

CHRIS HANI DISTRICT MUNICIPALITY **MID-YEAR PERFORMANCE REPORT -**
OPERATIONAL SERVICE DELIVERY AND BUDGET IMPLEMENTATION PLAN
2021/22 FINANCIAL YEAR

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		

KPA 1: MUNICIPAL TRANSFORMATRIION AND INSTITUTIONAL DEVELOPMENT Weight: 20%

BROAD STRATEGIC OBJECTIVE 1: To Establish and Maintain a Skilled Labour Force Guided by Policies to Function Optimally Towards the Delivery of Services to Communities

Integrated Human Resources Management	To Attract, Retain and Build a productive workforce	Increased productivity and improved service delivery	Implementati on of Integrated Human Resources Management Programs	Number of Integrated Human Resource Management programmes implemented	Integrated Human Resource Management programmes – seeks to improve organization performance and developing a culture that foster innovation to help the organisation to achieve its performance. These programme will be implemented through the following programmes 1. Skills Development 2. Labour Relations 3. Human resources Management.	MTOD - 1	9 Integrated Human Resource Management Programmes implemented	03 Integrated Human Resource Management Programmes by 30 June 2021	Qtr. 1	03 Integrated Human Resource Management Programmes				IHRM Programmes reports	Director: Corporate Services
									Qtr. 3	04 Integrated Human Resource Management Programmes					
									Qtr. 4	04 Integrated Human Resource Management Programmes					
				Number of Skills Development Programmes implemented	Skills Development Plan focus on identifying skills gaps, and developing or sharpening of those skills. This plan will be implemented through the Work Place skills plan which entails trainings conducted for staff members. These trainings takes place on quarterly basis The process for the implementation of Skills Development will be as follows; 1.Approved WSP submitted to LGSETA 2.Implementation of training programmes on approved WSP and in line with the policy. 3. Method of calculation = 1 programme will be implemented with different activities as stipulated in the Business plan/proposal each quarter 3. Source documents = Approved Workplace Skills Plan	MTOD-1.1	700 000,00	1 Skills Development Plan Developed and implemented	1 Skills Development Plan Developed and implemented by 30 June 2022	Qtr. 1	1 Work Skills Plan activities(Training) implemented	Achieved : 1 Work Skills Plan activities(Training) implemented			Quarterly report on the Implementation of the WSP ('Attendance Register and Training Report; WSP, Proof of Submission; Course outline)
									Qtr. 2	2 Work Skills Plan activities(Training) implemented	Achieved: 2 Work Place Skills Plan Activities (Trainings) Implemented				
									Mid-Year	3 Work Skills Plan activities (Training) implemented	Achieved: 3 Workplace Skills Plan Activities (Trainings) Implemented				
									Qtr. 3	2 Work Skills Plan activities(Training) implemented. Development and approval of the WSP facilitated					Quarterly report on the Implementation of the WSP ('Attendance Register and Training Report; WSP, Proof of Submission; Course outline); and development of the WSP 2022/2023
									Qtr. 4	1 Work Skills Plan activities(Training) implemented					Quarterly report on the Implementation of the WSP ('Attendance Register and Training Report; WSP, Proof of Submission; Course outline)
				Number of Labour Relations Programme implemented	Labour Relations is entrusted with harmonising working relations between the employer and employees. To achieve this target , two projects will be convened and implemented in line with relevant prescripts. The first project will be implemented through convening of Local	MTOD - 1.2		1 Labour Relations Programme implemented	1 Labour Relations Programme implemented by 30 June 2022	Qtr. 1	Awareness on Discrimination in the workplace	Achieved: Awareness on Discrimination in the workplace			Attendance register; Programme outline. Quarterly report on the implementation of the programme

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian	
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)			
					<p>Labour Forum meetings. Local Labour Forum ensures sound employer and employee relations within the district municipality. These forum are conducted on quarterly basis.</p> <p>The second Labour Relations project will be conducted through capacity building and awareness campaigns that will capacitate managers and supervisors with knowledge, skills and performance improvement within their respective departments in order to create a conducive working environment and well-disciplined institution.</p> <p>There will be one [1] Labour Relations project implemented per quarter as follows;</p> <p>1. 1 Labour Relations Project in Q1 [Awareness on impact of COVID-19 - Employee rights and responsibility during COVID- 19 dispensation]</p> <p>2. 1 Labour Relations Project in Q2 [Code of Conduct for Municipal Employees]</p> <p>3. 1 Labour Relations Project in Q3 [Initiating and Chairing Disciplinary Hearing]</p> <p>4. 1 Labour Relations Project in Q4 [Conflict Management in the Workplace]</p> <p>2. Method of calculation = 1 programme will be implemented with different activities as stipulated in the Business plan/proposal each quarter</p> <p>3. Source documents = LRA, BCEA, SALGBC Collective Agreement</p>						Qtr. 2	Awareness on Standard of Conduct in the workplace	Achieved: Awareness on Standard of Conduct in the workplace				
											Mid-Year	Awareness on Discrimination and; Standard of Conduct in the workplace	Achieved: Awareness on workplace Discrimination & Standard of conduct				
											Qtr. 3	Managing absenteeism in the workplace					
											Qtr. 4	Workplace discipline and incapacity					
					Number of Local Labour Forums implemented	MTOD-1.2.1			4 Local Labour Forums implemented by 30 June 2022		Qtr. 1	1 Labour Relations Forum conducted	Achieved: 1 Labour Relations Forum conducted			Quarterly report on the sitting of the Labour Relations Forum (Minutes; Attendance register;)	Director: Corporate Services
											Qtr. 2	1 Labour Relations Forum conducted	Achieved: 1 Labour Relations Forum convened				
											Mid-Year	2 Labour Relations Forum conducted	Achieved: 2 LLF meetings convened				
											Qtr. 3	1 Labour Relations Forum conducted					
											Qtr. 4	1 Labour Relations Forum conducted					

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
				Number of Human Resource Management programme implemented	Human Resources Management is a process for managing an organizations employees in a strategic manner to optimise their performance and productivity. This programme will be implemented through the following four activities namely; 1. Review of the Staff Establishment 2. Filling of Vacant funded positions according to CHDM Employment Equity Plan 3. CHDM Job Descriptions writing 4. Submission of Provisional Outcomes Report to Provincial Audit Committee	MTOD - 1.3			1 Human Resource Management programmes implemented by 30 June 2022	Qtr. 1 Qtr. 2 Qtr. 3 Qtr. 4	1 Human Resource Management programmes implemented 1 Human Resource Management programmes implemented 1 Human Resource Management programmes implemented 1 Human Resource Management programmes implemented				Human Resource Management reports	Director: Corporate Services
				Number of departmental engagement held on review of job descriptions and development of new job descriptions	Job Descriptions writing is informed by new and existing Job Descriptions(JD's) that are in the approved staff establishment. It is the municipality's responsibility to write and review job descriptions for all posts that are in the staff establishment. The process for the facilitating of Descriptions review and writing will be as follows; 1. Assessment report on the number of job descriptions written and reviewed to determine the outstanding number of JD's to be reviewed or written 3. OD and JE unit will then review submitted drafts and send comments back to Directorates. 4.Directorates will consider the comments from OD and JE unit and resubmit. 5. The final draft JD will then be signed by the Directorate. 6. The signed JD's will the be submitted for grading by OD and JE unit to the District Job Evaluation Committee. 2. Method of calculation = Sum =number of departmental engagement held . 3. Source documents = Approved Structure, New Position, Reports and Attendance register.	MTOD- 1.3.3	OPEX		6 directorates supported on review and writing of job descriptions by 30 June 2022	Qtr. 1 Qtr. 2 Mid-Year Qtr. 3 Qtr. 4	Assessment Report on number of job descriptions written/reviewed. Awareness conducted on job description writing 2 directorates supported on the job descriptions written/reviewed Assessment Report on number of job descriptions written/reviewed. Awareness conducted on job description writing; 2 directorates supported on the job descriptions written/reviewed 2 directorates supported on the job descriptions written/reviewed 2 directorates supported on the job descriptions written/reviewed	Achieved: Assessment Report on number of job descriptions written/reviewed. Awareness conducted on job description writing Achieved: 2 directorates supported on the job descriptions written/reviewed Achieved: Assessment Report on number of job descriptions written/reviewed. Awareness conducted on job description writing & 2 directorates supported on the job descriptions written/reviewed			Attendance Register and Programme Report	Director: Corporate Services
				Number of Provisional Outcomes Report submitted to Provincial Audit Committee	Provisional Outcomes reports are reports of all evaluated job descriptions submitted by Chris Hani District Municipality and all local municipalities to the Provincial Audit Committee. It is compiled after each evaluation session and submitted to the Provincial Audit Committee which has a responsibility to audit these provisional outcomes. The process for grading of JD's by the District Job Evaluation Committee will be as	MTOD- 1.3.4	OPEX	04 Provisional Outcomes Report submitted to Provincial Audit Committee	04 Provisional Outcomes Report submitted to Provincial Audit Committee by 30 June 2022	Qtr. 1 Qtr. 2 Mid-Year	1 POR submitted to Provincial Audit Committee 1 POR submitted to Provincial Audit Committee 2 POR submitted to Provincial Audit Committee	Achieved : 1 POR submitted to Provincial Audit Committee Achieved: 1 POR submitted to Provincial Audit Committee Achieved: 2 POR submitted to Provincial Audit Committee			Proof of Submission of POR's to the PAC; Attendance Register	Director: Corporate Services

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian	
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)			
					<p>follows;</p> <ol style="list-style-type: none"> 1. Submission of signed JD's to District Job Evaluation Committee 2. The District Job Evaluation Committee will then evaluate the submitted JD's and give comments where necessary. The committee will then compile the Provisional Outcomes report (POR) on the evaluated JD's 3. District Job Evaluation Committee will submit the Provisional Outcomes report to the Provincial Audit Committee for auditing. 4. Provincial Audit Committee will audit the POR and compile a Final Outcomes report. 5. The Provincial Audit Committee will send the Final Audited Outcomes report to municipality for implementation <p>2. Method of calculation = Sum =1 POR will be submitted to the Provincial Audit Committee each quarter. 1x4 =Total for</p>						Qtr. 3	1 POR submitted to Provincial Audit Committee					
					<p>Individual Performance Management empowers employees to use their skills and knowledge to perform their jobs in a productive manner. These assessments will start with the compilation and completion of the performance Accountability Agreement and the bi-annual assessments and bi-annual reviews will be conducted by HOD's and Middle Management. Process to be followed: (1) An approved top layer and operational SDBIP will be prepared and submitted to Council structures and council for approval towards the end of the financial year and after the approval of the IDP (2) An approved SDBIP will be submitted to all directorates for each to prepare and align performance agreements and accountability agreement with SDBIP and sign before the end of the 1st month of the 1st quarter. (3) Copies of the signed agreements will be solicited from directorates 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 directorates with the actual deadlines on when the reviews/assessments should be completed and reported</p>	MTOD-1.4	OPEX		01 Middle Managers Individual Performance Assessment and; 3 review reports compiled and submitted by 30 June 2022		Qtr. 1	<ol style="list-style-type: none"> 1. Signing of Performance/Accountability Agreements facilitated 2. Annual assessment for middle managers facilitated and reported 	Not Achieved. 1. Accountability Agreements (55): The following submission were done by directorates: SMS - 19, Engineering - 13, BTO - 9, Health and Community Services - 4, IPED - 2, Corporate Services - 8. Assessment tools (53): SMS (19), Corporate Services (8), IPED (2), BTO (9), Engineering (13), IPED (2)	The following submissions are outstanding from directorates, Accountability Agreements (5): Health and Community Services (1), Assessment tools: Health and Community Services - 5; some assessments were not conducted owing to gaps in the PMS Framework	Review of the Performance Management Framework is required to address the challenges and gaps identified.	Quarterly report on the Signed Performance/Accountability Agreements and; annual performance assessments conducted,	Director: Strategic Management Services
											Qtr. 2	1 Middle Managers Individual Performance review reports for Q1 compiled and submitted	Not Achieved: 1 Middle Managers Individual Performance Review report for quarter 1 compiled and reported. Not all managers performance was reviewed: SMS 13/19 signed, Community and Health Services 4/5 signed	Performance Assessments for line Managers directly reporting to HOD were conducted and signed, with the exception of Mr. Eldridge Baatjies (Chief Fire Officer) who has been on sick leave	Continuous engagement with managers to encourage them to continue with the quarterly assessment will be implemented in a directorate session to be held before the end of January 2022. Outstanding performance assessments for both Q1 and mid-year with affected managers will be held before the end of January 2022. PMS Framework under review to consider areas such as sick leave	Quarterly report on the individual performance reviews conducted for Q1	

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
Integrated Health, Wellness and Safety										Mid-Year	1. Signing of Performance/Accountability Agreements facilitated 2. Annual assessment for middle managers facilitated and reported 3. 1 Middle Managers Individual Performance review reports for Q1 compiled and submitted	Not Achieved 1. Performance and Accountability Agreements signed by the HOD and all line Managers directly reporting to HoD 2. Annual assessment for middle managers conducted and reported. 3. 1 Middle Managers Individual Performance review report for Q1 compiled and submitted with 7 manager's performance not reviewed	A number of managers indicated that they were battling with populating the improved assessment tool and could not submit and continue with the assessment	Continuous engagement with managers to encourage them to continue with the quarterly assessment will be implemented in a directorate session to be held before the end of January 2022. Outstanding performance assessments for both Q1 and mid-year with affected managers will be held before the end of January 2022		
										Qtr. 3	1 Middle Managers Individual Performance review reports for Q2 compiled and submitted				Quarterly report on the individual performance assessment conducted for mid-year	
										Qtr. 4	1 Middle Managers Individual Performance review reports for Q3 compiled and submitted				Quarterly report on the individual performance reviews conducted for Q4	
										Qtr. 1	03 Integrated Health, Wellness Mainstreaming and Occupational Health and Safety programmes implemented				Report on Integrated Health, Wellness, Mainstreaming and Safety Programmes implemented	
										Qtr. 2	03 Integrated Health, Wellness Mainstreaming and Occupational Health and Safety programmes implemented					
										Qtr. 3	03 Integrated Health, Wellness Mainstreaming and Occupational Health and Safety programmes implemented					
										Qtr. 4	03 Integrated Health, Wellness Mainstreaming and Occupational Health and Safety programmes implemented					

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian		
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)				
				Number of Health management programmes implemented	Health management are preventative , therapeutic, rehabilitative, supportive programmes aimed at improving well being of employees, councillors, traditional leaders, managers and their families through group and individual educational and consultation sessions based on the employee satisfaction survey . The programme will be implemented through focus groups and individual sessions. The method of calculation is 1x 4 =4 . The output is the quarterly reports and attendance registers.	MTOD 2.2	200 000,00	4 Health management programmes	4 Health management programmes implemented by 30 June 2022	Qtr. 1	1 awareness programme on prevention and management of chronic illnesses and diseases implemented.	Achieved: 1 awareness programme on prevention and management of chronic illnesses and diseases implemented.			programme report and attendance register	Director: Corporate Services		
									Qtr. 2	1 awareness programme on domestic violence implemented.	Achieved : 1 awareness programme on domestic violence implemented.							
									Mid-Year	2 awareness programme on prevention and management of chronic illnesses and diseases and; a programme on domestic violence implemented.	Achieved: 1 awareness programme on prevention and management of chronic illnesses and diseases implemented & 1 awareness programme on domestic violence implemented.							
									Qtr. 3	1 awareness programme on prevention and management of mental illnesses implemented								
									Qtr. 4	1 awareness programme on prevention & management of incapacity and disability implemented								
				Number of Occupational Health and Safety Programmes implemented	Occupational Health and Safety Programmes are programmes aimed at promoting a healthy and safe work environment through protection of employees against hazards to their health and safety arising out of the work they perform as well as protection of any other person who may be exposed to hazards in the work place environment. This programme will be implemented through the following activities; 1. Occupational Health and Safety education & awareness 2. Medical assessments and Vaccination 3. Provision of Protective Clothing and hygiene consumables	MTOD 2.3			1 Occupational Health and Safety management programmes implemented by 30 June 2022	Qtr. 1	1 Occupational Health and Safety management programmes implemented			Programme report			Director: Corporate Services	
									Qtr. 2	1 Occupational Health and Safety management programmes implemented								
									Mid-Year	2 Occupational Health and Safety management programmes implemented								
									Qtr. 3	1 Occupational Health and Safety management programmes implemented								
									Qtr. 4	1 Occupational Health and Safety management programmes implemented								

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
				Number of Occupational Health and Safety education & awareness conducted	Occupational Health and Safety education & awareness process is informed by the OHS Act, regulations and OHS Strategy. The awareness educates employees on how to keep safe in a workplace and how to identify, report and control the workplace hazards. The process for the implementation of Occupational Health and Safety education & awareness will be as follows; 1. OHS education and awareness on COVID 19 activities will be implemented in Q1, Q2, Q3 & Q4 at Whittlesea, Molteno, Sterkstroom, Revenue Services, Supply Chain Management Services (BTO), Intsika Yethu, IPED and Corporate Services satellite workplaces. 2. Method of calculation = 4 OHS education & awareness will be implemented during this financial year in Q1, Q2, Q3 & Q4 3. Source documents = programme plan	MTOD 2.3.1		2 Occupational Health and Safety education & awareness implemented	4 Occupational Health and Safety education & awareness conducted by 30 June 2022	Qtr. 1	1 Occupational Health and Safety education & awareness conducted (COVID 19) at Whittlesea, Molteno, Sterkstroom satellite workplace	Achieved: 1 Occupational Health and Safety education & awareness conducted (COVID 19) at Whittlesea, Molteno, Sterkstroom satellite workplace			Awareness programmes report; attendance registers; plan	Director: Corporate Services
									Qtr. 2	1 Occupational Health and Safety education & awareness conducted (COVID 19) at Revenue Services and Supply Chain Management Services (BTO)	Achieved : 1 Occupational Health and Safety education & awareness conducted (COVID 19) at Revenue Services and Supply Chain Management Services (BTO)					
									Mid-Year	2 Occupational Health and Safety education & awareness conducted (COVID 19) at Whittlesea, Molteno, Sterkstroom; Revenue Services and Supply Chain Management Services (BTO) satellite workplace	Achieved: 1 Occupational Health and Safety education & awareness conducted (COVID 19) at Whittlesea, Molteno, Sterkstroom satellite workplace & 1 Occupational Health and Safety education & awareness conducted (COVID 19) at Revenue Services and Supply Chain Management Services (BTO)					
									Qtr. 3	1 Occupational Health and Safety education & awareness conducted (COVID 19) at Intsika Yethu satellite workplace						
									Qtr. 4	1 Occupational Health and Safety education & awareness conducted (COVID 19) at IPED and Corporate Services						
				Number of Medical assessments and Vaccination initiatives implemented	Medical surveillance is conducted in compliance with Section 8(1) of Regulations for Hazardous Biological Agents. Medical assessments is a planned programme or periodic examination conducted by Occupational health practitioner or Occupational Medical Practitioner aimed at establishing whether employees have been exposed to hazardous biological agents. Vaccinations are provided to employees to prevent them from contracting occupational diseases such as Hepatitis and others. Employees who are exposed biological agents are	MTOD 2.3.2		1 Medical surveillance and Vaccination programme implemented	1 Medical surveillance and Vaccination programme implemented by 30 June 2022	Qtr. 1	1 Medical surveillance and Vaccination programme implemented at Engcobo and Intsika Yethu satellite workplaces	Achieved: 1 Medical surveillance and Vaccination programme implemented at Engcobo and Intsika Yethu satellite workplaces		Assessment and vaccination reports & registers	Director: Corporate Services	
									Qtr. 2	1 Medical surveillance and Vaccination programme Implemented at Sakhisizwe and Emalahleni satellite workplaces	Achieved : 1 Medical surveillance and Vaccination programme Implemented at Sakhisizwe and Emalahleni satellite workplaces					

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
					prioritised for medical surveillance and vaccinations. Medical assessments and vaccinations are conducted annually. The process for the implementation of Medical surveillance and Vaccination initiatives will be as follows; 1. Medical assessments and vaccinations will be conducted for water services employees in two satellite workplaces in Quarter 1 & Quarter 2, and one satellite workplace in Q3 and one satellite workplaces in Q4. 2. Source documents = medical assessments and vaccinations report					Mid-Year	2 Medical surveillance and Vaccination programme Implemented at Engcobo and Intsika Yethu and; Sakhisizwe and Emalahleni satellite workplaces	Achieved: 1 Medical surveillance and Vaccination programme implemented at Engcobo and Intsika Yethu satellite workplaces & 1 Medical surveillance and Vaccination programme Implemented at Sakhisizwe and Emalahleni satellite workplaces				
										Qtr. 3	1 Medical surveillance and Vaccination initiative Implemented at Inxuba Yethemba satellite workplaces					
										Qtr. 4	1 Medical surveillance and Vaccination programme Implemented at Enoch Mjijima satellite workplaces					
				Number of Satellite Offices provided with Personal Protective Clothing and hygiene consumables	Personal Protective Equipment and Hygiene consumables are provided to employees in terms of Section 2(2) of General Safety Regulations. PPE and hygiene consumable are provided to the employees by the employer as one of the control measures taken by the employer to mitigate against the risk of exposure to hazards in the workplace environment. The process for providing Satellite Offices with Personal Protective Clothing and hygiene consumables will be as follows; 1. PPE (waders) and hygiene consumables distribution programmes will be conducted for water services employees in 5 satellite workplaces in the 5 satellite workplaces (Enoch Mjijima, Engcobo, Sakhisizwe, Emalahleni & Intsika Yethu) in Q1 & PPE (overalls) and hygiene consumable distribution programmes implemented at 6 satellite workplaces for designated employees. 2. In Q2, PPE (overalls) and hygiene consumables distribution programme will be conducted for water services employers in need of this PPE at	MTOD 2.3.3	1 000 000,00	6 Satellite Offices provided with Personal Protective Clothing and hygiene consumables	6 Satellite Offices provided with Personal Protective Clothing and hygiene consumables by 30 June 2022	Qtr. 1	PPE (waders) and hygiene consumables distribution programmes conducted for water services employees in 5 satellite workplaces (Enoch Mjijima, Engcobo, Sakhisizwe, Emalahleni & Intsika Yethu)	Not Achieved: PPE (waders) and hygiene consumables distribution programmes conducted for water services employees in 5 satellite workplaces (Enoch Mjijima, Engcobo, Sakhisizwe, Emalahleni & Intsika Yethu)	3 Satellite Office [Engcobo, Sakhisizwe, Emalahleni & Intsika Yethu] has not been distributed due to procurement delays.	Matter escalated to CFO for intervention and assistance. Distribution at Mid term	Signed distribution register and reports	Director: Corporate Services
										Qtr. 2	PPE (overalls) and hygiene consumables distribution programmes implemented at 6 satellite workplaces for designated employees.	Not achieved: procurement of PPE (overalls) was not achieved .Procurement processes were initiated through the RT 64 contract. No service provider has been appointed due to slow response from service providers. Hygiene consumables were distributed to Emalahleni, Engcobo, Inxuba Yethemba and Sakhisizwe water services.	Delays in SCM processes and response of suppliers in RT 64 contract.	Distribution will be done in January 2022 as there two quotes received for the PPE received.		

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
					Employers in need of this PPE at Engcobo & Intsika Yethu satellite workplaces. 3. Source documents = Lists from all satellite workplaces of employees, nature of jobs performed, type of PPE required sizes.					Mid-Year	PPE (waders and overalls) and hygiene consumables distribution programmes conducted for water services employees in 5 satellite workplaces (Enoch Mgjijima, Engcobo, Sakhisizwe, Emalahleni & Intsika Yethu) and; implemented at 6 satellite workplaces for designated employees.	Not achieved: waders were distributed to Enoch Mgjijima in the first quarter. A service provider was appointed in November 2021 (lfeanyi) for the waders for other satellite offices but delivery will be done in phases (December 2021 and January2022) due to holiday recess period, closing of some suppliers and limited sizes in stock from suppliers. Procurement of PPE (overalls) was not achieved .Procurement processes were initiated through the RT 64 contract. No service provider has been appointed due to slow response from service providers. Hygiene consumables were distributed to Emalahleni, Engcobo, Inxuba Yethemba and Sakhisizwe water services.	Delays in SCM processes and response of suppliers in RT 64 contract.	distribution will be done in January 2022 as there two quotes for overalls submitted at and the service provider for waders has been appointed		
										Qtr. 3	N/A					
										Qtr. 4	N/A					
				Number of Occupational Health and Safety plan developed and implemented in relation to Covid 19	A service provider will be sourced through supply chain management processed to develop a health and safety plan and provide services district wide which are required to response to COVID 19 in CHDM workplaces. Health and safety management plan will guide services which will be provided by the appointed service provider in response to COVID 19 which includes amongst others rapid responses to disinfect workstations when there are employees who test COVID 19 positive, COVID 19 educational material and signages, foot pressed sanitisers and any other required equipment and services. Process to be followed to develop Health and Safety plan and implementation thereof: 1. Terms of Reference for Health and Safety plan and implementation tender a in relation to COVID 19 will be developed and submitted to Bid Specification Committee for approval and advertising in Q1. 2. A service provider will be appointed to develop the plan and provide services required in response to COVID 19 in Q2. 3. Appointed service provider will provider services to CHDM workplaces district wide in response to COVID 19 in Q3 & Q4	MTOD 2.3.4			1 Occupational Health and Safety plan developed and implemented in relation to Covid 19 by 30 June 2022	Qtr. 1	Facilitation of SCM procurement process	Achieved : Facilitation of SCM procurement process			Q1 = Terms of reference	Director: Corporate Services
										Qtr. 2	Appointment of service provider facilitated	Achieved: draft OHS plan in relation to COVID-19 was developed internally and consultation processes are underway. there was no procurement processes. COVID-19 programmes are also implemented such as screening, education and awareness, disinfecting and cleaning , distribution of sanitisers and reporting of COVID-19 cases.	The plan was developed internally due to financial constraints and delays in SCM processes	none	Q2 = Appointment Letter	
										Mid-Year	Facilitation of SCM procurement process and; Appointment of service provider facilitated	Achieved: An OHS plan in relation to COVID-19 was developed internally and consultation processes are underway. there was no procurement processes. COVID-19 programmes are also implemented such as screening, education and awareness, disinfecting and cleaning , distribution of sanitisers and reporting of COVID-19 cases. 1 case from MMO was reported and disinfecting was done	The plan was developed internally due to financial constraints			

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian	
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)			
										Qtr. 3	Implementation of the Occupational Health and Safety plan developed and implemented in relation to Covid 19				Q3 & Q4 = OHS Report on implementation		
										Qtr. 4	Implementation of the Occupational Health and Safety plan developed and implemented in relation to Covid 19				Q3 & Q4 = OHS Report on implementation		
Asset Management	To ensure effective Management of Municipal assets.	Sustainable delivery of services	Implementation of Fleet Management Policy	Number of Municipal vehicles managed	Municipal vehicles managed will focus on acquisition of municipal vehicles and maintenance, daily repairs, fitment ,servicing and licencing of existing municipal vehicles as per manufacturers specification and on request by user.	MTOD - 3	Opex	172 Vehicles Managed	172 Municipal Vehicles Managed by 30 June 2022	Qtr. 1	100% Municipal vehicles maintained as per dealer specification and on request by user				Quarterly report on vehicle expenditure; clearance and occurrence books;	Director: Corporate Services	
										Qtr. 2	100% Municipal vehicles serviced as per dealer specification and on request by user						
										Mid-Year	100% Municipal vehicles maintained as per dealer specification and on request by user						
										Qtr. 3	100% Municipal vehicles serviced as per dealer specification and on request by user						
										Qtr. 4	100% Municipal vehicles maintained as per dealer specification and on request by user						
										Qtr. 1	100% Municipal vehicles maintained as per dealer specification and on request by user	Achieved: 100% Municipal vehicles maintained as per dealer specification and on request by user		Occurrence book, Clearance certificate,			Director: Corporate Services
										Qtr. 2	100% Municipal vehicles maintained as per dealer specification and on request by user	Achieved: 100% Municipal vehicles maintained as per dealer specification and on request by user					
										Mid-Year	100% Municipal vehicles maintained as per dealer specification and on request by user	Achieved: 100% Municipal vehicles maintained as per dealer specification and on request by user					

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
					LICENCING: this can be done Annually or based on kilometre travelled or which ever comes first. Licence renewal are done monthly depending if there are any. 1. The users reports vehicle licences that has expired or expiring or Traffic department provide us with the list of due registration monthly. 2. The office compiles memo with the list of all vehicles and total cost for payment. 3.Arrange Certificate of Fitness (COF) first for Trucks before the new licence can be issued. 5. Once the money has been received, we go to traffic department for vehicle renewals.6. Drivers come to collect the new disc. 2. Method of calculation = Total no of Maintained vehicles + Service +					Qtr. 3	100% Municipal vehicles maintained as per dealer specification and on request by user					
					LICENCING: this can be done Annually or based on kilometre travelled or which ever comes first. Licence renewal are done monthly depending if there are any. 1. The users reports vehicle licences that has expired or expiring or Traffic department provide us with the list of due registration monthly. 2. The office compiles memo with the list of all vehicles and total cost for payment. 3.Arrange Certificate of Fitness (COF) first for Trucks before the new licence can be issued. 5. Once the money has been received, we go to traffic department for vehicle renewals.6. Drivers come to collect the new disc. 2. Method of calculation = Total no of Maintained vehicles + Service +					Qtr. 4	100% Municipal vehicles maintained as per dealer specification and on request by user					
				Number of Municipal Vehicles acquired	Municipal vehicles will focus on acquisition of municipal vehicles. CHDM is participating on National Treasury Transversal Contract RT57 for procurement of vehicles, this means that Fleet do not follow the SCM internal processes. The process for acquiring Municipal vehicles will be as follows; 1.The office draft /compile vehicle as per the type of vehicle needed. 2. Requesting of quotation by sending specification top the RT57 list of manufacturers as per the ranking and Conditions of contracts. 3. Once quotation has been received, office compile memo requestion to purchase to Procurement Manager. 4. PM checks the quotations and document for compliance by the manufacture. 5. the document is then submitted to Director C/S, CFO & MM for approval. 6. Document is submitted to SCM for further processing and issuing of order. 7. The manufacturer delivers the vehicles, signs delivery note. 8. The manufacturer submits invoices for payment processing. 2. Method of calculation = Number of vehicles acquired per quarter = Total number of vehicle (order + delivery note) 3. Source documents = Invoices, Vehicle order, Delivery note	MTOD 3.2			5 Municipal Vehicles acquired by 30 June 2022	Qtr. 1	Acquisition of 2 Municipal vehicles	Achieved: Acquisition of 2 Municipal vehicles			Quarterly report on the acquisition of municipal vehicles (Orders, Invoices and Delivery Notes)	Director: Corporate Services
					LICENCING: this can be done Annually or based on kilometre travelled or which ever comes first. Licence renewal are done monthly depending if there are any. 1. The users reports vehicle licences that has expired or expiring or Traffic department provide us with the list of due registration monthly. 2. The office compiles memo with the list of all vehicles and total cost for payment. 3.Arrange Certificate of Fitness (COF) first for Trucks before the new licence can be issued. 5. Once the money has been received, we go to traffic department for vehicle renewals.6. Drivers come to collect the new disc. 2. Method of calculation = Total no of Maintained vehicles + Service +					Qtr. 2	N/A					
					LICENCING: this can be done Annually or based on kilometre travelled or which ever comes first. Licence renewal are done monthly depending if there are any. 1. The users reports vehicle licences that has expired or expiring or Traffic department provide us with the list of due registration monthly. 2. The office compiles memo with the list of all vehicles and total cost for payment. 3.Arrange Certificate of Fitness (COF) first for Trucks before the new licence can be issued. 5. Once the money has been received, we go to traffic department for vehicle renewals.6. Drivers come to collect the new disc. 2. Method of calculation = Total no of Maintained vehicles + Service +					Mid-Year	Acquisition of 2 Municipal vehicles	Achieved: Acquisition of 2 Municipal vehicles				
					LICENCING: this can be done Annually or based on kilometre travelled or which ever comes first. Licence renewal are done monthly depending if there are any. 1. The users reports vehicle licences that has expired or expiring or Traffic department provide us with the list of due registration monthly. 2. The office compiles memo with the list of all vehicles and total cost for payment. 3.Arrange Certificate of Fitness (COF) first for Trucks before the new licence can be issued. 5. Once the money has been received, we go to traffic department for vehicle renewals.6. Drivers come to collect the new disc. 2. Method of calculation = Total no of Maintained vehicles + Service +					Qtr. 3	Acquisition of 3 Municipal vehicles			Quarterly report on the acquisition of municipal vehicles (Orders, Invoices and Delivery Notes)		
					LICENCING: this can be done Annually or based on kilometre travelled or which ever comes first. Licence renewal are done monthly depending if there are any. 1. The users reports vehicle licences that has expired or expiring or Traffic department provide us with the list of due registration monthly. 2. The office compiles memo with the list of all vehicles and total cost for payment. 3.Arrange Certificate of Fitness (COF) first for Trucks before the new licence can be issued. 5. Once the money has been received, we go to traffic department for vehicle renewals.6. Drivers come to collect the new disc. 2. Method of calculation = Total no of Maintained vehicles + Service +					Qtr. 4	N/A					
			Implementation of Facility Management Plan	Number of Facility Management Plan implemented	Facility Management Plan (FMP) will address amongst other aspects the maintenance of municipal buildings which generally seeks to keep all building systems and components operating efficiently and effectively and to ensure a safe and accommodating environment. As maintenance is most often associated with repairs and refurbishment, the FMP will detail on how implementation will be	MTOD - 5	OPEX	01 Facility Management Plan developed	01 Facility Management Plan implemented by 30 June 2022	Qtr. 1	Implementation of Facility Management Plan	Achieved		Quarterly Report on the implementation of the Facility Management plan	Director: IPED	
					LICENCING: this can be done Annually or based on kilometre travelled or which ever comes first. Licence renewal are done monthly depending if there are any. 1. The users reports vehicle licences that has expired or expiring or Traffic department provide us with the list of due registration monthly. 2. The office compiles memo with the list of all vehicles and total cost for payment. 3.Arrange Certificate of Fitness (COF) first for Trucks before the new licence can be issued. 5. Once the money has been received, we go to traffic department for vehicle renewals.6. Drivers come to collect the new disc. 2. Method of calculation = Total no of Maintained vehicles + Service +					Qtr. 2	Implementation of Facility Management Plan	Achieved: ICT Server Room; Disaster Management Centre and BTO Kitchen door has been repaired				

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
					<p>carried out as per request of user departments and assessment. 1. Implementation of the FMP as per identified required maintenance e.g. emergency (ad hoc), routine maintenance, and periodic preventive maintenance. Implementation Quarterly Reports</p> <p>For this current year the municipality will refurbish one municipal office namely; Stekstrom Site office as per request by departmental user.</p>					Mid-Year	Implementation of Facility Management Plan	Achieved: ICT Server Room; Disaster Management Centre and BTO Kitchen door has been repaired				
										Qtr. 3	Implementation of Facility Management Plan					
										Qtr. 4	Implementation of Facility Management Plan					
Asset Management	To ensure effective Management of Municipal assets.	Sustainable delivery of services	Development and Implementation of Security Management Plan	Number of Cluster Security Management Plans developed and implemented	<p>1.The Municipality has undertaken a cluster approach in the provision of security management services.</p> <p>2.The sites shall be clustered as follows:</p> <ul style="list-style-type: none"> •Komani, Whittlesea, Sterkstroom, Molteno and Tarkastad; •Cofimvaba, Tsomo and Ngcobo; •Cacadu, Dordrecht, Indwe, Cala and Khowa; and •Hofmeyer, Cradock and Middelburg. □ <p>3. The Municipality has appointed 4 (four) service providers that shall be responsible for provision of security management services to the abovementioned 4 (four) clustered sites.</p> <p>4. it is a requirement that the service providers conduct security risk assessments in all the sites, in consultation with the Water Services Provisioning: Area Manager or delegated officials that will enable them to develop security management plans;</p> <p>4.As soon as security risk assessments have been undertaken, security risk assessment reports shall be prepared, submitted to the Municipality, and thereafter security management plans shall be developed together with the implementation plans for submission to the Municipality as basis upon which the security management services shall in each cluster of sites be provided; and</p> <p>5.The 4 (four) security management plans shall be implemented and be monitored with comprehensive reports on a monthly and quarterly basis.</p> <p>6. It is expected that there will be 4 (four) Implementation reports submitted to the Municipality on a monthly and quarterly basis. Method of calculation: 1 x 4 Security Management Plans developed Output: 4 Security Management Plans Developed and Implemented</p>	MTOD - 6		None	04 Cluster Security Management Plans developed and Implemented by 30 June 2022	Qtr. 1	Development and implementation of 4 security management plans	Not Achieved: Development and implementation of 4 security management plans	Late appointment of service providers.	Development of security risk management plans will be done at midyear	Q 1 = Security Risk Assessment Report; 4 Security Management Plans; Reports on the Implementation of the 4 security management plans	Director: Corporate Services
										Qtr. 2	Implementation of 4 security management plans	Not Achieved: Implementation of 4 security management plan	The security management plans have yet to be developed.	Security management plans are to be developed after the terms and conditions of contracts have been finalised.	Q2 = Report on the Implementation of the 4 security management plan	
										Mid-Year	Implementation of 4 security management plans	Not Achieved: Development and implementation of 4 security management plan	The terms and conditions of the contracts with the security management providers have yet to be finalised. The security management plans have yet to be developed.	Security management plans are to be developed after the terms and conditions of contracts have been finalised.		
										Qtr. 3	Implementation of 4 security management plans				Q3 = Report on the Implementation of the 4 security management plan	

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian					
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)							
					Developed and implemented					Qtr. 4	Implementation of 4 security management plans				Q4 = Report on the Implementation of the 4 security management plan						
ICT				Number of ICT Programmes Implemented	To identify, provide, support and maintain, business systems and solutions and IT Infrastructure and to provide sound governance on management of ICT. The process for the Implementation of the ICT Programmes will be as follows; 1. Establishment of ICT Infrastructure 2. Implementation of information security management 3. Establishment of Disaster Recovery Site. 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 =	MTOD - 7		ICT work study report in place	01 ICT programmes implemented by 30 June 2022	Qtr. 1	01 ICT programmes implemented				ICT reports	Director: Corporate Services					
										Qtr. 2	01 ICT programmes implemented										
										Qtr. 3	01 ICT programmes implemented										
										Qtr. 4	01 ICT programmes implemented										
										Number of Disaster Recovery Plan implemented	A Disaster Recovery site will be established data will be migrated to that DR site in phases according to various services and/or applications. The data migration report will be compiled on a quarterly base and submitted to council committees. 1. Project inception meeting 2. Storage requirements and calculations 3. Connectivity to offsite location 4. Licensing veam replication software 5. Installation and configuration of backup and DR 6. Monitoring and reporting 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 =	MTOD - 7.2	R622 180,00	1 Disaster Recovery Plan implemented by 30 June 2022	Qtr. 1	Implementation of disaster recovery and business continuity	Achieved: Disaster recovery and business continuity implemented			Q1 = Project close-out report	Director: Corporate Services
															Qtr. 2	Monitoring and reporting on backup, disaster recovery and business continuity	Achieved: Backup, disaster recovery and business continuity monitored			Q2 = Data replication logs and backup register	
															Mid-Year	Implementation, Monitoring and reporting on backup of disaster recovery and business continuity	Disaster recovery, business continuity implemented and backup, disaster recovery are monitored				
															Qtr. 3	Monitoring and reporting on backup, disaster recovery and business continuity				Q3 = Data replication logs and backup register	
															Qtr. 4	Disaster recovery testing and reporting				Q4 = Disaster recovery test results	
Information and Communication Technology	To ensure effective Management of Municipal assets.		Implementation of ICT work study report on business integration technology enablement	Number of Public Wi-Fi Hotspots implemented	Wi-Fi is a wireless broadband technology that allows several enabled electronic devices to connect to an Internet via an access point or single account thereby lowering costs to communicate. Public Wi-Fi hotspot will be installed at Komani Gardens in Enoch Mgijima Local Municipality. Once the hotspot is functional, use reports will be generated and council committees. The goal for this	MTOD-7.3	R300 000,00	1 Public Wi-Fi Hotspot implemented by 30 June 2022	Qtr. 1	Implementation of Public Wi-Fi Hotspot	Achieved: Public Wi-Fi Hotspot implemented			Q1: Installation sign-off	Director: Corporate Services						
									Qtr. 2	Monitoring and reporting on Public Wi-Fi usage	Achieved: Public Wi-Fi Hotspot is functional and is being monitored			Usage report							

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
					<p>the location of the public Wi-Fi hotspot is to connect citizen so that they can be able participate to electronic government programs.</p> <ol style="list-style-type: none"> 1. Develop terms of reference 2. Facilitate SCM procurement process 3. Appointment of the service provider 4. Implementation of the public Wi-Fi hotspot <p>2. Method of calculation = Sum =1 programme will be implemented with different activities as stipulated in the SDBIP each quarter 3. Source documents =</p>					Mid-Year	Implementation of, Monitoring and reporting on Public Wi-Fi Hotspot	Achieved: Public Wi- Fi Hotspot implemented, monitored and usage reporting				
										Qtr. 3	Monitoring and reporting on Public Wi-Fi usage					
										Qtr. 4	Monitoring and reporting on Public Wi-Fi usage					
Administration	To ensure effective administration support and legal services	Effective support to Council and Administration	Implementation of Administration support and Legal services programmes	Number of Administration Support and Legal Services Programmes implemented	<p>The Legal Services and Administration Unit has two components, which are the Legal Services and Administration. Firstly, Legal Services proactively manages the litigation risk of the Municipality by implementing the Litigation Management Strategy. The strategy aims to create awareness on issues that might pose a risk of litigation to the Municipality such as PAIA requests, decision-making (PAJA), legislative/ policy development (and drafting) and drafting of contracts, and also provides for ways of responding to litigation and PAIA matters as and when they arise.</p> <p>Secondly, the Administration component provides support not only to management but also to political offices. While the records management section is a custodian of Municipal archives and records, the Council Support Unit provides secretariat support to Council structures such as Council, Mayoral Committee and standing committees. Awareness's campaigns with various directorates on file plans, records disposal and other records management controls are provided on a quarterly basis, while secretarial support is also given to Council structures by means of preparation of agendas, minutes, attendance registers and resolutions.</p>	MTOD - 8		01 Administration Support and 01 Legal Services Programmes implemented	01 Administration support and 01 Legal Services Programmes implemented by 30 June 2022	Qtr. 1	01 Administration support and 01 Legal Services Programmes implemented				Administration Support and Legal Services Report	Director: Corporate Services
										Qtr. 2	01 Administration support and 01 Legal Services Programmes implemented					
										Qtr. 3	01 Administration support and 01 Legal Services Programmes implemented					
										Qtr. 4	01 Administration support and 01 Legal Services Programmes implemented					

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
				Number of Secretariat Administration support projects implemented	The Council Support sub-unit within the Legal Services & Administration Unit has a duty to provide secretariat duties to Council and other related structures. Council, Mayoral Committee, Standing committees, Municipal Public Accounts Committee, Risk Management & Anti-Fraud Committee, Audit & Performance Audit Committee, Policy Advisory Committee, Budget Steering Committee, District Legal Advisors Forum, Local Labour Forum, Assets Management Committee (incorporating Fleet, ICT, Records Management, Water Services Provisioning and Facilities Management) are the structures, amongst others, to which secretariat support is mainly being provided. In order to provide secretariat support service to the Council structures, the sub-unit in liaison with the offices of chairpersons of council and various committees prepare agendas, maintain records of meetings (such as minutes, resolutions and attendance registers). In addition, the sub-unit ensure that all reports are stored appropriately and that systems are in place for tracking implementation of decisions. Furthermore, the sub-unit strive to maintain relations between political offices and management on governance and secretariat issues to improve information exchange and understanding of the role of Council and its structures. 1.Council has adopted Institutional Annual Calendar, purpose of which is to provide a schedule of activities and meetings that the Municipality will priorities in its operations. 2.The process of development of the Council Calendar involve a consultation process of various stakeholders and documents which are as follows: a)IDP Process Plan of the Council; b)MFMA Calendar; c)Office of the Speaker; d)Office of the Executive Mayor; e)Oversight bodies (Sec 79 Committees); f)Local Municipalities (Speaker's offices, MM's offices and other directorates); g)Management of the District Municipality 3.In consultation with the relevant chairpersons of council structures, the management make a decision about reports that must be submitted to a certain structure;	MTOD - 8.1			Secretariat Administration support projects implemented to all scheduled (and on request by convenor) meetings of Council Structures convened by 30 June 2022	Qtr. 1	Secretariat Administrative support projects implemented to all scheduled (and on request by convenor) to meetings convened by Council Structures	Achieved: Secretariat Administrative support projects implemented to all scheduled (and on request by convenor) to meetings convened by Council Structures			Quarterly Reports; Attendance registers, Agendas	Director: Corporate Services
									Qtr. 2	Secretariat Administrative support projects implemented to all scheduled (and on request by convenor) to meetings convened by Council Structures	Achieved: Secretariat Administrative support projects implemented to all scheduled (and on request by convenor) to meetings convened by Council Structures					
									Mid-Year	Secretariat Administrative support projects implemented to all scheduled (and on request by convenor) to meetings convened by Council Structures	Achieved: Secretariat Administrative support projects implemented to all scheduled (and on request by convenor) to meetings convened by Council Structures					
									Qtr. 3	Secretariat Administrative support projects implemented to all scheduled (and on request by convenor) to meetings convened by Council Structures						
									Qtr. 4	Secretariat Administrative support projects implemented to all scheduled (and on request by convenor) to meetings convened by Council Structures						

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
				Number of Record Management projects implemented	Record Management projects focuses on the implementation of the policies to ensure that the information of the municipality is safe guarded. The two following activates will be implemented, File Plan Awareness campaigns and Records Disposal reporting.	MTOD - 8.2	OPEX		02 Record Management projects implemented by 30 June 2022	Qtr. 1	2 Record Management projects implemented (1) 1 File Plan Awareness campaigns conducted (2) 1 Records Disposal reports compiled and submitted (Identifying and Listing of Records for Disposal process)	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	Director: Corporate Services
										Qtr. 2	2 Record Management projects implemented (1) 1 File Plan Awareness campaigns conducted (2) 1 Records Disposal reports compiled and submitted (Disposal of Records)	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	
										Mid-Year	2 Record Management projects implemented (1) 1 File Plan Awareness campaigns conducted (2) 1 Records Disposal reports compiled and submitted (Identifying and Listing of Records for Disposal process; Disposal of Records)	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	
										Qtr. 3	2 Record Management projects implemented (1)2 File Plan Awareness campaigns conducted (2) 1 Records Disposal reports compiled and submitted (Identifying and Listing of Records for Disposal process)	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	
										Qtr. 4	2 Record Management projects implemented (1) 2 File Plan Awareness campaigns conducted (2) 1 Records Disposal reports compiled and submitted (Disposal of Records)	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	Refer to MTOD 8.2.1 - 8.2.2 for actual achievement	
				Number of File Plan Awareness campaigns conducted	The File Plan Awareness campaigns will focus on ensuring that all directorates file documents in accordance with the approved File plan. These campaigns will be conducted on quarterly bases to different department.	MTOD - 8.2.1	OPEX		06 File Plan Awareness campaigns conducted by 30 June 2022	Qtr. 1	01 File Plan Awareness campaigns conducted	Achieved: 01 File Plan Awareness campaigns conducted			Quarterly Reports; Attendance registers,	Director: Corporate Services
										Qtr. 2	1 File Plan Awareness campaigns conducted	Achieved: 01 Awareness campaigns conducted				

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Mid-Year	02 File Plan Awareness campaigns conducted	Achieved: 02 Awareness campaigns conducted				
										Qtr. 3	2 File Plan Awareness campaigns conducted					
										Qtr. 4	2 File Plan Awareness campaigns conducted					
				Number of Records Disposal reports compiled and submitted	Records Disposal entails identification of records for the purpose of transfer either to Provincial Archives or Destruction of Ephemeral records. A report will be compiled which will show which document were disposed, when were they disposed and in terms of which disposal authority. This reports will be conducted on a quarterly base.	MTOD - 8.2.2	OPEX		04 Records Disposal reports compiled and submitted by 30 June 2022	Qtr. 1	1 Records Disposal reports compiled and submitted (Identifying and Listing of Records for Disposal process)	Achieved: 1 Records Disposal reports compiled and submitted (Identifying and Listing of Records for Disposal process)			Q1&Q3= Records Disposal Reports; Listing of Records for Disposal	Director: Corporate Services
										Qtr. 2	1 Records Disposal reports compiled and submitted (Disposal of Records)	Achieved: 1 Records Disposal reports compiled and submitted (Disposal of Records)			Q2&Q4=Records for Disposal Reports & Authority	
										Mid-Year	2 Records Disposal reports compiled and submitted (Identifying and Listing of Records for Disposal process; Disposal of Records)	Achieved: 2 Records Disposal reports compiled and submitted (Identifying and Listing of Records for Disposal process; Disposal of Records)				
										Qtr. 3	1 Records Disposal report compiled and submitted (Identifying and Listing of Records for Disposal process)				Q1&Q3= Records Disposal Reports; Listing of Records for Disposal	
										Qtr. 4	1 Records Disposal report compiled and submitted (Disposal of Records)				Q2&Q4=Records for Disposal Reports & Authority Certificates,	
KPA 2: BASIC SERVICE DELIVERY AND INFRASTRUCTURE DEVELOPMENT										Weight: 20%						
BROAD STRATEGIC OBJECTIVE 2 :To ensure provision of Municipal Health, Environmental Management and Basic Services in a well-structured, efficient and integrated manner.																
WSA	To ensure Universal coverage of Water and Sanitation by 2022	Quality Drinking Water	Implementation of WSDP	Number of Full SANS Audit conducted in all 16 Water Treatment Works systems	Water Treatment Works systems are process systems that receives raw water and process it through application of flocculants, coagulants and disinfectants in line with set limits to make the water suitable for human consumption. The Drinking Water Standards list the determinants and corresponding limits that need to be measured in order to determine that the quality of drinking water is safe to drink. SANS 241 report will be issued by an accredited laboratory for each of the 16 WTWs. Processes to be followed: 1. annual assessment of functionality of water treatments works systems conducted 2. Procurement of service provider to conduct FULL SANS audit facilitated. 3 an appointed service provider conducts the audit. Source documents - preliminary report and database of all water treatment works, ToR, audit report from the service	SDI - 4	OPEX	01 Full SANS Audit conducted in all 15 Water Treatment Works systems	01 Full SANS Audit conducted in functional 16 Water Treatment Works systems by 30 June 2022	Qtr. 1	Assessment of functionality of water treatments works systems conducted	Achieved			Q1 -Quarterly report on the assessment of functionality of water treatment works system,	Director: Engineering and Technical Services
										Qtr. 2	Procurement of a service provider to conduct FULL SANS audit facilitated	Achieved Procurement of a service provider to conduct FULL SANS audit facilitated			Q2 - Report on the procurement of a service provider	
										Mid-Year	Assessment of functionality of water treatments works systems conducted; Procurement of a service provider to conduct FULL SANS audit facilitated	Achieved 1. Assessment of functionality of water treatments works systems conducted , 2. Procurement of a service provider to conduct FULL SANS audit facilitated				

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
					provider.					Qtr. 3	N/A					
										Qtr. 4	Audit conducted for 16 Water Treatment Works				Q4 - audit Report on Full SANS Audit	
WSA	To ensure Universal coverage of Water and Sanitation by 2022	Safe Sanitation		Number of Process Audit review conducted in all 17 Waste Water Treatment Works	Wastewater treatment is a process used to remove contaminants from wastewater or sewage and convert it into an effluent that can be returned to the water cycle with minimum impact on the environment, or directly reused. Audit represents a comprehensive performance evaluation to review and determine whether there are design issues, deficiencies in the operation and maintenance procedures or equipment malfunctions and to propose solutions to overcome identified deficiencies, if any. Process Audit Reports will be issued for all 16 Wastewater Treatment Works. Processes to be followed: 1. annual assessment of functionality of water treatments works systems conducted 2. Procurement of service provider to conduct FULL SANS audit facilitated. 3 an appointed service provider conducts the audit. Source documents - preliminary report and database of all waste water treatment works, ToR, audit report from the service provider.	SDI - 8	OPEX	01 Process Audit review conducted in all 17 Waste Water Treatment Works	01 Process Audit review conducted on 16 Waste Water Treatment Works Systems by 30 June 2022	Qtr. 1	Assessment of functionality of waste water treatments works systems conducted	Achieved			Q1 -Quarterly report on the assessment of functionality of waste water treatment works system,	Director: Engineering and Technical Services
										Qtr. 2	Procurement of a service provider to conduct FULL SANS audit facilitated	Achieved	Procurement of a service provider to conduct FULL SANS audit facilitated	Q2 - Report on the procurement of a service provider		
										Mid-Year	Assessment of functionality of waste water treatments works systems conducted; Procurement of a service provider to conduct FULL SANS audit facilitated	Achieved	1. Assessment of functionality of waste water treatments works systems conducted. 2. Procurement of a service provider to conduct FULL SANS audit facilitated			
										Qtr. 3	N/A					
									Qtr. 4	Audit conducted for 16 Waste Water Treatment Works				Q4 - audit Report on waste water treatment works		
WSA	To ensure Universal coverage of Water and Sanitation by 2022	Sustained Water Resources	Implementation of Water Conservation and Demand Management Strategy	% reduction of non- Revenue water	The input volume of water received at the treatment works will be calculated and read at the bulk meter. When the water received has been treated and put into distribution that water will be exposed to 2 losses. The Real losses and Apparent losses. Real losses are physical losses like leaks and Apparent losses are meter under-registration, theft, billing errors and unbilled water. This indicator seeks to establish these two types of losses and thereafter provide a report to that effect which will then be analysed and implemented to reduce the percentage of losses. The target is now to reduce the losses by 20% per each year. The baseline Non-Revenue Water (NRW) is at 68.2% at an estimated cost of R182 114 932.52. Process to follow: Assess the system and quantify all meters that require replacement or calibration. Comparison of the erven as per GIS with the CHDM billing information.	SDI - 10	OPEX	Nil	20% reduction of Non- Revenue water by 30 June 2022	Qtr. 1	Assessment of the system to identify meters that require replacement or calibration. Comparison of the erven as per GIS with the CHDM billing information	Achieved			Q1 - Assessment report on meters	Director: Engineering and Technical Services
										Qtr. 2	Comparison of the erven as per GIS with the CHDM billing information	Achieved	Comparison of the erven as per GIS with the CHDM billing information	Q1 - Q4 Report on comparison of billing information		
										Mid-Year	Assessment of the system to identify meters that require replacement or calibration. Comparison of the erven as per GIS with the CHDM billing information	Achieved	1. Assessment of the system to identify meters that require replacement or calibration. Comparison of the erven as per GIS with the CHDM billing information, 2. Comparison of the erven as per GIS with the CHDM billing information	Q1 - Assessment report on meters Q2 - Report on comparison of billing information		

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Qtr. 3	Facilitate procurement of a service provider to conduct water balancing. Comparison of the erven as per GIS with the CHDM billing information				Q1 - Q4 Report on comparison of billing information Q3 - Report on procurement of service provider	
										Qtr. 4	Water balancing project conducted and reported. Comparison of the erven as per GIS with the CHDM billing information				Q1 - Q4 Report on comparison of billing information Q4 - Draft report on Water Balance	
					Number of Water Conservation and Demand Management programmes implemented	SDI-11	700 000,00	02 Consumer and Bulk meter replacement programmes implemented	02 Water Conservation and demand Management programmes implemented by 30 June 2022	Qtr. 1	02 Water Conservation and demand Management programmes implemented	Refer to SDI 11.1 - 11.2 for actual achievement	Refer to SDI 11.1 - 11.2 for actual achievement	Refer to SDI 11.1 - 11.2 for actual achievement	Refer to SDI 11.1 - 11.2 for actual achievement	Director: Engineering and Technical Services
										Qtr. 2	02 Water Conservation and demand Management programmes implemented	Refer to SDI 11.1 - 11.2 for actual achievement	Refer to SDI 11.1 - 11.2 for actual achievement	Refer to SDI 11.1 - 11.2 for actual achievement	Refer to SDI 11.1 - 11.2 for actual achievement	
										Mid-Year	02 Water Conservation and demand Management programmes implemented	Refer to SDI 11.1 - 11.2 for actual achievement	Refer to SDI 11.1 - 11.2 for actual achievement	Refer to SDI 11.1 - 11.2 for actual achievement	Refer to SDI 11.1 - 11.2 for actual achievement	
										Qtr. 3	02 Water Conservation and demand Management programmes implemented	Refer to SDI 11.1 - 11.2 for actual achievement	Refer to SDI 11.1 - 11.2 for actual achievement	Refer to SDI 11.1 - 11.2 for actual achievement	Refer to SDI 11.1 - 11.2 for actual achievement	
										Qtr. 4	02 Water Conservation and demand Management programmes implemented	Refer to SDI 11.1 - 11.2 for actual achievement	Refer to SDI 11.1 - 11.2 for actual achievement	Refer to SDI 11.1 - 11.2 for actual achievement	Refer to SDI 11.1 - 11.2 for actual achievement	
					Number of Consumer water meter replacement Programmes implemented	SDI-11.1	OPEX	353 Consumer Water meters replaced	1 Consumer water meter replacement Programmes implemented by 30 June 2022	Qtr. 1	100 Consumer water meters replaced	Not Achieved 52 Consumer water meters replaced	The consumer meters are being replaced and installed when there is a request from the consumer or submitted damaged list from the revenue office so as to fix the meters.	To conduct an assessment and identify meters that require replacement.	Quartely Reports - Job card, Replaced meter register, orders	Director: Engineering and Technical Services
										Qtr. 2	100 Consumer water meters replaced	Not Achieved 39 consumer meters replaced	The consumer meters are being replaced and installed when there is a request from the consumer or submitted damaged list from the revenue office so as to fix the meters.	RFQs submitted for fittings and consumer meters to be replaced.		

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
					report					Mid-Year	200 Consumer water meters replaced	Not Achieved 91 Consumer meters replaced	The consumer meters are being replaced and installed when there is a request from the consumer or submitted damaged list from the revenue office so as to fix the meters.	RFQs submitted for fittings and consumer meters to be replaced.		
										Qtr. 3	100 Consumer water meters replaced					
										Qtr. 4	100 Consumer water meters replaced					
				Number of Bulk water meter replacement Programmes implemented	The input volume of water received at the treatment works will be calculated and read at the bulk meter. When the water received has been treated and put into distribution that water will be exposed to 2 losses. The Real losses and Apparent losses. Real losses are physical losses like leaks and Apparent losses are meter under-registration, theft and billing errors. This indicator seeks to establish these two types of losses and put measures to reduce them by installing and replacing bulk meters. Process - 1.Conduct assessment of areas requiring bulk meter replacement or calibrations 2 . replacement or calibrations of faulty bulk meters. Source documents - master list of bulk water meters replaced, assessment report of all bulk meters	SDI-11.2		24 bulk water meters replaced	1 Bulk water meter replacement Programmes implemented by 30 June 2022	Qtr. 1	8 Bulk water meters replaced	Not achieved 1 bulk meter has been replaced	No appointment has been done on the advertised RFQs for CHDM bulk meters.	Tender for Smart metering is out for evaluation. The specification for telemetry will be submitted to the BSC by 18/10/2021. All these tenders will replace the analogue meters and use electronic meters.	Quarterly Reports - Job card, Replaced meter register, orders	Director: Engineering and Technical Services
										Qtr. 2	8 Bulk water meters replaced	Not Achieved	No appointment done on the submitted RFQs	Re-tendering for smart metering		
										Mid-Year	16 Bulk water meters replaced	Not Achieved	No appointment done on the submitted RFQs	Re-tendering for smart metering		
										Qtr. 3	8 Bulk water meters replaced					
										Qtr. 4	8 Bulk water meters replaced					
Municipal Health Services	To provide municipal health services in accordance with relevant legislations	Healthy communities	Monitor Food Control, Management of Human remains and Sanitation structures in accordance with relevant legislation	Number of Municipal Public Health Programmes implemented.	Municipal Public Health comprises of the following programmes namely; 1. Food Premises 2. Funeral Parlours & Mortuaries 3. Sanitation structures 4. Waste Sites These programmes are relevant in terms of the National Health Act 61 of 2003 which provides a framework for a structured uniform health system within the republic, taking into account the obligation imposed by the Constitution and other laws on the national, provincial and local governments regards to health services	SDI - 16	30 000,00	4 Municipal Public Health Programmes implemented.	04 Municipal Public Health Programmes implemented by 30 June 2022	Qtr. 1	04 Municipal Public Health Programmes implemented	Refer to SDI 16.1 - 16.4 for actual achievement	Refer to SDI 16.1 - 16.4 for actual achievement	Refer to SDI 16.1 - 16.4 for actual achievement	Refer to SDI 16.1 - 16.4 for actual achievement	Director: Health and Community Services
										Qtr. 2	04 Municipal Public Health Programmes implemented	Refer to SDI 16.1 - 16.4 for actual achievement	Refer to SDI 16.1 - 16.4 for actual achievement	Refer to SDI 16.1 - 16.4 for actual achievement	Refer to SDI 16.1 - 16.4 for actual achievement	
										Qtr. 3	04 Municipal Public Health Programmes implemented	Refer to SDI 16.1 - 16.4 for actual achievement	Refer to SDI 16.1 - 16.4 for actual achievement	Refer to SDI 16.1 - 16.4 for actual achievement	Refer to SDI 16.1 - 16.4 for actual achievement	
										Qtr. 4	04 Municipal Public Health Programmes implemented	Refer to SDI 16.1 - 16.4 for actual achievement	Refer to SDI 16.1 - 16.4 for actual achievement	Refer to SDI 16.1 - 16.4 for actual achievement	Refer to SDI 16.1 - 16.4 for actual achievement	

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
			Monitor Food Control in accordance with relevant legislation	Number of food premises inspections conducted for compliance with Food, Cosmetics and Disinfectants Act 54 of 1972 as Amended	Food Premises Inspections for compliance within CHDM where food is being produced, processed, stored, prepared and sold for 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.	SDI 16.1	OPEX		2240 Food premises inspections conducted for compliance with Food, Cosmetics and Disinfectants Act 54 of 1972 as Amended by 30 June 2022	Qtr. 1	560 Food premises inspections conducted for compliance with Food, Cosmetics and Disinfectants Act 54 of 1972 as Amended	Achieved. 570 Food premises inspections conducted.	Target Over achieved by 10 inspections due to operation Gqogqa programme.		Quarterly Reports on Food premises inspected - Compliance notices, Data base for food premises, Compliance check list	Director: Health and Community Services
									Qtr. 2	560 Food premises inspections conducted for compliance with Food, Cosmetics and Disinfectants Act 54 of 1972 as Amended	Achieved. 660 Food premises inspections conducted,311 complied and 349 did not comply. .	Target Over achieved by 100 inspections due to operation Gqogqa programme.				
									Mid-Year	1120 Food premises inspections conducted for compliance with Food, Cosmetics and Disinfectants Act 54 of 1972 as Amended	Achieved. 1230 Food premises inspections conducted.	Target Over achieved by 110 inspections due to operation Gqogqa programme.				
									Qtr. 3	560 Food premises inspections conducted for compliance with Food, Cosmetics and Disinfectants Act 54 of 1972 as Amended						
									Qtr. 4	560 Food premises inspections conducted for compliance with Food, Cosmetics and Disinfectants Act 54 of 1972 as Amended						
			Monitor Management of Human remains in accordance with relevant legislation	Number of Funeral parlours & Mortuaries inspected for compliance in line with National Health Act 61 of 2003, section 32	To monitor Funeral Undertakers/Parlours/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	SDI - 16.2	OPEX		280 inspections conducted to 70 Funeral parlours & Mortuaries for compliance in line with National Health Act 61 of 2003, section 32 by 30 June 2022	Qtr. 1	70 Funeral parlours & Mortuaries inspected for compliance in line with National Health Act 61 of 2003, section 32	Achieved. 73 funeral parlours & Mortuaries inspected	Over achieved by 3 due to 2 Funeral Parlours were temporarily closed and 1 opened in last quarter (FY 20/21), Target		Quarterly report on inspections conducted on funeral parlours (Compliance notices, Compliance check list)	Director: Health and Community Services
									Qtr. 2	70 Funeral parlours & Mortuaries inspected for compliance in line with National Health Act 61 of 2003, section 32	Achieved. 72 funeral parlours & Mortuaries inspected	Over achieved by 2 due to 1 Funeral Parlour was temporarily closed and 1 opened in last quarter (FY 20/21).				
									Mid-Year	140 Funeral parlours & Mortuaries inspected for compliance in line with National Health Act 61 of 2003, section 32	Achieved. 73 funeral parlours & Mortuaries inspected	Over achieved by 3 due to 2 Funeral Parlours were temporarily closed and 1 opened in last quarter (FY 20/21), Target				
									Qtr. 3	70 Funeral parlours & Mortuaries inspected for compliance in line with National Health Act 61 of 2003, section 32						

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Qtr. 4	70 Funeral parlours & Mortuaries inspected for compliance in line with National Health Act 61 of 2003, section 32					
			Monitor Sanitation structures in accordance with relevant legislation	Number of sampled sanitation structures inspected in line with White Paper on Basic Household Sanitation of 2001	To monitor sanitation structures (public ablutions 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.	SDI - 16.3	OPEX		120 sampled sanitation structures inspected in line with White Paper on Basic Household Sanitation of 2001 by 30 June 2022	Qtr. 1	30 sampled sanitation structures inspected in line with White Paper on Basic Household Sanitation of 2001	Achieved. 30 sampled sanitation structures inspected.			Quarterly report on sampled sanitation structures (Report on Sanitation structures inspected, Inspection Check List)	Director: Health and Community Services
									Qtr. 2	30 sampled sanitation structures inspected in line with White Paper on Basic Household Sanitation of 2001	Achieved. 30 sampled sanitation structures inspected.					
									Mid-Year	60 sampled sanitation structures inspected in line with White Paper on Basic Household Sanitation of 2001	Achieved. 60 sampled sanitation structures inspected.					
									Qtr. 3	30 sampled sanitation structures inspected in line with White Paper on Basic Household Sanitation of 2001						
									Qtr. 4	30 sampled sanitation structures inspected in line with White Paper on Basic Household Sanitation of 2001						
			Implementation of District Wide Environmental Management Plan	Number of waste sites inspected in line with the District Wide Environmental Management Plan	To monitor and advise local municipalities on compliance and improvement on Waste Sites within CHDM through inspection process. 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.	SDI- 16.4	OPEX		14 Waste sites inspected in line with the District Wide Environmental Management Plan by 30 June 2022	Qtr. 1	14 Waste sites inspected in line with the District Wide Environmental Management Plan	Achieved. 14 Waste sites inspected.			Quarterly report on waste site inspections (Inspection notice, Inspection Checklist, Waste sites data base)	Director: Health and Community Services
									Qtr. 2	14 Waste sites inspected in line with the District Wide Environmental Management Plan	Achieved. 14 Waste sites inspected.					
									Mid-Year	14 Waste sites inspected in line with the District Wide Environmental Management Plan	Achieved. 14 Waste sites inspected.					
									Qtr. 3	14 Waste sites inspected in line with the District Wide Environmental Management Plan						

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Qtr. 4	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	Implementati on 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	Refer to SDI 17.1.4 - 17.2.3 for actual achievement	Refer to SDI 17.1.4 - 17.2.3 for actual achievement	Refer to SDI 17.1.4 - 17.2.3 for actual achievement	Refer to SDI 17.1.4 - 17.2.3 for actual achievement	Director: Health and Community Services
										Qtr. 2	02 Disaster Risk Management and District Fire Services Programmes implemented as per DMP & DFSP	Refer to SDI 17.1.4 - 17.2.3 for actual achievement	Refer to SDI 17.1.4 - 17.2.3 for actual achievement	Refer to SDI 17.1.4 - 17.2.3 for actual achievement	Refer to SDI 17.1.4 - 17.2.3 for actual achievement	
										Qtr. 3	02 Disaster Risk Management and District Fire Services Programmes implemented as per DMP & DFSP	Refer to SDI 17.1.4 - 17.2.3 for actual achievement	Refer to SDI 17.1.4 - 17.2.3 for actual achievement	Refer to SDI 17.1.4 - 17.2.3 for actual achievement	Refer to SDI 17.1.4 - 17.2.3 for actual achievement	
										Qtr. 4	02 Disaster Risk Management and District Fire Services Programmes implemented as per DMP & DFSP	Refer to SDI 17.1.4 - 17.2.3 for actual achievement	Refer to SDI 17.1.4 - 17.2.3 for actual achievement	Refer to SDI 17.1.4 - 17.2.3 for actual achievement	Refer to SDI 17.1.4 - 17.2.3 for actual achievement	
Fire Services	To ensure effects of disaster and fire are prevented or minimised	Reduced fire risks	Implementatio n of Municipal Structures Act117 of 1998 Sec 84 (1)(j) .	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 assessment report compiled	SDI-17.1.4			24 disaster management ward-based risk assessment conducted by 30 June 2022	Qtr. 1	6 disaster management ward-based risk assessment conducted	Achieved. 6 disaster management ward-based risk assessment were conducted in all 6 local municipalities.			Q1-Q4 Quarterly reports on disaster management ward-based risk awareness assessments conducted	Director: Health and Community Services
										Qtr. 2	6 disaster management ward-based risk assessment conducted	Achieved. 6 disaster management ward-based risk assessment were conducted in all 6 local municipalities.				
										Mid-Year	12 disaster management ward-based risk assessment conducted	Achieved. 12 disaster management ward-based risk assessment were conducted in all 6 local municipalities.				
										Qtr. 3	6 disaster management ward-based risk assessment conducted					

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Qtr. 4	6 disaster management ward-based risk assessment conducted					
					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	Achieved. 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
									Qtr. 2	6 disaster management ward-based plan developed	Achieved. 6 disaster management ward-based plan developed					
									Mid-Year	12 disaster management ward-based plan developed	Achieved 12 disaster management ward-based plan developed					
									Qtr. 3	6 disaster management ward-based plan developed						
									Qtr. 4	6 disaster management ward-based plan developed						
					Firefighters at local level to be trained in firefighting according to the MSA. Act 117 Of 1998. 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. <i>(1) This program is based on a legal requirement(municipal structure act 84(1)(l)). (2) Fire Staff who are not trained in basic fire program will be nominated by the local municipality who will attend the basic fire services program. (3) the content of the course will be developed internally and the attendance register of the staff attending the basic training and a report will be written by the manager of the fire services.</i>	SDI-17.2.1	OPEX		1 Basic Fire Services Training conducted by 30 June 2022	Qtr. 1	N/A	N/A	N/A	N/A	Report on Basic Fire Services Training Conducted - (Attendance register, Training report, course outline, certificate of attendance)	Director: Health and Community Services
									Qtr. 2	N/A	N/A	N/A	N/A			
									Mid-Year	N/A	N/A	N/A	N/A			
									Qtr. 3	1 Basic Fire Services Training conducted						
									Qtr. 4	N/A						
					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 regularly. 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	Achieved. There were 12 fire services inspections conducted in 1st quarter with the Fire Services Unit.		Quarterly report on Inspection conducted, (Inspection Certificate, Check list)	Director: Health and Community Services	
									Qtr. 2	12 Fire Services Inspections conducted	Achieved. There were 17 fire services inspections conducted in 2nd quarter with the Fire Services Unit.					
									Mid-Year	24 Fire Services Inspections conducted	Target Achieved. There were 29 fire services inspections conducted in 1st & 2nd quarter with the Fire Services Unit.	This was Over Achieved by 5 due to high requests by business owners in Q2				

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Qtr. 3 12 Fire Services Inspections conducted						
										Qtr. 4 12 Fire Services Inspections conducted						
				% Response to Fire services incidents reported	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; 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-17.2.3	OPEX		100% of Response to Fire services incidents reported by 30 June 2022	Qtr. 1 100% of Response to Fire services incidents reported	Achieved.100% of Response to Fire services incidents reported.			Quarterly report on fire incidents (Incident Report, Quarterly Fire reports)	Director: Health and Community Services	
										Qtr. 2 100% of Response to Fire services incidents reported	Achieved.100% of Response to Fire services incidents reported.					
										Mid-Year 100% of Response to Fire services incidents reported	Achieved.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						
Environmental Management	To promote 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		3 Environmental Programmes implemented as per District Wide Environmental Management Plan	02 Environmental Programmes implemented as per District Wide Environmental Management Plan by 30 June 2022	Qtr. 1 02 Environmental Programmes implemented as per District Wide Environmental Management Plan	Refer to SDI 18.1 - 18.2 for actual achievement	Refer to SDI 18.1 - 18.2 for actual achievement	Refer to SDI 18.1 - 18.2 for actual achievement	Refer to SDI 18.1 - 18.2 for actual achievement	Director: Health and Community Services	
										Qtr. 2 02 Environmental Programmes implemented as per District Wide Environmental Management Plan	Refer to SDI 18.1 - 18.2 for actual achievement	Refer to SDI 18.1 - 18.2 for actual achievement	Refer to SDI 18.1 - 18.2 for actual achievement	Refer to SDI 18.1 - 18.2 for actual achievement		
										Qtr. 3 01 Environmental Programmes implemented as per District Wide Environmental Management Plan	Refer to SDI 18.1 - 18.2 for actual achievement	Refer to SDI 18.1 - 18.2 for actual achievement	Refer to SDI 18.1 - 18.2 for actual achievement	Refer to SDI 18.1 - 18.2 for actual achievement		
										Qtr. 4 01 Environmental Programmes implemented as per District Wide Environmental Management Plan	Refer to SDI 18.1 - 18.2 for actual achievement	Refer to SDI 18.1 - 18.2 for actual achievement	Refer to SDI 18.1 - 18.2 for actual achievement	Refer to SDI 18.1 - 18.2 for actual achievement		
				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; 1. Development of Business plan for the project 2. Engagements with the 2 Local Municipalities 3. Procurement of project equipment 4. Recruitment of project beneficiaries 4. Installation and placing of Waste equipment 5. Monitor project implementation	SDI-18.1	750 000	1 Waste management programme implemented in 2 local municipalities	1 Waste management programme implemented in 2 local municipalities by 30 June 2022	Qtr. 1 1. Facilitation of engagements with the LM's 2. Development of Business plan/proposal with Enoch Mgijima and Inxuba Yethemba LM's for project Implementation	Achieved. Engagements were conducted with both LM's on the 14th July 2021 and 05 August 2021.			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	

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
					2. Method of calculation = 1 programme will be implemented with different activities as stipulated in the Business plan/proposal each quarter 3. Source documents = Business plan, Resolution register of Engagements, Attendance register, Appointment letter or Orders and Monitoring report. CHDM Integrated Waste Management Plan					Qtr. 2	Monitor implementation of the project in accordance with the Business plan/proposal	Achieved. The project is currently being implemented and monitored in accordance with the business plan.			Q= 2 - Q4 Quarterly report on the implementation of the business plan	
										Mid-Year	1. Facilitation of engagements with the LM's 2. Development of Business plan/proposal with Enoch Mgijima and Inxuba Yethemba LM's for project Implementation 3. Monitor implementation of the project in accordance with the Business plan/proposal	Achieved. Engagements were conducted with both LM's on the 14th July 2021 and 05 August 2021. The project is currently being implemented and monitored in accordance with the business plan				
										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	
										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	
Municipal Health Services				Number of illegal dumping sites cleared and rehabilitated in the district	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 facilities within the district. Process to follow - 1. Inspection of facilities 2. monitoring of license conditions from the licensed facilities 3. compliance notice generated and served 4. Report compiled and submitted to council structures	SDI 18.3			Air Quality management programme implemented by 30 June 2022	Qtr. 1	2 inspections conducted in accordance with air quality management act and air quality management plan	Achieved. 2 inspections conducted. Dukathole Brickworks and Tau Pele Asphalt & Emulsion plant were found compliant with the legislative prescripts.			Quarterly reports on inspections conducted (checklists)	Director: Health and Community Services
										Qtr. 2	2 facilities inspected for compliance in line with the air quality act, 2004 (39 of 2004) and its license conditions	Achieved. 2 inspections conducted for compliance, Queenstown Clay Bricks & Greens Sawmill and were found compliant with the legislative prescripts.				
										Mid-Year	2 inspections and 2 facilities inspected conducted in accordance with air quality management act and air quality management plan	Achieved. 4 inspections conducted, Dukathole Brickworks, Tau Pele Asphalt & Emulsion plant, Queenstown Clay Bricks & Greens Sawmill and were found compliant with the legislative prescripts.				

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
Environmental Management					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. 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. 2. Method of calculation = 1 programme will be implemented with different activities as stipulated in the Business plan/terms of reference each quarter 3. Source documents = monitoring reports	SDI-18.2			1 Climate change programmes implemented by 30 June 2022	Qtr. 3	2 inspections conducted in accordance with air quality management act and air quality management plan				Quarterly Report on the implementation of the rural sustainable village project and small scale wind-water pumping project.	Director: Health and Community Services
										Qtr. 4	2 inspections conducted in accordance with air quality management act and air quality management plan					
										Qtr. 1	Implementation of Rural Sustainable Villages Project in 5 Local Municipalities. and small scale wind-water pumping project in 2 local municipalities	Achieved. The Rural Sustainable Villages Project in 5 Local Municipalities. and small-scale wind-water pumping project in 2 local municipalities was implemented and monitored.				
										Qtr. 2	Monitoring implementation of the rural sustainable village project and small scale wind-water pumping project	Achieved. Monitored the implementation of the Rural Sustainable Villages Project and small-scale wind-water pumping project.				
										Mid-Year	Implementation of Rural Sustainable Villages Project in 5 Local Municipalities. and small scale wind-water pumping project in 2 local municipalities	Achieved. The Rural Sustainable Villages Project in 5 Local Municipalities. and small-scale wind-water pumping project in 2 local municipalities was implemented and monitored.				
										Qtr. 3	Monitoring implementation of the rural sustainable village project and small scale wind-water pumping project					
										Qtr. 4	Monitoring implementation of the rural sustainable village project and small scale wind-water pumping project					
KPA 3: LOCAL ECONOMIC DEVELOPMENT											Weight: 20%					
BROAD STRATEGIC OBJECTIVE 3: To ensure development and implementation of regional economic strategies and effective Spatial Planning and Land Use																
Priority Area	Measurable Objectives	Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	Annual Target		Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)	Evidence	Custodian

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
TOWN PLANNING	To ensure provision for the inclusive, developmental, equitable and efficient spatial planning by 2030	Transformed spaces and inclusive land use	Implementation of small town revitalization programmes	Number of Small town revitalization programmes implemented	The Small Town Revitalisation involves identification of catalytic interventions to promote economic development in the area. STR is based on in-depth analysis of the current socio-economic landscape of the larger area which will accommodate future infrastructural developments holistically and within the parameters of the local environment. Amongst projects identified by STR Strategy includes Paving, Street Furniture, Hawker Stalls, Greening & Beautification, direction signage, Drainage and Earth Works, Street Lights etc. Process to follow - Requests and business plans received from LM's for support on small town revitalisation projects. Provide feedback to LM's on the status of requests submitted. Project implementation plan developed and communicated with relevant LM's. Project implemented. Source document - STR Strategy, Vision 2030, EC-Provincial Infrastructure Master Plan	LED-2	R2 500 000	01 Small Town programme implemented	01 Small Town Revitalization programmes implemented by 30 June 2022	Qtr. 1	Facilitate Procurement of STR Material for Hofmeyer, Tsomo and Indwe.	Not Achieved :- .1 Engcobo STR:- Engcobo submitted SLA as per Business Plan submitted. As per SLA financial support was done to the tune R1million by August 2021. 2.2 Hofmeyer STR:- Business Plan was developed and submitted. Terms of Reference were developed and submitted to SCM for implementation.	2.3 Indwe STR:- No progress yet		Q1 - Q2= Quarterly report on the facilitation of procurement for STR Material (ToR, Business Plans, Quarterly reports, Consultation report, Attendance register, orders and appointment letters)	Director :Strategic Management Services
										Qtr. 2	Facilitate Procurement of STR Material for Hofmeyer, Tsomo and Indwe.	Not Achieved. Engagements with Intsika Yethu regarding the Tsomo project were held and the business plans were submitted; procurement not yet facilitated. Hofmeyer project; procurement has been facilitated, the process is incomplete owing to budget related constraints	Indwe and Tsomo STR might not take off due to Budget challenges	Indwe and Tsomo STR will be removed from SDBIP due to Non availability of budget	Q1 - Q2= Quarterly report on the facilitation of procurement for STR Material (Tor, Business Plans, Quarterly reports, Consultation report, Attendance register, orders and appointment letters)	
										Mid-Year	Facilitate Procurement of STR Material for Hofmeyer, Tsomo and Indwe.	Not Achieved. Engagements with Intsika Yethu regarding the Tsomo project were held and the business plans were submitted; procurement not yet facilitated. Hofmeyer project; procurement has been facilitated, the process is incomplete owing to budget related constraints	Indwe and Tsomo STR might not take off due to Budget challenges	Indwe and Tsomo STR will be removed from SDBIP due to Non availability of budget		
										Qtr. 3	Monitor project implementation Hofmeyer, Tsomo and Indwe			Q3&Q4 = Quarterly reports on Monitoring of project implementation		
										Qtr. 4	Monitor project implementation Hofmeyer, Tsomo and Indwe			Q3&Q4 = Quarterly reports on Monitoring of project implementation		
TOURISM & HERITAGE DEVELOPMENT	To Contribute economic development and growth in the district as envisaged in the MDP 2020	Improved regional economy	Implementation of CHREDS	Number of Tourism development & Heritage Preservation programmes implemented	Tourism programmes seeks to identify, develop and market tourism opportunities for economic development for the district. Heritage programmes seeks to identify and preserve liberation heritage sites with in the district	LED-6		02 Tourism development & Heritage Preservation Programmes implemented	02 Tourism development & Heritage Preservation programmes implemented by 30 June 2022	Qtr. 1	02 Tourism development & Heritage Preservation programmes implemented	Refer to LED 6.1 - 6.2 for actual achievement	Refer to LED 6.1 - 6.2 for actual achievement	Refer to LED 6.1 - 6.2 for actual achievement	Refer to LED 6.1 - 6.2 for actual achievement	Director :IPED

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian							
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)									
the NDP 2030				implemented	district. This programme will be implemented through Tourism development and Heritage Preservation.				30 June 2022	Qtr. 2	02 Tourism development & Heritage Preservation programmes implemented	Refer to LED 6.1 - 6.2 for actual achievement	Refer to LED 6.1 - 6.2 for actual achievement	Refer to LED 6.1 - 6.2 for actual achievement	Refer to LED 6.1 - 6.2 for actual achievement								
										Qtr. 3	02 Tourism development & Heritage Preservation programmes implemented	Refer to LED 6.1 - 6.2 for actual achievement	Refer to LED 6.1 - 6.2 for actual achievement	Refer to LED 6.1 - 6.2 for actual achievement	Refer to LED 6.1 - 6.2 for actual achievement								
										Qtr. 4	02 Tourism development & Heritage Preservation programmes implemented	Refer to LED 6.1 - 6.2 for actual achievement	Refer to LED 6.1 - 6.2 for actual achievement	Refer to LED 6.1 - 6.2 for actual achievement	Refer to LED 6.1 - 6.2 for actual achievement								
										Number of Tourism development programmes implemented	Those programme will be implemented in partnership with Chris Hani Area Regional Tourism Organisation (CHARTO). CHARTO assists in facilitation of the activities carried out at Local tourism Organisations in each Local Municipality. The following process will be followed : 1. SLA will be entered into with CHARTO in respect of LTO's; 2. The funds will be transferred to CHARTO; 3. The project monitoring will be done by the CHDM responsible officer on a monthly basis; 4. CHARTO will provide the quarterly report to CHDM.	LED-6.1	R 800 000,00	1 Tourism development programme implemented	1 Tourism development programmes implemented 30 June 2022		Qtr. 1	Signing of SLA with CHARTO	Achieved : SLA prepared and signed between CHDM and CHARTO			Business Plan, SLA, Quarterly reports on the implementation of the SLA	Director :IPED
																	Qtr. 2	Implementation of SLA (CHARTO)	Achieved : The SLA signed between CHDM and CHARTO is being implemented			Quarterly reports on the implementation of the SLA	
																	Mid-Year	Signing and Implementation of SLA with CHARTO	Achieved : The SLA was signed between CHDM and CHARTO and the SLA is being implemented				
																	Qtr. 3	Implementation of SLA (CHARTO)					
																	Qtr. 4	Implementation of SLA (CHARTO).					
										Number of Heritage Preservation programmes implemented	These programme will be implemented through three initiatives namely : Sabalele Support, Preservation of Heritage sites, Heritage and Chris Hani Month . Sabalele Support refers to the continuous support CHDM provides for the operationalisation of the Multi-purpose Centre at Sabalele, Intsika Yethu LM). The other project planned is the support to other Liberation Heritage site as determined through stakeholder sessions held with LM's and other heritage development stakeholders. In respect of Sabalele Project : the SLA will be entered into with Intsika Yethu and budgeted amount will be transferred to Intsika Yethu LM; the Municipality oversees the implementation of the	LED-6.2	R800 000 (Sabalele) R793820 (CH month) R300 000 (Preservation)	1 Heritage Preservation programmes implemented	1 Heritage Preservation programmes implemented 30 June 2022		Qtr. 1	1. Signing of SLA with Intsika Yethu for Sabalele Support. 2. Stakeholder Engagements on Heritage Initiatives	Achieved : SLA with Intsika Yethu for Sabalele has been prepared and signed by parties. 2. Stakeholders engagements in the form of the Reference Group and Heritage stakeholders were held.			Concept document, signed SLA, Quarterly reports	Director :IPED
																	Qtr. 2	1. Implementation of SLA. 2. Heritage stakeholder Engagements	Achieved 1. Target Achieved: SLA with Sabalele is being implemented. 2. Achieved: Meeting was held on the 23rd of November 2021.			Quarterly reports	

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
					project and then provides quarterly reports to CHDM. In respect of the other sites: support provided for the identified sites. For Heritage Month (September 2021) and Chris Hani Month (April 2022) : The Concept documents will be developed with the list of activities and programmes to be implemented; where applicable the committees will be formed to carry out the tasks; the service providers (when required) are outsourced for the execution of the complex projects such as Jazz Festival in September and Freedom Marathon in April.					Mid-Year	1. Signing of SLA with Intsika Yethu for Sabalele Support. 2. Stakeholder Engagements on Heritage Initiatives 3. Implementation of SLA. 4. Heritage stakeholder Engagements	Achieved 1.Target Achieved: SLA with Intsika Yethu for Sabalele is in place. 2.Achieved: Stakeholder engagement in the form of Reference Group meeting was held. 1. Target Achieved: SLA for Sabalele is being implemented. 2. Target Achieved: Meeting was held on the 23rd of November 2021.				
										Qtr. 3	1. Implementation of SLA. 2. Heritage stakeholder Engagements 3. Concept document for the CH month developed				Quarterly reports	
										Qtr. 4	1. Implementation of SLA. 2. Heritage stakeholder Engagements				Quarterly reports	
FORESTRY DEVELOPMENT					Forestry programmes aims at supporting and upgrading local community project to enable their projects into business enterprises that will grow economy. This programme will be implemented through Charcoal and Nursery programmes.	LED - 7		02 Forestry programmes implemented	02 Forestry programmes implemented by 30 June 2022	Qtr. 1	02 Forestry programmes implemented	Refer to LED 7.1 - 7.2 for actual achievement	Refer to LED 7.1 - 7.2 for actual achievement	Refer to LED 7.1 - 7.2 for actual achievement	Refer to LED 7.1 - 7.2 for actual achievement	Director :IPED
										Qtr. 2	02 Forestry programmes implemented	Refer to LED 7.1 - 7.2 for actual achievement	Refer to LED 7.1 - 7.2 for actual achievement	Refer to LED 7.1 - 7.2 for actual achievement	Refer to LED 7.1 - 7.2 for actual achievement	
										Qtr. 3	02 Forestry programmes implemented	Refer to LED 7.1 - 7.2 for actual achievement	Refer to LED 7.1 - 7.2 for actual achievement	Refer to LED 7.1 - 7.2 for actual achievement	Refer to LED 7.1 - 7.2 for actual achievement	
										Qtr. 4	02 Forestry programmes implemented	Refer to LED 7.1 - 7.2 for actual achievement	Refer to LED 7.1 - 7.2 for actual achievement	Refer to LED 7.1 - 7.2 for actual achievement	Refer to LED 7.1 - 7.2 for actual achievement	
					Provision of support (Supply with tractor) to charcoal support programmes implemented at Ngcobo LM. The activities include the following : procurement of a tractor will be facilitated; the charcoal support programme implementation will be monitored and reported on a quarterly basis	LED - 7.1	R 800 000,00	1 Charcoal support programme implemented	1 Charcoal support programmes implemented by 30 June 2022	Qtr. 1	Procurement for the acquisition of a tractor facilitated	Achieved : The SCM process for the acquisition of the tractor was started and followed.		Q1 - Q2= Report on the procurement of tractor Q2-Q4 Quarterly Report on the implementation of the charcoal support programme	Director :IPED	
										Qtr. 2	Procurement for the acquisition of a tractor facilitated.	Achieved. SCM referred the process to Fleet Office to purchase the tractor according to their process. The fleet management Office is attending to the matter				

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian	
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variations (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)			
										Mid-Year	Procurement for the acquisition of a tractor facilitated	Achieved. 1. Target Achieved : The SCM process for the acquisition of the tractor was started and followed. 2.Target achieved. SCM referred the process to Fleet Office to purchase the tractor according to their process. The fleet management Office is attending to the matter					
										Qtr. 3	Charcoal support implemented				Q2-Q4 Quarterly Report on the implementation of the charcoal support programme		
										Qtr. 4	Charcoal support implemented				Q2-Q4 Quarterly Report on the implementation of the charcoal support programme		
				Number of Nursery programmes supported	Provision of support on the implementation of Vusi Sizwe Corporation (KwaJO) tree-nursery project. The process is as follows : There is service level agreement in place between CHDM and Intsika Yethu LM; The project coordinator employed through the SLA is responsible for day-to-day management of the project; CHDM project officer monitors the project on a monthly basis; quarterly reports are provided by the project coordinator as per the SLA between CHDM and Intsika Yethu LM.	LED - 7.2	R 700 000,00	1 Nursery programmes supported	1 Nursery programmes supported by 30 June 2022	Qtr. 1	Signing of SLA with Intsika Yethu - Nursery project	Achieved : SLA has been signed with Intsika Yethu for the Nursery project			Q1= SLA with Intsika Yethu LM,	Director :IPED	
										Qtr. 2	Implementation and Monitor implementation of SLA's	Achieved : The SLA is being implemented and monitoring is being conducted			Q2-Q4= Quarterly report on the implementation of the SLA		
										Mid-Year	1. Signing of SLA with Intsika Yethu - Nursery project. 2. Implementation and Monitor implementation of SLA's	Achieved : The SLA is being implemented and monitoring is being conducted					
										Qtr. 3	Implementation and Monitor implementation of SLA's						
										Qtr. 4	Implementation and Monitor implementation of SLA's						

KPA 4: FINANCIAL MANAGEMENT AND VIABILITY Weight: 20%

Broader Objective 5 :To Ensure an Efficient and Co-ordinated Financial Management that Enables CHDM to deliver its Mandate

Priority Area	Measurable Objectives	Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target		Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variations (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
BUDGET PLANNING	Ensure sound financial management	Sound financial Management and compliance	Compilation of Funded Budgets and MFMA monitoring	Number of Funded budgets and MFMA Monitoring	Council approved budgets and financial budget reports that are submitted council and treasury In terms of the following MFMA sections 41, 43 Section 46(2) which	FMV - 1	OPEX	01 Funded Budget and 01 MFMA Monitoring	01 Funded budget and 1 MFMA Monitoring	Qtr. 1	1 MFMA Monitoring reports compiled and approved	Refer to FMV 1.1 - 1.2 for actual achievement	Refer to FMV 1.1 - 1.2 for actual achievement	Refer to FMV 1.1 - 1.2 for actual achievement	Refer to FMV 1.1 - 1.2 for actual achievement	Chief Financial Officer

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
		Compliance with legislation	monitoring reports	monitoring reports compiled and approved	sections; 1) 1) Section 16(2), which state that the Mayor of a municipality must table an annual budget at a Council meeting at least 90 days before the start of the budget year. 2) Section 71 which states that the accounting officer of a municipality must by no later than 10 working days after the end of each month submit to the Mayor of the municipality and the relevant provincial treasury, the statement in the prescribed format on the state of the municipality's budget performance. 3) Section 52(d) which states that the Mayor of a municipality must within			report	reports compiled and approved by 30 June 2022	Qtr. 2	1 MFMA Monitoring reports compiled and approved	Refer to FMV 1.1 - 1.2 for actual achievement	Refer to FMV 1.1 - 1.2 for actual achievement	Refer to FMV 1.1 - 1.2 for actual achievement	Refer to FMV 1.1 - 1.2 for actual achievement	
				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. Section 16 of the Local Government Municipal Finance Management Act (MFMA) 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. Section 68 of the MFMA assigns the Accounting Officer the responsibility of assisting the Mayor in performing the budgetary functions assigned to the latter in terms of Chapters 4 and 7. In terms of the MFMA, section 16(2), the Mayor of a municipality must table an annual budget at a Council meeting at least 90 days before the start of the budget year. Section 17(1) of the MFMA further states that an annual budget must be a schedule in a prescribed format and further outlines the contents that should be included in such annual budget. The prescribed format is outlined in regulation 9 of the MBRR, which states that "the annual budget and supporting documentation of a municipality must be in a format specified in Schedule A and include all the required tables, charts and explanatory information". The later paragraph is also supported by	FMV - 1.1		1 Funded budget 2020/21 compiled and approved	1 Funded budget compiled and approved by 30 June 2022	Qtr. 1	1st adjustment budget compiled and presented to Council structures and Council for approval and noting	Achieved, Roll over adjustment budget application has been approved by Council on 25 August 2021; Roll over application letter was sent to Provincial and National Treasury on 30 August 2021; We are awaiting for a response from Treasury.			Q1 - Report on the preparation and presentation of the 1st adjustment to Council.	Chief Financial Officer
				Number of MFMA Monitoring reports compiled and approved	12 Reports, Section 71 Reports, Section 52(d) C-Schedule for all three monthly reports. Reports and Section 72 Reports. Sec 71(1) of the MFMA states; "the accounting officer of a municipality must by no later than 10 working days after the end of each month submit to the Mayor of the municipality and the relevant provincial treasury, the statement in the prescribed format on the state of the municipality's budget performance"	FMV - 1.2	1 MFMA Monitoring report compiled and approved	1 MFMA Monitoring report compiled and approved by 30 June 2022	Qtr. 1	4 MFMA Monitoring reports compiled and approved (3 Section 71 reports and 1 section 52 (d)) submitted to the Office of the Executive Mayor and National Treasury within 10 days.	Achieved: Section 71 reports for April, May, and June 2021 were submitted to Treasury and Mayor; Council has approved Section 52(d) for Quarter 4 ending 30 June 2021			Q1 - Q4= Acknowledgement of S71 reports by Executive Mayor & National Treasury, Council resolution	Chief Financial Officer	
										Qtr. 2	01 Funded budgets and 1 MFMA Monitoring reports compiled and approved	Refer to FMV 1.1 - 1.2 for actual achievement	Refer to FMV 1.1 - 1.2 for actual achievement	Refer to FMV 1.1 - 1.2 for actual achievement	Refer to FMV 1.1 - 1.2 for actual achievement	
										Qtr. 3	01 Funded budgets and 1 MFMA Monitoring reports compiled and approved	Refer to FMV 1.1 - 1.2 for actual achievement	Refer to FMV 1.1 - 1.2 for actual achievement	Refer to FMV 1.1 - 1.2 for actual achievement	Refer to FMV 1.1 - 1.2 for actual achievement	
										Qtr. 4	01 Funded budgets and 1 MFMA Monitoring reports compiled and approved	Refer to FMV 1.1 - 1.2 for actual achievement	Refer to FMV 1.1 - 1.2 for actual achievement	Refer to FMV 1.1 - 1.2 for actual achievement	Refer to FMV 1.1 - 1.2 for actual achievement	
										Qtr. 2	N/A					
										Mid-Year	1st adjustment budget compiled and presented to Council structures and Council for approval and noting	Achieved, Roll over adjustment budget application has been approved by Council on 25 August 2021; Roll over application letter was sent to Provincial and National Treasury on 30 August 2021; We are awaiting for a response from Treasury.				
										Qtr. 3	2 budgets compiled and submitted to Council structures and Council (2nd Budget Adjustment 2021/22 and Draft Budget 2022/2023 financial year)			Qtr. 3: Quarterly report on the 2nd Adjustment budget & Draft budget for next financial.		
										Qtr. 4	01 Funded budget and 01 MFMA reports approved			Q4: Quarterly report on the compilation of the funded budget		

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian	
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)			
					<p>municipality's budget performance. Reporting section follow the below process: Request Trial Balance from system section; Prepare journals for all grants to recognise expenditure, Prepare C Schedule and Executive Summary for Submission to Treasury. Prepare C Schedule and Executive Summary for Audit Committee, Mayoral and Council Meeting.</p> <p>The MFMA's Municipal Budget and Reporting Regulations Sec 28 states "The monthly budget statement of a municipality must be in the format specified in Schedule C and include all the required tables, charts and explanatory information, taking into account any guidelines issued by the Minister in terms of section 168(1) of the act."</p> <p>The MFMA's Budget and Reporting Regulations sec 29 states "the Mayor may table in the municipal council a monthly budget statement submitted to the Mayor in terms of sec 71(1) of the Act. If the Mayor does so, the monthly budget statement must be accompanied by a Mayor's report in a format set out in Schedule C."</p> <p>Sec 52(d) of the MFMA states; "the Mayor of a municipality must, within 30 days of the end of each quarter, submit a report to the Council on the implementation of the budget and the financial state of affairs of the municipality."</p> <p>The MFMA's Municipal Budget and</p>						Qtr. 2	4 MFMA Monitoring reports compiled and approved (3 Section 71 reports and 1 section 52 (d)) submitted to the Office of the Executive Mayor and National Treasury within 10 days.	Not Achieved				
										Mid-Year	8 MFMA Monitoring reports compiled and approved (6 Section 71 reports and 2 section 52 (d)) submitted to the Office of the Executive Mayor and National Treasury within 10 days.	Not Achieved					
										Qtr. 3	4 MFMA Monitoring reports compiled and approved (3 Section 71 reports and 1 section 52 (d)) submitted to the Office of the Executive Mayor and National Treasury within 10 days.						
										Qtr. 4	4 MFMA Monitoring reports compiled and approved (3 Section 71 reports and 1 section 52 (d)) submitted to the Office of the Executive Mayor and National Treasury within 10 days.						
EXPENDITURE	Ensure sound financial management	Sound financial Management and compliance with legislation	Implementation of MFMA Sec 65 and 66	Percentage adherence to 30 days payment of valid invoices and payment of salaries by the due date.	All municipalities should adhere to sec 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 officer of the municipality must report to council all expenditure incurred by the municipality.	FMV - 4	OPEX	98% adherence to 30 days and validated	100% adherence to 30 days payment of valid invoices and payment of salaries by the due date by 30 June 2022	Qtr. 1	100% adherence to 30 days payment of valid invoices and payment of salaries by the due date	Refer to FMV 4.1 - 4.2 for actual achievement	Refer to FMV 4.1 - 4.2 for actual achievement	Refer to FMV 4.1 - 4.2 for actual achievement	Refer to FMV 4.1 - 4.2 for actual achievement	Chief Financial Officer	
										Qtr. 2	100% adherence to 30 days payment of valid invoices and payment of salaries by the due date	Refer to FMV 4.1 - 4.2 for actual achievement	Refer to FMV 4.1 - 4.2 for actual achievement	Refer to FMV 4.1 - 4.2 for actual achievement	Refer to FMV 4.1 - 4.2 for actual achievement		
										Mid-Year	100% adherence to 30 days payment of valid invoices and payment of salaries by the due date	Refer to FMV 4.1 - 4.2 for actual achievement	Refer to FMV 4.1 - 4.2 for actual achievement	Refer to FMV 4.1 - 4.2 for actual achievement	Refer to FMV 4.1 - 4.2 for actual achievement		
										Qtr. 3	100% adherence to 30 days payment of valid invoices and payment of salaries by the due date	Refer to FMV 4.1 - 4.2 for actual achievement	Refer to FMV 4.1 - 4.2 for actual achievement	Refer to FMV 4.1 - 4.2 for actual achievement	Refer to FMV 4.1 - 4.2 for actual achievement		

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Qtr. 4	100% adherence to 30 days payment of valid invoices and payment of salaries by the due date	Refer to FMV 4.1 - 4.2 for actual achievement	Refer to FMV 4.1 - 4.2 for actual achievement	Refer to FMV 4.1 - 4.2 for actual achievement	Refer to FMV 4.1 - 4.2 for actual achievement	
				% adherence to 30 days payment of valid invoices by the due date.	All municipalities should adhere to sec 65 of MFMA, which states that all invoices should be paid within 30 days on receipt of correct information. In terms of sec 66 of MFMA, the Accounting officer 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	OPEX		100% adherence to 30 days payment of valid invoices by the due date by 30 June 2022	Qtr. 1	100% adherence to 30 days payment of valid invoices by the due date	Not Achieved -There municipality has been confronted by cash flow challenges that evolved during the financial year, hence we could not pay within the legislated timeframes.		A daily cash flow is monitored, and the expenditures are monitored monthly and warning signals are sent to each directorates.	Report on the adherence to 30 days payment of valid invoices (Monthly Creditors age analyses report, HR994 Report from the system)	Chief Financial Officer
									Qtr. 2	100% adherence to 30 days payment of valid invoices by the due date	Not Achieved -There municipality has been confronted by cash flow challenges that evolved during the financial year, hence we could not pay within the legislated timeframes.	There municipality has been confronted by cash flow challenges and other litigation matters that evolved during the financial year, hence we could not pay within the legislated timeframes.	A daily cash flow is monitored, and the expenditures are monitored monthly and warning signals are sent to each directorates. The department has a process in place for registering of valid invoices and processing to assist with adherence of valid invoices			
									Mid-Year	100% adherence to 30 days payment of valid invoices by the due date	Not Achieved	There municipality has been confronted by cash flow challenges that evolved during the financial year, hence payment could not be done within the legislated timeframes.	A daily cash flow is monitored, and the expenditures are monitored monthly and warning signals are sent to each directorates.			
				% adherence to payment of salaries by the due date.		FMV - 4.2	OPEX	100% adherence to payment of salaries	100% adherence to payment of salaries by the due date by 30 June 2022	Qtr. 1	100% adherence to payment of salaries as per salaries schedule	Achieved - Council resolution and salary schedule.			Report on the adherence of payment of salaries (Approved salaries schedule)	Chief Financial Officer
									Qtr. 2	100% adherence to payment of salaries schedule. Salary schedule prepared and submitted to council structures and council for approval	Achieved - Council resolution and salary schedule prepared and submitted to council structures and council for approval					
									Mid-Year	100% adherence to payment of salaries as per salaries schedule. Salary schedule prepared and submitted to council structures and council for approval	Achieved - Council resolution and salary schedule prepared and submitted to council structures and council for approval					
									Qtr. 3	100% adherence to payment of salaries as per salaries schedule						

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Qtr. 4	100% adherence to payment of salaries as per salaries schedule					
ASSET MANAGEMENT	Ensure sound financial management	Sound financial Management and compliance with legislation	Compilation of GRAP Compliant Asset Register	Number of GRAP Compliant Asset Registers and Inventory Management programmes implemented	For the asset register to be GRAP compliant, assets in the register must meet the definition of an asset, recognition & derecognition criteria. The register must be free from material errors and should be made up of prior years and current year movements. The information in the register validated through the asset verification. The process for the implementation; 1. 2. 3. etc 2. Method of calculation = 1 programme will be implemented with different activities as stipulated in the Business plan/proposal each quarter 3. Source documents = Inventory Management comprises of inventory recognition inventory counts or verification as means of validating inventory data and controls. The plan serves as a tool meant to provide guidance on assigning responsibilities	FMV - 5	OPEX	01 GRAP Asset Register and 01 Inventory Management Register Implemented	01 GRAP Compliant Asset Registers and Inventory Management programmes implemented by 30 June 2022	Qtr. 1	01 GRAP Compliant Asset Registers and Inventory Management programmes implemented	Refer to FMV 5.1 - 5.2 for actual achievement	Refer to FMV 5.1 - 5.2 for actual achievement	Refer to FMV 5.1 - 5.2 for actual achievement	Refer to FMV 5.1 - 5.2 for actual achievement	Chief Financial Officer
										Qtr. 2	01 GRAP Compliant Asset Registers and Inventory Management programmes implemented	Refer to FMV 5.1 - 5.2 for actual achievement	Refer to FMV 5.1 - 5.2 for actual achievement	Refer to FMV 5.1 - 5.2 for actual achievement	Refer to FMV 5.1 - 5.2 for actual achievement	
										Qtr. 3	01 GRAP Compliant Asset Registers and Inventory Management programmes implemented	Refer to FMV 5.1 - 5.2 for actual achievement	Refer to FMV 5.1 - 5.2 for actual achievement	Refer to FMV 5.1 - 5.2 for actual achievement	Refer to FMV 5.1 - 5.2 for actual achievement	
										Qtr. 4	01 GRAP Compliant Asset Registers and Inventory Management programmes implemented	Refer to FMV 5.1 - 5.2 for actual achievement	Refer to FMV 5.1 - 5.2 for actual achievement	Refer to FMV 5.1 - 5.2 for actual achievement	Refer to FMV 5.1 - 5.2 for actual achievement	
										Qtr. 1	Additions and quarterly reconciliation 2. Updated GRAP compliant Asset register reconciling to the General ledger	Achieved - Asset additions and Asset register			Q1 =Quarterly report on additions, reconciliations and updating of GRAP Compliant asset register.	
										Qtr. 2	1 Additions and quarterly reconciliation report 2. Reconciliations of WIP register with Contracts and Commitment Register				Q2 - Quarterly report on additions & Grap Compliant Asset Register reconciling to the General ledger, Quarterly Reconciliations & Reconciliations report of WIP, Contracts Management Register	
										Mid-Year	1. Additions and quarterly reconciliation 2. Updated GRAP compliant Asset register reconciling to the General ledger 3. Reconciliations of WIP register with Contracts and Commitment Register					
										Qtr. 3	1 Additions and quarterly reconciliation report				Q3-Q4=Quarterly Reconciliations & Reconciliations	

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Qtr. 4	1 Additions and quarterly reconciliation report 2. Reconciliations of WIP register with Contracts management Register. 3. Conduct full verification of Movable and Immovable Asset				report on WIP, Contracts and Commitment Register	
				Number of GRAP Compliant Inventory Registers implemented	Inventory Management comprises of inventory recognition, inventory counts or verification as means of validating inventory data and controls. The process for the implementation Inventory Management programmes will be as follows; 1. conduct inventory counts and update all the current year movement in the inventory management register 2. prepare quarterly reconciliation reports 3. Source documents - general ledger, purchase invoices, inventory count sheets	FMV - 5.2	OPEX	01 GRAP Compliant Inventory Registers	01 GRAP Compliant Inventory Registers implemented by 30 June 2022	Qtr. 1	1. Inventory count conducted 2. Annual Inventory Register	Achieved - Annual inventory count and reconciliation for Q1.			Quarterly reports on the Updated Inventory register, Inventory count reports	Chief Financial Officer
										Qtr. 2	1. Inventory count conducted 2. Quarterly Updated Inventory Register	Achieved - 1. Inventory count conducted, 2. inventory register updated				
										Mid-Year	1. Inventory count conducted 2. Annual Inventory Register 3. Quarterly Updated Inventory Register	Achieved - annual inventory register and inventory count conducted				
										Qtr. 3	1. Inventory count conducted 2. Quarterly Updated Inventory Register					
										Qtr. 4	1. Inventory count conducted 2. Quarterly Updated Inventory Register					
FINANCIAL INFORMATION SYSTEM	Ensure sound financial management	Sound financial Management and compliance with legislation	Implementation of GRAP and MSCOA Compliant Financial Management systems	Number of GRAP and MSCOA Compliant Financial Management Systems programmes implemented	The GRAP is a accounting standard/principle that the municipal finance should comply with and MSCOA is municipal standard chart of accounts that is regulated by Treasury all institutions when recording and finance transaction.	FMV - 7	OPEX	Solar MSCOA Version 6.3	01 GRAP and MSCOA Compliant Financial Management system implemented by 30 June 2022	Qtr. 1	01 GRAP and MSCOA Compliant Financial Management system implemented	Refer to FMV 7.1 - 7.3 for actual achievement	Refer to FMV 7.1 - 7.3 for actual achievement	Refer to FMV 7.1 - 7.3 for actual achievement	Refer to FMV 7.1 - 7.3 for actual achievement	Chief Financial Officer
										Qtr. 2	01 GRAP and MSCOA Compliant Financial Management system implemented	Refer to FMV 7.1 - 7.3 for actual achievement	Refer to FMV 7.1 - 7.3 for actual achievement	Refer to FMV 7.1 - 7.3 for actual achievement	Refer to FMV 7.1 - 7.3 for actual achievement	
										Mid-Year	1 GRAP and MSCOA Compliant Financial Management system implemented	Refer to FMV 7.1 - 7.3 for actual achievement	Refer to FMV 7.1 - 7.3 for actual achievement	Refer to FMV 7.1 - 7.3 for actual achievement	Refer to FMV 7.1 - 7.3 for actual achievement	
										Qtr. 3	01 GRAP and MSCOA Compliant Financial Management system implemented	Refer to FMV 7.1 - 7.3 for actual achievement	Refer to FMV 7.1 - 7.3 for actual achievement	Refer to FMV 7.1 - 7.3 for actual achievement	Refer to FMV 7.1 - 7.3 for actual achievement	
										Qtr. 4	01 GRAP and MSCOA Compliant Financial Management system implemented	Refer to FMV 7.1 - 7.3 for actual achievement	Refer to FMV 7.1 - 7.3 for actual achievement	Refer to FMV 7.1 - 7.3 for actual achievement	Refer to FMV 7.1 - 7.3 for actual achievement	
				Number of MSCOA version 6.4 implemented	On a monthly a base the municipality upload or submit Data Strings to National Treasury for assessment and treasury will send back a report on any errors identified on the assessment. The unit will ensure that the uploaded the 21/22 budget is MSCOA Compliant Proof of submission and uploading will be provided accordingly	FMV - 7.1	OPEX	1 MSCOA version 6.4 implemented	1 MSCOA version 6.5 implemented by 30 June 2022	Qtr. 1	1. Uploading MSCOA Compliant 21/22 budget and Rollover adjustment budget 2. Submission of Monthly Data Strings to National Treasury before the 10th working day of the month	Not Achieved. 1. MSCOA Compliant 21/22 budget and Rollover adjustment budget uploaded 2. Monthly Data Strings to National Treasury before the 10th working day of the month submitted	Monthly Data Strings submitted to National Treasury after the 10th working days of the month	Q1= Quarterly report on MSCOA Compliant 21/22 budget and Rollover adjustment budget, Monthly Data Strings submission confirmation to National Treasury,	Chief Financial Officer	

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Qtr. 2	1. Submission of Monthly Data Strings to National Treasury before the 10th working day of the month	Achieved - Proof of submission to National Treasury (for the month of October and November 2021)			Q2= Quarterly report on Monthly Data Strings submitted to National Treasury	
										Mid-Year	1. Uploading MSCOA Compliant 21/22 budget and Rollover adjustment budget 2. Submission of Monthly Data Strings to National Treasury before the 10th working day of the month	Achieved - 2 Monthly data strings for 2 quarters submitted to National Treasury				
										Qtr. 3	1. Uploading of MSCOA Compliant adjustment budget 2021/22 2. Submission of Monthly and adjusted data Strings to National Treasury before the 10th working day of the month				Q3=Quarterly report on the uploading of adjustment budget	
										Qtr. 4	1. Submission of Monthly and annual budget data Strings to National Treasury before the 10th working day of the month				Q4= Quarterly report on the submission of Monthly and annual budget Data Strings	
					Number of Pay day system integration conducted	FMV - 7.2	OPEX	12 Pay day system integrations conducted	12 Pay day system integrations conducted by 30 June 2022	Qtr. 1	1.Integrating Pay day with Financial system	Achieved - Payday integrations for Q1.			Q1 - Q4 Quarterly reports of Pay day Integration,	Chief Financial Officer
					Pay day upgrade entails the aliment of line items on payday to the financial systems. The process for the integration Pay day system will conducted as follows; 1. Run a report from Pay day that generates file and dumps it to SOLAR 2. Run a report to Upload the file to SOLAR PAYE process 1. Collect EMP201's from Expenditure and capture to CHDM easy file account 2. For Annual submission - generate IRP5 and EMP 501					Qtr. 2	1.Integrating Pay day with Financial system 2. SARS PAYE bi-annual submissions	Achieved - Payday integrations and SARS PAYE			Q1 - Q4 Quarterly reports of Pay day Integration, Q2 & Q4 = Proof of SARS submissions;	
										Mid-Year	1.Integrating Pay day with Financial system 2. SARS PAYE bi-annual submissions	Achieved - Payday integrations submitted. 1 SARS PAYE submitted				
										Qtr. 3	1.Intergrating Pay day with Financial system				Q1 - Q4 Quarterly reports of Pay day Integration,	
										Qtr. 4	1.Integrating Pay day with Financial system 2. SARS PAYE annual submissions				Q1 - Q4 Quarterly reports of Pay day Integration, Q2 & Q4 = Proof of SARS submissions;	
					Number of Solar modules activated	FMV - 7.3	OPEX	NA	4 Solar modules activated by 30 June 2022	Qtr. 1	Activate and Training on Creditor's Module	Not Achieved - User department does not have proper statement for this training. Still awaiting user department for the information to conduct training			Quarterly reports on the activated modules and training	Chief Financial Officer

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
					1. Request information from user departments 2. On receipt of information, it is uploaded on SOLAR 3. information is tested on the test database 4. if correct, to be shipped to live database for implementation 3. Source documents (contracts management register, inventory management register, creditors statements, fixed asset register)					Qtr. 2	Activate and Training on Inventory Module	Not Achieved - its subject for review of SDBIP to user departments 2. Activate has been achieved attached is the asset modules	User departments are not submitting the required training information.	Subject for review of SDBIP to user departments during the Mid-year SDBIP adjustment 2. Activate has been achieved attached is the asset modules		
										Mid-Year	Activate and Training on Creditor's and; Inventory Modules	Not achieved	User departments are not submitting the required training information.	Subject for review of SDBIP to user departments during the Mid-year SDBIP adjustment 2. Activate has been achieved attached is the asset modules		
										Qtr. 3	Activate and Training on Fixed Asset Management Module					
										Qtr. 4	Activate and Training on Contracts Management Module					

KPA NO- 5 GOOD GOVERNANCE and Public Participation Weight: 20%

BROAD STRATEGIC OBJECTIVE 4: To create an Efficient, Effective, Accountable and Performance-oriented Administration

Priority Area	Measurable Objectives	Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target		Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
Communications	To empower Citizens through Communication, Public Participation and stakeholder engagement.	Informed stakeholders	Implementation of Communication Plan	Number of Communication programmes implemented	The Unit will implement two programmes namely; External communication management and Internal communication management. The two programmes aim at facilitating exchange of developmental information with municipal stakeholders whilst encouraging active citizen participation	GGPP - 1	OPEX	02 Communication Programmes implemented	2 Communication Programmes implemented by 30 June 2022	Qtr. 1	2 Communication Programmes implemented	Refer to GGPP-1.2 for actual achievement	Refer to GGPP-1.2 for actual achievement	Refer to GGPP-1.2 for actual achievement	Refer to GGPP-1.2 for actual achievement	Director: Strategic Management Services
										Qtr. 2	2 Communication Programmes implemented	Refer to GGPP-1.2 for actual achievement	Refer to GGPP-1.2 for actual achievement	Refer to GGPP-1.2 for actual achievement		
										Qtr. 3	2 Communication Programmes implemented	Refer to GGPP-1.2 for actual achievement	Refer to GGPP-1.2 for actual achievement	Refer to GGPP-1.2 for actual achievement		
										Qtr. 4	2 Communication Programmes implemented	Refer to GGPP-1.2 for actual achievement	Refer to GGPP-1.2 for actual achievement	Refer to GGPP-1.2 for actual achievement		

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
					the municipality. 3. Process to follow (internal communication): 1) Source content from various directorates 2) Attend internal events 3) Compile an article 4) design a newsletter 5) submit it for approval 6) distribute Process to follow (branding and marketing) 1) procurement facilitated 2. provide content to service provider 3) monitor development of the output					Qtr. 2	1 information sharing internally (Internal Newsletter, Internal Newsflash, Weekly municipal diary, announcements) facilitated 2. Production of Branding and Marketing materials facilitated (posters, diaries/calendars etc)	Achieved: Information sharing: 27 information sharing and announcement emails sent to staff and councillors; 3 Newsflashes developed; 3 Newsletters developed; 7 Weekly diaries developed; 6 Events supported; 3 posters and 60 leaflets produced.				
										Mid-Year	1. Information sharing internally (Internal Newsletter, Internal Newsflash, Weekly municipal diary, announcements) facilitated 2. Production of branding and Marketing materials facilitated (posters, banners, diaries/calendars etc)	ACHIEVED : 89 INFORMATION SHARING AND ANNOUNCEMENT EMAILS PREPARED AND CIRCULATED TO STAFF AND COUNCILLORS ; 6 NEWSFLASHED PRODUCED ; 20 WEEKLY DIARIES PRODUCED; 6 INTERNAL NEWSLETTERS PRODUCED; 10 EVENTS SUPPORTED; 15 POSTERS DESIGNED AND CIRCULATED; 110 INFORMATION LEAFLETS PRODUCED;				
										Qtr. 3	1. Information sharing internally (Internal Newsletter, Internal Newsflash, Weekly municipal diary, announcements) facilitated 2. Production of Branding and Marketing materials facilitated					
										Qtr. 4	1. Information sharing internally (Internal Newsletter, Internal Newsflash, Weekly municipal diary, announcements) facilitated 2. Production of Branding and Marketing materials facilitated					
STAKE HOLDER MANAGEMENT	To empower Citizens through Communication, Public Participation and stakeholder engagement.	Informed stakeholders	Implementation of Public Participation Strategy	Number of Citizen Empowerment Programmes implemented	1. Stakeholder engagements - Internal and External, 2. District Communication Coordination Forum, 3 Speaker's Forum, 4 IGR Forum, 5 DIMAFO Forum, 6. Disaster advisory forums, 7 Environment and climate change forum, 8. Town Planners forum, 9 LED forums, 10 IDP Rep forums, 11 Human Settlement forums, 12 MPAC, 13 Woman Caucus, 14 MRM, 15 District Initiation programme, 16 Citizen Empowerment Programme.	GGPP - 2	OPEX	01 Citizen Empowerment Programme implemented	01 Citizen Empowerment Programme implemented by 30 June 2022	Qtr. 1	1 Citizen Empowerment Programmes set per Quarter	Refer to GGPP - 2.1 to 2.17.7 for actual achievement	Refer to GGPP - 2.1 to 2.17.7 for actual achievement	Refer to GGPP - 2.1 to 2.17.7 for actual achievement	Refer to GGPP - 2.1 to 2.17.7 for actual achievement	Director: Strategic Management Services & All HODs
										Qtr. 2	1 Citizen Empowerment Programmes set per Quarter	Refer to GGPP - 2.1 to 2.17.7 for actual achievement	Refer to GGPP - 2.1 to 2.17.7 for actual achievement	Refer to GGPP - 2.1 to 2.17.7 for actual achievement	Refer to GGPP - 2.1 to 2.17.7 for actual achievement	
										Qtr. 3	1 Citizen Empowerment Programmes set per Quarter	Refer to GGPP - 2.1 to 2.17.7 for actual achievement	Refer to GGPP - 2.1 to 2.17.7 for actual achievement	Refer to GGPP - 2.1 to 2.17.7 for actual achievement	Refer to GGPP - 2.1 to 2.17.7 for actual achievement	

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variations (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Qtr. 4	1 Citizen Empowerment Programmes set per Quarter	Refer to GGPP - 2.1 to 2.17.7 for actual achievement	Refer to GGPP - 2.1 to 2.17.7 for actual achievement	Refer to GGPP - 2.1 to 2.17.7 for actual achievement	Refer to GGPP - 2.1 to 2.17.7 for actual achievement	
				Number of Stakeholder engagement activities implemented	Internal and External Stakeholder engagements - entails panel discussions, round tables, business breakfast or dinner sessions, meetings and Mayoral Imbizos. The process for the implementation of Stakeholder engagement activities will be as follows; 1. Source issues from various department and directorates 2. Coordinate internal stakeholders 2. Facilitate sitting of internal meetings 3. Agenda and programme developed for stakeholders meeting 4. Report is prepared and submitted to the Head of Department Source documents = Correspondence from stakeholders, events guidelines	GGPP - 2.1			8 Stakeholder engagement activities implemented by 30 June 2022	Qtr. 1	2 Stakeholder engagement activity implemented	Achieved. 1. Stakeholder engagement with Public Participation Committee of the ECLeg was implemented.2. Stakeholder engagement on tourism and Heritage month was implemented.			Quarterly reports on the stakeholder engagement conducted (All Attendance registers (internal and external engagement, invitations))	Director: Strategic Management Services
									Qtr. 2	2 Stakeholder engagement activity implemented	Achieved. Preparation meeting for 16days of activism held on the 10th November 2021 with the office of the Premier, Emalahleni LM. An internal stakeholder management meeting on Disaster Mitigation in preparation international day for disaster reduction held on the 12th October at Disaster Management Offices					
									Mid-Year	4 Stakeholder engagement activity implemented	Achieved. 4 stakeholder engagements activities implemented					
									Qtr. 3	2 Stakeholder engagement activity implemented						
									Qtr. 4	2 Stakeholder engagement activity implemented						
Communications				Number of District Communication Coordination Forums conducted	The District Communicators (DCF) Forum is a platform for all communication specialists within the district coordinated as part of strategizing for communication to promotes collaboration for effective communication across the district. 1.This entails conducting meetings, workshops with all Communicators across the district both from LMs and Sector Departments including Entities and Parastatals. - Capacity building sessions are organised for municipal communicators to empower them with skills in different disciplines, namely; dealing with the media, management of events, website and social media platforms, graphic design, editing and proofreading, videography etc.	GGPP - 2.2	OPEX		4 District Communication Forums coordinated by 30 June 2022	Qtr. 1	1 District Communication forum coordinated	Achieved : 1 District Communication Forum coordinated on 16 September 2021		Quarterly report on the District Communicators coordinated (Resolution register, attendance register, minutes)	Director: Strategic Management Services	
									Qtr. 2	1 District Communication forum coordinated	Achieved : 1 District Communication Forum coordinated on 13 December 2021					
									Mid-Year	2 District Communication forum coordinated	Achieved : 2 District Communication Coordination Forums coordinated					
									Qtr. 3	1 District Communication forum coordinated						
									Qtr. 4	1 District Communication forum coordinated						
Speaker's Office				Number of District Speaker's Forums conducted	The District Speaker's Forum is a platform for all 6 LM's for Council Speaker's communicate programs from their respective municipalities for uniformity and alignment. The processes flows involve 1. Convene officials from all 6 municipalities located in the offices of Council Speaker's, relevant officials from EC- CoGTA, Officials from IEC, Representatives of the MRM,	GGPP - 2.3	OPEX		4 District Speaker's Forums conducted by 30 June 2022	Qtr. 1	1 District Speaker's Forums conducted	Achieved. 1 District Speakers forum conducted on the 15 September 2021		Quarterly Report on the District Speaker's forum conducted (Resolution register, attendance register, minutes)	Director: Strategic Management Services	
									Qtr. 2	1 District Speaker's Forums conducted	Not Achieved.					
									Mid-Year	2 District Speaker's Forums conducted	Not Achieved. Only 1 meeting was held instead the 2 that was planned for the mid-year					

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
Municipal Support				Number of IGR Forums conducted	Representatives of the Initiation forum 2. Preparation of the issues/programmes to be discussed in the Speaker's forum 3. Lease with the District Speaker to prepare for the district speaker's forum. 1. Convene 04 Technical IGR Forum (The CHDM IGR Strategy guides that quarterly, IGR Forums should sit. The Technical IGR supersedes the sitting of the Political DIMAFO. There is a flow of reporting between these forums, the DIMAFO being the higher structure; the IGR Forum stakeholders are the Sector Departments, Local Municipalities and government Entities and parastatals) 2. Method of calculation = 1 programme will be implemented with different activities as stipulated in the Business plan/proposal each quarter 3. Source documents = Action Minutes and Attendance Register	GGPP - 2.4	OPEX		4 IGR Forums conducted by 30 June 2022	Qtr. 3	1 District Speaker's Forums conducted				Resolution register, attendance register, minutes	Director: Strategic Management Services
										Qtr. 4	1 District Speaker's Forums conducted					
										Qtr. 1	1 IGR Forums conducted	Achieved : 01 Technical IGR Forum Conducted (virtual) on the 05th of August 2021.				
										Qtr. 2	1 IGR Forums conducted	Achieved: 01 Technical IGR Forum on the 11th of November 2021 (Virtual)				
										Mid-Year	2 IGR Forums conducted	Achieved: 02 Technical IGR Forums conducted on the 05th August and 11 November 2021				
										Qtr. 3	1 IGR Forums conducted					
										Qtr. 4	1 IGR Forums conducted					
										Qtr. 1	1 DIMAFO Forums conducted	Achieved : 01 DIMAFO Forum conducted on the 03rd of September 2021 (Virtual).				
										Qtr. 2	1 DIMAFO Forums conducted	Achieved: 01 DIMAFO Forum Conducted on the 14th of December 2021 (Virtual)				
										Mid-Year	2 DIMAFO Forums conducted	Achieved: 02 DIMAFO Forums Conducted held on the 03rd September and 14th December 2021				
Qtr. 3	1 DIMAFO Forums conducted															
Qtr. 4	1 DIMAFO Forums conducted															
Mayor's office				Number of DIMAFO Forums conducted		GGPP - 2.5	OPEX		4 DIMAFO Forums conducted by 30 June 2022	Qtr. 1	1 DIMAFO Forums conducted	Achieved : 01 DIMAFO Forum conducted on the 03rd of September 2021 (Virtual).			Resolution register, attendance register, minutes	Director: Strategic Management Services
MPAC				Number of District MPAC forums conducted		GGPP-2.6	OPEX		4 District MPAC Forums conducted by 30 June 2022	Qtr. 1	1 District MPAC Forums conducted	Not Achieved. Support from GIZ on matters relating to MPAC was solicited from GIZ, and an indication was that a service provider was solicited to support municipality revive the District MPAC Forum	Support that was solicited from GIZ to revive the District MPAC Forum was not received. The District MPAC Forum will be held after the establishment of the council committees by the LM's after the elections	The induction for MPAC Councillors was packaged in the support programme facilitated with GIZ; on engagement with GIZ, the activities were not explicit. On further engagement, a list of activities in the support programme will be prepared to enlist the induction and other activities involved in the support programme	Resolution register, attendance register, minutes	Director: Health and Community Services
										Qtr. 2	1 District MPAC Forums conducted	Not achieved	Delayed processes in the local government elections, that include delayed inauguration.	To be done in third term		
										Mid-Year	2 District MPAC Forums conducted	Not achieved	Delayed processes in the local government elections, that include delayed inauguration.	To be done in third term		
										Qtr. 3	1 District MPAC Forums conducted					

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian	
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)			
Environmental Management				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. 4	1 District MPAC Forums conducted				Quarterly report on the disaster advisory, environment and climate change forum (Resolution register, attendance register)	Director: Health and Community Services	
										Qtr. 1	1 Disaster advisory, Environment and climate change forum conducted	Achieved. The CHDM Disaster Management Advisory, Environment and Climate Change Forum was held on 14th September 2021 via Microsoft Teams due to COVID-19 Restrictions					
										Qtr. 2	1 Disaster advisory, Environment and climate change forum conducted	Achieved. The CHDM Disaster Management Advisory, Environment and Climate Change Forum was held on 11 November 2021 via Microsoft Teams due to COVID-19 Restrictions					
										Mid-Year	2 Disaster advisory, Environment and climate change forum conducted	Achieved. The CHDM Disaster Management Advisory, Environment and Climate Change Forum were held on 14th of September and 11th of November 2021 via Microsoft Teams due to COVID-19 Restrictions					
										Qtr. 3	1 Disaster advisory, Environment and climate change forum						
										Qtr. 4	1 Disaster advisory, Environment and climate change forum						
LED				Number of Human Settlement forums conducted		GGPP - 2.8	OPEX		4 Human Settlement forums conducted by 30 June 2022	Qtr. 1	1 Human Settlement forums conducted	Achieved. Forum held on the 02nd September 2021		Resolution register, attendance register, minutes	Director: PED		
										Qtr. 2	1 Human Settlement forums conducted	Achieved - Forum held on the 09th December 2021					
										Mid-Year	2 Human Settlement forums conducted	Achieved - 2 Human Settlement Forum held on the 2nd September 2021 and 09th December 2021					
										Qtr. 3	1 Human Settlement forums conducted						
										Qtr. 4	1 Human Settlement forums conducted						
										Qtr. 1	1 LED forums conducted	Achieved : The LED Forum session was held on the 12 August 2021				Resolution register, attendance register, minutes	Director: PED
										Qtr. 2	1 LED forums conducted	Achieved : The LED Forum session was held on the 21 October 2021					
										Mid-Year	2 LED forums conducted	Achieved : Two LED Forum sessions were held on the 12 August 2021 and 21 October 2021					
										Qtr. 3	1 LED forums conducted						
										Qtr. 4	1 LED forums conducted						
PLANNING				Number of Spatial Planning forums conducted		GGPP - 2.10			4 Spatial Planning forums conducted by 30 June 2022	Qtr. 1	1 Spatial Planning forums conducted	Achieved. Spatial Planners Forum set on the 02nd of September 2021 Virtually due to Covid Regulations		Resolution register, attendance register, minutes	Director: SMS		

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian								
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)										
										Qtr. 2	1 Spatial Planning forums conducted	Achieved. Spatial Planning Forum set on the 07 Dec 2021												
										Mid-Year	2 Spatial Planning forums conducted	Achieved. 2 Forums conducted for the term virtually on the 02nd September and 07th December 2021												
										Qtr. 3	1 Spatial Planning forums conducted													
										Qtr. 4	1 Spatial Planning forums conducted													
										Number of IDP Rep forums conducted		GGPP - 2.11	OPEX				4 IDP Rep forums conducted by 30 June 2022	Qtr. 1	1 IDP Rep forums conducted	Achieved : IDP/Budget/PMS Rep Forum set on the 30th Sept 2021 Virtually			Resolution register, attendance register, minutes	Director: SMS
																		Qtr. 2	1 IDP Rep forums conducted	Achieved. Rep Forum set on the 14 Dec 2021				
																		Mid-Year	2 IDP Rep forums conducted	Achieved. 2 Forums set for the term have been conducted on the 30th September and 14th December 2021 respectively				
																		Qtr. 3	1 IDP Rep forums conducted					
																		Qtr. 4	1 IDP Rep forums conducted					
										Number of Technical Managers forums conducted		GGPP - 2.12					4 Technical Managers Forum conducted by 30 June 2022	Qtr. 1	1 Technical Managers Forum conducted	Not Achieved	The meeting could not sit due to unavailability of Local Municipalities.	The meeting will sit in the second quarter.	Quarterly reports on the technical managers forum implemented	Director: Engineering and Technical Services
Qtr. 2	1 Technical Managers Forum conducted	Achieved. 1 Technical Managers Forum conducted																						
Mid-Year	2 Technical Managers Forum conducted	Achieved. 2 Technical Managers Forum conducted																						
Qtr. 3	1 Technical Managers Forum conducted																							
Qtr. 4	1 Technical Managers Forum conducted																							
Speaker's Office					4 MPAC reports compiled and submitted by 30 June 2022	Qtr. 1	1 MPAC reports compiled and submitted	Achieved	Over achievement due to adhoc reasons		MPAC Quarterly Reports, Council Resolution, Annual work plan	Director: Strategic Management Services												
						Qtr. 2	1 MPAC reports compiled and submitted	Achieved																
						Mid-Year	2 MPAC reports compiled and submitted	Achieved																
						Qtr. 3	1 MPAC reports compiled and submitted																	
						Qtr. 4	1 MPAC reports compiled and submitted																	

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian					
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)							
				Number of Women Caucus activities implemented	Women Caucus - it's a section 79 of MSA 117 of 1998 committee that deals with women's issues across the district. This committee further improves and develops women capacity by way of conducting programmes and meeting on a quarterly base	GGPP - 2.14			2 Women caucus activities implemented and 4 Quarterly meeting convened by 30 June 2022	Qtr. 1	1.Woman Month Activity 2.Quarterly meetings	Achieved - 2 woman month programmes implemented at Inxuba YeThemba on 11 August 2021 and Enoch Mjijima on 27 August 2021. 1 quarterly meeting implemented on the 22 July 2021.			Quarterly reports - Women caucus Plan, Attendance register (Seminar/Workshop, Minutes of Meeting ,report, Resolution register	Director: Strategic Management Services					
										Qtr. 2	1. Quarterly meetings										
										Mid-Year	1.Woman Month Activity 2. 2 Quarterly meetings										
										Qtr. 3	1.Seminar - Woman Caucus 2.Quarterly meetings										
										Qtr. 4	1. Quarterly meetings										
										Number of Moral Regeneration Movement activities implemented	Moral Regeneration - the programme seeks improve and construct accepted human behaviour and character This programmes takes place on a Quarterly base	GGPP - 2.15		1 Moral Regeneration Movement activities implemented and 4 quarterly meetings by 30 June 2022	Qtr. 1	1.MRM Month 2.Quarterly meeting	Achieved 1. MRM month of handing over of blankets to elderly at Inxuba YeThemba on 27 August 2021 ,Enoch Mjijima and Emalahleni conducted on the 31 July 2021 and Revival of Sakhisizwe local structure on 06 September 2021.and 2. MRM meeting held on the 18 August 2021			Q1 to Q4 = Quarterly report on Moral Regeneration Movement (Attendance register, Minutes of Meeting, Resolution register, Moral Regeneration Movement Plan)	Director: Strategic Management Services
															Qtr. 2	1.Quarterly meeting					
															Mid-Year	1.MRM Month 2. 2 Quarterly meeting					
															Qtr. 3	1. Quarterly meeting					
										Qtr. 4	1.Quarterly meeting										
										Number of District Initiation activities implemented	District Initiations programmes - assist with monitoring of initiates in reducing the challenges arising from the season like death and complications with in the district. The Initiations programmes are conducted quarterly throughout campaigns and monitoring.	GGPP - 2.16		2 District Initiation activities Implemented. 4 Quarterly meetings convened by 30 June 2022	Qtr. 1	1. Covid 19 Compliance Monitoring or District Initiation 2. Quarterly meeting convened	Achieved - Covid 19 Compliance monitoring and 1 quarterly meeting conducted on the 10 August 2021			Quarterly Reports on District Initiation Plan, (Attendance register, Minutes of Meeting, Resolution register, Initiation Programme reports)	Director: Strategic Management Services
															Qtr. 2	1. Quarterly meeting convened					
Mid-Year	1. Covid 19 Compliance Monitoring or District Initiation 2. 2 Quarterly meeting convened																				
Qtr. 3	1. Covid 19 Compliance Monitoring or District Initiation 2. Quarterly meeting convened																				
Qtr. 4	1. Quarterly meeting convened																				
Speaker's Office, Municipal Health Services, DISASTER MANAGEMENT, Environmenta	To empower Citizens through Communication, Public Participation and stakeholder engagement.	Informed stakeholders	Implementation of Public Participation Strategy	Number of Community Educational initiatives implemented	Public Participation - are community engagements initiated by both the community and the district by way conduction meetings/workshops or other activities.	GGPP - 2.17	OPEX	7 Community Educational initiatives implemented by 30 June 2022	Qtr. 1	7 Community Educational initiatives implemented	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	Director: Strategic Management Services						
									Qtr. 2	7 Community Educational initiatives implemented	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement								

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
I Management, Customer Care										Mid-Year	7 Community Educational initiatives implemented	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	
										Qtr. 3	7 Community Educational initiatives implemented	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	
										Qtr. 4	7 Community Educational initiatives implemented	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	Refer to GGPP 2.17.1 - 2.17.7 for actual achievement	
Speaker's Office					Number of Capacity building initiatives implemented	GGPP - 2.17.1		MPAC Training conducted	4 Quarterly meetings facilitated on Petitions. 3 Capacity building initiatives implemented. 1 Civic education conducted by 30 June 2022	Qtr. 1	1. Induction for MPAC councillors facilitators 1. Facilitate responses to Petitions & Public meetings	Not Achieved. A program to facilitate responses was followed from 06 July 2021 to 15 September 2021 and is ongoing.2. Civic /voter education programs conducted on 15 September 2021.	Only 1 part of the target was achieved. Induction for MPAC Councillors was not facilitated	The induction for MPAC Councillors was packaged in the support programme facilitated with GIZ; on engagement with GIZ, the activities were not explicit. On further engagement, a list of activities in the support programme will be prepared to enlist the induction and other activities involved in the support programme	Quarterly reports on Capacity building Plan, Attendance register (Meeting, Training, Petitions) Quarterly report (Training, Civic education, Petician &public)	Director: Strategic Management Services
										Qtr. 2	1. Training of MPAC councillors facilitated. 2. Civic education - Voter education 3. Facilitate responses to Petitions & public meetings					
										Mid-Year	1. Induction for MPAC councillors facilitators 2. Facilitate responses to Petitions & Public meetings 3. Training of MPAC councillors facilitated. 4. Civic education - Voter education 5. Facilitate responses					
										Qtr. 3	1.Civic education - Democracy education 2. Facilitate responses to Petitions & public meetings 3. Report compiled on the implementation of the training programme					
										Qtr. 4	1.Civic education - Democracy education 2. Facilitate responses to Petitions & public meetings 3. Report compiled on the implementation of the training programme					
Municipal Health Services					Number of Health and hygiene	GGPP 2.17.2	OPEX		80 health and hygiene awareness	Qtr. 1	20 health and hygiene awareness campaigns conducted	Achieved. 20 health and hygiene awareness campaigns conducted.			Awareness programmes report, attendance	Director: Health and Community

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
ENVIRONMENTAL MANAGEMENT				awareness campaigns conducted	program is conducted to promote awareness on food hygiene measures and protocols to prevent incidents of food poisoning illnesses which may be fatal in some cases. The source document is the attendance register of the participants .				campaigns conducted by 30 June 2022	Qtr. 2	20 health and hygiene awareness campaigns conducted	Achieved. 20 health and hygiene awareness campaigns conducted.			registers, concept document	Services
										Mid-Year	40 health and hygiene awareness campaigns conducted	Achieved. 40 health and hygiene awareness campaigns conducted.				
										Qtr. 3	20 health and hygiene awareness campaigns conducted					
										Qtr. 4	20 health and hygiene awareness campaigns conducted					
					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	Achieved. 1 awareness was provided to Wilhem Stall Hospital Food Handlers, Middleburg			Awareness programmes report, attendance registers, concept document	Director: Health and Community Services
										Qtr. 2	1 awareness provided to food handlers	Achieved. 1 awareness was provided to Jamma Boer Farm Food Handlers, Dordrecht				
										Mid-Year	2 awareness provided to food handlers	Achieved. 2 awareness's were provided to Food Handlers.				
										Qtr. 3	1 awareness provided to food handlers					
										Qtr. 4	1 awareness provided to food handlers					
					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	4 Environmental Health calendar Days observed by 30 June 2022	Qtr. 1	1 Environmental Health calendar Days observed	Achieved. 2 Build -up Environmental Health days observed in Komani and Sada, Enoch Mgijima LM,	This was Over Archived by 1 due to demand in of awareness for Covid-19 pandemic		Report, attendance registers, concept document	Director: Health and Community Services
										Qtr. 2	1 Environmental Health calendar Days observed	Achieved. 1 Environmental Health day observed at Nonibe Primary School, Komani, Enoch Mgijima LM				
										Mid-Year	2 Environmental Health calendar Days observed	Achieved. 2 Environmental Health days observed.				
										Qtr. 3	1 Environmental Health calendar Days observed					
										Qtr. 4	1 Environmental Health calendar Days observed					
					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	3 Environmental calendar Days observed by 30 June 2022	Qtr. 1	1 Environmental calendar Days observed	Achieved.1 Environmental Calendar Days observed. The programme was celebrated on the 08th September 2021.			Quartely reports on Environmental calendar days observed (attendance register, concept document)	Director: Health and Community Services
Qtr. 2	N/A															
Mid-Year	1 Environmental calendar Days observed	Achieved.1 Environmental Calendar Days observed. The programme was celebrated on the 08th September 2021.														
Qtr. 3	1 Environmental calendar Days observed															
Qtr. 4	1 Environmental calendar Days observed															

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
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 prolonged life. Source document is the attendance register of the participants	GGPP - 2.17.4	OPEX		72 Disaster awareness campaigns conducted by 30 June 2022	Qtr. 1	18 Disaster awareness campaigns conducted	Achieved. 37 Disaster awareness campaigns were conducted In LMs.	This was Over Achieved by 19 Awareness's, we are still in the National State of Disaster due to COVID-19 and awareness programmes are in demand.	Quarterly reports on the Disaster Awareness programmes (report, attendance registers, concept document)	Director: Health and Community Services	
										Qtr. 2	18 Disaster awareness campaigns conducted	Achieved. 25 Disaster awareness campaigns were conducted In LMs.	This was Over Achieved by 7 Awareness's, we are still in the National State of Disaster due to COVID-19 and awareness programmes are in demand.			
										Mid-Year	36 Disaster awareness campaigns conducted	Achieved. 62 Disaster awareness campaigns were conducted In LMs during Q1 & Q2	This was Over Achieved by 26 Awareness's, we are still in the National State of Disaster due to COVID-19 and awareness programmes are in demand.			
										Qtr. 3	18 Disaster awareness campaigns conducted					
										Qtr. 4	18 Disaster awareness campaigns conducted					
										Qtr. 1	N/A					
										Qtr. 2	1 IDDR days observed	Achieved, 1 IDDR day observed				
										Mid-Year	1 IDDR days observed	Achieved, 1 IDDR day observed				
										Qtr. 3	N/A					
										Qtr. 4	N/A					
FIRE MANAGEMENT				Number of fire services awareness campaigns implemented	This program is to make the public aware of fire danger and how to combat these danger. 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 incidence received;& (2) At each awareness campaigns an attendance registers 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	GGPP - 2.17.5	OPEX		48 Fire Services Awareness campaigns implemented by 30 June 2022	Qtr. 1	12 Fire Service awareness campaigns implemented	Achieve. 24 Fire Service awareness campaigns implemented in Local Municipalities	This was Over Achieved by 12 due to high demand in the winter seasons which is prone to fires.	Quarterly report on fire awareness campaigns. Attendance register, Report on Fire service awareness programme, schedule of fire awareness programmes	Director: Health and Community Services	
										Qtr. 2	12 Fire Service awareness campaigns implemented	Achieve. 24 Fire Service awareness campaigns implemented in Local Municipalities	This was Over Achieved by 12 due to high demand			
										Mid-Year	24 Fire Service awareness campaigns implemented	Achieve, 36 Fire Service awareness campaigns implemented in Local Municipalities in both Q1 & Q2	This was Over Achieved by 12 due to high demand			
										Qtr. 3	12 Fire Service awareness campaigns implemented					

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian	
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)			
Environmental Management					specific area.					Qtr. 4	12 Fire Service awareness campaigns implemented						
					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	Achieved. 4 Environmental management awareness programmes conducted			Awareness programmes report, attendance registers, concept document	Director: Health and Community Services
											Qtr. 2	4 Environmental management awareness programmes conducted	Achieved. 4 Environmental management awareness programmes conducted				
											Mid-Year	8 Environmental management awareness programmes conducted	Achieved, 8 Environmental management awareness programmes conducted				
											Qtr. 3	4 Environmental management awareness programmes conducted					
											Qtr. 4	4 Environmental management awareness programmes conducted					
Customer Care					Number of Customer Education and awareness campaigns conducted	GGPP - 2.17.7	OPEX	28 Social facilitation activities on Customer Care implemented	28 Social facilitation activities on Customer Care implemented by 30 June 2022	Qtr. 1	7 Social facilitation activities on Customer Care implemented	Achieved. 11 social facilitation/awareness campaign activities conducted	There were community requests for engagements due to water challenges they were experiencing. This added more engagements in our plans. Due to the nature of our work, this expected to happen.	Quarterly reports on the Social facilitation activities implemented (attendance registers, plan)	Director: Strategic Management Services		
										Qtr. 2	7 Social facilitation activities on Customer Care implemented	Achieved					
										Mid-Year	14 Social facilitation activities on Customer Care	Achieved					
										Qtr. 3	7 Social facilitation activities on Customer Care implemented						
										Qtr. 4	7 Social facilitation activities on Customer Care implemented						
	To enhance communication, stakeholder Management and customer care	Satisfied Customers	Implementation of Customer Care Management Plan	Number of Customer Care Programmes implemented	Customer Care Management is programmes aimed at creating a relationship between the municipality and the community through and feedback mechanisms. The process for the implementation of Customer Care Management Programme will be as follows; 1. Develop customer satisfaction survey methodology and plan 2. Conduct customer satisfaction survey data collection 3. Conduct customer satisfaction data	GGPP - 4	OPEX	02 Customer Care Management Programmes implemented	01 Customer Care Management Programme Implemented by 30 June 2022	Qtr. 1	01 Customer Care Management Programmes Implemented	Refer to GGPP - 4.1 for actual achievement	Refer to GGPP - 4.1 for actual achievement	Refer to GGPP - 4.1 for actual achievement	Refer to GGPP - 4.1 for actual achievement	Director: Strategic Management Services	
										Qtr. 2	01 Customer Care Management Programmes Implemented	Refer to GGPP - 4.1 for actual achievement	Refer to GGPP - 4.1 for actual achievement	Refer to GGPP - 4.1 for actual achievement	Refer to GGPP - 4.1 for actual achievement		
										Qtr. 3	01 Customer Care Management Programmes Implemented	Refer to GGPP - 4.1 for actual achievement	Refer to GGPP - 4.1 for actual achievement	Refer to GGPP - 4.1 for actual achievement	Refer to GGPP - 4.1 for actual achievement		

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
					analysis and report development 4. Submit final customer satisfaction report					Qtr. 4	01 Customer Care Management Programmes Implemented	Refer to GGPP - 4.1 for actual achievement	Refer to GGPP - 4.1 for actual achievement	Refer to GGPP - 4.1 for actual achievement	Refer to GGPP - 4.1 for actual achievement	
				Number of Customer satisfaction reports developed and submitted	Customer Care Management is programmes aimed at creating a relationship between the municipality and the community through and feedback mechanisms. The process for the implementation of Customer Care Management Programme will be as follows; 1. All reported complaints will registered and attended to within the appropriate timeframes in line with the service charter 2. escalate all complaints that have not been resolved within the timeframes for further actioning 3. Customer satisfaction report developed and submitted for actioning Source document - complaints management system report, 2018/2019 customer satisfaction report	GGPP-4.1			1 Customer satisfaction report developed and submitted to the AO for actioning by 30 June 2022	Qtr. 1	Customer satisfaction report developed and submitted to the AO for actioning	Achieved. A total of 932 complainants were not satisfied with their complaints handling.			Q 1 - Q 4 = Quarterly reports on the customer satisfaction developed	Director: Strategic Management Services
										Qtr. 2	Customer satisfaction report developed and submitted to the AO for actioning	Not Achieved	proof of submission to Accounting Officer for actioning is outstanding	to request the custodian to provide proof		
										Mid-Year	Customer satisfaction report developed and submitted to the AO for actioning	Not Achieved	proof of submission to Accounting Officer for actioning is outstanding	to request the custodian to provide proof		
										Qtr. 3	Customer satisfaction report developed and submitted to the AO for actioning					
										Qtr. 4	Customer satisfaction report developed and submitted to the AO for actioning					
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	Development and implementation of the approved risk based internal audit operational plan, based on documented risk assessment undertaken by management at least annually. The risk based plan comprises of the following; 1. Risk based Audits 2. Mandatory audits 3. Follow up audit 4. Ad-hoc audit. 5. Consulting engagements. The process for the development and implementation of Risk based Internal Audit Plan will consider; 1. institutional and operational risks 2. inputs of HOD's and audit committee 2. Method of calculation = 1 programme will be implemented with different activities in line with the approved plan 3. Source documents = approved risk based internal audit plan, internal audit quarterly progress reports, engagement letters	GGPP - 5	250 000,00	1 Risk Based Internal Audit Plan implemented	01 Risk based internal audit plan developed and implemented by 30 June 2022	Qtr. 1	1 Risk based internal audit plan developed and approved	Achieved. 1 Risk Based Internal Audit Plan developed and approved by the Audit Committee on the 22nd of July 2021.			Q1 =Approved Risk Based Internal Audit Plan	Director: Strategic Management Services
										Qtr. 2	2 Projects implemented as per the approved risk based internal audit plan	Achieved. 1 Risk Based Audit and Mandatory Audit Assignment completed: Namely 1. Water Losses Management Audit 2. Risk Management Audit			Q2-Q4 = Quarterly Reports on Internal Audits conducted; Engagement letter	
										Mid-Year	1. 1 Risk based internal audit plan developed and approved 2. 2 Projects implemented as per the approved risk based internal audit plan	Achieved. 1 Risk Based Internal Audit Plan developed and approved by the Audit Committee on the 22nd of July 2021. 1 Risk Based Audit and Mandatory Audit Assignment completed: Namely 1. Water Losses Management Audit 2. Risk Management Audit			Q1 =Approved Risk Based Internal Audit Plan; Q2-Q4 = Quarterly Reports on Internal Audits conducted; Engagement letter	
										Qtr. 3	2 Projects implemented as per the approved risk based internal audit plan				Q2-Q4 = Quarterly Reports on Internal Audits conducted; Engagement letter	
										Qtr. 4	2 Projects implemented as per the approved risk based internal audit plan				Q2-Q4 = Quarterly Reports on Internal Audits conducted; Engagement letter	
Risk Management			Implementation of Risk Management Framework	Number of Risk Management Programmes implemented	Risk Management is a process of identifying, assessing, prioritizing and managing risks/ threats within the institution.	GGPP - 6		01 Risk Management Programmes Implemented	01 Risk Management Programmes Implemented by 30 June 2022	Qtr. 1	1 Risk management Programme (Risk Management Monitoring report)	Refer to GGPP - 6.1 to 6.4 for actual achievement	Refer to GGPP - 6.1 to 6.4 for actual achievement	Refer to GGPP - 6.1 to 6.4 for actual achievement	Refer to GGPP - 6.1 to 6.4 for actual achievement	Director: Strategic Management Services
										Qtr. 2	1 Risk management Programme (Risk Management Monitoring report)	Refer to GGPP - 6.1 to 6.4 for actual achievement	Refer to GGPP - 6.1 to 6.4 for actual achievement	Refer to GGPP - 6.1 to 6.4 for actual achievement	Refer to GGPP - 6.1 to 6.4 for actual achievement	

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Qtr. 3	2 Risk management Programme (Risk Management Monitoring report and Anti-fraud and Corruption risk workshop)	Refer to GGPP - 6.1 to 6.4 for actual achievement	Refer to GGPP - 6.1 to 6.4 for actual achievement	Refer to GGPP - 6.1 to 6.4 for actual achievement	Refer to GGPP - 6.1 to 6.4 for actual achievement	
										Qtr. 4	2 Risk management Programme	Refer to GGPP - 6.1 to 6.4 for actual achievement	Refer to GGPP - 6.1 to 6.4 for actual achievement	Refer to GGPP - 6.1 to 6.4 for actual achievement	Refer to GGPP - 6.1 to 6.4 for actual achievement	
					Number of Risk Management Monitoring report compiled and submitted.	GGPP - 6.1			4 Risk Management Monitoring report compiled and submitted by 30 June 2022	Qtr. 1	1 Risk Management Monitoring report compiled and submitted	Achieved. The risk management monitoring report has been compiled			Quarterly report on the Risk Management Monitoring report (Attendance registers, Risk Management reports)	Director: Strategic Management Services
									Qtr. 2	1 Risk Management Monitoring report compiled and submitted	Achieved. The risk management monitoring report has been compiled and submitted					
					Quarterly - risk monitoring reports are reports that the risk committee chairperson report on to the council. The process for the compilation and submission of Risk Management Monitoring report will be as follows; 1. Develop a monitoring tool for directorates to update implementation of risk mitigation measures. 2. upon receiving the monitoring tool, POE's are validated and risk management report is consolidate 3. risk management report is submitted to risk management committee for consideration 4. Risk assessment conducted				Mid-Year	2 Risk Management Monitoring report compiled and submitted	Achieved. Two risk management monitoring reports have been compiled and submitted					
									Qtr. 3	1 Risk Management Monitoring report compiled and submitted						
									Qtr. 4	1 Risk Management Monitoring report compiled and submitted						
					Number of Anti-fraud and Corruption initiative conducted	GGPP - 6.2			1 Anti-fraud and Corruption initiative conducted by 30 June 2022	Qtr. 1	N/A	N/A	N/A	N/A	N/A	Director: Strategic Management Services
					Anti-fraud and Corruption initiative entails preventing, detecting and response to fraud instances within the institution. An Anti-fraud and Corruption assessment session will be conducted to give an update on the institutions fraud and corruption status which then be submitted to the risk committee. The process for the conducting Anti-fraud and Corruption initiative will be as follows; 1. Conduct awareness 2. Declaration of interest by Councillors and employees 3. Source documents = Awareness (Newsletters, emails, noticeboard), Report on declarations				Qtr. 2	N/A	N/A	N/A	N/A	N/A		
									Mid-Year	N/A	N/A	N/A	N/A	N/A		
									Qtr. 3	Anti-fraud and Corruption risk workshop conducted				Anti-fraud and Corruption risk report and attendance register		
					Number of Risk Assessments conducted	GGPP - 6.3			1 Risk Assessments conducted by 30 June 2022	Qtr. 1	N/A	N/A	N/A	N/A	N/A	Director: Strategic Management Services
					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; 1. identification of objectives from the draft IDP 2. identification of strategic and operational risks threatening the achievement of the IDP objectives 3. rating of the risk in terms of impact and likelihood 4. identification of the existing controls intended to minimise the risk 5. assess the effectiveness of				Qtr. 2	N/A	N/A	N/A	N/A	N/A		
									Mid-Year	N/A	N/A	N/A	N/A	N/A		
									Qtr. 3	N/A						

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
					the existing controls 6. identification of action plans to improve the existing controls 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. 4	1 Risk Assessments conducted				Risk Assessment report	
				Number of compliance monitoring reports compiled and submitted	Compliance monitoring reports are compiled and submitted to the risk committee. The process for the compilation and submission of Compliance Monitoring reports will be as follows; 1. Develop a monitoring tool for directorates to update implementation of compliance requirements applicable to each directorate. 2. upon receiving the monitoring tool, POE's are validated and compliance monitoring report is consolidated 3. compliance monitoring report is submitted to risk management committee for consideration	GG-PP - 6.4			2 Compliance monitoring reports compiled and submitted by 30 June 2022	Qtr. 1	Compliance monitoring report compiled and submitted risk management committee	Achieved. Compliance monitoring report compiled and submitted.			Quarterly reports on the compilation and submission of the compliance monitoring report	Director: Strategic Management Services
										Mid-Year	Compliance monitoring report compiled and submitted risk management committee	Achieved. Compliance monitoring report compiled and submitted.			Quarterly reports on the compilation and submission of the compliance monitoring report	
										Qtr. 3	Compliance monitoring report compiled and submitted risk management committee				Quarterly reports on the compilation and submission of the compliance monitoring report	
										Qtr. 4						
PMS			Implementati on of PMS Framework	Number of PMS Programmes Implemented	PMS programmes are aims at reviewing, monitoring and improving performance systems of the municipality as per the framework	GGPP - 7		03 PMS programmes implemented	02 PMS programmes implemented by 30 June 2022	Qtr. 1	02 PMS programmes implemented (Organisational and Individual Performance Management)	Refer to GGPP - 7.1 to GGPP - 7.2 for actual achievements	Refer to GGPP - 7.1 to GGPP - 7.2 for actual achievements	Refer to GGPP - 7.1 to GGPP - 7.2 for actual achievements	Refer to GGPP - 7.1 to GGPP - 7.2 for actual achievements	Director: Strategic Management Services
										Qtr. 2	02 PMS programmes implemented (Organisational and Individual Performance Management)	Refer to GGPP - 7.1 to GGPP - 7.2 for actual achievements	Refer to GGPP - 7.1 to GGPP - 7.2 for actual achievements	Refer to GGPP - 7.1 to GGPP - 7.2 for actual achievements	Refer to GGPP - 7.1 to GGPP - 7.2 for actual achievements	
										Qtr. 3	02 PMS programmes implemented (Organisational and Individual Performance Management)	Refer to GGPP - 7.1 to GGPP - 7.2 for actual achievements	Refer to GGPP - 7.1 to GGPP - 7.2 for actual achievements	Refer to GGPP - 7.1 to GGPP - 7.2 for actual achievements	Refer to GGPP - 7.1 to GGPP - 7.2 for actual achievements	
										Qtr. 4	02 PMS programmes implemented (Organisational and Individual Performance Management)	Refer to GGPP - 7.1 to GGPP - 7.2 for actual achievements	Refer to GGPP - 7.1 to GGPP - 7.2 for actual achievements	Refer to GGPP - 7.1 to GGPP - 7.2 for actual achievements	Refer to GGPP - 7.1 to GGPP - 7.2 for actual achievements	
				Number of Organisational Performance Management Programmes Implemented	Organisational and Individual Performance Management are the two programmes that will be implemented to measure and evaluate the organisations performance against its intended outcomes and outputs.	GGPP - 7.1.			01 Organisational Performance Management Programmes Implemented by 30 June 2022	Qtr. 1	01 Organisational Performance Management Programmes Implemented (1.Quarterly Performance Reviews 3. statutory performance reports)	Refer to GGPP - 7.1.1 to GGPP - 7.1.3 for actual achievements	Refer to GGPP - 7.1.1 to GGPP - 7.1.3 for actual achievements	Refer to GGPP - 7.1.1 to GGPP - 7.1.3 for actual achievements	Refer to GGPP - 7.1.1 to GGPP - 7.1.3 for actual achievements	Director: Strategic Management Services

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Qtr. 2	01 Organisational Performance Management Programmes Implemented (1.Quarterly Performance Reviews)	Refer to GGPP - 7.1.1 to GGPP - 7.1.3 for actual achievements	Refer to GGPP - 7.1.1 to GGPP - 7.1.3 for actual achievements	Refer to GGPP - 7.1.1 to GGPP - 7.1.3 for actual achievements	Refer to GGPP - 7.1.1 to GGPP - 7.1.3 for actual achievements	
										Qtr. 3	01 Organisational Performance Management Programmes Implemented (1.Quarterly Performance Reviews 2. Reviewed SDBIPs 3. statutory performance reports -	Refer to GGPP - 7.1.1 to GGPP - 7.1.3 for actual achievements	Refer to GGPP - 7.1.1 to GGPP - 7.1.3 for actual achievements	Refer to GGPP - 7.1.1 to GGPP - 7.1.3 for actual achievements	Refer to GGPP - 7.1.1 to GGPP - 7.1.3 for actual achievements	
										Qtr. 4	01 Organisational Performance Management Programmes Implemented (1.Quarterly Performance Reviews 2. Development of SDBIPs)	Refer to GGPP - 7.1.1 to GGPP - 7.1.3 for actual achievements	Refer to GGPP - 7.1.1 to GGPP - 7.1.3 for actual achievements	Refer to GGPP - 7.1.1 to GGPP - 7.1.3 for actual achievements	Refer to GGPP - 7.1.1 to GGPP - 7.1.3 for actual achievements	
					Quarterly - performance reviews are done in order to ensure that early warnings of underperformance are detected and that mechanisms are put in place where such underperformance is recorded. This reviews are conducted per department by way of submission of a report and evidence that supports the report.	GGPP - 7.1.1			4 Quarterly Performance Reviews conducted by 30 June 2022	Qtr. 1	1 Quarterly Performance Reviews conducted	Achieved. Quarterly Performance Reviews for the 4th quarter conducted and directorate reports were submitted by all directorates			Performance review reports	Director: Strategic Management Services
										Qtr. 2	1 Quarterly Performance Reviews conducted	Achieved. Quarterly Performance Reviews for the 1st quarter conducted and directorate reports were submitted by all directorates				
										Mid-Year	2 Quarterly Performance Reviews conducted	Achieved. 2 Quarterly Performance Reviews conducted				
										Qtr. 3	1 Quarterly Performance Reviews conducted					
										Qtr. 4	1 Quarterly Performance Reviews conducted					
					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	GGPP - 7.1.2			2 SDBIP developed and submitted by 30 June 2022	Qtr. 1	N/A	N/A	N/A	N/A	N/A	Director: Strategic Management Services
										Qtr. 2	N/A	N/A	N/A	N/A		
										Mid-Year	N/A	N/A	N/A	N/A		
										Qtr. 3	1 Reviewed SDBIP developed and submitted				Q 3= Approved adjusted SDBIP	
										Qtr. 4	1 SDBIPs developed and submitted				Q 1= Approved SDBIP,	
					Every municipality is regulated to produce to statutory performance reports (Draft annual report, draft annual performance report) These reports seek	GGPP - 7.1.3			2 statutory performance reports compiled and submitted by	Qtr. 1	Draft annual report, annual performance report	Achieved. Draft Annual Report, Performance Report Prepared & Submitted			Q1= Draft Annual report, Annual performance report and Council	Director: Strategic Management Services

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
				reports compiled and submitted	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 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.				and submitted by 30 June 2022	Qtr. 2	N/A				and Council resolution	Services
										Mid-Year	Draft annual report, annual performance report	Achieved. Draft Annual Report, Performance Report Prepared & Submitted				
										Qtr. 3	1. statutory performance reports - Sec72)2. Annual report approval by council				Q 3= Final Annual report and Council Resolution	
										Qtr. 4	N/A					
				Number of Individual Performance Programmes Implemented	Section 23 of R805 prescribes that a municipal manager and a manager accountable to the municipal manager, must sign a performance agreement. Such an agreement must be aligned to the municipality's integrated development plan (IDP) and the service delivery and budget implementation plan (SDBIP). Furthermore, it is prescribed that such an agreement must specify accountabilities and allow for continuous monitoring and measurement of performance against set targeted outputs. Such an agreement, the regulations prescribe, must be used as a basis for assessing whether an employee has met the performance expectations applicable to his/her job. When such an assessment is undertaken, and in an event that the employee performance was outstanding, such an employee must be rewarded appropriately	GGPP - 7.2			1 Individual Performance Management Programmes Implemented by 30 June 2022	Qtr. 1	Signing of Performance Agreements by HOD's facilitated	Achieved. Signing of HOD Performance Agreement Facilitated.			Reports on Individual Performance Management	Director: Strategic Management Services
										Qtr. 2	Performance Reviews conducted for Directors (Quarterly 1)	Not Achieved.	The approach utilized to discuss performance at the level of HoD's made it difficult to prove that reviews were conducted as performance issues were packaged with other management issues which doesn't do justice on matters of performance and performance reviews as legislatively required	Performance Review sessions has to be discussed in isolation from other management issues using the approach of formal performance assessments with the exception of panel		
										Mid-Year	1. Signing of Performance Agreements by HOD's facilitated 2. Performance Reviews conducted for Directors (Quarterly 1)	Not Achieved. Signing of HOD Performance Agreement Facilitated. Directorate performance reviews not conducted in line with the requirements	The approach utilized to discuss performance at the level of HoD's made it difficult to prove that reviews were conducted as performance issues were packaged with other management issues which doesn't do justice on matters of performance and performance reviews as legislatively required	Performance Review sessions has to be discussed in isolation from other management issues using the approach of formal performance assessments with the exception of panel		
										Qtr. 3	Performance Assessments conducted for Directors (Mid-year and annual)					
										Qtr. 4	Performance reviews conducted for Directors					
SPECIAL PROGRAMMES	To facilitate and coordinate integrated Special Programmes	Mainstreamed programmes	Implementation of STI, TB, HIV, Designated Groups Plans	Number of Special Programmes implemented	Implementation of HIV, TB and STI's ,SPU Mainstreaming and Youth Development	GGPP - 8	OPEX	03 Special Programmes implemented	03 Special programmes implemented in line with the revised the strategy by 30 June 2022	Qtr. 1	03 Special programmes implemented (1 HIV, STIs and TB Programme, 1 SPU Mainstreaming Programme; 1 Youth Development Programme); Development and submission of strategy to Council structures and Council for approval	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	Director: Strategic Management Services

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Qtr. 2	03 Special programmes implemented (1 HIV, STIs and TB Programme, 1 SPU Mainstreaming Programme; 1 Youth Development Programme)	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	
										Mid-Year	03 Special programmes implemented (1 HIV, STIs and TB Programme, 1 SPU Mainstreaming Programme; 1 Youth Development Programme); Development and submission of strategy to Council structures and Council for approval	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	
										Qtr. 3	03 Special programmes implemented (1 HIV, STIs and TB Programme, 1 SPU Mainstreaming Programme; 1 Youth Development Programme)	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	
										Qtr. 4	03 Special programmes implemented (1 HIV, STIs and TB Programme, 1 SPU Mainstreaming Programme; 1 Youth Development Programme)	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	Refer to GGPP - 8.1 to GGPP - 8.3 for actual achievement	
				Number of HIV, TB and STI's programmes implemented as per SPU calendar and HIV, TB and STI's implementation plan	Implementing HIV, TB and STIs programmes as per the SPU Calendar of events and HIV, TB and STI's implementation plan per quarter. Process to be followed 1. Development of the implementation plan. 2. Engagement with relevant stakeholders (data acquisition) 3. Data analysis 4. Planning of the programme 5. Conducting the event 6. Follow-up's with stakeholders (feedback)	GGPP - 8.1			4 HIV, TB and STI's programme implementation as per SPU calendar and HIV, TB and STI's implementation plan by 30 June 2022	Qtr. 1	Development and submission of the HIV, TB and STI's implementation plan; 1 HIV, TB and STI's programme implemented as per SPU calendar and HIV, TB and STI's implementation plan	Achieved. District HIV, TB and STI implementation plan developed, HIV, TB and STI programme conducted through COVID 19 Vaccination Pop Up site Launch held at Enoch Mjijima on the 02 September 2021			Quarterly reports on the implementation of the HIV, TB and STI Plan (Attendance registers; SPU calendar of events, Report, HIV, TB and STI's implementation plan)	Director: Strategic Management Services
										Qtr. 2	1 HIV, TB and STI's programme implemented as per SPU calendar and HIV, TB and STI's implementation plan	Achieved. District HIV, TB and STI implementation plan developed, HIV, TB and STI programme conducted through Provincial World AIDS Day held at WSU in Whittlesea Enoch Mjijima on the 01 December 2021				

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Mid-Year	Development and submission of the HIV, TB and STI's implementation plan; 1 HIV, TB and STI's programme implemented as per SPU calendar and HIV, TB and STI's implementation plan	Achieved. HIV, TB and STI Implementation Plan developed and submitted, 2 HIV, TB and STI programmes implemented as per SDBIP				
										Qtr. 3	1 HIV, TB and STI's programme implemented as per SPU calendar and HIV, TB and STI's implementation plan					
										Qtr. 4	1 HIV, TB and STI's programme implemented as per SPU calendar and HIV, TB and STI's implementation plan					
				Number of Mainstreaming Programmes for Designated Groups implemented as per SPU calendar	Coordinating Special Programmes mainstreaming targeting the needs of designated groups in line with the SPU Calendar. Process to be followed 1. Development of the implementation plan. 2. Engagement with relevant stakeholders (data acquisition) 3. Data analysis 4. Planning of the programme 5. Conducting the event 6. Follow-up's with stakeholders (feedback)	GGPP - 8.2			4 Mainstreaming Programmes for Designated Groups implemented as per the mainstreaming plan by 30 June 2022	Qtr. 1	Development and submission of the Mainstreaming implementation plan; 1 Mainstreaming Programmes for Designated Groups implemented as per the plan	Achieved. SPU Mainstreaming Strategy and Implementation Plan developed and 1 SPU Mainstreaming Program conducted in a form of Women's Month Commemoration Memorial Lecture held at Ngcobo			Quarterly reports on the implementation of the Mainstreaming Plan (Attendance registers; SPU calendar of events, Report, HIV, TB and STI's implementation plan)	Director: Strategic Management Services
										Qtr. 2	1 Mainstreaming Programmes for Designated Groups implemented as per plan	Achieved. SPU Mainstreaming Strategy and Implementation Plan developed and 2 SPU Mainstreaming Program conducted in a form of Human trafficking programme at Ezibeleni on the 08 October 2021, and Provincial Launch of the 16 Days of activism on No violence against Women and Children at Ezingqolweni village, Emalahleni on the 25 November 2021				
										Mid-Year	Development and submission of the Mainstreaming implementation plan; 1 Mainstreaming Programmes for Designated Groups implemented as per the plan	Achieved. Mainstreaming implementation plan submitted and 3 SPU Mainstreaming programmes implemented				
										Qtr. 3	1 Mainstreaming Programmes for Designated Groups implemented as per plan					

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian									
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)											
										Qtr. 4	1 Mainstreaming Programmes for Designated Groups implemented as per plan														
				Number of Youth development programmes implemented as per SPU calendar	Implementing Youth development t programmes as per the SPU calendar. Process to be followed 1. Engagement with relevant stakeholders (data acquisition) 2. Data analysis 3. Planning of the programme 4. Conducting the event 5. Follow-up's with stakeholders (feedback)	GGPP - 8.3			4 Youth development programmes implemented as per the Youth Development plan by 30 June 2022	Qtr. 1	1 Youth Development programmes implemented as per the plan; Development and submission of the Youth Development implementation plan;	Achieved. Youth Development Strategy and Implementation Plan Developed and 1 Youth Development Programme conducted in the form of a facilitation of Youth Development Funding Applications in partnership with the Office of the Premier			Quarterly reports on the implementation of the Youth Development programmes plan (Attendance registers; SPU calendar of events, Report, Implementation plan)	Director: Strategic Management Services									
										Qtr. 2	1 Youth Development programmes implemented as per the plan	Achieved. 2 Youth Development Programme conducted in the form of a Sports programmes (Netball championships in Cape Town, Chris Hani Boxing Tournament and Support to Seven Stars FC, Training of 50 young people in partnership with NYDA on the 24 Nov 2021.													
										Mid-Year	1 Youth Development programmes implemented as per the plan; Development and submission of the Youth Development implementation plan:	Achieved. Draft Youth Development and implementation plan submitted and 3 SPU Youth Development programmes implemented													
										Qtr. 3	1 Youth Development programmes implemented as per the plan														
										Qtr. 4	1 Youth Development programmes implemented as per the plan														
ISDM	To ensure integrated approach to service delivery	Improved Service Delivery	Implementation of Integrated Service Delivery Model	Number of Integrated Service Delivery programmes implemented	Implementation of Integrated Service Delivery and Social facilitation programmes	GGPP - 9		02 Integrated Service Delivery programmes implemented	02 Integrated Service Delivery programmes implemented by 30 June 2022	Qtr. 1	02 Integrated Service Delivery programmes implemented	Refer to GGPP - 9.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.1 to GGPP - 9.2.2 for actual achievement	Director: Strategic Management Services									
										Qtr. 2	02 Integrated Service Delivery programmes implemented	Refer to GGPP - 9.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.1 to GGPP - 9.2.2 for actual achievement											
										Qtr. 3	02 Integrated Service Delivery programmes implemented	Refer to GGPP - 9.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.1 to GGPP - 9.2.2 for actual achievement											
										Qtr. 4	02 Integrated Service Delivery programmes implemented	Refer to GGPP - 9.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.1 to GGPP - 9.2.2 for actual achievement											
																	01 Ward War rooms Programmes as per Integrated Service Delivery Model implemented	01 Ward War rooms Programmes as per Integrated Service Delivery Model implemented by 30 June 2022	Qtr. 1	1 Ward War rooms Programmes implemented as per Integrated Service Delivery Model	Achieved			Director: Strategic Management Services	
																		Qtr. 2	1 Ward War rooms Programmes implemented as per Integrated Service Delivery Model	Achieved					
														Number of Ward War rooms Programmes supported as per Integrated Service Delivery Model	Implementing Integrated Service delivery- are service delivery day programmes implemented in communities in partnership with other stakeholders or sessions in which war room stakeholders are capacitated on functionality. This programme ensure that war rooms are supported to ensure functionality. The process for supporting Ward War rooms initiative as per Integrated Service Delivery Model will be as follows:	GGPP - 9.1									

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
					Delivery model will be as follows; 1. Ward profile per ward developed 2. Recruitment of ward room facilitators and their assistants facilitated 3. Facilitate sitting and capacitation of ward war rooms and ward war room committee members per ward 4. Source documents - ISDM, LM IDP's, Ward Based Plans					Mid-Year	1 Ward War rooms Programmes implemented as per Integrated Service Delivery Model	Achieved			Delivery plan)	
										Qtr. 3	1 Ward War rooms Programmes implemented as per Integrated Service Delivery Model					
										Qtr. 4	1 Ward War rooms Programmes implemented as per Integrated Service Delivery Model					
ISD					Social facilitation is a process used for promoting effective community participation through awareness meetings, capacity building and monitoring during project cycle using infrastructure grants. This programme will be implemented through three grants funding sources namely; 1. MIG 2 RBIG 3.WISG	GGPP - 9.2	R 24 141 695		1 Social facilitation Programmes implemented as per Integrated Service Delivery Models by 30 June 2022	Qtr. 1	1 Social facilitation Programmes implemented as per Integrated Service Delivery Model	Refer to GGPP - 9.2.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.2.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.2.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.2.1 to GGPP - 9.2.2 for actual achievement	Director: Engineering and Technical Services
										Qtr. 2	1 Social facilitation Programmes implemented as per Integrated Service Delivery Model	Refer to GGPP - 9.2.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.2.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.2.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.2.1 to GGPP - 9.2.2 for actual achievement	
										Qtr. 3	1 Social facilitation Programmes implemented as per Integrated Service Delivery Model	Refer to GGPP - 9.2.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.2.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.2.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.2.1 to GGPP - 9.2.2 for actual achievement	
										Qtr. 4	1 Social facilitation Programmes implemented as per Integrated Service Delivery Model	Refer to GGPP - 9.2.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.2.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.2.1 to GGPP - 9.2.2 for actual achievement	Refer to GGPP - 9.2.1 to GGPP - 9.2.2 for actual achievement	
					Social facilitation is a process used for promoting effective community participation through awareness meetings, capacity building and monitoring during project cycle using MIG. The process for the implementation of MIG Social facilitation programmes will be as follows; 1. Community mobilization 2. Capacity building. 3. Facilitate sitting of PSC meetings. Monitor compliance with integrated service delivery model 3. Source documents = minutes of community meetings, project steering committee meetings, capacity building reports and attendance registers	GGPP - 9.2.1		01 MIG Social facilitation programmes	01 MIG Social facilitation programmes implemented by 30 June 2022	Qtr. 1	1 MIG facilitation programmes implemented	Achieved 1 MIG facilitation programmes implemented			MIG facilitation progress report, Plan, Facilitation expenditure report	Director: Engineering and Technical Services
										Qtr. 2	1 MIG facilitation programmes implemented	Achieved 1 MIG facilitation programmes implemented				
										Mid-Year	1 MIG facilitation programmes implemented	Achieved 1 MIG facilitation programmes implemented				
										Qtr. 3	1 MIG facilitation programmes implemented					
										Qtr. 4	1 MIG Social facilitation programmes implemented					
					Social facilitation is a process used for promoting effective community participation through awareness meetings, capacity building and monitoring during project cycle using WSIG and RBIG Social facilitation programmes will be as follows; 1. Community mobilization 2. Capacity building. 3. Facilitate sitting of PSC meetings. Monitor compliance with integrated service delivery model	GGPP - 9.2.2		01 WSIG and 01 RBIG Social facilitation programmes implemented	01 WSIG and 01 RBIG Social facilitation programmes implemented by 30 June 2022	Qtr. 1	01 WSIG and 01 RBIG Social facilitation programmes implemented	Achieved 01 WSIG and 01 RBIG Social facilitation programmes implemented			WSIG and RBIG facilitation progress report, Plan, Expenditure report	Director: Engineering and Technical Services
										Qtr. 2	01 WSIG and 01 RBIG Social facilitation programmes implemented	Achieved 01 WSIG and 01 RBIG Social facilitation programmes implemented				
										Mid-Year	1 WSIG and 01 RBIG Social facilitation programmes implemented	Achieved 01 WSIG and 01 RBIG Social facilitation programmes implemented				

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian							
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)									
Municipal Support			Implementation of Municipal Support Model	Number of Municipal Support programmes implemented as per Municipal Support Model	3. Source documents = minutes of community meetings, project steering committee meetings, capacity building reports and attendance registers 2. 3. etc 2. Method of calculation = 1 programme	GGPP -10		01 Municipal support Programme implemented as per Municipal Support Model	01 Municipal support programme implemented as per Municipal Support Model by 30 June 2022	Qtr. 3	01 WSIG and 01 RBIG Social facilitation programmes implemented				Q1 - Q4: Quarterly report on the Municipal Support Programme implementation (reports, Attendance register, resolution register)	Director: Strategic Management Services							
					Qtr. 4					01 WSIG and 01 RBIG Social facilitation programmes implemented													
					Qtr. 1					01 Municipal support Programme implemented as per Municipal Support Model	Achieved: 01 Municipal support Programme implemented as per Municipal Support Model												
					Qtr. 2					01 Municipal support Programme implemented as per Municipal Support Model	Achieved: 01 Municipal support Programme implemented as per Municipal Support Model												
					Mid-Year					01 Municipal support Programme implemented as per Municipal Support Model	Achieved: 02 Municipal support Programme implemented as per Municipal Support Model												
					Qtr. 3					01 Municipal support Programme implemented as per Municipal Support Model													
Planning	Development and implementation of Credible Plans aligned to NDP 2030		Development and reviewal of Credible plans	Number of Sector plans developed , reviewed and implemented	Sector plan is a guiding plan that is developed and reviewed for each specific sector within the municipality and adopted by council.	GGPP-12		2012-2017 IDP	8 Sector plans developed, reviewed and implemented by 30 June 2022	Qtr. 1	8 Sector plans developed, reviewed and implemented	Refer to GGPP -12.1 to GGPP - 12.8 for actual achievements	Refer to GGPP -12.1 to GGPP - 12.8 for actual achievements	Refer to GGPP -12.1 to GGPP - 12.8 for actual achievements	Refer to GGPP - 12.1 to GGPP - 12.8 for actual achievements	Director :IPED/Strategic Management Services/Engineering and Technical Services/Health and Community Services							
					Qtr. 2					8 Sector plans developed, reviewed and implemented	Refer to GGPP -12.1 to GGPP - 12.8 for actual achievements	Refer to GGPP -12.1 to GGPP - 12.8 for actual achievements	Refer to GGPP -12.1 to GGPP - 12.8 for actual achievements										
					Qtr. 3					8 Sector plans developed, reviewed and implemented	Refer to GGPP -12.1 to GGPP - 12.8 for actual achievements	Refer to GGPP -12.1 to GGPP - 12.8 for actual achievements	Refer to GGPP -12.1 to GGPP - 12.8 for actual achievements										
					Qtr. 4					8 Sector plans developed, reviewed and implemented	Refer to GGPP -12.1 to GGPP - 12.8 for actual achievements	Refer to GGPP -12.1 to GGPP - 12.8 for actual achievements	Refer to GGPP -12.1 to GGPP - 12.8 for actual achievements										
					Number CHDM 2021-2022 IDP reviewed and adopted					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; 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 2. An analysis report will be developed in consultation with LM's, Stats SA and other relevant stakeholders 3. Draft IDP will be presented to Council	GGPP-12.1	R600 000	1 CHDM 2022-2027 IDP developed and approved by 30 June 2022	Qtr. 1			Council Adopted IDP Framework and IDP/Budget/PMS Process Plan	Achieved : The IDP Development Process Plan and Framework were presented to the Council structures and was approved by Council on the 25th August 2021			Quarterly reports on the adoption of the Process Plan Council Resolutions of adopted IDP Framework and IDP/Budget/PMS Process Plan,	Director : Strategic Management Services	
														Qtr. 2			2022-2027 IDP Situational Analysis Report developed	Not Achieved. Situational Analysis is being developed and Service Provider appointed for the latest information and software	Procurement of service provider concluded late	The report will be prepared and presented with the draft IDP in March 2022			Q2 - Quarterly report on the Situational Analysis Report,

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
					<p>structures and council for adoption</p> <p>4. Consolation the draft IDP with stakeholders. Submission of the final draft to Council structures and Council for approval Source document: Stats SA reports, Vision 2030, 2017-2022 IDP, IDP Framework</p> <p>2. Method of calculation = 1 programme will be implemented with different activities as stipulated in the Business plan/proposal each quarter</p> <p>3. Source documents =</p>					Mid-Year	<p>1. Council Adopted IDP Framework and IDP/Budget/PMS Process Plan</p> <p>2. 2022-2027 IDP Situational Analysis Report developed</p>	<p>Not Achieved. The IDP Development Process Plan and Framework were presented to the Council structures and was approved by Council on the 25th August 2021. Situational Analysis is being developed and Service Provider appointed for the latest information and software</p>	<p>Procurement of service provider concluded late</p>	<p>The report will be prepared and presented with the draft IDP in March 2022</p>		
										Qtr. 3	<p>Draft IDP 2022-2027 submitted to Council structures and Council for adoption</p>				<p>Q3 - Quarterly report on the adoption of the draft IDP (Council Resolution Adopted Draft IDP), and</p>	
										Qtr. 4	<p>Final Draft IDP 2022-2027 submitted to Council structures and Council for approval</p>				<p>Q4 - Quarterly report on the submission of the Final IDP</p>	
WSA					<p>A plan that outlines the water and sanitation backlogs per local municipality and includes capital plan that provides timeframes and budgets for individual projects to be implemented. The process for the review and approval of Water Service Development Plan will be as follows;</p> <p>1. Procurement of service provider facilitated</p> <p>2. Consultation with local municipalities and stakeholders on water services priorities</p> <p>3. Presentation of water services priorities to relevant council structures.</p> <p>4. Presentation of Draft WSDP. Approval of Draft WSDP facilitated</p> <p>4. Source documents = draft IDP, vision 2030</p>	GGPP-12.2	OPEX		<p>1 WSDP reviewed and approved by 30 June 2022 - 2027</p>	Qtr. 1	<p>Procurement of a service provider to develop WSDP</p>	<p>Not achieved</p>	<p>The challenge is that the panel is interdicted</p>		<p>Q1- Report on the procurement of a service provider ,</p>	Director: Engineering and Technical Services
										Qtr. 2	<p>Stakeholder consultation</p>	<p>Not Achieved</p>	<p>Budget constraints</p>	<p>Budget Adjustment</p>	<p>Q2 - Quarterly report on Stakeholder consultation (Attendance registers)</p>	
										Mid-Year	<p>1. Procurement of a service provider to develop WSDP facilitated</p> <p>2. Stakeholder consultation</p>	<p>Not Achieved</p>	<p>The challenge is that the panel is interdicted and budget constraints</p>	<p>Budget Adjustment</p>	<p>Q1- Report on the procurement of a service provider. Q2 - Quarterly report on Stakeholder consultation (Attendance registers)</p>	
										Qtr. 3	<p>Draft WSDP submitted to council structures</p>				<p>Q3 ; Report on draft WSDP,</p>	
										Qtr. 4	<p>Final WSDP submitted to Council structures and council for approval</p>				<p>Q4 - Report on Final Draft WSDP</p>	
IWMP					<p>The CHDM IWMP 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 IWMP 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;</p> <p>1.Data collection on existing recycling initiatives will be conducted and a draft situational analysis report will be</p>	GGPP-12.3			<p>1 District Recycling Strategy developed by 30 June 2022</p>	Qtr. 1	<p>Draft situation analysis report developed</p>	<p>Achieved, Draft situation analysis report developed</p>			<p>Q1 = Quarterly report on the Draft Situation Analysis report</p>	Director: Health and Community Services
										Qtr. 2	<p>Consultation on the draft situational analysis report conducted; draft District Recycling Strategy Developed</p>	<p>Not Achieved. The Consultation process will be prioritized in Quarter 3 of the 2021/22 financial year.</p>	<p>The process of consolidating the Situational Analysis report was concluded in the first week of December 2021 which then made consultation of stakeholders a difficult exercise as they were not available.</p>	<p>The Consultation process will be prioritized in Quarter 3 of the 2021/22 financial year.</p>	<p>Q2= Quarterly report on the consultation process and; draft District recycling strategy</p>	

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian	
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)			
					1. Situational analysis report will be consolidated. 2. Relevant stakeholders will be consulted on the Draft Situational analysis report and the final reported will be finalised. 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. 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. 4. Method of calculation = 1 recycling strategy developed. 3. Source documents = CHDM Integrated Waste Management Plan, National Environmental Management Waste Act (Act No.59 of 2008), National Waste Management Strategy, CHDM Environmental Management Plan, Provincial Recycling Strategy						Mid-Year	1. Draft situational analysis report developed 2. Consultation on the draft situational analysis report conducted; draft District Recycling Strategy Developed	Not Achieved. The Consultation process will be prioritized in Quarter 3 of the 2021/22 financial year.	The process of consolidating the Situational Analysis report was concluded in the first week of December 2021 which then made consultation of stakeholders a difficult exercise as they were not available.	The Consultation process will be prioritized in Quarter 3 of the 2021/22 financial year.		
											Qtr. 3	Consultation of stakeholders on the Draft District Recycling Strategy conducted				Q3= Draft District Recycling Strategy Plan	
											Qtr. 4	District recycling strategy developed and submitted to Council structures and council for adoption				Q4= Final District Recycling Strategy Plan, Council resolution	
Stakeholder Management				Number of Integrated Stakeholder Management Plan developed	Integrated Stakeholder Management Plan - seeks to ensure integration of district wide stakeholder engagement activities. The process for the implementation of the integrated stakeholder management plan 1. Identify issues from the approved plan for implementation 2. Coordinate internal stakeholders 2. Facilitate sitting of internal meetings 3. Agenda and programme developed for stakeholders meeting 4. Report is prepared and submitted to the Head of Department Source documents = Approved Integrated Stakeholder Management plan, events guidelines 3. etc 2. Method of calculation = 1 programme will be implemented with different activities as stipulated in the Business plan/proposal each quarter 3. Source documents =	GGPP-12.4			01 Integrated Stakeholder Management Plan implemented by 30 June 2022		Qtr. 1	Integrated Stakeholder Management Plan implemented	Achieved			Quarterly Reports on the implementation of the integrated Stakeholder Management Plan (Q1 - Stakeholder Management plan)	Director: Strategic Management Services
											Qtr. 2	Integrated Stakeholder Management Plan implemented	Achieved. Stakeholder engagements held on human traffic conducted with the NGO's, Hawks, SAPS and social development on the 05th October 2021. Preparation of inauguration of new council event conducted on the 11th Nov 2021				
											Mid-Year	Integrated Stakeholder Management Plan implemented	Achieved. Stakeholder engagements held on human traffic conducted with the NGO's, Hawks, SAPS and social development on the 05th October 2021. Preparation of inauguration of new council event conducted on the 11th Nov 2021				
											Qtr. 3	Integrated Stakeholder Management Plan implemented					
											Qtr. 4	Integrated Stakeholder Management Plan implemented					
				Number of Protocol and Etiquette policy	Protocol and Etiquette policy and Implementation Plan - seeks to uphold standards and establish proper handling	GGPP-12.5		OPEX	1 Protocol and Etiquette policy and	1 Protocol and Etiquette policy and	Qtr. 1	Protocol and Etiquette Implementation Plan implemented	Achieved			Q1 - Q4 Quarterly reports on the implementation of	Director: Strategic Management

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
				and Implementation Plan developed	of dignitaries in official functions, activities and events top project a positive image of the district. The process for the implementation of Protocol and Etiquette policy and Plan will be as follows; 1. Soliciting government circulars on Protocol and Etiquette policy related updated 2. Ensuring that Protocol and Etiquette policy imperatives are observed at all municipal events 3. To facilitate training/workshop, a correspondence generated to the Office of the Premier to provide training/workshop to the newly elected council, develop course content and draw up a programme for training. 4. Report prepared and submitted to the HoD 4. Source documents = Standing rules of order of Council,			Implementation Plan developed and approved	Implementation Plan implemented by 30 June 2022	Qtr. 2	Protocol and Etiquette Implementation Plan implemented. Training/Workshop on Protocol and Etiquette policy facilitated	Achieved. 2 Directive from the Office of the Presidency received in November 2021 (Nkosi Siphoniso Etwel Mahlangu and FW de Klerk respectively) on implementation of protocol and etiquette issues relating to hoisting of flags was implemented from the 17th - 23rd of November 2021.			the Protocol and Etiquette Implementation plan. Q2 - Report on the facilitation of the training/workshop of the Protocol and Etiquette Policy (Correspondences with OTP/SALGA/CoGT A, Attendance register, course outline and the report)	Services
										Mid-Year	Protocol and Etiquette Implementation Plan implemented. Training/Workshop on Protocol and Etiquette policy facilitated	Achieved. 2 Directive from the Office of the Presidency received in November 2021 (Nkosi Siphoniso Etwel Mahlangu and FW de Klerk respectively) on implementation of protocol and etiquette issues relating to hoisting of flags was implemented from the 17th - 23rd of November 2021.				
										Qtr. 3	Protocol and Etiquette Implementation Plan implemented.					
										Qtr. 4	Protocol and Etiquette Implementation Plan implemented					
Performance Management System				Number of PMS Framework reviewed and approved	The PMS framework describes and represents how the municipality's cycle and processes of performance planning, monitoring, measurement review, reporting and improvement will be conducted, organised and managed, including determining the different role players. This framework will be reviewed by council annually.	GGPP-12.6	OPEX		1 PMS Framework reviewed and approved by 30 June 2022	Qtr. 1	N/A			Council Resolutions, Final PMS Framework, Draft PMS Framework, Attendance registers, Report	Director: Strategic Management Services	
										Qtr. 2	Stakeholder consultation	Achieved. The PMS Unit conducted a session to identify areas to be reviewed on the PMS Framework. Submissions from directorates collated during the assessments of managers were documented and communicated via email to the PMS Committee in December 2021; to be discussed in a session to be held in January 2022				
										Mid-Year	Stakeholder consultation	Achieved. The PMS Unit conducted a session to identify areas to be reviewed on the PMS Framework. Submissions from directorates collated during the assessments of managers were documented and communicated via email to the PMS Committee in December 2021; to be discussed in a session to be held in January 2022				

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Qtr. 3	Draft PMS Framework submitted to Council structures and Council for noting					
										Qtr. 4	Final PMS Framework submitted for approval					
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 6 local municipalities and relevant stakeholders for consultation. (3) Final draft plan presented to Council structures and council for adoption. (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.	GGPP - 12.7	OPEX		1 District Fire Services operational plan developed by 30 June 2022	Qtr. 1	Draft District Fire Services operational plan developed and submitted to Council structures and council for noting	Achieved. Draft District Fire Services operational plan developed and submitted to Council structures and council for noting			Q1 - Quarterly report on the development and submission of draft plan	Director: Health and Community Services
										Qtr. 2	consultation with all 6 local municipalities and relevant fire services stakeholders conducted	Not Achieved. The Consultation process will be prioritized in Quarter 3 of the 2021/22 financial year.	The scope of work was expanded and resulted to delays in the crafting of the Fire Services Operational plan hence the consultation process will be prioritized in Q3.	The draft Fire Services Operation Plan has been developed and reported in the Health and Community Services Standing Committee on 06 October 2021 for noting. The draft plan will undergo a consultation process in quarter 3 of the 2021/22 financial year.	Q2 - Quarterly report on consultation (attendance registers; comments and response table)	
										Mid-Year	1. Draft District Fire Services operational plan developed and submitted to Council structures and council for noting 2. Consultation with all 6 local municipalities and relevant fire services stakeholders conducted	Not achieved. Draft District Fire Services operational plan developed and submitted to Council structures and council for noting .The Consultation process will be prioritized in Quarter 3 of the 2021/22 financial year.	The scope of work was expanded and resulted to delays in the crafting of the Fire Services Operational plan hence the consultation process will be prioritized in Q3.	The plan will undergo an extensive stakeholder consultation process within LMs in Q3	Q1 - Quarterly report on the development and submission of draft plan Q2 - Quarterly report on consultation (attendance registers; comments and response table)	
										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					
										Qtr. 1	Draft by-laws developed and presented to Council structures and council for noting	Achieved. Draft by-laws developed and presented to Council structures and council for noting			Q=1 Quarterly report on the development of Draft CHDM Community Fire safety by- law .	
Qtr. 2	Consultation on the draft by-laws facilitated	Not achieved. The Consultation process will be prioritized in Quarter 3 of the 2021/22 financial year.	The scope of work was expanded and resulted to delays in the crafting of the Fire Services Operational plan hence the consultation process will be prioritized in Q3.	The draft Fire Services by laws has been developed and reported in the Health and Community Services Standing Committee on 06 October 2021 for noting. The draft plan will undergo a consultation process in quarter 3 of the 2021/22 financial year.	Q2 - Q3 = Quarterly report on the consultation processes (Attendance register, Comments and response table, Consultations report).											
				Number of CHDM Community Fire safety by- law developed and adopted by Council	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 noting. (2) Draft by-law presented to stakeholders for consultation. (3) Final draft by-law presented to Council structures and council for approval. (1) The output will be an approved community fire safety by law. Source document - Fire brigade Act, National Disaster Management Act, Approved by-laws from neighbouring district municipalities, draft Fire services operational plan	GGPP - 12.8	None	1 CHDM Community Fire safety by- law developed and adopted by Council by 30 June 2022						Director: Health and Community Services		

Priority Area	Measurable Objectives	5 YR Outcome	Strategy	KPI	Indicator Descriptions	Indicator Code	Programme Budget Allocation	Baseline	SDBIP Annual Target	Planned Quarterly Targets	Performance Reporting				Evidence	Custodian
											Actual Performance	(1.Please indicate Achieved or Not Achieved 2. Indicate below that what you have Achieved or under Achieved)	Variances (Reason for Non, under/Over Achievement)	In case of non-achievement provide Remedial (Corrective Action)		
										Mid-Year	1. Draft by-laws developed and presented to Council structures and council for noting 2. Consultation on the draft by-laws facilitated	Not achieved. The Consultation process will be prioritized in Quarter 3 of the 2021/22 financial year.	The scope of work was expanded and resulted to delays in the crafting of the Fire Services Operational plan hence the consultation process will be prioritized in Q3.	The plan will undergo an extensive stakeholder consultation process within LMs in Q3		
										Qtr. 3	consultation on the draft by-laws facilitated					
										Qtr. 4	1 CHDM Community Fire safety by- law submitted to Council and council structures for adoption				Q4= Quarterly report on the submission of the by laws to Council structures and Council	

SUBMISSION CONFIRMATION

I, **G MASHIYI**, the Accounting Officer the Chris Hani District Municipality, in terms of Section 28 of the Local Government: Municipal Performance Regulations for Municipal Managers and Managers directly accountable to Municipal Managers, 2006, hereby submit the mid-year performance report (01 July 2021- 31 December 2021) of the municipality.

I further confirm that the information contained in the report, as well as the evidence in support of this information, is accurate and reliable.

Signature

DATE 25/01/2022

Receipt of the Mid-Year Performance report (01 July 2021- 31 December 2021) for Chris Hani District Municipality is hereby acknowledged.

Received by

M Mdzeke

SENIOR MANAGER - OFFICE OF THE EXECUTIVE MAYOR

DATE 25 /01/2022

Approved by

MR W GELA DATE
EXECUTIVE MAYOR