportunities.
- 9.3. The Municipality shall work collaboratively with the Director to solve problems and generate solutions to common problems that may impact on the performance of the Director.
- 9.4. The Municipality shall make available to the Director such resources including employees as the Director may reasonably require from time to time to assist him/her to meet the performance objectives and targets established in terms of this Agreement; provided that it shall at all times remain the responsibility of the Director to ensure that he/she complies with those performance obligations and targets.
- 9.5. The Director shall be delegated such powers by the Municipality as may in the discretion of the Municipality be reasonably required from time to time to enable him/her to meet the performance objectives and targets established in terms of this Agreement.



10. CONSULTATION

- 10.1. The Municipal Manager agrees to consult the Director within a reasonable time where the exercising of the Municipal Manager powers shall:
- 10.1.1. have a direct effect on the performance of any of the Director's functions;
 - 10.1.2. commit the Director to implement or to give effect to a decision made by the Executive mayor and/or Municipal Manager;
 - 10.1.3. have a substantial financial effect on the Municipality.
- 10.2. The Municipal Manager agrees to inform the Director of the outcome of any decisions taken pursuant to the exercise of powers contemplated in 10.1 as soon as is practicable, to enable the Director to take any necessary action without delay.

11. CONSEQUENCES OF POOR OR UNACCEPTABLE PERFORMANCE

- 11.1. Where the Municipal Manager is, at any time during the Director's employment, not satisfied with the Director's performance with respect to any matter dealt with in this Agreement, the Municipal Manager shall give notice to the Director to attend a meeting with the Municipal Manager
- 11.2. The Director shall have the opportunity at the meeting to satisfy the Municipal Manager of the measures being taken to ensure that the Director's performance becomes satisfactory in accordance with a documented programme, including any dates, for implementing these measures
- 11.3. The Municipality shall provide systematic remedial or developmental support to assist the Director to improve his/her performance.
- 11.4. If, after appropriate performance counselling and having provided the necessary guidance and/or support as well as reasonable time for improvement in performance, the Municipal Manager holds the view that the performance of the Director is not satisfactory, the Municipal Council shall, as per the advice of the Municipal Manager and subject to compliance with applicable labour legislation, be entitled to, by notice in writing to the Director, take steps to terminate the Director's employment in accordance with the notice period set out in the Director's contract of employment.



11.5. Where there is a dispute or difference as to the performance of the Director under this Agreement, the Parties shall confer with a view to resolving the dispute or difference.

11.6. Nothing contained in this Agreement in any way limits the right of the Municipality to terminate the Director's contract of employment with or without notice for any other breach by the Director of her obligations to the Municipality or for any other valid reason in law.

12. DISPUTES

12.1. In the event that the Director is dissatisfied with the nature of this Agreement, whether it relates to key responsibilities, priorities, methods of assessment and/or salary increment in the agreement, must be mediated by the Municipal Manager, who must within 30 days of receipt of a formal dispute from the Director, take a decision that shall be formal and binding on both parties.

12.1 In the event that the Director is dissatisfied with the outcome of the evaluation, must be mediated by a member of the municipal council, provided that such member was not part of the evaluation panel provided for in sub-regulation 27(4) (e) within 30 days of receipt of a formal dispute from the Director, take a decision that shall be formal and binding on both parties.

13. GENERAL

13.1. The contents of this Agreement must be made available to the public by the Municipal Manager in accordance with the Municipal Finance Management Act, 2003 section ~~46.~~ Section 53(3)(b)

13.2. Nothing in this Agreement diminishes the obligations, duties or accountabilities of the Director in terms of his/her contract of employment, or the effects of existing or new regulations, circulars, policies, directives or other instruments.

Signed at Krom Aan on this 30 day of July 2021


Director: Health and Community Services
Chris Hani District Municipality

As witness:

(1) KHANYA MAKHWENKWE
Full Name and Surname

KMak

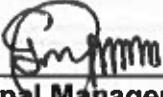
Signature

(2) GAPHELA MPUTULU
Full Name and Surname

GMP

Signature

Signed at Komani on this 30 day of July 2021


Municipal Manager
Chris Hani District Municipality

As witness:

(1) INOKO Nkandla
Full Name and Surname

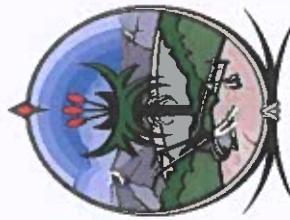


Signature

(2) _____
Full Name and Surname

Signature

ANNEXURE B:
PERFORMANCE AGREEMENT FOR MS. N Mnyengeza



CHRIS HANI
 DISTRICT MUNICIPALITY
 SUSTAINING GROWTH
 THROUGH OUR PEOPLE

PERSONAL DEVELOPMENT PLAN OF:

Ms N Mnyengeza

2021/22 FINANCIAL YEAR

1. Skills/ Performance Gap (in order of priority)	2. Outcomes (measures indicators: quantity, quality and time frames)	3. Suggested Training and or development activity	4. Suggested Mode of delivery	5. Suggested Time Frames	6. Work Opportunity created to practise skill / development area	7. Support Person
MONITORING AND EVALUATION			PROGRAM MONITORING EVALUATION	PART TIME 24 months		Director Corporate Services
REPORTING WRITING			ADVANCED PROGRAM TRAINING IN WRITING SKILLS	ON LINE 6 months		Dir. Corporate Services

*D. Mnyengeza
G. Mnyengeza*

HRIS HANI DISTRICT MUNICIPALITY

APPROVED INSTITUTIONAL OPERATIONAL SERVICE DELIVERY AND BUDGET IMPLEMENTATION PLAN

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Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	YTD Actual Performance	YTD Actual Performance (Reason for Non-Achievement)	In case of non-achievement provide Remedial/Corrective Action	Evidence	Custodian		
															Qtr. 4	Qtr. 1	
					directories for record keeping, compilation of report on the implementation of the council approved PMS Framework. (4) Assessment tool will be prepared and circulated to all directores with the actual deadlines on when the review/assessments should be completed and reported												
Information and communication technology	To ensure effective management of Municipal assets.	Sustainable delivery of services	Implementation of business integration technology enablement		Number of E-Government project implemented	MTOD - 7.1		ICT work study report in place	Q1 E-Government project implemented by 30 June 2022	Qtr. 1	Develop and submit departmental content for uploading in the municipal website			Director Health and Community Services			
					E-Government is the use of ICT to improve the activities of the municipality it also includes G2G (Government to Business) and G2C (Government to Citizens). The process will entail implementation of SharePoint portal (implementing G2G) for Content management, Business intelligence and Workflows. The share point process will be implemented as follows:					Qtr. 2	Develop and submit departmental content for uploading in the municipal website						
					(d) Upload departmental content 2. Training will be provided to a department in phases once content uploading of such department has been concluded. 2. Method of calculation = Sum = 1 programme will be implemented with different activities each quarter					Qtr. 3	Develop and submit departmental content for uploading in the municipal website						
										Qtr. 4	Develop and submit departmental content for uploading in the municipal website						
KPA 2: BASIC SERVICE DELIVERY AND INFRASTRUCTURE DEVELOPMENT																	
Municipal Health Services	To provide municipal health services in accordance with relevant legislations	Healthy community	% Wastewater Monitor	Environmental Management and Basic Services in a well-structured, efficient and integrated manner	SDI - 14	R 300 000	Weight: 20%	100% Wastewater quality compliance in accordance with Regulations 991 and section 39 of National Water Act 36 of 1998 as amended monitored for compliance	Qtr. 1	68% of Wastewater quality compliance in accordance with Regulations 991 and section 39 of National Water Act 36 of 1998 as amended for compliance	100% Wastewater quality compliance in accordance with Regulations 991 and section 39 of National Water Act 36 of 1998 as amended monitored for compliance	Qtr. 2	100% Wastewater quality compliance in accordance with Regulations 991 and section 39 of National Water Act 36 of 1998 as amended monitored for compliance	Director Health and Community Services	Quarterly reports on waste water quality compliance in line with the applicable regulations. Waste Water sample results, Sample points data base, compliance notices		

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Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	In case of non-achievement provide Removal (Corrective Action)	Evidence	Custodian		
					Notices are issued to Water Services. The results report is also reported to the Integrated Regulatory Information System(IRS) which is owned by the Department of Water & Sanitation and the Standing Committee of Health & Community Services. The compliance percentage is calculated by dividing the complying samples with the total number of samples taken, multiply by 100. e.g. actual compliance number divide by total number of samples taken * 100 = % compliance . The source document is the water samples report taken for the quarter and database	SDI - 15	R570 158	98% of Drinking Water Compiled to SANS 241	Qtr. 1 100% of Drinking Water Compliance to SANS 241 monitored	Qtr. 2 100% of Drinking Water Compliance to SANS 241 monitored by 30 June 2022	Qtr. 3 100% of Drinking Water Compliance to SANS 241 monitored	Qtr. 4 100% of Drinking Water Compliance to SANS 241 monitored	Quarterly Report on drinking water compliance to SANS (Drinking Water sample results, Sample points data base)	Director: Health and Community Services	
					Monitor Compliance of drinking water quality with SANS 241	To monitor Drinking Water Quality within CHDM through sampling at water treatments works, distribution network and point of use. Further more a sample point is source of drinking water were a sample will be taken from e.g. Tap/Treatment plant/reservoir]. The sampling of water is done to monitor that water consumed by CHDM residents is safe for human consumption. For MHS to be able to take water samples the following must be in place a) availability of water from the source, distribution network and at the tap and sample points database. b) Toolkits (needed) such as cooler box, icepacks, labelling stickers, chemical reagents, bottle for taking the actual sample(water) (field test)	SDI - 15	R570 158	98% of Drinking Water Compiled to SANS 241	Qtr. 1 100% of Drinking Water Compliance to SANS 241 monitored	Qtr. 2 100% of Drinking Water Compliance to SANS 241 monitored by 30 June 2022	Qtr. 3 100% of Drinking Water Compliance to SANS 241 monitored	Qtr. 4 100% of Drinking Water Compliance to SANS 241 monitored	Quarterly Report on drinking water compliance to SANS (Drinking Water sample results, Sample points data base)	Director: Health and Community Services
Municipal Health Services	To provide municipal health services in accordance with relevant legislations	Healthy communal remains and Sanitation structures	es	Monitor Food Control, Management of Human remains and Sanitation structures in accordance with relevant legislation	Number of Municipal Public Health Programmes implemented.	SDI - 16	30 000,00	4 Municipal Public Health Programmes implemented.	Qtr. 1 04 Municipal Public Health Programmes implemented by 30 June 2022	Qtr. 2 04 Municipal Public Health Programmes implemented	Qtr. 3 04 Municipal Public Health Programmes implemented	Qtr. 4 04 Municipal Public Health Programmes implemented	Compliance notices, Data base for food premises, Compliance check list	Director: Health and Community Services	

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Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Evidence	Custodian
			Monitor Food Control in accordance with relevant legislation	SDI 16.1	Food Premises Inspections for compliance within ChDM, where food is being produced, processed, stored, prepared and sold or public human consumption. Process to follow: 1. A database of premises is compiled and updated regularly to capture new and closing food premises and conducting regular inspections. 2. Inspections are conducted. The source document for compiling the report is the inspection checklist and the database.	OPEX		2240 Food premises inspections conducted for compliance with Food, Cosmetics and Disinfectants Act 54 of 1972 as Amended	Qtr 1	560 Food premises inspections conducted for compliance with Food, Cosmetics and Disinfectants Act 54 of 1972 as Amended	Quarterly Reports on Food premises inspected - Compliance notices, Data base for food premises; Compliance check list	Director: Health and Community Services
			Monitor Management of Human remains in accordance with relevant legislation	SDI 16.2	To monitor Funeral Undertakers/Pallors/Mortuaries for compliance within ChDM through inspections of privately owned pallor's and state mortuaries. This KPI is relevant in terms of the National Health Act 61 of 2003, section 32. Process to be followed: 1. A database of funeral parlour and/or mortuary premises is compiled and updated regularly to capture new and closing premises and conducting regular inspections. The source document for compiling the report is the inspection checklist and the database. This Indicator does not talk to samples	OPEX		280 inspections conducted to 70 Funeral Parlours & Mortuaries for compliance in line with National Health Act 61 of 2003, section 32	Qtr 1	70 Funeral parlours & Mortuaries inspected for compliance in line with National Health Act 61 of 2003, section 32	Quarterly report on funeral parlours (Compliance notices, Compliance check list)	Director: Health and Community Services
			Monitor Sanitation structures in accordance with relevant legislation	SDI 16.3	To monitor sanitation structures (public ablations and households) for compliance within ChDM through inspections in line with White Paper on Basic Household Sanitation of 2001. The inspection of sanitation structures is conducted to promote health and hygiene amongst public institutions and communities to prevent possible spread of communicable diseases spread by bacteria and viruses. The source document for compiling the report is the inspection checklist.	OPEX		120 sampled sanitation structures inspected in line with White Paper on Basic Household Sanitation of 2001	Qtr 1	30 sampled sanitation structures inspected in line with White Paper on Basic Household Sanitation of 2001	Quarterly report on sanitation structures (Report on Sanitation Structures inspected, Inspection Check List)	Director: Health and Community Services
	Implementation of District Wide Environmental	Number of waste sites inspected in line with the District Wide Environmental	SDI 16.4	16 monitor and advise local municipalities on compliance and improvement on Waste Sites within ChDM through inspection process.	OPEX		14 Waste sites Qtr 1	14 Waste sites inspected in line with the District Wide Environmental Management Plan	14 Waste sites Qtr 1	14 Waste sites inspected in line with the District Wide Environmental Management Plan	Quarterly report on waste site inspections (Inspection notice, Inspection Checklist)	Director: Health and Community Services

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Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Evidence	Custodian
			Management Plan	Environmental Management Plan	The inspection of waste sites is conducted to promote compliance and technical support to local municipalities on managing their waste sites for public health and environmental protection. The source document for compiling the report is the inspection checklist.				Environmental Management Plan by 30 June 2022	Qtr. 2 14 Waste sites inspected in line with the District Wide Environmental Management Plan		
Disaster and Fire Management	To ensure effects of disaster and fire are prevented or minimised	Reduced Disaster & fire risk	Implementation of Disaster Management and District Fire Services Plans	Number of Disaster Risk Management and District Fire Services Programmes Implemented as per DMP & DFSP	Disaster management incidents- all disaster related incidents reported from the local municipality to the district call centre. District Fire Services Programmes aimed at capacitating and developing the District Fire Services and to make the public aware of fire danger and how to combat these dangers.	SDI-17	OPEX	2 Disaster Risk Management and District Fire Services Programmes Implemented as per DMP & DFSP	02 Disaster Risk Management and District Fire Services Programmes Implemented as per DMP & DFSP by 30 June 2022	Qtr. 1 02 Disaster Risk Management and District Fire Services Programmes Implemented as per DMP & DFSP	Disaster Risk Management and District Fire services reports	Director: Health and Community Services
Disaster and Fire Management	To ensure effects of disaster and fire are prevented or minimised	Reduced Disaster & fire risk	Implementation of Disaster Management and District Fire Services Plans	% response to disaster management incident reported	Disaster management incidents- all disaster related incidents are reported from the local municipality to the district call centre. The process for implementing Disaster Management incidents will be as follows. 1.Upon receiving the reported incident the response team are dispatched to the scene to conduct preliminary assessment. 2 Relevant stakeholders are coordinated 3 Actual assessment is conducted 4 Report on the actual assessment is submitted to the secondary respondents 5. Source documents = call centre printouts, assessment report	SDI-17_1.1	OPEX	100% response to disaster management incidents reported by 30 June 2022	Qtr. 1 100% response to disaster management incidents reported	Qtr. 1 100% response to disaster management incidents reported	Quarterly report on Disaster Management incidents reports, preliminary report, assessment report.	Director: Health and Community Services
					4. Method of calculation: number of incidents responded to total number of incident reported as per the log sheet* (100) 2. Method of calculation = 1 programme will be implemented with different activities as stipulated in the Business plan/proposal each quarter 3. Source documents =				Qtr. 2 100% response to disaster management incidents reported			
									Qtr. 3 100% response to disaster management incidents reported			
									Qtr. 4 100% response to disaster management incidents reported			

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Priority Area	Measurable Objectives	5YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBP Annual Target	Planned Quarterly Targets	(Reason for Non, Under/Over Achievement)	Evidence in Case of non-achievement	Comments	Director Health and Community Services
	% of Disaster stricken households assisted with relief and recovery material	Disaster stricken Household refer to all households assisted with relief material after they have been effected by a disaster incident. After a disaster incidents has been reported an Assessment report is compiled to assess the impact and type of relief to be provided.	SDI-17.1.2	R1 800 000	The process for assisting Disaster stricken Households with relief and recovery material will be as follows: 1. Disaster officials will quantify the amount of relief material to be provided to the beneficiaries affected as per the Assessment report based on the beneficiary list. 2. The Disaster Management unit will send a request for quotation of relief material to SCM 3. The appointed service provider together with the Disaster officials will deliver the relief material to the beneficiaries.				100 % Disaster Stricken Households assisted with relief and recovery material by 30 June 2022	Qtr. 1	100% Disaster Stricken Households assisted	Quarterly Report on Disaster Stricken households (Incident Reports) Counter book, Assessment form, Assessment Distribution List)	Quarterly Report on Disaster Stricken households (Incident Reports) Counter book, Assessment form, Assessment Distribution List)	Director Health and Community Services
	Number of Disaster Management Early Warning Systems installed	A system that is designed for dissemination of early warnings to communities and all relevant stakeholders of Disaster Management faced with treating risk for effective response. The process for the installation of Disaster Management Early Warning Systems will be as follows, 1. The signing of Memorandum Of Agreement with South African Weather Services (SAWS) and Chris Hani District Municipality (CHDM) 2. Transfer of funds by CHDM to SAWS 3. Installation of Early Warning Systems 4. Weather Forecast Reports	SDI-17.1.3	R600 000	2 Disaster Management Early Warning System installed upgraded by 30 June 2022				2 Disaster Management Early Warning System	Qtr. 1	Implementation of MOU for Disaster Management Early Warning System	Q1 & Q4 = Quarterly Reports on the implementation of the MoU on Disaster Management Early Warning System, Proof of Payment	Q1 & Q4 = Quarterly Reports on the implementation of the MoU on Disaster Management Early Warning System, Proof of Payment	Director Health and Community Services
	To ensure effects of disaster and fire risks are prevented or minimised	Reduced fire risks	Implementation of Municipal Structures Act17 of 1998 Sec 8a (1)(i)	Number of Disaster management ward-based risk assessments conducted	The disaster management centre must conduct a comprehensive risk assessment within the municipal area of jurisdiction and in accordance with national and provincial criteria and supporting guidelines for disaster risk assessment. Process to be followed: 1 assess disaster risks at ward base level 2, risk and hazard mapping conducted 3. ward-based risk	SD. 17.1.4			24 disaster management ward-based risk assessments conducted by 30 June 2022	Qtr. 1	6 disaster management ward-based risk assessment conducted	Q1-Q4 Quarterly reports on disaster management ward-based risk assessments conducted	Q1-Q4 Quarterly reports on disaster management ward-based risk assessments conducted	Director Health and Community Services
Fire Services	To ensure effects of disaster and fire risks are prevented or minimised	Reduced fire risks	Implementation of Municipal Structures Act17 of 1998 Sec 8a (1)(i)	Number of Disaster management ward-based risk assessments conducted	The disaster management centre must conduct a comprehensive risk assessment within the municipal area of jurisdiction and in accordance with national and provincial criteria and supporting guidelines for disaster risk assessment. Process to be followed: 1 assess disaster risks at ward base level 2, risk and hazard mapping conducted 3. ward-based risk	SD. 17.1.4			24 disaster management ward-based risk assessments conducted by 30 June 2022	Qtr. 2	6 disaster management ward-based risk assessment conducted	Q1-Q4 Quarterly reports on disaster management ward-based risk assessments conducted	Q1-Q4 Quarterly reports on disaster management ward-based risk assessments conducted	Director Health and Community Services

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Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Evidence	Custodian
					disaster report (cont'd)						(Reason for Non, under-/Over Achievement)	
					The disaster management centre must develop and implement minimum criteria for disaster risk management planning in the CHDM area of jurisdiction which is consistent with the national guideline to ensure adoption of uniform methodology to achieve integrated, holistic and coordinated planning. Process to be followed: 1. Review risk assessment report 2. Develop plans according to the outcomes of the risk assessment 3. Conduct consultation at ward level 4. consolidate ward-based disaster management plan. Source documents - CHDM and National policy framework, Disaster Management Act, Approved disaster management plan, ward based assessment report	SDI-17.1.5	OPEX	24 disaster management ward-based plan developed by 30 June 2022	Qtr. 1	6 disaster management ward-based plan developed	Q1-Q4 Quarterly reports on disaster management ward-based plans developed (attendance registers on consultations, ward-based disaster plans)	Director Health and Community Services
					Firefighters at local level to be trained in firefighting according to the MSA. Act 117 of 1998.	SDI-17.2.1	OPEX	1 Basic Fire Services Training conducted by 30 June 2022	Qtr. 1	N/A	Report on Basic Fire Services Training conducted - (Attendance register, online certificate of attendance)	Director Health and Community Services
					indicator description should state how performance of that indicator will be measured in terms of how data will be collected and which process will be undertaken to arrive to the source document.				Qtr. 2	N/A		
					(1) This program is based on a legal requirement (municipal structure act 84(1)(b)).				Qtr. 3	1 Basic Fire Services Training conducted		
					(2) Fire Stewards who are not trained in basic fire program will be nominated by the local municipality who will attend the basic fire services program.				Qtr. 4	N/A		
					(3) the content of the course will be developed internally and the							
					To monitor premises for compliance with fire safety legislation in the CHDM area. This KPI is relevant in terms of the MSA and Fire brigade act. Process to be followed: 1. Premises will be inspected on a regularity. The source document for compiling the report is the inspection checklist. Inspections to be conducted in public places to prevent the outbreak of fires.	SDI-17.2.2.	OPEX	48 Fire Services Inspections conducted by 30 June 2022	Qtr. 1	12 Fire Services Inspections conducted	Quarterly report on fire inspection conducted, (Inspection Certificate, Check list)	Director Health and Community Services
					Fire services response - all fire related incidents are reported from the local municipality to the district call centre. The process for responding to fire services incidents will be as follows:	SDI-17.2.3	OPEX	100% of Fire services incidents reported by 30	Qtr. 1	100% of Response to Fire services incidents reported	Quarterly report on fire incidents (incident Report, Quarterly Fire reports)	Director Health and Community Services

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Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	SDBIP Annual Target	Planned Quarterly Targets	Actual Performance	Reason for Non, Under/Over Achievement	Evidence	Custodian	
					1.Upon receiving the reported incident the response team will be dispatched to the scene. 2. Fire investigation report is compiled and reported 3. Source documents = call centre printouts, Investigation report 4. Method of calculation number of incidents responded to total number of incident reported as per the log sheet * (100)	SDI-18	June 2022	Qtr 2	100% of Response to Fire services incidents reported	Qtr. 3 100% of Response to Fire services incidents reported	Qtr 4 100% of Response to Fire services incidents reported			
Environment To promote Management functional ecosystems and healthy environment for all citizens	Minimised effects of Climate Change	Implementation of District Wide Environmental Management Plan	Number of Environmental Programmes implemented as per District Wide Environmental Plan		Environmental Programmes seeks to minimise negative impacts on the environment and promote sustainable environmental practices. Enhance community involvement in environmental management and reduce effects of Climate Change. The programme will be implemented through two programme namely; Waste management and Climate change	SDI-18	Environmental Programmes implemented as per District Wide Environmental Management Plan	02 Environment al Programmes implemented as per District Wide Environmental Management Plan	Qtr. 1 02 Environmental Programmes implemented as per District Wide Environmental Management Plan	Qtr. 2 02 Environmental Programmes implemented as per District Wide Environmental Management Plan	Qtr. 3 01 Environmental Programmes implemented as per District Wide Environmental Management Plan	Environmental Programmes implemented as per District Wide Environmental Management Report	Director- Health and Community Services	
					Number of Waste management programme implemented in 2 local municipalities	The project brings a contribution to the overall sustainability of the area and will assist in the improvement of overall waste management in the area. To ensure the protection of the environment through effective waste management measures. The project will be implemented as follows;	SDI-18.1	750 000	1 Waste management programme implemented in 2 local municipalities	Qtr 1 1. Facilitation of engagements with the LM's 2. Development of Business plan/proposal with Enoch Mnjima and Isakusa Yethembu LM's for project implementation by 30 June 2022	Q1= Quarterly report on the development of the Business Plan/Proposal. (Minutes of all engagements, Attendance register Signed Business plan/proposal Quarterly implementation report submitted to Standing Committee)	Q1= Quarterly report on the development of the Business Plan/Proposal. (Minutes of all engagements, Attendance register Signed Business plan/proposal Quarterly implementation report submitted to Standing Committee)	Q1= Quarterly report on the development of the Business Plan/Proposal. (Minutes of all engagements, Attendance register Signed Business plan/proposal Quarterly implementation report submitted to Standing Committee)	Director- Health and Community Services
					2. Development of Business plan for the project	1. Development of Business plan for the project	Qtr 2 Monitor implementation of the project in accordance with the Business plan/proposal	Q= 2 - Q4 Quarterly report on the implementation of the business plan						
					3. Engagements with the 2 Local Municipalities	2. Engagements with the 2 Local Municipalities	Qtr 3 Monitor implementation of the project in accordance with the Business plan/proposal	Q= 2 - Q4 Quarterly report on the implementation of the business plan						
					4. Procurement of project equipment	3. Procurement of project equipment	Qtr 4 Monitor implementation of the project in accordance with the Business plan/proposal	Q= 2 - Q4 Quarterly report on the implementation of the business plan						
					5. Monitor project implementation	4. Installation and placing of Waste equipment	Air Quality management programme implemented	Qtr 1 2 inspections conducted in accordance with air quality management act and air quality management plan	Quarterly reports on inspections conducted (checklists)	Director- Health and Community Services				
Municipal Health Services					Number of illegal dumping sites cleared and rehabilitated in	this program is conducted inline with the air quality management act, 2004 (Act 39 of 2004) and the CHDM AQMP to monitor compliance to all the	SDI 18.3							

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Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	In Case of Non-Achievement (Reason for Non-Under/Over Achievement)	Evidence	Custodian	
Environment Management	The District	facilities within the district. Process to follow - 1. Inspection of facilities; 2. Monitoring of licence conditions from the licensed facilities; 3. Compliance notice generated and served; 4. Report compiled and submitted to council structures		SDI-18.2	The Climate Change Strategy seeks to provide a District Approach on how to reduce the impacts and effects of Climate Change. Promote awareness in the District with matters relating to climate change.		by 30 June 2022	Qtr. 2	2 facilities inspected for compliance in line with the air quality act, 2004 (38 of 2004) and its license conditions			Quarterly Report on the implementation of the rural sustainable village project and small scale wind-water pumping project.	Director Health and Community Services	
Environment Management		Number of Climate change programmes implemented			This Climate change programme consist of a Rural Sustainable Village and Small scale wind-water pumping project that is made up of different components that are outlined in the Business Plan and terms of reference. The process for the implementation of Climate change will be as follows:	1. Monitor the implementation of the project business plan and terms of reference.		Qtr. 1	Implementation of Rural Sustainable Village Project in 5 Local Municipalities and small scale wind-water pumping project in 2 local municipalities			Quarterly Report on the implementation of the rural sustainable village project and small scale wind-water pumping project.	Director Health and Community Services	
LOCAL ECONOMIC DEVELOPMENT	BROAD STRATEGIC OBJECTIVE 2: To ensure development and implementation of regional economic strategies and effective Spatial Planning and Land Use	Measurable Objectives	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	Annual Target					
LOCAL ECONOMIC DEVELOPMENT	Improved regional economy	Implementation of EPWP Programme	Number of work opportunities created through EPWP	LED - 8.5	Expanded Public Works Programme is created for the purposes of creating jobs and addressing Unemployment and Fighting Poverty. These are done amongst others by Service delivery departments i.e. IPED, Engineering, Health and Community Services, Corporate Services and are implemented on various projects that were undertaken. Slipend is paid to beneficiaries that are identified by various project beneficiaries and as well by relevant Councillors with the district. Slipend is paid on a Monthly basis to beneficiaries as per the signed contract between the ChDM and those beneficiaries for the agreed period.			100 EPWP work opportunities created	Qtr. 1	Bidding process facilitated				
										Qtr. 2	100 EPWP job opportunities created			
										Qtr. 3	100 EPWP job opportunities created			

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Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Weight: 20%	Evidence (Reason for Non, under/Over Achievement)	Custodian	
					2. Method of calculation = Sum = 1 programme will be implemented with different activities as stipulated in the Business plan/proposal each quarter									
					3. Source documents =									
KPA 4: FINANCIAL MANAGEMENT AND VIABILITY														
Priority Area	Measurable Objectives	Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target					
BUDGET PLANNING	Ensure sound financial management	Sound financial Management and compliance with legislation	Compilation of Funded Budgets and MFMA monitoring reports	Number of Funded budget compiled and approved	Municipal Finance Management Act 56 of 2003 Section 16 prescribes that the Council of a Municipality must for each financial year approve an Annual Budget for the municipality before the start of the financial year.	FMV - 1.1		1 Funded budget 2020/21 compiled and approved	Qtr 1	contribute to the 1st adjustment budget compilation and submit to BTO for consolidation				
SUPPLY CHAIN MANAGEMENT	Ensure sound financial management	Sound financial Management and compliance with legislation	Implementation of SCM Policy	Number of Procurement plan developed and implemented.	MFMA Circular 62 to assist municipalities with proper planning that will lead to minimization of irregular expenditure and deviations if compiled with. Once the plan is developed all departments are expected to comply with the plan. The process to be followed: 1. To circulate procurement plan template by the 2nd week of March every year for inputs and give departments at least two weeks to respond. 2. Consolidate all the inputs after closing date. 3. Send the draft consolidated procurement plan to all departments to add if some departments did not submit in the initial submission and for review to those who initially submitted and this is done on the second week of April and give another week for final inputs. 4. On the third week of April all inputs are	FMV - 3.1	01 Procurement plan developed and implemented	01 Procurement plan developed and implemented	Qtr 1	Implementation of 1 procurement plan facilitated	1 Report on the implementation of the procurement plan	Director: Health and Community Services		

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Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Evidence	In Case of Non-achievement Remedial (Corrective Action)	Custodian			
					Reviews the document and attach bid committee dates on it and this usually takes two weeks. 6. On the second week of May the draft plan is submitted to CFO for review and to be submitted to Council for approval during budget period.7. After adoption by the council, the MM will approve it. 8. After approval by MM, it is then sent to all departments.9. The source document will be the correspondence sent to departments, draft procurement plan, approved procurement plan with the council resolution.	FMV - 3.2	Implementation of 1 procurement plan facilitated	Qtr 3	Implementation of 1 procurement plan facilitated	Qtr 4	Implementation of 1 Procurement plan facilitated 1. Contribute to the Development of procurement plan for 2022-23 and submit	Report on the implementation of the procurement plan	Report on the development of the Procurement plan 2022/23	Director: Health and Community Services		
					Deviations are made up of the following: 1. Emergency 2. Single or sole provider 3. Acquisition of special works of art or historical objects where specificities are difficult to compile 4. Where it is impractical or impossible to follow the official procurement processes as per Par 36 and SCM regulation 36. The deviation register is submitted quarterly to council committees.	FMV - 3.2	1 Deviation register developed and maintained	Qtr 1	1 x departmental Deviation register compiled and submitted.	Qtr 2	1 x departmental Deviation register compiled and submitted.	Quarterly Report on the compilation and submission of Deviation register	Quarterly Report on the compilation and submission of Deviation register	Director: Health and Community Services		
					Number of Deviations registers compiled and submitted.	FMV - 4.1	OPEX	100%	100% adherence to 30 days payment of valid invoices by the departments to BTO	Qtr 2	100% adherence to 30 days payment of valid invoices by the departments to BTO	Report on the achievement of 30 days payment of valid invoices (Monthly Creditors age analysis report, HR954 Report from the system)	Report on the achievement of 30 days payment of valid invoices (Monthly Creditors age analysis report, HR954 Report from the system)	Director: Health and Community Services		
EXPENDITUR E MANAGEMENT	Ensure sound financial management	% adherence to 30 days payment of valid invoices by the due date.	Implementation of MFMA Sec 65 and 66 and compliance with legislation	Sound financial management and compliance with legislation	All municipalities should adhere to section 65 of MFMA, which states that all invoices should paid within 30 days on receipt of correct information. In terms of sec 66 of MFMA, the Accounting office of the municipality must report to council all expenditure. The process for adherence to 30 days payment of valid invoices by the due date will be as follows. 1. All invoices received are recorded in an invoice register and captured in the system 2. monthly reconciliations are prepared from the invoices registration, capturing and payment of beneficiaries	FMV - 4.1	100% adherence to 30 days payment of valid invoices by the due date by 30 June 2022	Qtr 1	100% adherence to 5 days submission of all valid supplier invoices by the departments to BTO	Qtr 2	100% adherence to 5 days submission of all valid supplier invoices by the departments to BTO	Qtr 3	100% adherence to 5 days submission of all valid supplier invoices by the departments to BTO	Qtr 4	100% adherence to 5 days submission of all valid supplier invoices by the departments to BTO	Director: Health and Community Services
															Weight: 20%	
					KPA NO- 5 GOOD GOVERNANCE and Public Participation	BROAD STRATEGIC OBJECTIVE 4: To create an Efficient, Effective, Accountable and Performance-oriented Administration	Indicator Descriptions	KPI	Strategy	Outcome	Measurable Objectives	Programme Budget Allocation	SDBIP Annual Target	Evidence	Custodian	

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Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	(Reason for Non-achievement previous Review/Corrective Action)	Evidence	Custodian
Municipal Support	To empower Citizens through Communication, Public Participation and stakeholder engagement.	Informed stakeholders	Implementation of Public Participation Strategy	Number of IGR Forums conducted	1. Convene 04 Technical IGR Forum (The CdHM IGR Strategy guides that quarterly, IGR Forums should sit. The Technical IGR supersedes the sitting of the Political DIMAO. There is a flow of reporting between these forums, the DIMAO being the higher structure. the IGR forum stakeholders are the Sector Departments, Local Municipalities and government Entities and parastatals)	GGPP - 2.4	OPEX	4 IGR Forums attended	Qtr 1 conducted by 30 June 2022	1 IGR Forums attended	attendance register	Director: Health and Community Services	
DISASTER MANAGEMENT	Environmental Management	Number of Disaster advisory forums conducted	2. Method of calculation = 1	GGPP-2.6	OPEX	4 District MPAC Forums conducted by 30 June 2022	Qtr 1 conducted	1 District MPAC Forums	Qtr 2 conducted	1 District MPAC Forums	Resolution register, attendance register, minutes	Director: Health and Community Services	
		Number of Environment and climate change forum conducted	GGPP-2.7	OPEX	4 Disaster advisory, Environment and climate change forum conducted by 30 June 2022	Qtr 1 conducted	1 Disaster advisory, Environment and climate change forum conducted	Qtr 2 conducted	1 Disaster advisory, Environment and climate change forum conducted	Qtr 3 conducted	Quarterly report on the disaster advisory, environment and climate change forum (Resolution register, attendance register)	Director: Health and Community Services	
		Number of IDP Rep forums conducted	GGPP - 2.11	OPEX	4 IDP Rep forums conducted by 30 June 2022	Qtr 1 conducted	1 IDP Rep forums attended	Qtr 2 conducted	1 IDP Rep forums attended	Qtr 3 conducted	attendance register	Director: Health and Community Services	
PLANNING	Municipal Health Services	Number of Health and hygiene awareness campaigns conducted	GGPP 2.17.2	OPEX	80 health and hygiene awareness campaigns conducted by 30 June 2022	Qtr 1 conducted	20 health and hygiene awareness campaigns conducted	Qtr 2 conducted	20 health and hygiene awareness campaigns conducted	Qtr 3 conducted	Awareness programmes report, attendance registers, concept document	Director: Health and Community Services	G.M. Nkosi

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Actual Performance	(Reason for Non-Achievement under/Over Achievement)	Evidence	Custodian
ENVIRONMENTAL MANAGEMENT	Number of Awareness campaigns provided to food handlers	Education and Training on food safety related topics to food handlers (formal and informal food handlers)	GGPP 2.17.3	OPEX	4 Awareness provided to food handlers by 30 June 2022	Qtr. 1 1 awareness provided to food handlers Qtr. 2 1 awareness provided to food handlers Qtr. 3 1 awareness provided to food handlers Qtr. 4 1 awareness provided to food handlers	Qtr. 4	20 health and hygiene awareness campaigns conducted				Awareness programmes report, attendance registers, concept document	Director Health and Community Services	
DISASTER MANAGEMENT	Number of Environmental Health calendar Days observed	The day is an observation of environmental health related topics or programs that are the national and international calendar i.e. Water week, Sanitation week	GGPP 2.17.3.1	OPEX	Environmental Health calendar Days observed by 30 June 2022	Qtr. 1 1 Environmental Health calendar Days observed Qtr. 2 1 Environmental Health calendar Days observed Qtr. 3 1 Environmental Health calendar Days observed Qtr. 4 1 Environmental Health calendar Days observed	Qtr. 1 1 Environmental Health calendar Days observed Qtr. 2 1 Environmental Health calendar Days observed Qtr. 3 1 Environmental Health calendar Days observed Qtr. 4 1 Environmental Health calendar Days observed	1 Environmental Health calendar Days observed	Report, attendance registers, concept document	Report, attendance registers, concept document	Director Health and Community Services			
ENVIRONMENTAL MANAGEMENT	Number of Environmental calendar Days observed	The day is an observation of environmental related topics or programs that are the national and international calendar i.e. Arbor month, wetland's day, environmental day	GGPP 2.17.3.2	OPEX	Environmental calendar Days observed by 30 June 2022	Qtr. 1 1 Environmental calendar Days observed Qtr. 2 1 Environmental calendar Days observed Qtr. 3 1 Environmental calendar Days observed Qtr. 4 1 Environmental calendar Days observed	Qtr. 1 1 Environmental calendar Days observed Qtr. 2 N/A Qtr. 3 1 Environmental calendar Days observed by 30 June 2022 Qtr. 4 1 Environmental calendar Days observed	1 Environmental calendar Days observed	Quarterly reports on Environmental calendar days observed (attendance register, concept document)	Quarterly reports on Environmental calendar days observed (attendance register, concept document)	Director Health and Community Services			
DISASTER MANAGEMENT	Number of Disaster awareness programmes conducted	Education on Environmental Health related topics to communities and schools. This program is conducted to promote awareness on health and hygiene to achieve improved livelihoods and prolong life. Source document is the attendance register of the participants	GGPP - 2.17.4	OPEX	72 Disaster awareness campaigns conducted	Qtr. 1 18 Disaster awareness campaigns conducted by 30 June 2022 Qtr. 2 18 Disaster awareness campaigns conducted by 30 June 2022 Qtr. 3 18 Disaster awareness campaigns conducted by 30 June 2022 Qtr. 4 18 Disaster awareness campaigns conducted	Qtr. 1 18 Disaster awareness campaigns conducted by 30 June 2022 Qtr. 2 18 Disaster awareness campaigns conducted by 30 June 2022 Qtr. 3 18 Disaster awareness campaigns conducted by 30 June 2022 Qtr. 4 18 Disaster awareness campaigns conducted	1 IDR days observed by 30 June 2022	1 IDR days observed by 30 June 2022	1 IDR days observed by 30 June 2022	Quarterly reports on the Disaster Awareness programmes (report, attendance registers, concept document)	Director Health and Community Services		
ENVIRONMENTAL MANAGEMENT	Number of IDR days observed	IDR means International Day for Disaster Risk Reduction a day that is commemorates on the 13 October every year to remember all those who passed away because of disasters	GGPP - 2.17.4.1	305 026.00								Report on IDR days observed (attendance registers, Concept Document)	Director Health and Community Services	

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Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Actual Quarterly Performance	Performance Status	Reason for Non-achievement (Under/Over Achievement)	Evidence	Custodian
FIRE MANAGEMENT	Number of fire services awareness campaigns implemented	This program is to make the public aware of fire dangers and how to combat these dangers. a) The indicator description should state how performance of that indicator will be measured in terms of how data will be collected and which process will be undertaken to arrive to the source document. (1) The performance of the indicator is based on the total of fire incidents received, & (2) At each awareness campaigns an attendance register will be provided. (3) The attendance register of each campaign will be used as the source document. b) Describe the method of calculation to be conducted to measure that indicator. Calculation will be Awareness programs per quarter based on the attendance register per awareness campaign. (Q1=12, Q2=12, Q3=12 & Q4=12). c) What will be the output of that indicator. (1) The output will be the total of awareness programs conducted in numbers per quarter. { 4 x 12 awareness programs per quarter = 48}. The outcome will be the reductions of fires in the specific area.	GGPP - 2.17.5	OPEX		48 Fire Services Awareness campaigns implemented by 30 June 2022	Qtr. 1	12 Fire Service awareness campaigns implemented					In case of non-achievement provide Remedial (Corrective Action)	Quarterly report on fire awareness campaigns, Report on Fire service awareness programme, schedule of fire awareness programmes	Director: Health and Community Services
Environmental Management	Number of environmental management awareness campaigns conducted	The objective of the awareness programmes is to provide capacity and better understanding of sustainable environmental management practices.	GGPP - 2.17.6	OPEX		16 Environmental management awareness campaigns conducted by 30 June 2022	Qtr. 1	4 Environmental management awareness programmes conducted					4 Environmental management awareness programmes conducted	Awareness programmes report, attendance registers, concept document	Director: Health and Community Services
Customer Care	Satisfied Customers	Implementation of Customer Care Management Plan	% Complaints resolved as per Norms and Standards for the Municipal Complaint Management System monitored	GGPP - 3	OPEX	60% complaints resolved as per Municipal Complaint Management System	Qtr. 1	100% complaints resolved as per Norms and Standards for Municipal Complaint Management System					100% complaints resolved as per Norms and Standards for Municipal Complaint Management System	Quarterly report on customer complaints received and resolved (Complaints register, Complaints resolution reports)	Director: Health and Community Services

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Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Actual Performance	Reason for Non-Achievement (Under/Over Achievement)	Evidence	Custodian
					Communicate the progress of the complaint with the complainant 5. Ascertain the level of satisfaction and/or dissatisfaction in resolving the complaints 6. Produce a consolidated customer complaints on a monthly basis.							100% complaints applicable to the directorate resolved as per Norms and Standards for Municipal Complaint Management System and reported		
					Method of calculation = Customer complaints resolved inline with the customer care charter/Customer complaints received x 100 3. Source documents = Service level agreement, Customer Care Policy and Service Charter Received and registered Customer Complaints, Report on Refer and resolve complaints, Customer satisfaction and/or dissatisfaction customer Consolidated monthly customer							100% complaints applicable to the directorate resolved as per Norms and Standards for Municipal Complaint Management System and reported		
Internal Audit	To ensure clean administration and accountable governance	Good Governance	Development and Implementation of Risk-Based Operational Plan	Number of Risk based Internal Audit Plan developed and Implemented	GGPP - 5	270 000.00	1 Risk Based Internal Audit Plan implemented	Qtr. 1 Risk based internal audit plan developed and implemented by 30 June 2022	100% Response to internal audit RFIs and resolving issues raised	Qtr. 1		100% Response to internal audit RFIs and resolving issues raised	Quarterly audit reports on internal audit RFIs and resolving issues raised	Director Health and Community Services
Risk Management	To ensure clean administration and accountable governance	Good Governance	Implementation of Risk Management Framework	Number of Risk Management Monitoring reports compiled and submitted	GGPP - 6.1		04 Risk Management Programmes implemented	Qtr. 1 Risk Management Monitoring report compiled and submitted	1 Risk Management Monitoring report compiled and submitted	Qtr. 1		1 Risk Management Monitoring report compiled and submitted	Quarterly report on risk management and proof of submission	Director Health and Community Services

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Priority Area	Measurable Objectives	5 YR Strategy Outcome	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Actual Performance	YTD Actual Performance	In case of non achievement provide remedial corrective action	Evidence	Custodian
	Number of Risk Assessments conducted	The institution is not expected to have capacity to deal with all its risk therefore, the risk assessment helps top prioritize the most critical risk and ultimately develop mitigation measures. The process for the implementation of risk assessment will be as follows;	GGPP - 6.3					1 Risk Assessments conducted by 30 June 2022	Qtr 1 N/A					Director Health and Community Services
		1. identification of objectives from the draft IDP							Qtr 2 N/A					
		2. identification of strategic and operational risks threatening the achievement of the IDP objectives							Qtr 3 N/A					
		3. rating of the risk in terms of impact and likelihood							Qtr 4 Contribute to the development of the Risk Assessments report					
PMS	To ensure clean administration and accountable governance	Good Governance	Implementation of PMS Framework	Number of Quarterly Performance Reviews conducted	GGPP - 7.1.1			4 Quarterly Performance Reviews conducted by 30 June 2022	Qtr 1 1 Quarterly Performance Reviews conducted in line with the PMS				Performance review reports	Director Health and Community Services
									Qtr 2 1 Quarterly Performance Reviews conducted in line with the PMS					
									Qtr 3 1 Quarterly Performance Reviews conducted in line with the PMS					
									Qtr 4 1 Quarterly Performance Reviews conducted in line with the PMS					
	Number of SDBIP developed and submitted	The municipality develops a Service Delivery and Budget Implementation Plan (SDBIP) on an annual basis, which is to give effect to the Integrated Development Plan (IDP) and also budget of the municipality. This document must be signed by the Mayor 28 day after the approval of the IDP and Budget. It provides the basis for measuring performance in the delivery of services. After six months of the financial year the municipality must assess and review the performance of the institution to determine whether there is a need to revise its SDBIP in order to meet the targeted goals.	GGPP - 7.1.2					2 SDBIP developed and submitted by 30 June 2022	Qtr 1 N/A				N/A	Director Health and Community Services
									Qtr 2 N/A					
	Number of Statutory performance reports compiled and submitted	Every municipality is regulated to produce to statutory performance reports (Draft annual report, draft annual performance report). These reports seeks to provide a record of the activities that the municipality has undertaken during the year under review and also provides a report of the performance of the municipality	GGPP - 7.1.3					2 statutory performance reports compiled and submitted by 30 June 2022	Qtr 1 Contribute to the development of Draft annual report and annual performance report and submit				Proof of submission	Director Health and Community Services
									Qtr 2 N/A					

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Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Evidence	Custodian
Planning	Development and implementation of Credible Plans aligned to NDP 2030		Improved Service Delivery	Development and review of Credible plans	against the budget to assess the extent to which the priorities of Council were implemented and which were achieved. The report will be developed by the unit and submitted to council for approval and to the office of the Auditor General.	IDP it's a guiding plan for the development within the municipal jurisdiction. It is a five year plan that is developed and reviewed annually by municipal council. The process for the development and approval of CHDM 2022-2027 IDP will be as follows.	Number CHDM 2021-2022 IDP reviewed and adopted	GGPP-12.1	R600 000	Qtr. 3 Contribute to the development of the Section 72 report and submit	In case of Non achievement provide remedial corrective action	Director: Health and Community Services
WMP					The CHDM WMP is a tool which seeks to optimize waste management in the district by maximizing efficiency and minimizing financial costs and environmental impacts. The District Recycling Strategy further seeks to enhance the implementation of the WMP and waste management services in the District. Furthermore it provides for innovative measures to improve the economic component of the waste sector in the District. The process for the development of District Recycling Strategy will be as follows;	GGPP-12.3	Qtr. 4 N/A	Qtr. 4 1 CHDM 2022-2027 IDP developed and approved by 30 June 2022	Qtr. 1 N/A	Qtr. 2 Contribute to the development of the 2022-2027 IDP Situational Analysis Report and submit	Proof of submission	Director: Health and Community Services
					1. A framework and process plan for the development of the IDP 2022/27 will be developed and presented to council structures and council for adoption					Qtr. 3 Contribute to the development of the final IDP 2022-2027 and submit	Q1 = Quarterly report on the Draft Situation Analysis report	Director: Health and Community Services
					2. An analysis report will be developed in consultation with LAMs, Stats SA and other relevant stakeholders					Qtr. 4 Contribute to the development of the Draft IDP 2022-2027 and submit	Q2 = Quarterly report on the consultation process and draft District recycling strategy	Director: Health and Community Services
					3. Draft IDP will be presented to Council structures and council for adoption							Signatures

Priority Area	Measurable Objectives	S YVR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDSIP Annual Target	Planned Quarterly Targets	Verifications (Reason for Non, under/Over Achievement)	Evidence (In case of non achievement provide Remedial/Corrective Action)	Custodian		
					3. A draft recycling strategy with goals, objectives, strategies and an implementation plan will be developed, utilizing the situational analysis report as a guiding document.					Qtr. 3	Consultation of stakeholders on the Draft District Recycling Strategy conducted		Q3= Draft District Recycling Strategy Plan		
					4. The Draft Recycling strategy will undergo a consultation process (i.e local municipalities, business sector - recyclers, sector government departments etc) before it can be adopted by Council.					Qtr. 4	District recycling strategy developed and submitted to Council structures and council for adoption		Q4= Final District Recycling Strategy Plan Council resolution		
Fire Services	To ensure effects of disaster and fire are prevented or minimised	Reduced fire risks	Implementation of Municipal Structures Act 117 of 1998 Sec 84 (1)(j)	Number of District Fire Services operational plan developed	The district fire service standard operational plan seeks to introduce, maintain and improve personal conduct, team work and effective delivery of fire services to vulnerable communities within the jurisdiction of CH District municipality. This plan will improve the image of fire services through guidance to professionally execute duties, functions and responsibilities towards realizing the vision and mission of CHDM, local municipalities and formalization of mutual agreements with neighbouring municipalities. Process to be followed: 1. (1) Draft plan developed and submitted to Council structures and council for noting (2) Draft plan presented to stakeholders & local municipalities and relevant stakeholders for consultation. (3) Final draft plan presented to Council structures and council for adoption.	GGPP = 127 QFEX	Qtr. 1	Draft District Fire Services operational plan developed and submitted to Council structures and council for noting by 30 June 2022		Q1 - Quarterly report on the development and submission of draft plan		Q2 - Quarterly report on consultation with all 6 local municipalities and relevant fire services stakeholders conducted		Q2 - Quarterly report on consultation (attendance registers; comments and response table)	
					(1) The output will be an adopted fire services operational plan. Source document - Fire brigade Act, National Disaster Management Act, Approved standard operational procedure and plans from neighbouring district municipalities.					Qtr. 3	Final draft fire services operational plan submitted to council structures and council for adoption		Q3 - Quarterly report on the adoption of the final draft plan		
										Qtr. 4	N/A				

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Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	SDBIP Annual Target	Baseline	Planned Quarterly Targets	Measurements	Reason for Non-achievement (Provide Remarks)	Evidence	Custodian
					The by-law will address all public safety issues relating to fires in the entire district of Chris Hani. a) Processes to follow: (1) Draft by law developed and submitted to Council structures and council for voting. (2) Draft by-law presented to stakeholders for consultation. (3) Final draft by-law presented to Council structures and council for approval.	GGPP - 12.8	Number of CHDM Community Fire safety by-law developed and adopted by Council	None	1 CHDM Community Fire safety by-law developed and adopted by Council by 30 June 2022	Qtr 1	Draft by-laws developed and presented to Council structures and council for voting		Q1 Quarterly report on the development of Draft CHDM Community Fire safety by-law	Director: C Health and Community Services