

Mopani District Municipality



Annual Performance Report – Non Financial Performance 30 June 2019

Financial Year 2018-2019

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1. Introduction

The Annual Performance Report is hereby submitted to the Council in terms of the Municipal Systems Act (MSA), 32 of 2000, section 46(1) and (2), as well as the MFMA Circular 11 on annual reporting. This report covers the performance information from 01 July 2018 to 30 June 2019 and it focus on the implementation of the Service Delivery and Budget Implementation Plan (SDBIP), in relation to the objectives as outlined in the municipality's Integrated Development Plan (IDP) for the year under review.

In addition, this report will outline to Council the municipality's performance in terms of the national government's strategic key performance areas for local government namely Basic Service Delivery; Local Economic Development; Municipal Transformation and Institutional Development; Municipal Financial Viability and lastly Good Governance and Public Participation.

Performance of key performance indicators against annual targets are highlighted in the form of colours based on scores which were calculated using an automated system adopted to comply with Mopani District Municipality's performance management requirements. The scoring method utilised is in line with the assessment rating calculator prescribed by Local Government: Municipal Performance Regulations for Municipal Managers and Managers directly accountable to Municipal Managers, Regulation 805 of 2006. An explanation is as per the table below:

Reg. 805 Score	Colour Code	Status of the KPI	Percentage Rating	
			Low	High
1	Unacceptable Performance	KPI Not Met	0%	74.999%
2	Performance not fully effective	KPI Almost Met	75.000%	99.999%
3	Fully effective	KPI Met	<i>Actual meets Target</i>	100%
4	Performance significantly above expectations	KPI Well Met	100.001%	149.999%
5	Outstanding Performance	KPI Extremely Well Met	150.000%	+
		KPI Not Yet Measured	<i>KPIs with no targets or actuals in the selected period.</i>	

Table 1: Scores and explanations

2. Purpose

The purpose of this report is to provide feedback regarding the non-financial performance of Mopani District Municipality. It is in compliance with section 46 of the Municipal Systems Act. The information contained within this report will be used to populate the annual report. Section 46 of the Municipal Systems Act requires the following from municipalities to report on in the annual performance report:

Performance of the municipality and each external service provider

Quarterly and annual performance against quarterly and annual targets as per the SDBIP is reported on. The SDBIP contains the objectives and indicators as per the Municipal IDP as well as nationally prescribed General indicators. The SDBIP for 18/19 was developed to reflect cumulative performance and non-cumulative, therefore the status of indicators are a reflection of the overall performance level achieved year to date.

Comparison of performance against set targets and performance in previous financial year

Calculations to determine the variance between actual annual performance and annual targets are included for each Key Performance Indicator (KPI). Comparisons of performance against quarterly targets are highlighted in the form of colours based on scores which were calculated using an automated system adopted to comply with the Mopani District Municipality's performance management requirements. The scoring method utilised is in line with the assessment rating calculator

prescribed by the Local Government: Municipal Performance Regulations for Municipal Managers and Managers directly accountable to Municipal Managers, Regulation 805 of 2006. An explanation is as per the table below:

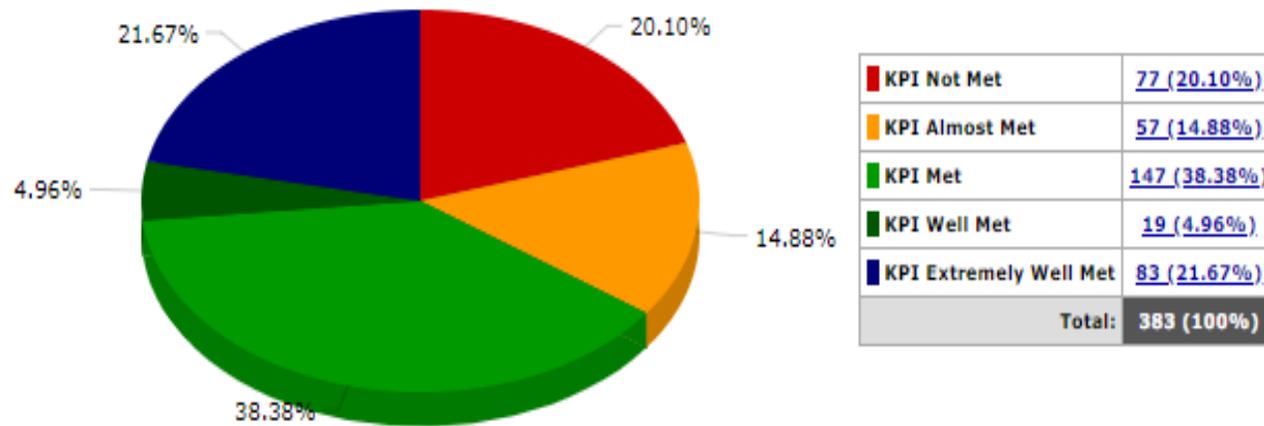
Measures taken to improve performance

Corrective action is included for each KPI scorecards for General Indicator.

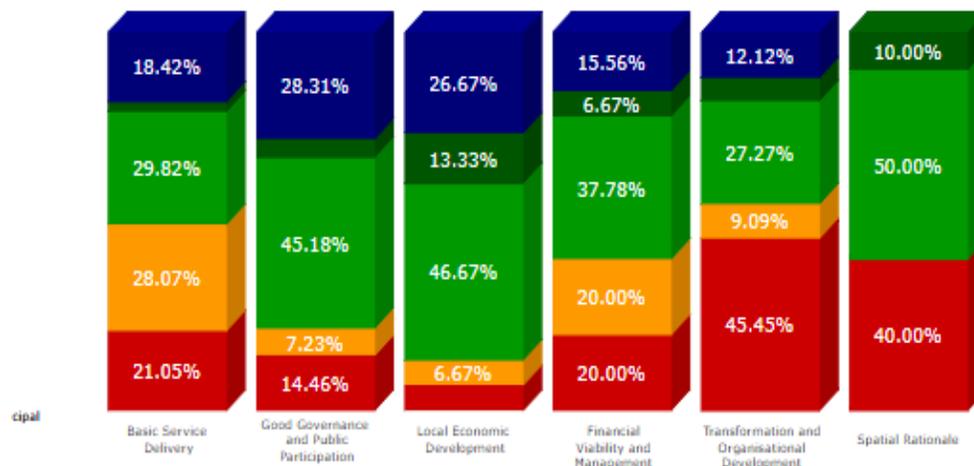
3. Municipal Non –Financial and Financial Performance of Municipal General Indicators

Overall institutional key performance Indicators assessed were 383 and 65.01% (249) Indicators achieved the set targets, 14.88% (57) indicators had a performance that is not fully effective, 20.10% (77) Indicators had an unacceptable performance. See further details below.

Performance per municipal key performance areas (KPA)



Municipal KPA



	Basic Service Delivery	Good Governance and Public Participation	Local Economic Development	Municipal Financial Viability and Management	Municipal Transformation and Organisational Development	Spatial Rationale
KPI Not Met	24 (21.05%)	24 (14.46%)	1 (6.67%)	9 (20.00%)	15 (45.45%)	4 (40.00%)
KPI Almost Met	32 (28.07%)	12 (7.23%)	1 (6.67%)	9 (20.00%)	3 (9.09%)	-
KPI Met	34 (29.82%)	75 (45.18%)	7 (46.67%)	17 (37.78%)	9 (27.27%)	5 (50.00%)
KPI Well Met	3 (2.63%)	8 (4.82%)	2 (13.33%)	3 (6.67%)	2 (6.06%)	1 (10.00%)
KPI Extremely Well Met	21 (18.42%)	47 (28.31%)	4 (26.67%)	7 (15.56%)	4 (12.12%)	-
Total:	114 (29.77%)	166 (43.34%)	15 (3.92%)	45 (11.75%)	33 (8.62%)	10 (2.61%)

5. SDBIP Non-financial Performance

The Non- financial performance is inclusive of the performance of the departmental indicators and physical progress of indicators emanating, from infrastructure projects, capital projects and programs.

5.1 SDBIP – Office of the Municipal Manager

SDBIP – OFFICE OF THE MUNICIPAL MANAGER – VOTES 005, 080, 006 – Key Performance Indicators

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D8	Office of the Municipal Manager	Good Governance and Public Participation	Submission of AG Action Plan to Council by 31 January	#	Municipal Manager	1	1	1	0	0	N/A	0	0	N/A	1	1	G	0	0	N/A	Not applicable	Not applicable	1	1	G
D9	Office of the Municipal Manager	Good Governance and Public Participation	Percentage of AG queries attended to ytd	%	Municipal Manager	28	100%	100%	25%	0%	R	50%	0%	R	75%	15%	R	100%	80%	O	80 percent of AG findings have been resolved	Fast track the implementation of AG findings	100%	80%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D10	Office of the Municipal Manager	Good Governance and Public Participation	Percentage of Departmental Internal Audit findings attended ytd.	%	Municipal Manager	44	100%	100%	25%	42%	B	50%	80%	B	75%	48%	R	100%	98%	O	98 percent of internal audit findings have been resolved	Fast track the implementation of IA findings	100%	98%	O
D11	Office of the Municipal Manager	Good Governance and Public Participation	Number of quarterly internal audit reports submitted to audit committee ytd	#	Municipal Manager	4	4	4	1	1	G	1	1	G	1	1	G	1	1	G	1 quarterly internal audit progress reports have been submitted in the quarter	None	4	4	G
D12	Office of the Municipal Manager	Good Governance and Public Participation	Annual Audit Plan approved by Audit Committee by 30 June	#	Municipal Manager	1	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	1 internal audit plan have been approved by the Audit committee	None	1	1	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D13	Office of the Municipal Manager	Good Governance and Public Participation	Revised Internal Audit Charter submitted and approved by Audit Committee by 30 June	#	Municipal Manager	1	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	1 internal audit charter have been approved by the Audit Committee	none	1	2	R
D14	Office of the Municipal Manager	Good Governance and Public Participation	Percentage of Departmental Internal Audit queries attended to ytd	%	Municipal Manager	45	100%	100%	25%	42%	B	50%	80%	B	75%	48%	R	100%	98%	O	98 percent of internal audit findings have been resolved	Fast track the implementation of internal audit reports	100%	98%	O
D15	Office of the Municipal Manager	Good Governance and Public Participation	Percentage of audit committee resolutions implemented YTD	%	Municipal Manager	40	100%	100%	25%	78%	B	50%	70%	G2	75%	65%	O	100%	70%	R	70% of the resolutions have been implemented	Fast track the implementation of AC resolutions	100%	78%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D16	Office of the Municipal Manager	Good Governance and Public Participation	Number of quarterly performance reports audited within 30 days of end of previous quarter YTD	#	Municipal Manager	4	4	4	1	1	G	1	1	G	1	1	G	1	1	G	1 performance report have been completed	none	4	4	G
D17	Office of the Municipal Manager	Good Governance and Public Participation	Number of Back to Basics statistical reports submitted to CoGHS TA by the 10th of each month	#	Municipal Manager	12	12	11	1	1	G	1	1	G	1	1	G	1	1	G	One report has been submitted	None.	12	12	G
D18	Office of the Municipal Manager	Good Governance and Public Participation	Number of Back to Basics statistical reports submitted to CoGTA by the	#	Municipal Manager	12	12	12	1	1	G	1	1	G	1	1	G	1	1	G	One report has been disseminated to Cogta.	None.	12	12	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D22	Office of the Municipal Manager	Good Governance and Public Participation	IDP Process Plan developed, tabled and adopted by Council by end of June	#	Municipal Manager	1	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	The draft Process plan was recommended by the Technical committee on 7 June 2019 and by the IDP Steering committee on 26 June 2019 and adopted by Council on 31 July 2019. This followed the Council restructuring due to new Exec Mayor.	Draft Process plan was tabled to Council on 31 July 2019.	1	1	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D23	Office of the Municipal Manager	Good Governance and Public Participation	Percentage of Municipal Managers Forum Resolutions related to department implemented within specified timeframes	%	Municipal Manager	100	100%	100%	25%	25%	G	50%	0%	R	75%	100%	G2	100%	0%	R			100%	100%	G
D24	Office of the Municipal Manager	Good Governance and Public Participation	Percentage of disciplinary cases attended by the end of June	%	Municipal Manager	0	100%	100%	0%	0%	N/A	0%	0%	N/A	0%	0%	N/A	100%	0%	R			100%	0%	R
D25	Office of the Municipal Manager	Good Governance and Public Participation	Percentage of litigations attended to and managed .ytd	%	Municipal Manager	100	100%	100%	100%	0%	R	100%	100%	G	100%	100%	G	100%	100%	G	All litigations have been attended to and managed	None	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D26	Office of the Municipal Manager	Good Governance and Public Participation	Percentage of legal advices and opinions provided as per instructions ytd	%	Municipal Manager	100	100%	100%	100%	0%	R	100%	100%	G	100%	100%	G	100%	100%	G	Legal advice and opinions provided as per instructions	None	100%	100%	G
D27	Office of the Municipal Manager	Good Governance and Public Participation	Number of by-laws reviewed and gazetted ytd	#	Municipal Manager	0	6	24	6	0	R	6	6	G	6	6	G	6	6	G	Six bylaws have been reviewed but not yet gazetted	The by laws will be tabled to Council in July 2019 for approval before public participation.	6	6	G
D28	Office of the Municipal Manager	Good Governance and Public Participation	Percentage of contracts signed as per instruction ytd	%	Municipal Manager	100	100%	100%	100%	0%	R	100%	100%	G	100%	100%	G	100%	100%	G	Contracts finalized as per instructions	None	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D29	Office of the Municipal Manager	Good Governance and Public Participation	Coordination of workshops on contract management ytd	#	Municipal Manager	0	2	2	1	0	R	0	0	N/A	1	1	G	0	0	N/A	Not achieved.	Contract management workshop shall be arranged for the first quarter of the next financial year	2	1	R
D31	Office of the Municipal Manager	Good Governance and Public Participation	Mid-year budget and performance report submitted to Provincial Treasury, COGHS TA, by 25 January	#	Municipal Manager	1	1	1	0	0	N/A	1	1	G	0	0	N/A	0	0	N/A	Not applicable for reporting	N/A	1	1	G
D32	Office of the Municipal Manager	Good Governance and Public Participation	Draft Annual Report tabled to Council by 31 January	#	Municipal Manager	1	1	1	0	0	N/A	0	0	N/A	1	1	G	0	0	N/A	Not applicable for reporting	N/A	1	1	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D33	Office of the Municipal Manager	Good Governance and Public Participation	Final Annual Report approved by Council by 31 March	#	Municipal Manager	1	1	1	0	0	N/A	0	0	N/A	1	1	G	0	0	N/A	Not applicable for reporting	N/A	1	1	G
D34	Office of the Municipal Manager	Good Governance and Public Participation	Number of Quarterly SDBIP reports submitted to Council ytd	#	Municipal Manager	4	4	4	1	1	G	1	1	G	1	1	G	1	1	G	One report was submitted to Council.	N/A	4	4	G
D35	Office of the Municipal Manager	Good Governance and Public Participation	Annual Performance Report submitted to the AG, Audit Committee and Mayor by 31 August	#	Municipal Manager	1	1	1	1	1	G	0	0	N/A	0	0	N/A	0	0	N/A	Not applicable for reporting	N/A	1	1	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D36	Office of the Municipal Manager	Good Governance and Public Participation	Number of days taken to submit the SDBIP to the Mayor following budget approval ytd	#	Municipal Manager	27	28	28	0	0	N/A	0	0	N/A	0	0	N/A	28	28	G	The SDBIP was submitted within 28 days after approval of of the budget.	N/A	28	28	G
D37	Office of the Municipal Manager	Good Governance and Public Participation	Number of quarterly performance reports audited prior to submission to Council ytd	#	Municipal Manager	4	4	4	1	1	G	1	1	G	1	1	G	1	1	G	1 PMS report submitted to Audit Committee	none	4	4	G
D38	Office of the Municipal Manager	Good Governance and Public Participation	Number of performance assessments for Section 54/56 Managers conducted ytd	#	Municipal Manager	2	1	1	1	1	G	0	0	N/A	0	0	N/A	1	1	G	Mid-year performance assessments for section 54/56 managers were conducted.	N/A	1	1	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D39	Office of the Municipal Manager	Good Governance and Public Participation	Percentage of Senior Managers (MM & Directors) with signed performance agreements by 30 June	#	Municipal Manager	100	100	100	0	0	N/A	0	0	N/A	0	0	N/A	100	100	G	Performance agreements were signed.	N/A	100	100	G
D40	Office of the Municipal Manager	Good Governance and Public Participation	Percentage of reported cases of Fraud and corruption attended to ytd	%	Municipal Manager	0	100%	100%	0%	0%	N/A	100%	100%	G	0%	0%	N/A	100%	100%	G	The was no fraud and corruption case reported for this month.	Not applicable for reporting.	100%	100%	G
D41	Office of the Municipal Manager	Good Governance and Public Participation	Risk Assessment report submitted to Council by 30 May	#	Municipal Manager	1	1	1	0	1	B	0	0	N/A	0	0	N/A	1	1	G	One Risk Assessment has been sent to the committee to date.	None	1	2	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D42	Office of the Municipal Manager	Good Governance and Public Participation	Percentage of risk committee resolutions implemented ytd	%	Municipal Manager	0	100%	100%	25%	71%	B	50%	50%	G	75%	0%	R	100%	100%	G	99% Of the resolution on Risk Management Implementation plan has been done.	None	100%	100%	G
D43	Office of the Municipal Manager	Good Governance and Public Participation	Number of Risk monitoring reports submitted to Council ytd	#	Municipal Manager	0	4	4	1	1	G	1	1	G	1	1	G	1	1	G	4th Quarter Risk Monitoring report has been attached as discussed during RMC meeting.	None	4	4	G
D44	Office of the Municipal Manager	Good Governance and Public Participation	Number of Strategic Risks mitigated ytd	#	Municipal Manager	1	10	10	3	3	G	6	3	R	9	0	R	10	4	R	Four Strategic top 10 risk has been mitigated on the 4th quarter.	New measures to mitigate the risks has been updated.	10	4	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D45	Office of the Municipal Manager	Good Governance and Public Participation	Number of risk management workshop conducted ytd	#	Municipal Manager	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	One training on risk was conducted and the attendance register has been attached.	None	1	1	G
D46	Office of the Municipal Manager	Good Governance and Public Participation	Risk management strategy developed and approved by Management and tabled to Council ytd	#	Municipal Manager	1	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	Risk Management Strategy has been developed and approved by Management and RMC. Awaiting approval in July council sitting.	None	1	1	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D47	Office of the Municipal Manager	Good Governance and Public Participation	Fraud Prevention Strategy updated and approved by Council YTD	#	Municipal Manager	1	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	Anti-Fraud and Corruption Strategy has been developed served in MANCO and RMC meeting awaiting approval by council in July council.	None	1	1	G

D5 3	Office of the Municipal Manager	Good Governance and Public Participation	6 Coordinated IDP Review process es ytd	#	Municipal Manager	6	6	6	1	3	B	1	8	B	1	5	B	1	4	B	Technical committee meeting was held on 7 June 2019 and IDP Steering committee was held on 26 June 2019 for 2019/20 IDP process review schedule. Council set on 21 June 2019 to adopt 2019/20 IDP and Reviewed IDP document was submitted to CoGHST A on 25/6/2019 . The IDP Framework & Process plans were adopted by	Not applicable	6	48	B
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Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D54	Office of the Municipal Manager	Good Governance and Public Participation	4 Internal Auditors Forum meeting held one per quarter	#	Municipal Manager	4	4	4	1	1	G	1	1	G	1	1	G	1	1	G	1 forum has been held in a quarter	None	4	4	G
D55	Office of the Municipal Manager	Good Governance and Public Participation	8 Coordinated Audit committee sittings with Management ytd	#	Municipal Manager	8	8	8	2	2	G	1	1	G	1	1	G	1	4	B	4 meeting have been held	None	8	15	B
D68	Office of the Municipal Manager	Good Governance and Public Participation	Anti-corruption Forum established and functional YTD	#	Office of the Executive Mayor	1	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	0	R	Not applicable for reporting this quarter	Develop Anti corruption forum	1	0	R
D118	Office of the Municipal Manager	Good Governance and Public Participation	4 Anti Corruption Foras sittings held one per quarter	#	Office of the Executive Mayor	4	4	4	1	1	G	1	1	G	1	0	R	1	0	R	Anti corruption forum has not yet been developed.	Terms of reference its in progress to be developed.	4	2	R

5.2 SDBIP – Office of the Executive Mayor

SDBIP – OFFICE OF THE EXECUTIVE MAYOR – VOTES 110, 045, 112, 114 – Key Performance Indicators

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D56	Office of the Executive Mayor	Good Governance and Public Participation	Percentage of District Disability Forum resolutions implemented YTD	%	Office of the Executive Mayor	100	100%	100%	25%	25%	G	50%	50%	G	75%	75%	G	100%	100%	G	100 District Disability Forum resolutions implemented YTD	none	100%	100%	G
D57	Office of the Executive Mayor	Good Governance and Public Participation	Number of Excellence Awards held successfully year to date	#	Office of the Executive Mayor	2	2	2	0	0	N/A	1	1	G	2	2	G	0	0	N/A	Not applicable for reporting	none	2	2	G
D58	Office of the Executive Mayor	Good Governance and Public Participation	District AIDS committee Summit by end of March	#	Office of the Executive Mayor	1	1	1	0	0	N/A	0	0	N/A	1	1	G	0	0	N/A	Not applicable for reporting	none	1	1	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D59	Office of the Executive Mayor	Good Governance and Public Participation	Percentage of the budget actually spent related to the Directorate ytd	%	Chief Financial Officer	100	100%	100%	15%	25%	B	30%	50%	B	65%	85%	G2	100%	100%	G	Total Budget for the Directorate (both Exec Mayor and Speaker) has been spent and the total expenditure is 103,9%	None	100%	100%	G
D60	Office of the Executive Mayor	Good Governance and Public Participation	Demand management plans related to the Office of the Executive Mayor developed and submitted to Budget and Treasury YTD	#	Chief Financial Officer	1	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	Demand Management Plan submitted to BTO	None	1	1	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D61	Office of the Executive Mayor	Good Governance and Public Participation	Percentage of Departmental Internal Audit findings attended to ytd	%	Office of the Executive Mayor	0	100%	100%	0%	0%	N/A	0%	0%	N/A	25%	25%	G	100%	100%	G	The Directorate Office of the Executive Mayor has no Internal Audit Findings to attend to	None	100%	100%	G
D62	Office of the Executive Mayor	Good Governance and Public Participation	Number of CoGTA Back to Basics statistical reports submitted to M&E by the 7th of each month	#	Office of the Executive Mayor	12	12	12	1	1	G	1	1	G	1	1	G	1	1	G	Back to Basic report submitted	None	12	12	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D63	Office of the Executive Mayor	Good Governance and Public Participation	Number of CoGHSTA Back to Basics statistical reports submitted to M&E by the 7th of each month	#	Office of the Executive Mayor	12	12	12	1	1	G	1	1	G	1	1	G	1	1	G	Back to Basic report submitted	None	12	12	G
D64	Office of the Executive Mayor	Good Governance and Public Participation	4 internal communication newsletters developed and distributed quarterly	#	Office of the Executive Mayor	4	4	4	1	10	B	1	9	B	1	5	B	1	10	B	Thirteen Internal Newsletters have been developed and distributed. NB Internal Newsletters for the other previous quarters have already been uploaded.	None	4	34	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D66	Office of the Executive Mayor	Good Governance and Public Participation	Communication Strategy reviewed and adopted by council ytd	#	Office of the Executive Mayor	1	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	Communication Strategy reviewed, served before the Portfolio Committee for Governance and it is still to be approved by Council.	None	1	1	G
D67	Office of the Executive Mayor	Good Governance and Public Participation	Percentage of complaints received on the Presidential and Premier hotlines received (and attended to within 7 days)	%	Office of the Executive Mayor	100	100%	100%	25%	25%	G	50%	100%	B	100%	100%	G	100%	100%	G	All service delivery complaints received from the Presidential and Premier's Hotline are attended to and resolved as of May 2019	None	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D70	Office of the Executive Mayor	Good Governance and Public Participation	Strategic Risks mitigated YTD	#	Office of the Executive Mayor	0	1	1	1	2	B	1	2	B	1	1	G	1	1	G	One strategic Risk mitigated	None	1	1	G
D71	Office of the Executive Mayor	Good Governance and Public Participation	Percentage of resolutions of traditional Leaders implemented held YTD	%	Office of the Executive Mayor	100	100%	100%	100%	75%	O	100%	100%	G	100%	100%	G	100%	100%	G	100% resolutions of traditional Leaders implemented held YTD	none	100%	100%	G
D72	Office of the Executive Mayor	Good Governance and Public Participation	Departmental Employee Performance Assessments Conducted ytd	#	Office of the Executive Mayor	0	1	1	0	0	N/A	0	0	N/A	1	1	G	0	0	N/A	Not Applicable for reporting	Not Applicable for reporting	1	1	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D73	Office of the Executive Mayor	Good Governance and Public Participation	Community services survey on municipal services in the municipality by end of June	#	Office of the Executive Mayor	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	0	R	Community Satisfaction Survey is not yet implemented by Council	To be implemented in the 2019/2020 financial year	1	0	R
D74	Office of the Executive Mayor	Good Governance and Public Participation	Council Agendas distributed to Councillors 72hours (3 days) prior to meetings	#	Office of the Executive Mayor	3 days	3	3	3	4	G2	3	3	G	3	2	R	3	2	R	Council agendas for an ordinary meeting held on 30 April 2019 were delivered on 28 April 2019, i.e., two days before the meeting.	Directorates to submit their items to council support unit on time in the future. Items submitted outside set deadline should not be entertained.	3	2	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D75	Office of the Executive Mayor	Good Governance and Public Participation	Special Council Agendas distributed to Councillors 24hours (1 day) prior the meeting	#	Office of the Executive Mayor	1	1	4	1	1	G	1	3	B	1	2	B	1	2	B	Agendas for the Special Council meeting held on 21 June were delivered on 19 June, i.e., two days before the meeting.	There is no corrective action that is necessary as the achievement is more than the set target.	1	2	B
D76	Office of the Executive Mayor	Good Governance and Public Participation	Four District Ward Committee Forum meetings held successfully one per quarter	#	Office of the Executive Mayor	4	4	4	1	1	G	1	2	B	1	2	B	1	1	G	Two meetings held on: 06 May 2019 24 June 2019	None	4	7	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D79	Office of the Executive Mayor	Good Governance and Public Participation	Four Ordinary Public Participation meetings held successfully by Executive Mayor one per quarter	#	Office of the Executive Mayor	4	4	4	1	1	G	1	9	B	1	4	B	1	1	G	Two meetings Public Participation meetings held: 09 April 2019, Sod Turning of a House at Balloon village. 07 June 2019. Community Outreach Council Sitting and Swearing In of the new Mayor	None	4	18	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D80	Office of the Executive Mayor	Good Governance and Public Participation	Portfolio Committee Agendas delivered 3 days prior to meetings ytd.	#	Office of the Executive Mayor	4	3	12	3	3	G	3	4	R	3	3	G	3	1	B	For the Portfolio Committee that managed to meet during the report period, agendas were delivered a day before the meeting.	The matter should be corrected in the future so that agendas are delivered in time to afford members enough time to orientate themselves with the documents.	12	19	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D81	Office of the Executive Mayor	Good Governance and Public Participation	Coordination of 2 sport federations in September and June	#	Office of the Executive Mayor	2	2	2	1	2	B	0	0	N/A	0	0	N/A	1	1	G	1 invite was honoured to the Pilot Project - Club Development meeting.	None	2	5	B
D82	Office of the Executive Mayor	Good Governance and Public Participation	Support of 2 sport federations in September and June	#	Office of the Executive Mayor	3	2	2	1	2	B	0	1	B	0	0	N/A	1	1	G	sport confederations was held in May 2019	none	2	5	B
D83	Office of the Executive Mayor	Good Governance and Public Participation	Coordination of 3 Indigeno games in July, August and September	#	Office of the Executive Mayor	3	3	2	2	3	B	0	0	N/A	0	0	N/A	0	0	N/A	Not applicable for reporting	none	2	5	B
D84	Office of the Executive Mayor	Good Governance and Public Participation	Coordination of 3 Disability sport in July, September and October	#	Office of the Executive Mayor	3	3	3	3	3	G	0	0	N/A	0	0	N/A	0	0	N/A	Not applicable for reporting	none	3	7	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D85	Office of the Executive Mayor	Good Governance and Public Participation	Coordination of 2 Golden games in September and December	#	Office of the Executive Mayor	2	2	2	1	1	G	1	1	G	0	0	N/A	0	0	N/A	Not applicable for reporting	none	2	5	B
D86	Office of the Executive Mayor	Good Governance and Public Participation	Coordination of the District Mapungu bye in December and January	#	Office of the Executive Mayor	2	2	2	0	0	N/A	1	4	B	1	2	B	0	0	N/A	Not applicable for reporting	none	2	14	B
D87	Office of the Executive Mayor	Good Governance and Public Participation	Coordination of 4 Library For a one per quarter	#	Office of the Executive Mayor	4	4	4	1	1	G	1	0	R	1	0	R	1	0	R	Not applicable for reporting	A functional library forum to be established	4	1	R
D88	Office of the Executive Mayor	Good Governance and Public Participation	Coordination of 4 Employee Sport activities one per quarter	#	Office of the Executive Mayor	4	4	4	1	1	G	1	1	G	1	1	G	1	1	G	Employee Sport activities was Held	none	4	5	G2

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D89	Office of the Executive Mayor	Good Governance and Public Participation	4 Disability awareness campaigns held one per quarter	#	Office of the Executive Mayor	4	4	4	1	2	B	1	3	B	1	1	G	1	1	G	Disability awareness campaigns was held on the 12 - 13 June 2019	none	4	11	B
D90	Office of the Executive Mayor	Good Governance and Public Participation	4 Elders For a held one per quarter	#	Office of the Executive Mayor	4	4	4	1	2	B	1	2	B	1	1	G	1	1	G	Elders Forum was held on the 17 April 2019	none	4	9	B
D91	Office of the Executive Mayor	Good Governance and Public Participation	2 Elders Dialogue sessions held in September and December	#	Office of the Executive Mayor	2	2	2	1	1	G	1	2	B	0	0	N/A	0	0	N/A	Not applicable for reporting	none	2	4	B
D92	Office of the Executive Mayor	Good Governance and Public Participation	Women's Month event in August	#	Office of the Executive Mayor	1	1	1	0	0	N/A	Not applicable for reporting	Not applicable for reporting	1	2	B									

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D93	Office of the Executive Mayor	Good Governance and Public Participation	1 Men's Forum meeting	#	Office of the Executive Mayor	1	1	1	0	1	B	0	0	N/A	0	0	N/A	1	1	G	Men's forum was held on the 18 June 2019	none	1	4	B
D94	Office of the Executive Mayor	Good Governance and Public Participation	1 Gender Forum meeting held in March	#	Office of the Executive Mayor	1	1	1	0	1	B	0	1	B	1	1	G	0	1	B	Gender Forum was held on the 18 June 2019	none	1	6	B
D95	Office of the Executive Mayor	Good Governance and Public Participation	Coordinated 16 Days of Activism in November / December	#	Office of the Executive Mayor	1	1	1	0	0	N/A	Not applicable for reporting	Not applicable for reporting	1	1	G									
D96	Office of the Executive Mayor	Good Governance and Public Participation	Coordination of HIV Partnership event in September	#	Office of the Executive Mayor	1	1	1	1	1	G	0	0	N/A	0	0	N/A	0	0	N/A	Not applicable for reporting	Not applicable for reporting	1	2	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D97	Office of the Executive Mayor	Good Governance and Public Participation	Red Ribbon month celebration in November	#	Office of the Executive Mayor	1	1	1	0	0	N/A	1	1	G	0	0	N/A	0	0	N/A	Not applicable for reporting	Not applicable for reporting	1	3	B
D98	Office of the Executive Mayor	Good Governance and Public Participation	World AIDS Day in December	#	Office of the Executive Mayor	1	1	1	0	0	N/A	1	1	G	0	0	N/A	0	0	N/A	Not applicable for reporting	Not applicable for reporting	1	1	G
D99	Office of the Executive Mayor	Good Governance and Public Participation	One Child headed family supported per quarter (Food Hampers for child headed family support)	#	Office of the Executive Mayor	1	1	4	1	1	G	1	1	G	1	1	G	1	0	R	Not applicable for reporting	Food parcels will be supplied in July	4	4	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D100	Office of the Executive Mayor	Good Governance and Public Participation	Two Migrant Health Fora and support to NGO'S events in December and June	#	Office of the Executive Mayor	2	2	2	0	0	N/A	1	1	G	0	0	N/A	1	1	G	Migrant Health Forum and support to NGO'S was held 29 January	meeting was held in January 2019	2	3	B
D101	Office of the Executive Mayor	Good Governance and Public Participation	World TB day celebration in June	#	Office of the Executive Mayor	1	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	World TB day celebration was held on the June 2019	Not applicable for reporting	1	1	G
D102	Office of the Executive Mayor	Good Governance and Public Participation	Candle Light Memorial Celebration in May	#	Office of the Executive Mayor	1	1	1	0	0	N/A	0	0	N/A	0	0	N/A	0	1	B	Candle Light Memorial was held on the 14 June 2019	none	1	2	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D103	Office of the Executive Mayor	Good Governance and Public Participation	4 District AIDS Council sittings held one per quarter	#	Office of the Executive Mayor	4	1	4	1	1	G	1	1	G	1	1	G	1	1	G	District AIDS Council and District Technical AIDS Council was held on the 24 April 2019	none	4	7	B
D104	Office of the Executive Mayor	Good Governance and Public Participation	4 District Technical AIDS Council committee sitting held one per quarter	#	Office of the Executive Mayor	4	4	4	1	1	G	1	2	B	1	1	G	1	1	G	District AIDS Council was held on the 24 April 2019	none	4	7	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D105	Office of the Executive Mayor	Good Governance and Public Participation	Advertising and Marketing of the Municipality	#	Office of the Executive Mayor		1	1	0	0	N/A	1	1	G	0	0	N/A	0	0	N/A	Adverts have been done with both local and national media houses in a bit to also market MDM.	None	1	2	B
D106	Office of the Executive Mayor	Good Governance and Public Participation	Mungha a lonene Xitsonga music festival held in March	#	Office of the Executive Mayor	1	1	1	0	0	N/A	0	0	N/A	1	1	G	0	0	N/A	Not Applicable for reporting	Not Applicable for reporting	1	1	G
D107	Office of the Executive Mayor	Good Governance and Public Participation	Youth Assembly held in September	#	Office of the Executive Mayor	1	1	1	1	1	G	0	0	N/A	0	0	N/A	0	0	N/A	Not applicable for reporting	none	1	1	G
D108	Office of the Executive Mayor	Good Governance and Public Participation	Children's Parliament held in March	#	Office of the Executive Mayor	1	1	1	0	2	B	0	0	N/A	1	1	G	0	0	N/A	Not applicable for reporting	none	1	3	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D109	Office of the Executive Mayor	Good Governance and Public Participation	Children's Day event held in December	#	Office of the Executive Mayor	1	1	1	0	0	N/A	1	1	G	0	0	N/A	0	0	N/A	Not applicable for reporting	Not applicable for reporting	1	1	G
D110	Office of the Executive Mayor	Good Governance and Public Participation	Youth Month celebration held in June	#	Office of the Executive Mayor	1	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	Youth Month celebration was held on the 27 June 2019	none	1	1	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D111	Office of the Executive Mayor	Good Governance and Public Participation	Number of Council Portfolio Committees monthly meetings	#	Office of the Executive Mayor	9	9	9	9	9	G	9	9	G	9	6	R	9	3	R	Three Portfolio Committees managed to meet during the period under review, namely, Finance; Governance & Shared Services and Agriculture. Agriculture as well as Governance & Shared Services met on 20 June while Finance met on 05 and 13 June.	Meetings to be convened according to schedule in the future.	9	3	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D112	Office of the Executive Mayor	Good Governance and Public Participation	Quarterly News letter development	#	Office of the Executive Mayor	3	4	4	1	1	G	1	2	B	1	1	G	1	1	G	Quarterly External Newsletter produced and distributed.	None	4	5	G2
D113	Office of the Executive Mayor	Good Governance and Public Participation	Excellence Award ceremony for succeeded grade 12 learners	#	Office of the Executive Mayor	1	1	1	0	0	N/A	0	0	N/A	1	1	G	0	0	N/A	Not Applicable for reporting	Not Applicable for reporting	1	1	G
D114	Office of the Executive Mayor	Good Governance and Public Participation	Awarding of Bursaries to 7 students in March	#	Office of the Executive Mayor	10	7	1	0	0	N/A	0	0	N/A	0	1	B	0	0	N/A	Not Applicable for reporting	Not Applicable for reporting	1	2	B
D115	Office of the Executive Mayor	Good Governance and Public Participation	Quarterly District Communicators Fora held	#	Office of the Executive Mayor	4	4	4	1	1	G	1	1	G	1	1	G	1	1	G	District Communicators Forum held on the 25 June 2019	None	4	5	G2

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D116	Office of the Executive Mayor	Good Governance and Public Participation	District Public Participation held quarterly	#	Office of the Executive Mayor	4	4	4	1	3	B	1	8	B	1	2	B	1	4	B	Four Public Participation Forum meetings held: 13 May 2019 29 May 2019 06 June 2019 24 June 2019	None	4	22	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D117	Office of the Executive Mayor	Good Governance and Public Participation	4 District IGF sittings held one per quarter	#	Office of the Executive Mayor	4	4	4	1	1	G	1	2	B	1	1	G	1	0	R	No IGR meeting held during the last quarter. The last IGR meeting held was on the 20th March 2019. IGR meetings were planned but got postponed as a result of, among others, National General Elections	IGR meeting to be held	4	4	G
D118	Office of the Municipal Manager	Good Governance and Public Participation	4 Anti Corruption Foras sittings held one per quarter	#	Office of the Executive Mayor	4	4	4	1	1	G	1	1	G	1	0	R	1	0	R	Anti corruption forum has not yet been developed.	Terms of reference its in progress to be	4	2	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D125	Office of the Executive Mayor	Good Governance and Public Participation	4 District Disability Fora meetings	#	Office of the Executive Mayor	4	4	4	1	2	B	1	3	B	1	1	G	1	1	G	District Disability Forum meeting was held on the 13 June 2019	none	4	10	B
D126	Office of the Executive Mayor	Good Governance and Public Participation	MAYCO Agendas distributed to MMC's 72 hours (3 days) prior to meetings ytd	#	Office of the Speaker	3	3	3	3	3	G	3	3	G	3	3	G	3	1	R	Mayoral Committee Agendas for the meeting held on 18 June were delivered on 17 June 2019.	Agenda items are to be submitted in time to Council support in the future. Items submitted outside the set deadline should not be considered.	3	1	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D388	Office of the Executive Mayor	Good Governance and Public Participation	Implementation of Directorate Audit Committee Resolutions	%	Office of the Executive Mayor	0	100%	0%	100%	100%	G	The Office of the Executive Mayor has no Audit Committee resolutions to implement	Not applicable	100%	100%	G									

5.3 SDBIP – Budget and Treasury

SDBIP – BUDGET AND TREASURY – VOTE 020 – Key Performance Indicators

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19				Overall Performance for Jul 2018 to Jun 2019			
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D1	Budget and Treasury	Municipal Financial Viability and Management	Percentage of capital budget spent on projects as prioritised in IDP ytd	%	Director: Infrastructure Management	48	100%	100%	25%	25%	G	50%	56%	G2	75%	75.91%	G2	100%	62%	R	Underperformance due to delays in procurement processes and late monitoring of budgets by directorates	Timely completion of demand management plans and monthly procurement meetings by MM office to monitor procurement and spending	100%	75.91%	O
D2	Budget and Treasury	Municipal Financial Viability and Management	Percentage of the MM departmental budget spent ytd	%	Chief Financial Officer	87	100%	100%	25%	23.73%	O	50%	56%	G2	75%	75.14%	G2	100%	108%	G2	Overperformance	Strict monitoring of spending to ensure all is within budget	100%	108%	G2
D3	Budget and Treasury	Municipal Financial Viability and Management	Percentage of Operational budget spent ytd	%	Chief Financial Officer	52	100%	100%	25%	25.50%	G2	50%	58%	G2	75%	76%	G2	100%	64%	R	Underperformance	Intensify budget monitoring in year	100%	76%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D4	Budget and Treasury	Municipal Financial Viability and Management	Percentage of operating budget spent on Personnel costs (excl Salaries of councillors ytd)	%	Chief Financial Officer	42	33%	33%	33%	35%	R	33%	42%	R	33%	35%	R	33%	41%	R	Underperformance	Intensification of demand management plan monitoring and in year budget monitoring to fast track spending	33%	38.25%	R
D5	Budget and Treasury	Municipal Financial Viability and Management	Percentage of bids approved by MM within 90 days after close of tender ytd	%	Chief Financial Officer	100	100%	100%	25%	50%	B	50%	66%	G2	75%	100%	G2	100%	100%	G	3 awarded bids were within 90 days however there is outstanding bids awaiting for SCM process	Accounting offices; BAC chairperson; BEC chairperson must accelerated the SCM process by complete/finalizing the BEC/BAC reports	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D6	Budget and Treasury	Municipal Financial Viability and Management	Demand Management Plan approved by Council by 30 June Annually	#	Chief Financial Officer	1	1	1	0	0	N/A	0	1	B	0	1	B	1	1	G	Approved late year on July 2018	N/A	1	3	B
D7	Budget and Treasury	Municipal Financial Viability and Management	Percentage of bids adjudicated within 30 days after the development of the evaluation report	%	Chief Financial Officer	100	100%	100%	25%	50%	B	50%	66%	G2	75%	100%	G2	100%	100%	G	Bid that submitted BEC was Adjudicated with 30 days	N/A	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D142	Budget and Treasury	Municipal Financial Viability and Management	Liquidity ratio (R-value Monetary Assets / R-value Current Liabilities)	%	Chief Financial Officer	0.44	0.40%	0.40%	0.40%	0.15%	R	0.40%	0.10%	R	0.40%	30.86%	B	0.40%	9.67%	B	Monetary Assets/Current Liabilities 161 635 761.97/ 1 671 362 840 =9.67	The municipality is grant dependent and servicing long outstanding debts for Lepelle and DWS. The municipality need to take over the water service function in order to become financial viable as the local municipalities are not transferring revenue collected on water and sanitation.	0.40%	9.67%	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D143	Budget and Treasury	Municipal Financial Viability and Management	Current Ratio (R-value current assets / R-value liabilities as ratio)	%	Chief Financial Officer	1.34	2.10	8.40	2.10	2.56	R	2.10	2.37	R	2.10	0.61	B	2.10	0.37	B	Current Assets/Current Liabilities 630 299 716.97/1 671 362 840 =.037	The municipality is grant dependent and servicing long outstanding debts for Lepelle and DWS. The municipality need to take over the water service function in order to become viable as the local municipalities are not transferring revenue collected on water and sanitation.	8.40	120.85	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D145	Budget and Treasury	Municipal Financial Viability and Management	Implementation of the asset steering committee resolutions ytd	%	Chief Financial Officer	100	100%	100%	25%	0%	R	50%	100%	B	75%	100%	G2	100%	100%	G	No steering committee meeting has been held in June 2019. All resolutions for meeting held in January 2019 are implemented.	No corrective action.	100%	100%	G
D146	Budget and Treasury	Municipal Financial Viability and Management	Number of times fixed asset register updated y.t.d	#	Chief Financial Officer	12	12	12	1	3	B	1	1	G	1	1	G	1	1	G	The assets acquisition register together with the asset register have been updated.	No corrective measures required.	12	14	G2
D147	Budget and Treasury	Municipal Financial Viability and Management	Number of MFMA S52 reports submitted to Council quarterly	#	Chief Financial Officer	4	4	4	1	1	G	1	1	G	1	1	G	1	1	G	The quarter 3 section 52 report was tabled in council on the 30 April 2019	No corrective measures required	4	4	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D148	Budget and Treasury	Municipal Financial Viability and Management	Number of S71 reports submitted to the Executive Mayor, National and Provincial Treasuries within 10 workings days after the end of each month	#	Chief Financial Officer	12	12	12	1	1	G	1	0	R	1	1	G	1	1	G	The Section 71 report for June 2019 was submitted on the 12th July 2019	No corrective action required	12	12	G
D149	Budget and Treasury	Municipal Financial Viability and Management	Final budget adopted by Council by end of May	#	Chief Financial Officer	1	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	The budget 2019/20 was approved by Council on the 21st June 2019. The budget was approved late due to the the position of the Executive mayor vacant.		1	1	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D150	Budget and Treasury	Municipal Financial Viability and Management	Draft budget tabled to Council by 31 March	#	Chief Financial Officer	1	1	1	0	1	B	0	0	N/A	1	1	G	0	0	N/A	Not applicable for reporting.	Not applicable for reporting.	1	2	B
D151	Budget and Treasury	Municipal Financial Viability and Management	Annual Financial statements drafted and submitted to AG by end of Aug	#	Chief Financial Officer	1	1	1	0	0	N/A	Not applicable for reporting	Not applicable for reporting	1	2	B									
D152	Budget and Treasury	Municipal Financial Viability and Management	Number of quarterly financial statements submitted to Council	#	Chief Financial Officer	4	4	4	1	1	G	1	0	R	1	0	R	1	0	R	Second quarter financial statement was presented to council in Jan 2019.	Quarter 3 and 4 financial statement to be prepared and submitted to council.	4	2	R
D153	Budget and Treasury	Municipal Financial Viability and Management	Integrated Budget process plan developed and adopted by Council by end of August	#	Chief Financial Officer	1	1	1	0	0	N/A	Not applicable for reporting	Not applicable for reporting	1	1	G									

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D154	Budget and Treasury	Municipal Financial Viability and Management	Adjusted budget submitted to Council YTD	#	Chief Financial Officer	1	1	1	0	0	N/A	0	0	N/A	1	1	G	0	0	N/A	Not applicable for reporting	Not applicable for reporting.	1	2	B
D155	Budget and Treasury	Municipal Financial Viability and Management	Percentage of creditors paid within 30 days	%	Chief Financial Officer	100	100%	100%	100%	60%	R	100%	50%	R	100%	70%	R	100%	70%	R	70% of the creditors are paid within 30 days, the delay for the 30% is the late submission of invoices from user department to the expenditure section. DWS and LWN are in arrears and not paid on time.	A system that will link invoices to the orders must be procured.	100%	80%	O
D156	Budget and Treasury	Municipal Financial Viability and Management	Percentage of the CFO departmental budget spent ytd	%	Chief Financial Officer	90	100%	100%	15%	28.41%	B	45%	59%	G2	65%	75%	G2	100%	100%	G	100% of the budget has been spend.	No corrective measures is required.	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D157	Budget and Treasury	Municipal Financial Viability and Management	Revenue enhancement strategy revised and approved by council by 30 June	#	Chief Financial Officer	1	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	The draft revenue enhancement strategy has been developed.	The draft revenue enhancement strategy has been developed, it need to be taken to all council structures until council approves,	1	1	G
D158	Budget and Treasury	Municipal Financial Viability and Management	Percentage of debt coverage YTD.	%	Chief Financial Officer	6.27	80%	80%	40%	20.50%	R	60%	0%	R	70%	0%	R	80%	0%	R	The local municipalities are not transferring the water revenue collected to the district, The municipality is grant depended.	Reviewal of water service provider agreement to cover the dispute of running the function at a loss,	80%	75%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D159	Budget and Treasury	Municipal Financial Viability and Management	Percentage of Cost coverage YTD.	%	Chief Financial Officer	16	100%	90%	80%	77.10%	O	90%	0%	R	90%	0%	R	90%	0%	R	Interest on water debts accumulate on a monthly basis due to inability to afford repayment terms due to poor revenue collection mechanisms.	Repayment arrangements with the water boards will be reviewed with the aim of saving on interest charges.	90%	90%	G
D160	Budget and Treasury	Municipal Financial Viability and Management	Number of Supply Chain Deviation reports submitted to Council quarterly	#	Chief Financial Officer	4	4	3	1	1	G	1	2	R	1	6	R	1	9	R	Deviation are in line with SCM Policy clause 36(1)(V)	Deviation occur because of unavoidable sources such as Strip & Quote; Accommodation-conference packages	4	22	R
D161	Budget and Treasury	Municipal Financial Viability and Management	Number of SCM reports submitted to council and treasuries quarterly	#	Chief Financial Officer	2	4	4	1	1	G	1	2	B	1	3	B	1	4	B	4 Quarter Report where submitted to council		4	12	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D162	Budget and Treasury	Municipal Financial Viability and Management	Percentage of infrastructure tenders placed on Construction Industry Development Board and awarded (CIDB) website YTD	%	Chief Financial Officer	100	100%	100%	100%	100%	G	No awarded or advert required CIDB publication	N/A	100%	100%	G									
D163	Budget and Treasury	Municipal Financial Viability and Management	Percentage of implementation of the consolidated demand management plan submitted to Management YTD	%	Chief Financial Officer	80	100%	100%	30%	30%	G	50%	20%	R	80%	80%	G	100%	80%	O	Demand plan was implemented up-to 80%	User department should submit the specification in time to avoid late advertisement and scope of work should be clear to bidder to avoid re-advertisement	100%	80%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D164	Budget and Treasury	Municipal Financial Viability and Management	Percentage of bids awarded within 90 days of advertisement	%	Chief Financial Officer	0	100%	100%	25%	50%	B	50%	66%	G2	75%	100%	G2	100%	100%	G	3 bids was awarded with 90 days	N/A	100%	100%	G
D165	Budget and Treasury	Good Governance and Public Participation	Percentage of AG queries attended to ytd	%	Chief Financial Officer	25	100%	100%	25%	60%	B	50%	60%	G2	75%	0%	R	100%	89%	O	80 out of 90 findings at BTO have been cleared.	Lack of regular monitoring over the implementation of the Audit Action Plan	100%	89%	O
D166	Budget and Treasury	Good Governance and Public Participation	Percentage of Departmental Internal Audit findings attended to ytd	%	Chief Financial Officer	0	100%	100%	25%	29.6%	G2	50%	29.6%	R	75%	29.6%	R	100%	0%	R	Underperformance	Lack of the action plan to monitor implementation of recommendations	100%	29.6%	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D167	Budget and Treasury	Good Governance and Public Participation	Number of CoGHSTA Back to Basics statistical reports submitted to M&E by the 7th of each month	#	Chief Financial Officer	12	12	12	1	1	G	1	1	G	1	1	G	1	1	G	12 B2B reports have been compiled and submitted to Coghsta	None	12	12	G
D168	Budget and Treasury	Good Governance and Public Participation	Number of CoGTA Back to Basics statistical reports submitted to M&E by the 7th of each month	#	Chief Financial Officer	12	12	12	1	1	G	1	1	G	1	1	G	1	1	G	Achieved target	Not applicable	12	11	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D169	Budget and Treasury	Good Governance and Public Participation	Percentage of Chief Financial Officers Forum Resolutions related to department implemented within specified timeframes	%	Chief Financial Officer	0	100%	100%	25%	25%	G	50%	62%	G2	75%	75%	G	100%	40%	R	Not achieved	Regular IGR technical meetings	100%	75%	O
D170	Budget and Treasury	Good Governance and Public Participation	Number of budget related policies reviewed and approved by Council by end of May	#	Chief Financial Officer	12	12	12	0	0	N/A	0	0	N/A	0	0	N/A	12	12	G	Target achieved	None	12	12	G
D171	Budget and Treasury	Good Governance and Public Participation	Strategic Risks mitigated ytd	#	Chief Financial Officer	0	4	4	4	0	R	4	0	R	4	0	R	4	0	R	Underperformed	Continuous implementation of risk mitigating factors as per the risk register	4	0	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D172	Budget and Treasury	Municipal Transformation and Organisational Development	Departmental Employee Performance Assessments Conducted ytd	#	Director: Corporate Shared Services	0	1	1	0	0	N/A	0	0	N/A	1	0	R	0	0	N/A	Not due for reporting	N/A	1	0	R
D173	Budget and Treasury	Municipal Transformation and Organisational Development	Number of SCM workshops conducted with internal stakeholders ytd	#	Chief Financial Officer	2	2	2	1	1	G	0	0	N/A	1	0	R	0	0	N/A	Not due for reporting	N/a	2	1	R
D174	Budget and Treasury	Municipal Financial Viability and Management	Installation of 500 Prepaid meters	#	Chief Financial Officer	0	500	500	0	0	N/A	0	0	N/A	85	0	R	75	0	R	Delays SCM processes	Adherence to the demand management plan and monitoring thereof by the BAC in their regular meetings	500	85	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D175	Budget and Treasury	Municipal Financial Viability and Management	4 Accounting reports on water related transactions one per quarter	#	Chief Financial Officer	0	4	4	1	25	B	1	0	R	1	100	B	1	5	B	The water transactions are accounted for on the monthly basis, all five local municipality have submitted the reports but with no supporting documents	Engagement with local municipalities to do verification on the supporting documents	4	221	B
D176	Budget and Treasury	Municipal Financial Viability and Management	4 Reports on the Audit outcome turnaround project one per quarter	#	Chief Financial Officer	0	4	4	1	0	R	1	0	R	1	0	R	1	0	R			4	0	R
D177	Budget and Treasury	Municipal Financial Viability and Management	4 reports on MSCOA implementation one per quarter	#	Chief Financial Officer	0	4	4	1	0	R	1	1	G	1	1	G	1	1	G	Achieved target	Fast implementation of the mSCOA project	4	3	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D178	Budget and Treasury	Municipal Financial Viability and Management	Report on the Debt collection conducted monthly	#	Chief Financial Officer	0	4	4	1	0	R	1	0	R	1	0	R	1	0	R			4	0	R
D384	Budget and Treasury	Municipal Financial Viability and Management	Report on VAT Consultants rendering services	#	Chief Financial Officer	0	1	1	1	0	R	0	0	N/A	0	0	N/A	0	0	N/A	Not due for reporting	N/A	1	0	R
D385	Budget and Treasury	Municipal Financial Viability and Management	Monthly Reports on Updating of Asset Management	#	Chief Financial Officer	0	12	0	1	1	G	1	1	G	1	1	G	1	1	G	Achieved target	N/A	12	11	O
D390	Budget and Treasury	Good Governance and Public Participation	Implementation of Directorate Audit Committee Resolutions	%	Chief Financial Officer	0	100%	0%	100%	0%	R	100%	100%	G	100%	0%	R	100%	76%	O	Underperformance	Continue to implement the AC resolutions by having the resolutions in every departmental meeting	100%	100%	G

5.4 SDBIP – Corporate Services

SDBIP – CORPORATE SERVICES – VOTE 090, 095, 100, 105 – Key Performance Indicators

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D179	Corporate Shared Services	Municipal Financial Viability and Management	Percentage of Directorate budget actually spent	%	Chief Financial Officer	100	100%	100%	25%	22%	O	45%	40%	O	80%	69%	O	100%	65%	R	There was 65 Percentage of Directorate budget actually spent	Improve spending by appointment of Training Service Provider by accelerating the SCM processes	100%	69%	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D180	Corporate Shared Services	Municipal Financial Viability and Management	Demand management plans related to Corporate Services developed and submitted to B&T by end of June	#	Chief Financial Officer	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	1 x Demand management plans related to Corporate Services developed and submitted to B&T by end of June	None, Maintain standard	1	1	G
D181	Corporate Shared Services	Good Governance and Public Participation	Percentage progress in reviewing the records management system	%	Director: Corporate Shared Services	80	100%	100%	30%	30%	G	60%	60%	G	80%	95%	G2	100%	100%	G	The File plan has been approved by the Provincial Archivist. The Record Management Policy has been reviewed and awaiting Council Approval	No corrective measures to recommend.	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D182	Corporate Shared Services	Good Governance and Public Participation	Percentage of AG queries attended to ytd	%	Director: Corporate Shared Services	40	100%	100%	25%	23%	O	50%	48%	O	75%	80%	G2	100%	100%	G	There is 100% of AG queries attended to ytd	None maintain standard	100%	100%	G
D183	Corporate Shared Services	Good Governance and Public Participation	Percentage of Departmental Internal Audit findings attended to ytd	%	Director: Corporate Shared Services	100	100%	100%	25%	20%	O	50%	45%	O	75%	92%	G2	100%	98%	O	There were 98% of Departmental Internal Audit findings attended to ytd	None maintain standard	100%	98%	O
D184	Corporate Shared Services	Good Governance and Public Participation	Number of Back to Basics statistical reports submitted to M&E by the 7th of each month	#	Director: Corporate Shared Services	12	12	12	1	1	G	1	1	G	1	1	G	1	1	G	1 out of 1 B2B statistical report have been submitted to M&E by the 7th of each month during the this financial year.	None	12	15	G2

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D185	Corporate Shared Services	Good Governance and Public Participation	Number of Back to Basics statistical reports submitted to M&E by the 7th of each month	#	Director: Corporate Shared Services	12	12	12	1	1	G	1	1	G	1	1	G	1	1	G	1 out of 1 b2b template submitted during this reporting and to date	None	12	12	G
D186	Corporate Shared Services	Good Governance and Public Participation	Percentage of Corporate Services Managers Forum Resolutions related to department implemented within specified timeframes ytd	%	Director: Corporate Shared Services	71	100%	100%	25%	24%	O	50%	45%	O	75%	70%	O	100%	95%	O	95% Corporate Services Managers Forum Resolutions related to department implemented within specified timeframes ytd	None maintain standard	100%	95%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D187	Corporate Shared Services	Municipal Transformation and Organisational Development	Employee Performance Assessments below senior managers conducted ytd	#	Director: Corporate Shared Services	0	1	1	0	0	N/A	0	0	N/A	1	0	R	0	0	N/A	Not due for reporting this month	Not due for reporting this month	1	0	R
D188	Corporate Shared Services	Municipal Transformation and Organisational Development	Departmental Employee Performance Assessments Conducted	#	Director: Corporate Shared Services	0	1	1	0	0	N/A	0	0	N/A	1	0	R	0	0	N/A	Not due for reporting this month	Not due for reporting this month	1	0	R
D189	Corporate Shared Services	Municipal Transformation and Organisational Development	Number of Employee wellness campaigns conducted December and June	#	Director: Corporate Shared Services	3	2	2	0	0	N/A	1	0	R	0	0	N/A	1	1	G	1 x Employee wellness campaigns conducted December and June	No corrective measures and maintain the standard	2	1	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D190	Corporate Shared Services	Municipal Transformation and Organisational Development	Number of existing policies reviewed and ready for adoption by Council structures by end June	#	Director: Corporate Shared Services	18	12	12	0	0	N/A	0	0	N/A	0	0	N/A	12	12	G	16 x policies reviewed and adopted by Council structures by end June, with the targets having been exceeded by four policies.	None maintain standard	12	12	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D191	Corporate Shared Services	Municipal Transformation and Organisational Development	Percentage implementation of the employment equity plan ytd	%	Director: Corporate Shared Services	75	100%	100%	20%	20%	G	40%	40%	G	65%	85%	G2	80%	98%	G2	The EEP has been finalized waiting for approval by the Council and EEP Committee launched, the target at the time of reporting had been exceeded as only Council sitting was been awaited.	Speed up the process for approval and allow the committee to make sure the plan is being implemented.	80%	98%	G2

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D192	Corporate Shared Services	Municipal Transformation and Organisational Development	Percentage of posts filled timeously ytd	%	Director: Corporate Shared Services	80	80%	80%	20%	20%	G	40%	20%	R	60%	100%	B	80%	80%	G	80% of the percentage of posts filled timeously ytd e.g.50 of the 52 targeted interns were employed during this reporting period	No challenges experienced	80%	100%	G2
D193	Corporate Shared Services	Municipal Transformation and Organisational Development	Number of attitude and moral survey conducted by end of March	#	Director: Corporate Shared Services	1	1	1	0	0	N/A	0	0	N/A	1	0	R	0	0	N/A	Not due for reporting this period	Not due for reporting during this period	1	0	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D194	Corporate Shared Services	Municipal Transformation and Organisational Development	Percentage progress with the review and approval of the Organogram by Council for next financial year by end of June	%	Director: Corporate Shared Services	90	100%	100%	0%	0%	N/A	25%	75%	B	60%	100%	B	100%	100%	G	Organizational structure has been reviewed and approved by Council	No corrective measures	100%	100%	G
D195	Corporate Shared Services	Municipal Transformation and Organisational Development	Number of people Trained as per programme offered as per the workplace skills plan	#	Director: Corporate Shared Services	0	306	306	0	0	N/A	15	214	B	306	214	R	306	285	O	Out of 306 targeted training employees, 285 were trained in various aspects of training interventions	Accelerate the appointment of Training Service providers for the outstanding number of targeted employees	306	298	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D196	Corporate Shared Services	Municipal Transformation and Organisational Development	Skill Development Plan developed and submitted to SETA by end of June	#	Director: Corporate Shared Services	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	1 x Skill Development Plan developed and submitted to SETA by end of June	None Maintain Standard	1	1	G
D197	Corporate Shared Services	Municipal Transformation and Organisational Development	Number of targeted internal and external trainees and/or cooperatives in various fields as per the WSP trained by end June	#	Director: Corporate Shared Services	0	49	49	0	0	N/A	49	210	B	49	83	B	49	231	B	231 x targeted internal and external trainees and/or cooperatives in various fields as per the WSP trained by end June ,this has exceeded the targeted number of 49	No corrective measures	49	231	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D198	Corporate Shared Services	Municipal Transformation and Organisational Development	Development of the skills works plan by end of June	#	Director: Corporate Shared Services	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	1 X Workplace skills plan developed by end of June	No corrective measures	1	1	G
D199	Corporate Shared Services	Municipal Transformation and Organisational Development	Number of people Trained as per the skills work plan	#	Director: Corporate Shared Services	0	306	129	0	0	N/A	15	214	B	57	214	B	57	285	B	285 x people Trained as per the skills work plan, which, at the time of reporting, has already exceeded the targeted number of 57.	No corrective measures	129	713	B
D200	Corporate Shared Services	Municipal Transformation and Organisational Development	Reviewed Employment equity by June	#	Director: Corporate Shared Services	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	1 x Employment Equity Plan was Reviewed by June	Awaiting Council Resolution	1	1	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D201	Corporate Shared Services	Municipal Transformation and Organisational Development	Percentage of Competency assessments section 56 Managers conducted By June	%	Director: Corporate Shared Services	0	100%	100%	0%	0%	N/A	0%	0%	N/A	0%	0%	N/A	100%	100%	G	100% Competency assessments for section 56 Managers were conducted By June as all were done during the recruitment of all section 54 and 56 staff	No corrective measures	100%	100%	G
D202	Corporate Shared Services	Municipal Transformation and Organisational Development	Coordinated Employee wellness event by June	#	Director: Corporate Shared Services	0	2	2	0	0	N/A	1	0	R	0	0	N/A	1	1	G	1 x employee wellness has been conducted	None applicable	2	1	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D203	Corporate Shared Services	Municipal Transformation and Organisational Development	Conducted medical screening by June	#	Director: Corporate Shared Services	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	0	R	No medical screening conducted by June on the basis of the tender being withdrawn as a result of the Service Providers not meeting SCM requirements	SCM to re-advertise for correct procurement.	1	0	R
D204	Corporate Shared Services	Municipal Transformation and Organisational Development	Acquiring of the Performance Management system	#	Director: Corporate Shared Services	0	1	1	0	100	B	0	0	N/A	0	0	N/A	1	1	G	A Performance Management system in the name of Action Assist have been acquired	No corrective measures required	1	101	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D205	Corporate Shared Services	Municipal Transformation and Organisational Development	Occupational Health and Safety assessment by end of June	#	Director: Corporate Shared Services	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	0	R	No Occupational Health and Safety assessment by end of June conducted on the basis of tender being withdrawn due to Service Providers not meeting the SCM requirements	Re-advert of the tender	1	0	R
D206	Corporate Shared Services	Municipal Transformation and Organisational Development	Conducting of Evacuation drill by December	#	Director: Corporate Shared Services	0	1	1	0	0	N/A	1	1	G	0	0	N/A	0	0	N/A	Not due for reporting during this period	Not due for reporting during this period	1	1	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D207	Corporate Shared Services	Municipal Transformation and Organisational Development	Procurement of Protective clothing for 623 by December	%	Director: Corporate Shared Services	0	100%	100%	0%	0%	N/A	100%	90%	○	0%	0%	N/A	0%	0%	N/A	Not due for reporting during this period	Not due for reporting during this period	100%	90%	○
D208	Corporate Shared Services	Municipal Transformation and Organisational Development	Procurement of 590 Name tags by June	%	Director: Corporate Shared Services	0	100%	100%	0%	0%	N/A	0%	0%	N/A	0%	0%	N/A	100%	83%	○	Submission made to Demand Management process, however Procurement not yet done as the process is still on SCM and follow up were made	Accelerate the SCM processes	100%	83%	○

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D209	Corporate Shared Services	Municipal Transformation and Organisational Development	Procurement of Time Attendance System by June	#	Director: Corporate Shared Services	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	0	R	No Procurement of Time Attendance System by June as the process is at SCM since advertisement were made	Accelerate the SCM process	1	0	R
D210	Corporate Shared Services	Municipal Transformation and Organisational Development	Conducting of Skills Audit by end of June	#	Director: Corporate Shared Services	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	0	R	Conducting of Skills Audit by end of June could not be done due to budget constrains	Solicit assistance from Coghsta and Salga	1	0	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D211	Corporate Shared Services	Municipal Transformation and Organisational Development	Provision of 10 offices for Mopani Employees ytd	#	Director: Corporate Shared Services	0	10	10	0	0	N/A	0	0	N/A	0	0	N/A	10	47	B	The section was able to provide offices to employees YTD. Offices were provided for to the newly appointed employees and Interns. offices were also provided to employees who relocated from Disaster Management Centre.	We need to have a lease agreement with DPW to be able to partition offices and create more space.	10	47	B

D2 12	Corporate Shared Services	Municipal Transformation and Organisational Development	Procurement of Electronic Document Management system by end of June	#	Director: Corporate Shared Services	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	The Municipal Manager has since approved the procurement of the System. The Specifications have been sent to Supply Chain for procurement. BEC and BAC have sat for Evaluation and adjudication on 18/04/2019 and 10/05/2019 respectively. Awaiting appointment of Service Provider.	Finalisation of SLA by Legal Manager	1	1	G
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Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D213	Corporate Shared Services	Municipal Transformation and Organisational Development	Landscaping 2 of municipal premises by end of June	#	Director: Corporate Shared Services	0	2	2	0	0	N/A	0	0	N/A	0	0	N/A	2	1	R	Landscaping could not be done due to insufficient budget. Target set inaccurate as there is only one(1) activity to be made, not 2	More budget needed for landscaping as the estimated amount is at R3 000 000.00	2	1	R
D215	Corporate Shared Services	Municipal Transformation and Organisational Development	% Budget spent on Provision of Water and electricity in the municipal premises ytd	%	Director: Corporate Shared Services	0	100%	160%	20%	20%	G	40%	30%	B	60%	32%	B	100%	100%	G	Electricity and water was provided in the institution. The municipality paid for both water and electricity.	Borehole need to be drilled in case of water shortages due to unforeseen circumstances.	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D216	Corporate Shared Services	Good Governance and Public Participation	Procurement of 4 Uninterruptible power supply by end of June	#	Director: Corporate Shared Services	0	4	2.50	0	0	N/A	0	0	N/A	0	0	N/A	1	20	B	More UPS were procured as operation issues at Disaster Management Centre necessitated and these exceeded the target of 1. System problem as the initial target were four	None	2.50	37	B
D217	Corporate Shared Services	Good Governance and Public Participation	Number of network point Computer network cabling by end of March	#	Director: Corporate Shared Services	0	15	15	0	0	N/A	0	0	N/A	15	15	G	0	0	N/A	Not due for reporting this month	Not due for reporting this month	15	15	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D218	Corporate Shared Services	Good Governance and Public Participation	Procurement of computer software by end of June	#	Director: Corporate Shared Services	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	TeamMate procured and licensed for three years.	None required.	1	62	B
D219	Corporate Shared Services	Good Governance and Public Participation	Signed service level agreement on Computer services for support and maintenance of the Mopani systems by end of June	#	Director: Corporate Shared Services	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	0	R	SLA with SITA not renewed.	SLA being reviewed to reduce scope and cost.	1	0	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D391	Corporate Shared Services	Good Governance and Public Participation	Implementation of Directorate Audit Committee Resolutions	%	Director: Corporate Shared Services		100%	0%	100%	75%	O	100%	65%	R	100%	0%	R	100%	93%	O	93% of Directorate Audit Committee Resolutions were Implementation during the reporting period	Speed up the implementation of the outstanding resolutions	100%	93%	O

5.5 SDBIP – Planning and Development

SDBIP – PLANNING AND DEVELOPMENT – VOTE 030 – Key Performance Indicators

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D220	Planning and Development	Municipal Financial Viability and Management	One Demand management plans related to Planning and Development developed and submitted to Budget and Treasury by 30 June 2019	#	Director : Development Planning	1	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	TOR were resubmitted to SCM; - For corporate GIS on 11 June 2019 - For Review of LED Strategy into a 20yr plan	As a result of delayed approval of the Budget (21 June 2019), TOR submitted were for projects which had to be re-budgeted for 2019/20. New projects' TOR still to be developed.	1	1	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D221	Planning and Development	Good Governance and Public Participation	Percentage of AG queries attended to ytd	%	Director : Development Planning	100	100%	100%	25%	25%	G	50%	100%	B	75%	75%	G	100%	100%	G	Planning & Development had no findings except for AOPO issues which cannot be corrected in the past. The Directorate needed to be alert not to repeat issues raised in the future.	No corrective measures required	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D222	Planning and Development	Good Governance and Public Participation	Percentage of Departmental Internal Audit findings attended to ytd	%	Director : Development Planning	95	100%	100%	100%	25%	R	100%	60%	R	100%	80%	O	100%	100%	G	Public participation was undertaken during the review of the SDF with external stakeholders. Once service provider has consolidated the comments on the report, internal (MDM) stakeholders will be engaged.	No corrective measure required	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D2 23	Planning and Development	Good Governance and Public Participation	Number of CoGHSTA Back to Basics statistical reports submitted to M&E by the 7th of each month	#	Director : Development Planning	12	12	12	1	1	G	1	1	G	1	1	G	1	1	G	Request from PMS was received on 5 June 2019 the May 2019 B2B . Submission was on 12 June 2019	No corrective measure required	12	12	G
D2 24	Planning and Development	Good Governance and Public Participation	Number of CoGTA Back to Basics statistical reports submitted to M&E by the 7th of each month	#	Director : Development Planning	12	12	12	1	1	G	1	1	G	1	1	G	1	1	G	Request from PMS was received on 5 June 2019 and submission was on 12 June 2019.	No corrective measure required	12	12	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D25	Planning and Development	Good Governance and Public Participation	Report on Heads of Departments of Planning and Development forum resolutions implemented	#	Director : Development Planning	4	4	4	1	1	G	1	2	B	1	1	G	1	1	G	The resolution register(which serves as a report on resolutions) was developed and updated with the minutes of each Technical Economic Committee. The last meeting was held on 10 June 2019.	No corrective measure required.	4	5	G2

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D226	Planning and Development	Good Governance and Public Participation	Strategic Risks mitigated by end of June	#	Director : Development Planning	0	2	2	0	0	N/A	0	0	N/A	0	0	N/A	2	1	R	The LED Strategy is still under procurement stages (Advert) Re-planning for Gravelotte - the service provider has been appointed recently	Delayed procurement must be promptly finalized.	2	1	R

D2 27	Planning and Development	Local Economic Development	Four Training of Small Medium and Macro Enterprises conducted within the district quarterly	#	Director : Development Planning	4	4	4	0	0	N/A	1	3	B	1	1	G	2	2	G	2 Training documents attached with the following: four SMME trainings on Start-ups and Financial Management were conducted for Maruleng and Tzaneen on the 16 - 19 July 2018 and 27th to 30th November respectively. a further training was conducted on June 2019 Successfully collaborated with Seda for training briefing session on the 31 January 2019 - (Basic Business Skills) successfully collaborated with Seda for Start-up Business Training Programme from the 3rd - 6th June 2019	No corrective measure required	4	6	B
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D2 29	Planning and Development	Local Economic Development	Sessions conducted in supporting key economic sectors i.e Agriculture, mining, manufacturing and tourism quarterly	#	Director : Development Planning	4	3	4	1	1	G	1	0	R	1	1	G	1	2	B	the four(4) Sessions were successfully conducted in support of Economic Sectors as follows: 3 LED Forum covering all Economic Sectors (Agriculture, Mining, Tourism, Trade & Manufacturing) on 27 September 2018; 21 February 2019 and 28 June 2019 all at Tzaneen Disaster Management Centre. Mining Stakeholder Session (Mining Indaba) was conducted on the 23rd May 2019 at Unigaz Hall - Giyani.	To account for all sessions of which the indicator was not due for reporting then Mining Indaba will be added in the June report to the LED Forum held in June. The Tourism association has a separate indicator where the session was accounted for.	4	4	G
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Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D231	Planning and Development	Local Economic Development	Percent budget spent of the directorate ytd	%	Director : Development Planning	70	100%	100%	20%	18%	O	45%	28%	R	70%	54%	O	100%	83%	O	83 % expenditure achieved	Delayed procurement result in sending back money during adjustment budget period and should be prompted.	100%	83%	O
D233	Planning and Development	Municipal Transformation and Organisational Development	Departmental Employee Performance Assessments Conducted ytd	#	Director : Development Planning	0	1	1	0	0	N/A	0	0	N/A	1	0	R	0	0	N/A	Communication/inquiries on the scheduling of Deputy Managers' performance assessments were sent to Corporate services however same as not scheduled before June 2019.	Scheduling and conducting of performance assessments of Deputy Managers	1	0	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D234	Planning and Development	Spatial Rationalisation	Development of GIS Strategy and approval by council by end June	#	Director : Development Planning	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	0	R	The terms of reference for the development of a GIS strategy was initially submitted in June 2018, however, the bid evaluation committee sitting was in June 2019 and recommended re-advertisement. Therefore the terms of reference for the GIS strategy was re-submitted to supply chain for re-advertisement.	Fast track the supply chain processes for the appointment of a service provider for the development of a GIS strategy.	1	0	R

D2 35	Plannin g and Develo pment	Spatial Rational e	GIS awareness campaigns to the public held ytd	#	Director : Develop ment Plannin g	4	5	5	1	0	R	1	4	B	1	3	B	2	0	R	A total of seven (7) awareness campaigns were held by during the 2018/19 financial year. All sessions were by the 3rd Quarter. held Five (5) information sharing workshops were held in each of the Local Municipalities for ward committees as follows: Ba-Phalaborwa LM (28-11-2019) Greater Letaba LM (03-12-2019) Maruleng LM (05-12-2019) Greater Tzaneen LM (07-12-2019) Greater Giyani LM (05-02-2019) and two (2) GIS awareness campaigns were held at Maolwe High School(23-01-2019) and Matome	Not corrective action required.	5	7	G 2
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Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D236	Planning and Development	Spatial Rational	Implemented resolutions of the Spatial Forum steering committees	#	Director : Development Planning	1	100%	400%	100%	50%	R	100%	70%	R	100%	80%	O	100%	100%	G	All MPT resolutions implemented through feedback reports.	only one session was held prior to the term of the MPT. The appointment of the MPT must be finalized to unlock processes for the consideration of development applications.	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D237	Planning and Development	Good Governance and Public Participation	Report on IGR Planning and Development forum resolutions implemented	#	Director : Development Planning	4	4	4	1	1	G	1	1	G	1	1	G	1	1	G	Updated IGR Resolutions of September 2018 IGR for April meeting. Updated presentation of MMs forum with IGR Resolutions in preparation for MMs Forum to be held on 1 July 2019	No corrective measure required	4	4	G

D2 39	Planning and Development	Spatial Rationale	Development of the GIS Land use Management system by end of March	#	Director : Development Planning	0	1	1	0	0	N/A	0	0	N/A	1	0	R	0	1	B	<p>1 Report on the development of the GIS Land use management.</p> <p>The terms of reference for the development of a GIS Land Use Management System was initially submitted in June 2018, however, the bid evaluation committee sitting was in May 2019 and recommended re-advertisement. Therefore, the terms of reference for the GIS Land Use Management System was re-submitted to supply chain for re-advertisement.</p>	Fast track the supply chain processes for the appointment of a service provider for the development of a GIS Land Use Management System.	1	1	G
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D2 40	Plannin g and Develo pment	Spatial Rational e	Corporate GIS Town applicati on s developme nt by end of June	#	Director : Develo pment Plannin g	0	1	1	0	0	N/ A	0	0	N/ A	0	0	N/ A	1	1	G	Report depicting the following; The terms of reference for the development of a GIS Town Applications was initially submitted in June 2018, however, the bid evaluation committee sitting was in May 2019 and recommended re-advertisement. Therefore, the terms of reference for the GIS Town Applications was re-submitted to supply chain for re-advertisement.	Fast track the supply chain processes for the appointment of a service provider for the development of a GIS Town Applications.	1	1	G
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Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D241	Planning and Development	Spatial Rational	Number of reports on GIS Plotting and updating on quarterly basis	#	Director : Development Planning	0	4	4	1	1	G	1	1	G	1	1	G	1	1	G	One report depicting the following: 13 infrastructure projects were captured during the month of June 2019.	Not Required for Reporting.	4	4	G
D242	Planning and Development	Spatial Rational	Adoption of the reviewed SDF by end of June	#	Director : Development Planning	1	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	SDF draft completed pending adoption. Delayed due to delays in SCM procurement processes and service provider inefficiencies and proof of corrective actions taken area attached.	To be tabled in Council. Delays were as a result of non compliance by the service provider on the SDF Forum's recommendations.	1	1	G

D2 43	Planning and Development	Spatial Rational	Development of the Land Use and Land Development determination for Baphalaborwa by end June	#	Director : Development Planning	1	9	9	2	1	R	3	1	R	2	1	R	2	3	B	Development of land use scheme and township establishment in BPM delayed at SCM where appointment of service providers is still pending. Progress on this project was reported monthly through B2B reports(3 for 4th quarter) The budget was also sent back during the budget adjustments as a result of delayed procurement.	Efficiency in SCM procurement processes required	9	6	R
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Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D244	Planning and Development	Spatial Rational	Development of 1 SPLUMA compliant LUS document in Ba-Phalaborwa by 30 June 2019	#	Director : Development Planning	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	0	R	Procurement of service provider submitted in October 2018 and no appointment made. On a monthly basis the progress on the project was reported through B2B reports.	SCM to be made effective and efficient	1	0	R
D245	Planning and Development	Spatial Rational	Re-Planning of 400 sites for Gravelotte settlement by 30 June 2019	#	Director : Development Planning	0	400	400	0	0	N/A	0	0	N/A	0	0	N/A	400	0	R	Delays in SCM Status of the project was reported monthly through B2B reports	SCM to be made effective and efficient	400	0	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D246	Planning and Development	Local Economic Development	Annual membership payment for Moshupatsela Farm by end of June	#	Director : Development Planning	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	The Fire Protection license fee was paid in August 2018 and a Certificate was issued	No corrective measure required	1	1	G
D247	Planning and Development	Local Economic Development	Letaba Show Exhibition in August/September	#	Director : Development Planning	0	1	1	1	1	G	0	0	N/A	0	0	N/A	0	0	N/A	Not applicable for reporting	Not applicable for reporting	1	1	G
D248	Planning and Development	Local Economic Development	Agri Expo in supporting emerging farmers in the district held in September	#	Director : Development Planning	0	1	1	1	1	G	0	0	N/A	0	0	N/A	0	0	N/A	Not applicable for reporting	Not applicable for reporting	1	1	G

D2 49	Plannin g and Develop ment	Local Economi c Develop ment	Quarterly engagemen ts with municipal Partners and stakeholde rs	#	Director : Develop ment Plannin g	0	4	4	1	4	B	1	1	G	1	2	B	1	1	G	1 MOU signed with SADC business forum. Action plan submitted and awaiting status quo of MDM ICT and comments on the action plan from Corporae Services SEDA, LETABA FET, Geoscience at draft stage.YEP draft served at Portfolio Successfully partnered on the following: - Agri Expo Support with Greater Tzaneen Municipality on the 20th - 21st Septemeber 2018, Procurement of Venue for Exhibitors; - Women in Tourism event with LEDET on the 21st August 2018 in Tzaneen Country Lodge, decoration and sound system - Business	Status quo report and comments on action plan (Corporate Services) Finalization of draft MOUs	4	8	B
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Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D250	Planning and Development	Local Economic Development	Establishment of Tourism Association by January 2019	#	Director : Development Planning	0	1	1	0	0	N/A	0	0	N/A	1	1	G	0	0	N/A	Not applicable for reporting	Not applicable for reporting	1	1	G

D2 51	Planning and Development	Local Economic Development	Assistance to 150 SMMEs to market their products through trade shows	#	Director : Development Planning	185	4	150	60	100	B	0	3	B	60	61	G 2	30	31	G 2	Successfully coordinated participation of 197 SMMEs in all our Trade Show as follows: Exhibitors at Letaba Show on the 8th - 11th August 2018 Tzaneen Agri Expo show on the 20th - 21st September in Tzaneen, Marula Festival Exhibitions on 20 February - 2nd March 2019 in Phalaborwa(22); Rand Show on 19th - 28th April 2019 in Nasrec Expo Centre, (4) Tourism Indaba Show on 2nd - 4th May 2019 in Durban - KZN respectively(5).	No corrective measure required	150	195	G 2
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Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D252	Planning and Development	Local Economic Development	Review of LED Strategy & Development of a 20 year District Economic Development Plan by end of June	#	Director : Development Planning	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	0	R	One report depicting the progress on the development of the 20 year plan . The revised TOR for the Review of the LED Strategy in pursuit of a 20 year Economic Development Strategy was Submitted for procurement at Budget and Treasury Office and is awaiting the appointment of service provider. At advert stage.	Finalization of procurement services	1	0	R

D2 53	Planning and Development	Local Economic Development	Coordination of District LED Foras quarterly	#	Director : Development Planning	1	4	4	1	1	G	1	4	B	1	1	G	1	1	G	1 Report on Coordination of LED fora depict the following: six (6) LED Practitioners meetings in coordination for the LED Forum were successfully coordinated as follows: - 23 July 2018 at Tzaneen Disaster Centre - 27th August 2018 in conjunction with Mining prep meeting in Giyani - 13th Septemeber 2018 in conjunction with mining in MDM Giyani - 30 November 2018 in Phalaborwa - 1st February 2019 in Seda Boardroom - 6th June 2019 in Hoedspruit - Maruleng Municipality	No corrective measure required	4	7	B
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Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D254	Planning and Development	Local Economic Development	Coordination of District farmers database through Dept of Agriculture	#	Director : Development Planning	0	4	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	1 Report depicting the following; The Terms of Reference for Farmers Prioritization Study was developed. District farmers database was established from all local Municipalities	No Corrective measure required	1	1	G

D2 56	Planning and Development	Local Economic Development	Coordination of 1 District EPWP Forum and internal meetings held per quarter	#	Director : Development Planning	0	15	15	4	2	R	4	5	G 2	3	5	B	4	4	G	EPWP internal Steering committee meetings were held as follows for the last quarter: - 3 April 2019 at Conference Hall Mopani District Main Office - 14th May 2019 at Conference Hall Mopani District Office - 30th May 2019 at Conference Hall Mopani District mail office EPWP Sectoral Meetings were held as follows: - 3rd June 2019 in Maruleng Hoedspruit Bringing the annual total to 16 meetings, Internal steering committee 11, District Forum 3 ; Sector Meetings;2. Also attended the Vhukuphile	No corrective measure required	15	16	G 2
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Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D257	Planning and Development	Local Economic Development	Coordination of 1 District Mining Indaba in May 2019	#	Director : Development Planning	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	The Mining Indaba was successfully conducted on the 23rd May 2019 in Unigaz - Giyani as opposed to 23 & 24 May 2019. The EMs office had a number of activities which required the same stakeholders. The 24th was thus cancelled in favour of IDP activities.	No corrective measure required	1	1	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D392	Planning and Development	Good Governance and Public Participation	Implementation of Directorate Audit Committee Resolutions	%	Director : Development Planning		100%	0%	100%	100%	R	100%	100%	G	100%	100%	G	100%	100%	G	No outstanding implementation for the AC resolution register.	No corrective measures required.	100%	100%	G

5.6 SDBIP – Infrastructure Management

SDBIP – INFRASTRUCTURE MANAGEMENT – VOTE 050, 064, 065 – Key Performance Indicators

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D258	Infrastructure Management	Basic Service Delivery	Number of Regional Infrastructure Grant reports submitted to DWS YTD	#	Director: Infrastructure Management	12	10	10	1	1	G	0	0	N/A	1	1	G	1	1	G	RBIG Report for the month of June 2019 was submitted and presented to DWS	Not applicable for the current period	10	10	G
D259	Infrastructure Management	Basic Service Delivery	Number of MIG reports submitted to COGHST A ytd	#	Director: Infrastructure Management	12	12	12	1	1	G	1	1	G	1	1	G	1	1	G	MIG report for the month of June 2019 was submitted to CoGHST A.	Not applicable for the current period	12	12	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D260	Infrastructure Management	Basic Service Delivery	Development municipal infrastructure investment plan by end of June	#	Director: Infrastructure Management	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	0	R	The current budget is not sufficient to develop an infrastructure investment plan as it is mainly being used to address infrastructure backlogs	The municipality to explore other revenue streams for infrastructure development	1	0	R
D261	Infrastructure Management	Basic Service Delivery	Number of completed water projects towards the provision of water to the District	#	Director: Infrastructure Management	24	24	15	0	0	N/A	5	5	G	5	5	G	5	5	G	5 Projects completed as planned	To complete projects within the prescribed completion dates	15	15	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D262	Infrastructure Management	Basic Service Delivery	Percentage contractors with progress and performance that conform to the contract Requirements ytd	%	Director: Infrastructure Management	0	90%	90%	90%	100%	G2	90%	100%	G2	90%	90%	G	90%	20%	R	MIG: 8 / 30 *100 = 26.6% WSIG: 3 / 25 * 100 = 12% Overall: 11 / 55 *100 =20% of contractor s are ahead of schedule	Close monitoring of contractors. procure ment of material s on time. Ongoing engage ments by MDM and the commun ity	90%	20%	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D263	Infrastructure Management	Basic Service Delivery	Percentage of contractors who are behind schedule	%	Director: Infrastructure Management	0	10%	10%	10%	29%	R	10%	16.90%	R	10%	49%	R	10%	49%	R	MIG: 14/30*100=46.66% WSIG: 11/25*100=44% RBIG: 4/4*100=100% Overall: 29 / 55 * 100 = 49.1% of contractors are behind schedule	Close monitoring of projects. Procurement of materials on time. Ongoing engagements with community representatives and traditional leaders.	10%	49%	R
D264	Infrastructure Management	Basic Service Delivery	Number of completed MIG funded VIP ablution facilities for provision of sanitation in the District	#	Director: Infrastructure Management	0	500	450	125	125	G	125	125	G	125	125	G	75	172	B	172 Units were completed as targeted for the current period. A total of 547 Units were Constructed	Not applicable	450	547	G2

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D265	Infrastructure Management	Municipal Financial Viability and Management	Demand management plans related to Infrastructure Management developed and submitted to Budget and Treasury by the end of June	#	Director: Infrastructure Management	1	1	1	0	0	N/A	0	1	B	0	0	N/A	1	0	R	One demand management plan was submitted to SCM	Adherence to the demand management plan	1	1	G
D266	Infrastructure Management	Municipal Financial Viability and Management	Percentage R-value spent on MIG ytd	%	Director: Infrastructure Management	32.12	100%	100%	15%	8.60%	R	30%	50.24%	B	60%	62.24%	G2	100%	88%	O	88% of the R 444 492 000.00 was spent to date.	To apply for rollover of the remaining balance	100%	88%	O
D267	Infrastructure Management	Municipal Financial Viability and Management	Percentage Regional Infrastructure Grant RBIG spent y.t.d	%	Director: Infrastructure Management	100	100%	100%	15%	51%	B	30%	76.70%	B	65%	69.46%	G2	100%	92%	O	R55m out of R60m was spent on RBIG	MDM to apply for rollover of the remaining balance	100%	92%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D268	Infrastructure Management	Municipal Financial Viability and Management	Percentage of the Engineering Services departmental budget spent	%	Director: Infrastructure Management	75	100%	100%	10%	10%	G	25%	25%	G	50%	55%	G2	100%	100%	G	100% of the departmental budget was spent.	To spend within the budget. Ensure sufficient budget allocation	100%	100%	G
D269	Infrastructure Management	Good Governance and Public Participation	Percentage of AG queries attended to ytd	%	Director: Infrastructure Management	90	100%	100%	25%	100%	B	50%	100%	B	75%	50%	R	100%	0%	R	There are 3 items related to the Infrastructure Services Directorate on the AG action list and none has yet been resolved.	The directorate has developed an internal turnaround strategy to address the findings as raised by AG	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D270	Infrastructure Management	Good Governance and Public Participation	Percentage of Departmental Internal Audit findings attended to ytd	%	Director: Infrastructure Management	90	100%	90%	25%	25%	G	50%	32%	R	75%	25.50%	R	90%	25%	R	12 out of 47 Internal Audit findings have been resolved	The Infrastructure Services has developed a turnaround strategy to ensure that all findings are adequately addressed	90%	32%	R
D271	Infrastructure Management	Good Governance and Public Participation	Number of CoGTA Back to Basics statistical reports submitted to M&E by the 7th of each month	#	Director: Infrastructure Management	12	12	12	1	1	G	1	1	G	1	1	G	1	1	G	Back to basics report for June 2019 was submitted to M&E	Not applicable	12	12	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D272	Infrastructure Management	Good Governance and Public Participation	Number of CoGHSTA Back to Basics statistical reports submitted to M&E by the 7th of each month	#	Director: Infrastructure Management	12	12	12	1	1	G	1	1	G	1	1	G	1	1	G	Back to basics report for June 2019 was submitted	Not applicable	12	12	G
D273	Infrastructure Management	Good Governance and Public Participation	Percentage of Technical Managers Forum Resolutions related to department implemented within specified timeframes	%	Director: Infrastructure Management	0	100%	90%	25%	0%	R	50%	100%	B	75%	75%	G	90%	90%	G	Technical managers forum did not take place for the month of June 2019, however resolutions of the previous meeting have been implemented	Not applicable	90%	100%	G2

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D274	Infrastructure Management	Good Governance and Public Participation	Strategic Risks mitigated by end of June	#	Director: Infrastructure Management	1	2	2	0	0	N/A	0	0	N/A	0	0	N/A	2	0	R	The identified strategic risk is not yet mitigated	To implement the remedial actions to ensure that the identified strategic risk is mitigated by end of financial year.	2	0	R
D275	Infrastructure Management	Municipal Transformation and Organisational Development	Departmental Employee Performance Assessments Conducted	#	Director: Infrastructure Management	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	0	R	Employee performance assessment not yet done	To conduct performance assessment of the divisional managers.	1	0	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D276	Infrastructure Management	Basic Service Delivery	Percentage of assessment activities completed related to the implementation of infrastructure maintenance and replacement plan ytd	%	Director: Infrastructure Management	0	100%	60%	15%	50%	B	30%	0%	R	45%	0%	R	60%	0%	R	The WSIG is used for maintenance of Municipal Water infrastructure	MDM to develop and implement the infrastructure maintenance and replacement plan	60%	50%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D277	Infrastructure Management	Basic Service Delivery	Development of Water Services Infrastructure Development Plan by end of June	#	Director: Infrastructure Management	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	0	R	The Water Services Infrastructure Development Plan is not yet done due to insufficient budget and capacity to carry out this task	MDM is currently exploring other avenues to ensure that this function is sufficiently addressed. Letters requesting support were submitted to MISA and DBSA.	1	0	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D278	Infrastructure Management	Basic Service Delivery	Number of activities completed towards a Functional water infrastructure ytd	#	Director: Infrastructure Management	0	5	5	1	0	R	2	0	R	3	3	G	5	24	B	A total of 24 WSIG Projects are under execution towards functional water infrastructure	WSIG Progress report	5	24	B
D279	Infrastructure Management	Basic Service Delivery	Improved level of services of water supply to communities ytd	#	Director: Infrastructure Management	0	10	15	0	0	N/A	0	0	N/A	10	9	O	5	5	G	5 Projects completed as planned	To complete projects within the prescribed completion dates	15	14	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D280	Infrastructure Management	Basic Service Delivery	Number of WSIG funded VIP ablution facilities for provision of sanitation in the District	#	Director: Infrastructure Management	381	600	500	20	0	R	230	230	G	200	547	B	50	50	G	547 WSIG funded VIP ablution facilities for provision of sanitation have been completed in the previous months.	Not applicable	50	50	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D281	Infrastructure Management	Basic Service Delivery	Approved District water Master Management Plan by council by end of June	#	Director: Infrastructure Management	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	0.50	R	Only the draft master plan is in place. MDM does not have the capacity to develop the master plan	MDM is considering the option of appointing a professional service provider for development of the Master Plan. MDM has requested funding assistance from DBSA and MISA	1	0.50	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D282	Infrastructure Management	Basic Service Delivery	Percentage of operation and maintenance allocation spent on water services ytd	%	Director: Infrastructure Management	120	100%	100%	25%	10.40%	R	50%	18.90%	R	75%	60%	O	100%	78%	O	78% of the budget was spent	Not applicable	100%	80%	O
D283	Infrastructure Management	Basic Service Delivery	Development of the water Safety plan by end of June	#	Director: Infrastructure Management	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	The water safety plan is in place for water treatment works	Not applicable	1	1	G
D284	Infrastructure Management	Basic Service Delivery	Alignment of the Water Master Plan with the provincial master plan by end of June	#	Director: Infrastructure Management	0	1	1	0	15	B	0	0	N/A	0	0	N/A	1	0	R	Master plan not yet developed, alignment to be considered during development of the master plan	MDM is considering the option of appointing a professional service provider for development of the	1	15	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D286	Infrastructure Management	Basic Service Delivery	Installation of water infrastructure Tracking device by end of June	#	Director: Infrastructure Management	0	5	5	0	0	N/A	0	0	N/A	0	0	N/A	5	0	R	Not yet done as there is no budget allocated for this function in the current financial year.	To budget for this function in future	5	0	R
D287	Infrastructure Management	Basic Service Delivery	Quarterly reports on Full SANS 241 Water quality assessments	#	Director: Infrastructure Management	0	4	4	1	1	G	1	1	G	1	1	G	1	1	G	Report on the Full SANS 241 Water quality is done and is included in the water safety plan	Not applicable	4	4	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D333	Infrastructure Management	Basic Service Delivery	Mageva Refurbishment, rehabilitation and upgrading of internal Water Reticulation Network and Boreholes	%	Director: Infrastructure Management		100%	100%	45%	35%	O	70%	75%	G2	90%	80%	O	100%	87%	O	Contractor awaiting the delivery of the steel tank onsite and busy with tank footings; busy with concrete footings. The contractor has failed to complete the project within the specified period.	The contract is on penalties.	100%	87%	O
D334	Infrastructure Management	Basic Service Delivery	Makoxa B9 Upgrading of Internal Water Reticulation network-	%	Director: Infrastructure Management		100%	100%	45%	95%	B	70%	100%	G2	100%	100%	G	0%	100%	B	The project is completed	Not applicable for the current period	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D335	Infrastructure Management	Basic Service Delivery	Giyani Bulk Water Scheme cleaning of reservoirs and installation of bulk meters	%	Director: Infrastructure Management		100%	100%	45%	92%	B	70%	95%	G2	90%	95%	G2	100%	100%	G	The project is completed	Not applicable for the current period	100%	100%	G
D336	Infrastructure Management	Basic Service Delivery	Zava Upgrading of Internal Water Reticulation network	%	Director: Infrastructure Management		100%	100%	45%	10%	R	70%	55%	O	90%	85%	O	100%	98%	O	The project is practically completed.	Practical handover is scheduled to take place on 15 July 2019.	100%	98%	O
D337	Infrastructure Management	Basic Service Delivery	Dzumeri Upgrading of Internal Water Reticulation network	%	Director: Infrastructure Management		100%	100%	45%	30%	R	70%	87%	G2	100%	99%	O	0%	100%	B	The project is completed	Not applicable for the current period	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D338	Infrastructure Management	Basic Service Delivery	Namakgale Replacement and resizing of Bulk line	%	Director: Infrastructure Management		100%	100%	30%	36%	G2	60%	85%	G2	85%	90%	G2	100%	93%	O	The contractor is currently busy with the installation of the water meters out of 525; 320 meters are installed,	Contractor is on penalties	100%	93%	O
D339	Infrastructure Management	Basic Service Delivery	Lulekani Replacement and resizing of Bulkline	%	Director: Infrastructure Management		100%	100%	30%	51%	B	60%	70%	G2	85%	75%	O	100%	99%	O	The project has reached practical completion.	Not applicable	100%	99%	O
D340	Infrastructure Management	Basic Service Delivery	Construction of 381 VIP toilets in Ba-Phalaborwa	%	Director: Infrastructure Management		100%	150%	50%	19%	R	80%	42%	R	100%	100%	G	0%	100%	B	The project is complete	Not applicable	150%	100%	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D341	Infrastructure Management	Basic Service Delivery	Iketleng Refurbishment, rehabilitation and upgrading of internal Water Reticulation Network and Boreholes	%	Director: Infrastructure Management		100%	0%	50%	82%	B	80%	95%	G2	100%	100%	G	0%	100%	B	The project is complete	Not applicable	100%	100%	G
D342	Infrastructure Management	Basic Service Delivery	Mokwasa Refurbishment, rehabilitation and upgrading of internal Water Reticulation Network and Boreholes	%	Director: Infrastructure Management		100%	0%	50%	55%	G2	80%	60%	O	100%	90%	O	0%	100%	B	The project is complete	Not applicable	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D343	Infrastructure Management	Basic Service Delivery	Mabjebiling Refurbishment, rehabilitation and upgrading of internal Water Reticulation Network and Boreholes	%	Director: Infrastructure Management		100%	0%	50%	95%	B	80%	100%	G2	100%	100%	G	0%	100%	B	The project is completed	Not applicable	100%	100%	G
D344	Infrastructure Management	Basic Service Delivery	Mariveni Refurbishment, rehabilitation and upgrading of internal Water Reticulation Network and Boreholes	%	Director: Infrastructure Management		100%	0%	50%	23%	R	80%	75%	O	100%	80%	O	0%	95%	B	The project is practically completed, pending is the energisation of 2 boreholes waiting for Eskom.	MDM to follow up with ESKOM regarding energisation of the 2 boreholes	100%	95%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D345	Infrastructure Management	Basic Service Delivery	Khujwana Refurbishment, rehabilitation and upgrading of internal Water Reticulation Network and Boreholes	%	Director: Infrastructure Management		100%	0%	50%	0%	R	80%	95%	G2	100%	100%	G	0%	100%	B	The project is complete	Not applicable	100%	100%	G
D346	Infrastructure Management	Basic Service Delivery	Hoedspruit Rehabilitation and upgrading of Emergency Sewer Storage Dam and booster pump station	%	Director: Infrastructure Management		100%	0%	50%	85%	B	80%	74%	O	100%	100%	G	0%	100%	B	The project is complete	Not applicable	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D347	Infrastructure Management	Basic Service Delivery	Construction of 381 VIP toilets-Maruleng	%	Director: Infrastructure Management		100%	0%	50%	50%	G	80%	66%	O	100%	93%	O	0%	98%	B	285/285 toilets are complete. The project has reached practical completion.	Contractor to attend to snag list identified on site.	100%	98%	O
D348	Infrastructure Management	Basic Service Delivery	Refurbishment of Thabina water works	%	Director: Infrastructure Management		100%	0%	50%	0%	R	80%	5%	R	100%	9%	R	100%	95%	O	The pipeline is complete and the contractor is busy with manholes and fixing the community's household entrances.	Contractor to expedite the remaining works on site	100%	95%	O

D3 50	Infrastr ucture Manag ement	Basic Service Delivery	Ba- Phalaborw a refurbishm ent of sewer network & booster pump	%	Directo r: Infrastr ucture Manag ement		100 %	0%	45 %	79 %	B	70 %	80 %	G 2	100 %	80 %	O	0%	80 %	B	This project will not be complete d this year due to financial constraint s. The engineer did not anticipate excess sludge and blasting during designing phase, the remaining scope will be catered for in the next financial year. The engineer was advised to only focus on utilizing contingen cies to pay the contractor for work done and any work	The project to resume in the next financial year to ensure success ful completi on	100 %	80 %	O
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Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D353	Infrastructure Management	Basic Service Delivery	Dzingidzingi and Bode Water Reticulation	%	Director: Infrastructure Management		100%	0%	25%	59%	B	50%	82%	B	70%	98%	G2	100%	100%	G	The project is completed	Not applicable	100%	100%	G
D354	Infrastructure Management	Basic Service Delivery	Lulekani to Matiko-Xikaya Bulk Pipeline	%	Director: Infrastructure Management		100	0	25	51	B	50	70	G2	70	75	G2	100	99	O	The project has reached practical completion.	Not applicable	100	99	O
D355	Infrastructure Management	Basic Service Delivery	Namakgale Replacement of Asbestos Pipes	%	Director: Infrastructure Management		100%	0%	50%	36%	R	80%	85%	G2	100%	90%	O	0%	93%	B	The contractor is currently busy with the installation of the water meters out of 525; 320 meters are installed,	Contractor is on penalties	100%	93%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D356	Infrastructure Management	Basic Service Delivery	Percentage progress with Jopie to Mawa Ramothsi nyadi Phase 1A	%	Director: Infrastructure Management	0	21%	100%	75%	99%	G2	85%	100%	G2	100%	100%	G	0%	100%	B	The project is completed.	Not applicable	100%	100%	G
D357	Infrastructure Management	Basic Service Delivery	Percentage Progress with Jopie to Mawa Ramothsi nyadi Phase 1B	%	Director: Infrastructure Management	0	28%	100%	75%	98%	G2	85%	99%	G2	100%	100%	G	0%	100%	B	The project is completed	Not applicable	100%	100%	G

D3 58	Infrastr ucture Manag ement	Basic Service Delivery	Percentag e progress with Jopie to Mawa Ramothisi nyadi Phase 2A	%	Directo r: Infrastr ucture Manag ement	0	90 %	100 %	21 %	25 %	G 2	44 %	46 %	G 2	65 %	85 %	G 2	100 %	90 %	O	Project has been on hold for the month June; Contracto r was not paying the local subcontra cts therefore yard connectio ns were stopped. Local subcontra ctor held the site office at gunpoint demandin g appointm ent under the 30% SMME; this also delayed the project during the month of June. However the above mentione d were resolved and the contractor	Contract or to expedite the remainin g works.	100 %	90 %	O
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Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D359	Infrastructure Management	Basic Service Delivery	Percentage progress with Jopie to Mawa Ramothsi nyadi Phase 2B	%	Director: Infrastructure Management	0	90%	100%	21%	28%	G2	44%	72%	B	65%	90%	G2	100%	85%	O	Previous progress reported was 97% but due to the additional works approved from the contingency amount the progress is recalculated to 85%. The Contractor is currently busy with chambers for the erected steel tank and the additional reticulation and yard	Contract or to be closely monitored to expedite completion of the remaining works.	100%	97%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D360	Infrastructure Management	Basic Service Delivery	Percentage progress with Jopie to Mawa Ramothsi nyadi Phase 2C	%	Director: Infrastructure Management	0	90%	100%	21%	51%	B	44%	80%	B	65%	95%	G2	100%	80%	O	Previous progress reported was 98% but due to the additional works approved from the contingency amount the progress is recalculated to 80%. Contractor completed pipe laying on site of the original scope and testing of the pipelines has commenced.	Contractor to be closely monitored to ensure successful completion of the remaining works	100%	98%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D361	Infrastructure Management	Basic Service Delivery	Percentage progress with Jopie to Mawa Ramothsi nyadi Phase 2D	%	Director: Infrastructure Management	0	90%	100%	21%	16%	O	44%	70%	B	65%	94%	G2	100%	98%	O	Contractor completed the scope of works; practical handover reached 14 June 2019	MDM to schedule a date for project handover	100%	98%	O
D362	Infrastructure Management	Basic Service Delivery	Percentage progress with Tours Water Scheme : Bulk Lines refurbishment and Reticulation	%	Director: Infrastructure Management	0	100%	0%	41%	94%	B	50%	98%	B	78%	99%	G2	100%	100%	G	Project is complete; on defects liability period.	Not applicable	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D363	Infrastructure Management	Basic Service Delivery	Percentage progress with Tours Water Scheme : Bulk Lines refurbishment and Reticulation	%	Director: Infrastructure Management	0	100%	0%	41%	94%	B	50%	98%	B	78%	99%	G2	100%	65%	R	Currently the contractor is busy with constructing manholes for the scour, air valve and gate valve (foundation layer works); refurbishment of the 3 existing reservoirs , booster pump station(foundation layer works) and the 60kl steel tank	The contract or is closely monitored	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D365	Infrastructure Management	Basic Service Delivery	Percentage progress with Thapane Bulk Water Scheme (Upgrading of Water and Extensions)	%	Director: Infrastructure Management		100%	0%	34%	75%	B	63%	91%	G2	88%	96%	G2	100%	96%	O	The subcontractor is still busy with the mechanical works at the treatment plant as per his program of works he will be done on 2nd of August 2019	Contractor is currently on penalties for failing to complete the project within the prescribed completion date	100%	96%	O
D366	Infrastructure Management	Basic Service Delivery	Percentage progress with Thapane Bulk Water Scheme (Upgrading of Water and Extensions) Phase 2A	%	Director: Infrastructure Management	0	100%	0%	34%	6%	R	57%	13%	R	83%	15%	R	100%	23%	R	The contractor has currently withdrawn from the project.	MDM to undertake the appointment of a new contractor	100%	23%	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D367	Infrastructure Management	Basic Service Delivery	Percentage progress with Thapane Bulk Water Scheme (Upgrading of Water and Extensions) Phase 2B	%	Director: Infrastructure Management	0	100%	0%	34%	0%	R	57%	5%	R	83%	19%	R	100%	23%	R	The sub-contractor is busy with the refurbishment of the 4 pump houses and the installation of pump.	Contract or to ensure timeous procurement of materials	100%	23%	R
D368	Infrastructure Management	Basic Service Delivery	Percentage progress with Thapane Regional Water Scheme ; Upgrading & Extension	%	Director: Infrastructure Management	0	60%	0%	0%	96%	B	0%	96%	B	35%	96%	B	60%	96%	B	The contractor is failing to return to site and complete the remaining works.	The termination letter is still circulating for signatures and currently being assessed by Legal still on going as more information was needed to support	60%	98%	B

D3 69	Infrastr ucture Manag ement	Basic Service Delivery	Percentag e progress with Sefofotse to Ditshosine Bulk Water Supply/Ra mahlatsi Bulk and Reticulatio n Phase 2A	%	Directo r: Infrastr ucture Manag ement	0	0%	0%	20 %	0%	R	47 %	10 %	R	70 %	55 %	O	100 %	98 %	O	The pressure testing and practical hand over was done 21 June 2019. Completi on hand over was schedule d to be done on the 11th of July 2019. The project was complete d by 15 June 2019 but there was a delay in terms of arranging the practical handover and completi on due to the availabilit y of all stakehold ers.	Not applicab le	100 %	98 %	O
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Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D370	Infrastructure Management	Basic Service Delivery	Percentage progress with Sefofotse to Ditshosine Bulk Water Supply/Ramahlatsi Bulk and Reticulation Phase 2B	%	Director: Infrastructure Management		100%	0%	20%	0%	R	47%	15%	R	70%	55%	O	100%	95%	O	The only outstanding work is pressure testing which was scheduled to be done on the 12th July 2019. The contract period has lapsed.	Contractor has submitted a request for extension of time to MDM for assessment and approval.	100%	95%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D371	Infrastructure Management	Basic Service Delivery	Percentage progress with Sefofotse to Ditshosine Bulk Water Supply/Ramahlatsi Bulk and Reticulation Phase 2C	%	Director: Infrastructure Management	0	100%	0%	20%	11%	R	47%	54%	G2	70%	84%	G2	100%	90%	O	The contractor is reconstructing the footings of the reservoirs since he did not construct them according to specification and repairing stand pipes which were not installed properly. The contractor has failed to complete the project on time.	Contractor is on penalties as the contract period has lapsed.	100%	90%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D372	Infrastructure Management	Basic Service Delivery	Percentage progress with Sefofotse to Ditshosine Bulk Water Supply/Ramahlatsi Bulk and Reticulation Phase 2D	%	Director: Infrastructure Management	0	100%	0%	20%	26%	G2	47%	56%	G2	70%	57%	O	100%	60%	R	The project experienced delays due to the 30% local subcontracting issue and this was resolved.	30% local subcontracting issue was resolved. The Subcontractor were appointed on the 30 May 2019, but no work has taken place on site.	100%	60%	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D373	Infrastructure Management	Basic Service Delivery	Percentage progress with Sefofotse to Ditshosine Bulk Water Supply/Ramahlatsi Bulk and Reticulation Phase 2E	%	Director: Infrastructure Management	0	100%	0%	20%	8%	R	47%	27%	R	70%	45%	R	100%	50%	R	The contractor is constructing the footings of the steel elevated tank. The contractor has failed to complete the project within the anticipated period.	Extension of time submitted under evaluation by the MDM project Manager.	100%	50%	R
D374	Infrastructure Management	Basic Service Delivery	Percentage progress with Tours Bulk Water Scheme (Treatment Plant)	%	Director: Infrastructure Management	0	100%	0%	75%	92%	G2	88%	95%	G2	100%	98%	O	100%	99%	O	The project is practically complete, MDM is awaiting submission of close out report by PSP.	Follow up to be made with the engineer for submission of the close out report.	100%	99%	O

D3 75	Infrastr ucture Manag ement	Basic Service Delivery	Progress with Hoedspru it Bulk Water Supply	%	Directo r: Infrastr ucture Manag ement	0	100 %	0%	62 %	59 %	75 %	65 %	90 %	85 %	100 %	87 %	87 %	<p>Pipes were stolen of site Contractor has since been working on chambers failing to procure pipes due to cash flow challenges.</p> <p>Mopani DM still awaiting approval from public works to utilize the SANDF to construct the reservoir as per scope of work. A letter has been sent to the office of the premier for further assistance</p>	Further follow up to be made regarding approval of the alternative location for construction of the reservoir.	100 %	87 %
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Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D376	Infrastructure Management	Basic Service Delivery	Percentage progress with Kampersrus Sewage Plant Phase 1	%	Director: Infrastructure Management	0	65%	100%	94%	98%	G2	95%	98%	G2	96%	98%	G2	100%	98%	O	Electrical and Mechanical subcontractor failing to complete works on site;	termination of the subcontractor is underway.	100%	98%	O
D377	Infrastructure Management	Basic Service Delivery	Percentage progress with Kampersrus Sewage Plant Phase 2	%	Director: Infrastructure Management	0	25%	25%	0%	98%	B	0%	98%	B	0%	98%	B	25%	15%	R	The Contractor was stopped (15% progress) on site due to court interdict based on poorly designed work; the Consultant has since been terminated.	The new consultant is busy with the designs	25%	98%	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D379	Infrastructure Management	Basic Service Delivery	Percentage progress with Sefofotse to Ditshosine Bulk Water Supply (Ramoroka Village)	%	Director: Infrastructure Management	0	100%	100%	75%	98.85%	G2	85%	98.85%	G2	100%	98.85%	O	100%	98.85%	O	The scope of work is complete but due to insufficient water the Municipality has done budget maintenance application for additional funding in order to drill two bore holes to augment the existing one for the project to be functional unfortunately the site visit has not	the project manager will arrange for a new date and Coghsta will be informed. Other funding avenues to be explored.	100%	98.90%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D380	Infrastructure Management	Basic Service Delivery	Percentage progress with Lenyenye Sewage Works and Outfall Sewer	%	Director: Infrastructure Management	0	100%	100%	94%	96%	G2	96%	98%	G2	100%	98%	O	100%	99%	O	The project is practically completed	Not applicable	100%	99%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D382	Infrastructure Management	Basic Service Delivery	Percentage progress with Upgrading of Ba-Phalaborwa Sewage Plant	%	Director: Infrastructure Management	0	100%	100%	76%	72%	O	85%	79%	O	90%	83%	O	100%	88%	O	The contractor is currently busy with the testing of the pipeline. The contractor has escalated the eleven (11) concrete manholes in order to be able to install the air valves. The progress is moving at a slow pace on site	Contractor is on penalties	100%	88%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D383	Infrastructure Management	Basic Service Delivery	Percentage with Lephephane Bulk Water Supply	%	Director: Infrastructure Management	0	100%	100%	84%	83%	O	90%	94%	G2	94%	94%	G	100%	95%	O	The contractor has completed the remaining works.	Not applicable	100%	95%	O
D386	Infrastructure Management	Basic Service Delivery	Monthly Reports on Rural Road Asset Management System	#	Director: Infrastructure Management		12	0	1	1	G	1	1	G	1	1	G	1	1	G	Report submitted for the current month	None	12	12	G
D393	Infrastructure Management	Good Governance and Public Participation	Implementation of Directorate Audit Committee Resolutions	%	Director: Infrastructure Management		100%	100%	25%	25.53%	G2	50%	25.53%	R	75%	25.50%	R	100%	25.50%	R	12 out of 47 Internal Audit findings have been resolved	The directorate has developed a turnaround strategy to address all outstanding items	100%	25.53%	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D395	Infrastructure Management	Basic Service Delivery	Percentage progress of Makhuvu upgrading of internal water reticulation network	%	Director: Infrastructure Management	0	100%	0%	25%	51%	B	50%	96%	B	75%	100%	G2	100%	100%	G	The project is completed	Not applicable	100%	100%	G
D396	Infrastructure Management	Basic Service Delivery	Percentage progress of Makgakgapase upgrading of internal water reticulation network	%	Director: Infrastructure Management	0	100%	0%	25%	42%	B	50%	65%	G2	75%	76%	G2	100%	91%	O	The contractor is busy with erection of the 380KL elevated steel tank. The remaining scope is the valve chambers by the steel tank and installation of a transformer	The contractor is on penalties for failing to complete the project within the specified period.	100%	91%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D397	Infrastructure Management	Basic Service Delivery	Percentage progress with Mapuve, refurbishment of package plant and internal water reticulation	%	Director: Infrastructure Management	0	100%	0%	15%	12%	O	50%	43%	O	75%	79%	G2	100%	92%	O	The Contractor is currently busy with additional works approved; according to the extension of time submitted the additional works will be completed by the 18th of July 2019.	Contractor to be closely monitored to ensure completion of the outstanding works and the additional works by the 18 July 2019.	100%	92%	O
D398	Infrastructure Management	Basic Service Delivery	Percentage progress with Metz refurbishments, rehabilitation of water reticulation network	%	Director: Infrastructure Management	0	100%	0%	25%	90%	B	45%	90%	B	75%	100%	G2	100%	100%	G	The project is complete	Not applicable	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D399	Infrastructure Management	Basic Service Delivery	Percentage progress of Erection of perimeter fence in Lenyenye	%	Director: Infrastructure Management	0	100%	0%	30%	90%	B	60%	100%	B	100%	100%	G	0%	100%	B	The project is complete	Not applicable.	100%	100%	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D400	Infrastructure Management	Basic Service Delivery	Percentage progress of Makhubidung refurbishment of internal water reticulation	%	Director: Infrastructure Management	0	100%	0%	25%	23%	O	50%	0%	R	75%	63%	O	100%	65%	R	Contractor is back on site to complete the project; MDM has received the extension of time for 4 months MDM project manager still evaluating the request.	MDM to respond to the contractor's request for extension of time and if approved, the contractor will be closely monitored to ensure completion of the project within the revised completion date. If the extension of time is not approved	100%	65%	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D401	Infrastructure Management	Basic Service Delivery	Percentage progress of Giyani Sand Water Abstraction	%	Director: Infrastructure Management	0	100%	0%	0%	0%	N/A	0%	0%	N/A	30%	0%	R	100%	30%	R	All contractual obligations have been met. The service provider is currently undertaking site investigations.	The project will be completed in November 2020.	100%	30%	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D402	Infrastructure Management	Basic Service Delivery	Percentage progress of Construction of Sewer Emergency Dam at Tshelang Gape sewer booster station	%	Director: Infrastructure Management		100%	0%	25%	57%	B	50%	80%	B	75%	80%	G2	100%	80%	O	This project will not be completed this year due to financial constraints. The engineer did not anticipate excess sludge and blasting during designing phase	The remaining scope has been budgeted for in the next financial year. The engineer was advised to only focus on utilizing contingencies to pay the contract or for work done and any work which can fall within the budget for	100%	80%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D403	Infrastructure Management	Basic Service Delivery	Percentage progress with the Borehole Development	%	Director: Infrastructure Management	0	60%	0%	0%	100%	B	0%	100%	B	35%	0%	R	60%	94%	B	94% of the Drought relief budget was spent for drilling, equipping and electrification of boreholes.	MDM to facilitate completion of the remaining boreholes	60%	100%	B
D404	Infrastructure Management	Basic Service Delivery	Percentage progress with the Hlaneki Reticulation	%	Director: Infrastructure Management	0	60%	0%	0%	0%	N/A	0%	0%	N/A	35%	0%	R	60%	0%	R	The project will not be implemented in the current financial year due to budget constraints.	To consider the project for implementation in future	60%	0%	R
D405	Infrastructure Management	Basic Service Delivery	Percentage progress with the Bismark water Reticulation	%	Director: Infrastructure Management	0	60%	0%	0%	0%	N/A	0%	0%	N/A	35%	0%	R	60%	0%	R	The project will not be implemented in the current financial year due to budget	To consider the project for implementation in future	60%	0%	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D408	Infrastructure Management	Basic Service Delivery	Percentage progress with the Namaila Booster pump	%	Director: Infrastructure Management	0	60%	0%	0%	0%	N/A	0%	0%	N/A	35%	0%	R	60%	0%	R	The project will not be implemented in the current financial year due to financial constraints.	To consider the project for implementation in future	60%	0%	R
D409	Infrastructure Management	Basic Service Delivery	Percentage progress with the Drought Relief	%	Director: Infrastructure Management	0	60%	0%	0%	0%	N/A	0%	0%	N/A	35%	0%	R	60%	94%	B	94% of the drought relief allocation was spent on drilling and equipping of boreholes.	MDM to facilitate completion of the remaining boreholes	60%	94%	B
D410	Infrastructure Management	Basic Service Delivery	Percentage progress with the Mopani Rural household sanitation	%	Director: Infrastructure Management	0	60%	0%	0%	0%	N/A	0%	92%	B	35%	0%	R	60%	100%	B	The project is complete. 547 VIP units have been constructed.	Not applicable	60%	100%	B

5.8 SDBIP – Community Services

SDBIP – COMMUNITY SERVICES – VOTE 0 060, 070, 075 – Key Performance Indicators

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D123	Community Services	Basic Service Delivery	District Community safety Forasittings	#	Office of the Executive Mayor	4	4	4	1	25	B	1	2	B	1	2	B	1	2	B	1. District Community Safety Forum strategic session meeting held on the 22nd May 2019 @ Butswana in Maruleng 2. Workshop on liquor trade and usage held on the 21 June 2019 Namakga	N/A	4	32	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
																				103.24% (source: May Expenditure Report).	available				
D293	Community Services	Municipal Financial Viability and Management	Demand management plans related to Community Services developed and submitted to Budget and Treasury by end of June	#	Director: Community Services	1	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	Demand Management Plan was submitted to Budget & Treasury Office.	N/A	1	1	G
D294	Community Services	Good Governance and Public Participation	Percentage of AG queries attended to ytd	%	Director: Community Services	100	100%	100%	25%	0%	R	50%	0%	R	75%	50%	R	100%	0%	R	The 2 queries by AG are not yet resolved.	BTO and HR must assist to get the issues resolved.	100%	50%	R
D295	Community Services	Good Governance and Public Participation	Percentage of Departmental Internal Audit findings attended to ytd	%	Director: Community Services	100	100%	100%	25%	2%	R	50%	67%	G2	75%	67%	O	100%	67%	R	Resolved 67% of the Departmental IA issues.	To accelerate resolve of the remaining 33% of the issues.	100%	67%	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D296	Community Services	Good Governance and Public Participation	Number of CoGHSTA Back to Basics statistical reports submitted to M&E by the 7th of each month	#	Director: Community Services	12	12	12	1	3	B	1	3	B	1	1	G	1	1	G	One Coghsta Back 2 Basic was submitted to the Coordinator.	N/A	12	16	G2
D297	Community Services	Good Governance and Public Participation	Number of CoGTA Back to Basics statistical reports submitted to M&E by the 7th of each month	#	Director: Community Services	12	12	12	1	3	B	1	3	B	1	1	G	1	1	G	One Cogta Back 2 Basic report was submitted to the Coordinator	None	12	16	G2
D298	Community Services	Good Governance and Public Participation	Percentage of HOD Forum Resolutions related to department implemented within specified timeframes ytd	%	Director: Community Services	100	100%	400%	100%	25%	R	100%	100%	G	100%	90%	O	100%	88.90%	O	8 out of 9 resolutions were implemented.	Resolution could not be implemented due to budget constraints; To be addressed in the 2020/2021	100%	88.90%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
																					financial year.				
D299	Community Services	Good Governance and Public Participation	Strategic Risks mitigated by end of June	#	Director: Community Services	1	1	1	1	1	G	0	0	N/A	0	0	N/A	0	0	N/A	Not for reporting this current period.	N/A	1	1	G
D300	Community Services	Local Economic Development	Number of EPWP Beneficiaries employed	#	Director: Community Services	100	200	200	50	227	B	50	68	G2	50	68	G2	50	311	B	243 social sector and 68 environment and culture sector. Three hundred and eleven beneficiaries were contracted to participate in this reporting period	None	200	674	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D301	Community Services	Municipal Transformation and Organisational Development	Departmental Employee Performance Assessments Conducted	#	Director: Community Services	0	1	1	0	0	N/A	0	0	N/A	1	0	R	0	0	N/A	Not for reporting this current period.	N/A	1	0	R
D302	Community Services	Basic Service Delivery	Number of samples taken on the Water Quality monitoring system	#	Director: Community Services	0	84	84	21	21	G	21	53	B	21	31	G2	21	38	B	38 Water samples were taken for laboratory analysis. 34 Samples conformed to standards while 3 were noncompliant. Results of 01 sample are still pending.	N/A	84	157	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D303	Community Services	Basic Service Delivery	Number of Food safety control done (Inspection, sampling and lab analysis	#	Director: Community Services	0	84	84	21	21	G	21	69	B	21	178	B	21	22	G2	22 food samples were taken at both the formal and informal food handling premises inspected during the reporting period; additional 60 adhoc food samples were taken as precautionary measures in case of food poisoning incidences during the mass funeral of 21 accident	N/A	84	290	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D307	Community Services	Basic Service Delivery	Conducting 6 of inspections and community awareness on chemical safety facilities	#	Director: Community Services	0	12	7	1	0	R	1	6	B	2	0	R	2	2	G	Chemical safety inspections were conducted at schools with chemical laboratories; and an informal education awareness on the safe handling and storage of chemicals was conducted to educators and learners.	N/A	7	11	B
D308	Community Services	Basic Service Delivery	Number of inspections conducted on funeral parlours and mortuaries	#	Director: Community	0	2	2	0	0	N/A	1	0	R	0	0	N/A	1	2	B	2 inspections were conducted at mortuaries	N/A	2	2	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
	Services		biosphere reserve		municipal Services															meeting conducted					
D314	Community Services	Basic Service Delivery	Report on the Repairs and Maintenance of the Air quality station	#	Director: Community Services	0	1	1	1	1	G	0	0	N/A	0	0	N/A	0	0	N/A	Not to be reported under the reporting period	None	1	1	G
D315	Community Services	Basic Service Delivery	Reports on Rural waste Management projects	#	Director: Community Services	0	4	4	1	1	G	1	1	G	1	1	G	1	1	G	1 rural waste management project with 68 beneficiaries under the reporting period.	None	4	94	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D316	Community Services	Basic Service Delivery	Conducting of 30 fire awareness campaigns	#	Director: Community Services	0	30	30	1	5	B	1	4	B	2	5	B	6	14	B	Awareness conducted: 4 x By Tzaneen Fire Station 4 x By Phalaborwa Fire Station 2 x By Modjadjis kloof Fire Station 1 x By Maruleng Fire Station 3 x By Giyani Fire Station	N/A	30	63	B
D317	Community Services	Basic Service Delivery	Provision of fire services uniform & protective clothing to 35 employees by end of December	#	Director: Community Services	0	35	35	0	0	N/A	35	15	R	0	0	N/A	0	0	N/A	Not for reporting under the current period.	N/A	35	15	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D318	Community Services	Basic Service Delivery	Development of a fire plan by end of June	#	Director: Community Services	0	35	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	Fire Plan advertised for potential bidders to bid.	N/A	1	1	G
D319	Community Services	Basic Service Delivery	Provision of 15 furniture for fire stations & satellite	#	Director: Community Services	0	15	35	0	0	N/A	0	0	N/A	0	0	N/A	35	0	R	Submitted specifications and requirements for Furniture to Budget and Treasury for procurement.	SCM Unit to assist with acceleration of procurement.	35	0	R

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D320	Community Services	Basic Service Delivery	20 Disaster Management awareness campaigns	#	Director: Community Services	0	20	20	5	17	B	5	5	G	5	5	G	5	5	G	Awareness Campaign on Fire took place at Runnymede village on the 11 June 2019 Greater Tzaneen, 13 June 2019 took place at N'wamata tani village Greater Giyani, 14 June 2019 took place at Kgapane Hospital Greater Letaba, 18 June 2019 took place at Khehlana Village Greater	N/A	20	32	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
																				Tzaneen, 19 June took place at Ndengez a village Greater Giyani, and 20 June 2019 took place at Sekhunyani village Greater Giyani.					
D321	Community Services	Basic Service Delivery	% Budget spent on Disaster Relief Support by end of June	%	Director: Community Services	0	100%	100%	0%	0%	N/A	0%	0%	N/A	0%	0%	N/A	100%	83.24%	O	R998 873.04 was spent out of R1 200 000.00 and the balance is R201 126.96	one cannot spend all the budget because one won't know what might happen	100%	83.24%	O

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D3 24	Community Services	Basic Service Delivery	Disaster Management seminars in June	#	Director: Community Services	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	1	G	Land Use Management on Disaster Management Seminar was scheduled for 26 June 2019 and postponed to 16 July 2019 due to short notice to the stakeholders, but it finally took place at Tzaneen Country Lodge.	Rescheduled for 16 July 2019.	1	1	G
D3 25	Community Services	Basic Service Delivery	Report on the Installation of emergency sign board in the district	#	Director: Community Services	0	1	1	0	0	N/A	0	0	N/A	0	1	B	1	1	G	Requisition on sign boards with emergency numbers	Yes	1	2	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
																				was submitted to Budget and Treasury Office.					
D326	Community Services	Basic Service Delivery	Procurement of the drone for disaster risk assessment by end of June	#	Director: Community Services	0	1	1	0	0	N/A	0	0	N/A	0	0	N/A	1	0	R	No budget for 2018/2019 to purchase the drone.	Was re-budgeted for in the 2019/20 financial year, but, later removed due to deficit in the general budget of the institution.	1	0	R
D327	Community Services	Basic Service Delivery	Procurement of the solar light in 5 Locals municipalities by end of December	#	Director: Community Services	0	1	1	0	0	N/A	1	1	G	0	0	N/A	0	0	N/A	Not for reporting under the current period.	No	1	1	G

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D328	Community Services	Basic Service Delivery	Procurement of AFIS Dashboard for fire risk assessments by end of December	#	Director: Community Services	0	1%	1%	0%	0%	N/A	1%	1%	G	0%	0%	N/A	0%	0%	N/A	Not for reporting under the current period.	No	1%	1%	G

5.9 SDBIP – Office of the Speaker

SDBIP – OFFICE OF THE SPEAKER – VOTE 044 - PERFORMANCE INDICATORS

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D30	Office of the Speaker	Good Governance and Public Participation	Percentage of MPAC recommendations passed on to Council YTD	%	Municipal Manager	100	100%	100%	100%	100%	G	100%	100%	G	100%	50%	R	100%	100%	G	MPAC has tabled its 2017/18 oversight report before council as legislated.	Not required	100%	100%	G
D127	Office of the Speaker	Good Governance and Public Participation	Percentage of oversight committee resolutions forwarded to council	%	Office of the Speaker	100	100%	100%	100%	0%	R			100%	100%	G									
D128	Office of the Speaker	Good Governance and Public	Number of District wide session meeting held ytd	#	Office of the Speaker	1	1	1	1	1	G	0	1	B	0	100	B	0	1	B	One annual MPAC District Wide Session	Not required	1	100	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
D132	Office of the Speaker	Good Governance and Public Participation	Oversight Report publicised within seven days after adoption by Council by end of March	#	Office of the Speaker	1	1	1	0	0	N/A	0	0	N/A	1	1	G	0	1	B	The public notice was made on the draft annual report. The oversight report was tabled outside the legislated time frame.	No corrective measure required.	1	3	B
D133	Office of the Speaker	Good Governance and Public Participation	Oversight report tabled to council by end of March	#	Office of the Speaker	1	1	1	0	0	N/A	0	1	B	1	1	G	0	0	N/A	The draft oversight report was only publicised in April and not March as	Council to comply with MMA calendar.	1	7	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
																					legislated.				
D134	Office of the Speaker	Good Governance and Public Participation	Annual report Public hearing held successfully by end of March	#	Office of the Speaker	1	1	1	0	0	N/A	0	0	N/A	1	0	R	0	0	N/A	Not Applicable for reporting	Not Applicable for reporting	1	0	R
D135	Office of the Speaker	Good Governance and Public Participation	Number of MPAC meetings held quarterly	#	Office of the Speaker	4	4	4	1	4	B	1	8	B	1	17	B	1	4	B	Four meetings were held in the quarter under review.	No corrective measures required.	4	62	B
D136	Office of the Speaker	Good Governance and Public Participation	Number of projects visits conducted quarterly	#	Office of the Speaker	4	4	4	1	21	B	1	21	B	1	25	B	1	25	B	Twenty five projects were visited	No corrective measures required.	4	202	B
D137	Office of the Speaker	Good Governance and Public	Publicising the oversight report on the local and	#	Office of the Speaker	1	1	1	0	0	N/A	0	0	N/A	0	1	B	1	1	G	Public notice was done on the draft	Council to comply with MFMA calend	1	3	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Target	Actual	R	Target	Actual	R	Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R
		Participation	National Newspapers by the end of April																		annual report.	ar to allow space for compliance on other related activities.			
D138	Office of the Speaker	Good Governance and Public Participation	MPAC District Wide Session held in September	#	Office of the Speaker	1	1	1	1	100	B	0	1	B	0	1	B	0	0	N/A	Not Applicable for reporting	Not Applicable for reporting	1	205	B
D139	Office of the Speaker	Good Governance and Public Participation	Quarterly Speakers sittings	#	Office of the Speaker	4	4	4	1	1	G	1	2	B	1	0	R	1	2	B	Two meetings were held 04 April 2019 28 June 2019	None	4	9	B
D140	Office of the Speaker	Good Governance and Public Participation	District Ward Committee Conference	%	Office of the Speaker	1	1	1	0	1	B	1	2	B	0	0	N/A	0	0	N/A	Not Applicable for reporting	Not Applicable for reporting	1	3	B

Ref	Directorate	Municipal KPA	KPI	UoM	KPI Owner	Baseline	Annual Target	Revised Target	Sep-18			Dec-18			Mar-19			Jun-19					Overall Performance for Jul 2018 to Jun 2019		
									Target	Actual	R	Performance Comment	Corrective Measures	Target	Actual	R									
D141	Office of the Speaker	Good Governance and Public Participation	4 District Ward Committee one per quarter	#	Office of the Speaker	4	4	4	1	1	G	1	2	B	1	2	B	1	2	B	Two meetings were held: 06 May 2019. 24 June 2019	None	4	9	B
D389	Office of the Speaker	Good Governance and Public Participation	Implementation of Directorate Audit Committee Resolutions	Percentage	Office of the Speaker		100%	0%	100%	0%	R	100%	0%	R	100%	0%	R	100%	100%	G	No Audit Committee Resolutions	None	100%	100%	G

7. Performance Assessment of Municipal Service Providers

Below is the assessment of service providers as per the Municipal systems Act, act 32 of 2000 section 46.

Annual Evaluation of Service Provider Performance for 2018/19															
No	Department	Project name	Name of Service provider	Source of funding	Start date	End date	Physical Progress to date Narrative required	Challenges and interventions	Assessment of service provider (Scale 1-5) 1 Poor 2 Fair 3 Average 4 Good 5 Excellent				Annual Average Performance	Number of years the Service Provider have been appointed /new	Assessment comments (future utilisation of service provider)
									1	2	3	4			
1	MDM_Eng	Mopani Rural Household Sanitation Phase 5	LEBP Construction	MIG	01/06/2018	05/11/2018	97% The Contractor has completed the project and has finally submitted the outstanding information to the engineer for verification before final completion.	The contractor was slow in implementation of this project.	2	2	2	1	1	1	Fair Performance
2	MDM_Eng	Kampersrus Sewage Plant	Mintirho Dallas JV Mhlonthlori	MIG	03/01/2012	30/06/2018	98% The sub-contractor for Mechanical & Electrical have completed the snag list and awaiting for handover to be conducted (18 July 2018)	The contractor delayed completion of the snag list	1	1	1	1	1	7	Poor performance

Annual Evaluation of Service Provider Performance for 2018/19															
No	Department	Project name	Name of Service provider	Source of funding	Start date	End date	Physical Progress to date Narrative required	Challenges and interventions	Assessment of service provider (Scale 15) 1 Poor 2 Fair 3 Average 4 Good 5 Excellent				Annual Average Performance	Number of years the Service Provider have been appointed /new	Assessment comments (future utilisation of service provider)
3	MDM _ Eng	Lenyeneye Sewage works and outfall sewer	Makasana Construction	MIG	09/09/2010	30/06/2018	The subcontractor is still busy with the re-erecting of footings for the aerators	The contractor experienced cash flow problems and that has delayed completion of this project. Engineer has submitted the extension of time and MDM is still busy with the evaluations	1	1	1	1	1	8	Poor performance
4	MDM _ Eng	Upgrading of Ba Phalaborwa Sewage Plant	Mascon Trading cc	MIG	01/11/2017	15/06/2018	75% Contractor has completed the maturation pond concrete tank and awaiting the delivery of the air valves of the concrete chambers	The contractor failed to complete the project within the contract period and is currently on penalties.	1	1	1	1	1	1	Poor Performance
4	MDM _ Eng	Lephephane Bulk water supply	Soaring summit developers	MIG	30/01/2018	30/06/2018	94% The appointed scope of work has been completed.	The contractor has abandoned the project and the outstanding works were completed by	1	1	1	1	1	2	Poor performance

Annual Evaluation of Service Provider Performance for 2018/19															
No	Department	Project name	Name of Service provider	Source of funding	Start date	End date	Physical Progress to date Narrative required	Challenges and interventions	Assessment of service provider (Scale 1-5) 1 Poor 2 Fair 3 Average 4 Good 5 Excellent				Annual Average Performance	Number of years the Service Provider have been appointed /new	Assessment comments (future utilisation of service provider)
								the sub-contractor							
5	MDM _ Eng	Nkowankowa Sewage Plant	TR Building and Construction	MIG	N/A	N/A	74%	Contractor Terminated	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6	MDM _ Eng	Jopie to Mawa Ramotshinyadi Phase 2A	TMG Radebe JV	MIG	30/08/2017	28/02/2019	100% The project is complete	None	4	4	4	4	4	1	Good performance
7	MDM _ Eng	Jopie to Mawa Ramotshinyadi Phase 2B	Diges Group	MIG	30/08/2017	28/02/2019	100%	None	4	4	4	4	4	1	Good performance
8	MDM _ Eng	Sefofotse to Ditshosine Bulk Water Supply Ramoroka village	MVE Projects & Construction	MIG	02/02/2018	31/08/2018	98% Contractor is busy with the steel fixing of the concrete roof of the reservoir	None	3	3	3	N/A	3	1	Average performance
9	MDM _ Eng	Sefofotse to Ditshosine Bulk Water Supply Ramahlatsi Bulk and Reticulation 1A	Diges Group	MIG	29/01/2018	29/08/2018	100% The project is complete	None	3	N/A	N/A	N/A	3	1	Average performance
10	MDM _ Eng	Sefofotse to Ditshosine Bulk Water Supply Ramahlatsi Bulk and	Koephu Business Enterprise	MIG	29/01/2018	29/08/2018	100% The project is complete	None	3	N/A	N/A	N/A	3	1	Average performance

Annual Evaluation of Service Provider Performance for 2018/19															
No	Department	Project name	Name of Service provider	Source of funding	Start date	End date	Physical Progress to date Narrative required	Challenges and interventions	Assessment of service provider (Scale 1-5) 1 Poor 2 Fair 3 Average 4 Good 5 Excellent				Annual Average Performance	Number of years the Service Provider have been appointed /new	Assessment comments (future utilisation of service provider)
		Reticulation 1B													
11	MDM _ Eng	Sefofotse to Ditshosine Bulk Water Supply Ramahlatsi Bulk and Reticulation 1C	Moepeng Trading	MIG	29/01/2018	29/08/2018	94% Outstanding work is the erection of the steel tank by ABECO. And Energizing of the borehole by Eskom. Contractor is on penalties still awaiting documents that have been requested from the Contractor to support the extension of time.	Contractor is relying on Eskom and ABECO for completion of the outstanding works which requires specialists.	1	1	N/A	N/A	1	1	Poor performance
12	MDM _ Eng	Tours Bulk Water Scheme (Treatment Plan)	Nandzu Trade And General Projects	MIG	07/02/2018	11/03/2019	99% The scope of works is completed.	None	2	2	2	2	1	1	Fair Performance
13	MDM _ Eng	Hoedspruit Bulk Water Supply	Zenobia Trading 242	MIG	02/02/2018	28/02/2019	87% The contractor is busy with construction of pipeline.	The identified reservoir location falls within a private property. Engagements are ongoing	2	2	2	1	1.75	1	Fair performance

Annual Evaluation of Service Provider Performance for 2018/19															
No	Department	Project name	Name of Service provider	Source of funding	Start date	End date	Physical Progress to date Narrative required	Challenges and interventions	Assessment of service provider (Scale 1-5) 1 Poor 2 Fair 3 Average 4 Good 5 Excellent				Annual Average Performance	Number of years the Service Provider have been appointed /new	Assessment comments (future utilisation of service provider)
								between MDM and the National Department of Public Works for approval of the alternative reservoir location.							
14	MDM _ Eng	Thapane Regional Water Scheme (Upgrading Of Water Reticulation and Extensions)	Lilithalethu Trading	MIG	26/09/2018	31/08/2018	96% The sub-contractor is still busy with the mechanical works at the treatment plant	Community strikes. Intervention meetings were held by MDM with the local community	2	2	2	2	2	1	Fair performance
15	MDM _ Eng	Tours Water Scheme: Bulk Lines Refurbishment and Reticulations	Koephu Business Enterprise	MIG	05/09/2017	28/02/2019	100% The project is complete	None	2	2	2	2	2	1	Average performance
16	MDM _ Eng	Selwane Water Phase1	CASNAN CIVILS	MIG	05/02/2018	25/02/2019	100% The project is complete	None	1	1	2	2	1.5	1	Fair performance
17	MDM _ Eng	Selwane Water Scheme Phase 2C	Chriselda Building & Construction	MIG	04/11/2016	13/09/2017	99%	The contractor snag list is complete.	The project budget has been exhausted. The project awaits approval for	N/A	N/A	N/A	N/A	3	N/A

Annual Evaluation of Service Provider Performance for 2018/19															
No	Department	Project name	Name of Service provider	Source of funding	Start date	End date	Physical Progress to date Narrative required	Challenges and interventions	Assessment of service provider (Scale 15) 1 Poor 2 Fair 3 Average 4 Good 5 Excellent				Annual Average Performance	Number of years the Service Provider have been appointed /new	Assessment comments (future utilisation of service provider)
									budget maintenance from CoGHST A and DWS. Application was re submitted to DWS and CoGHST A in July 2019.						
18	MDM _ Eng	Hoedspruit Rehabilitation and upgrading of sewer emergency storage dam and booster pump station	Avansare Development Projects	WSIG	11/06/2018	30/05/2019	100% The project is complete	None	2	2	2	N/A	2	1	Fair performance
19	MDM _ Eng	Lenyenye Waste Water Treatment Plant Perimeter Fencing	LebP Construction	WSIG	14/05/2018	28/09/2018	100% The project is complete	None	2	1	2	N/A	2	1	Fair performance
20	MDM _ Eng	Maruleng Construction of 381 VIP Toilets in Ba Phalaborwa	Moepeng Trading	WSIG	20 Jun 18	14 Dec 18	98% Practical completion was done on the 14th Feb 2019. Contractor to attend to	Delays in completion of the snag list items	2	1	1	N/A	2	1	Fair performance

Annual Evaluation of Service Provider Performance for 2018/19															
No	Department	Project name	Name of Service provider	Source of funding	Start date	End date	Physical Progress to date Narrative required	Challenges and interventions	Assessment of service provider (Scale 1-5) 1 Poor 2 Fair 3 Average 4 Good 5 Excellent				Annual Average Performance	Number of years the Service Provider have been appointed /new	Assessment comments (future utilisation of service provider)
							snag list identified on site								
21	MDM _ Eng	Construction of 381 VIP Toilets in Maruleng	Moepeng Trading	WSIG	06 Jun 18	14 Nov 18	98% The project has reached practical completion.	Delays in completion of the snag list items	2	1	2	1	2	1	Fair performance
22	MDM _ Eng	Mapuve Water Reticulation Network refurbishment and upgrade	Tsentse Manufacturers	WSIG	21 Jun 18	18 Jul 19	92% The Contractor is currently busy with additional works approved; according to the extension of time submitted the additional works.	The contractor is moving at a slow pace.	2	1	1	1	1	1	Poor performance
23	MDM _ Eng	Zava Package Plant Refurbishment and upgrading of the raw water Pipeline	Titanic Business Enterprise	WSIG	28 May 2018	30 Apr 2019	98% The project is on practical completion stage.	Contractor to expedite the snag list.	2	2	2	2	2	1	Fair performance
24	MDM _ Eng	Dzumeri Internal Water Reticulation upgrade	Economy 671	WSIG	20 Jun 18	30 Nov 18	100% The project is complete	None	2	2	2	N/A	2	1	Fair Performance
25	MDM _ Eng	Dzingi Dzingi Upgrading of Internal Water	Diges Group	WSIG	01 Jun 18	08 Feb 19	100% The project is complete	None	3	3	3	N/A	3	1	Good performance

Annual Evaluation of Service Provider Performance for 2018/19															
No	Department	Project name	Name of Service provider	Source of funding	Start date	End date	Physical Progress to date Narrative required	Challenges and interventions	Assessment of service provider (Scale 15) 1 Poor 2 Fair 3 Average 4 Good 5 Excellent				Annual Average Performance	Number of years the Service Provider have been appointed /new	Assessment comments (future utilisation of service provider)
		Reticulation network													
26	MDM_Eng	Giyani Upgrading of Internal Water Reticulation network	Titanic Business Enterprise	WSIG	14 May 2018	16 Aug 2018	100%	None	2	2	N/A	N/A	2	1	Fair performance
27	MDM_DWS	Mageva Upgrading of Internal Water Reticulation network	Mbanga Trading Enterprises	WSIG	28-Jun-18	15 Dec 18	87% Contractor awaiting the delivery of the steel tank onsite and busy with tank footings; busy with concrete footings. Contractor is on penalties.	Delays in delivery of materials by the supplier	2	1	2	1	2	1	Fair performance
28	MDM_DWS	Mapikiri Replacement of Water Storage Reservoir	LebP Construction	WSIG	15-May-18	30-Jun -19	90% Contractor is busy with the pipe fittings of the reservoir and the concrete inlet and outlet chambers	Contractor failed to complete the project on time and is under penalties	2	2	2	2	2	2	Average performance
29	MDM_DWS	Namakgale Replacement of Cement Asbestos Pipes	Shonisani Rambau Construction	WSIG	15-May-18	30-May-19	93% The contractor is currently busy with the installation of the water meters out of	The contractor has failed to complete the project as scheduled and is under penalties	2	2	2	1	2	1	Fair performance

Annual Evaluation of Service Provider Performance for 2018/19															
No	Department	Project name	Name of Service provider	Source of funding	Start date	End date	Physical Progress to date Narrative required	Challenges and interventions	Assessment of service provider (Scale 1-5) 1 Poor 2 Fair 3 Average 4 Good 5 Excellent				Annual Average Performance	Number of years the Service Provider have been appointed /new	Assessment comments (future utilisation of service provider)
							525; 320 meters are installed,								
30	MDM_DW S	Lulekani Replacement of Cement Asbestos Pipes	Ndoni Properties	WSIG	15-May-18	25-May-19	99% The project has reached practical completion stage	None	2	2	1	2	2	1	Fair performance
31	MDM_DW S	Iketleng Water Reticulation Refurbishment and upgrade	Selby Construction	WSIG	28-May-18	28-Sep-18	100% The project is complete	None	3	3	3	N/A	3	1	Good performance
32	MDM_DW S	Mokwasela Water Reticulation Network refurbishment and upgrade	PGN Civils	WSIG	28-May-18	29-Nov-18	100% The project is complete	None	3	3	3	3	3	1	Good performance
33	MDM_DW S	Makgagapatse Upgrading of Internal Water Reticulation network	Mbanga Trading Enterprises	WSIG	28 May 2018	25 May 2019	91% The contractor is busy with erection of the 380KL elevated steel tank. The remaining scope is the valve chambers by the steel tank and	The contractor has failed to complete the project as scheduled and is under penalties	3	3	2	2	2	1	Fair performance

Annual Evaluation of Service Provider Performance for 2018/19															
No	Department	Project name	Name of Service provider	Source of funding	Start date	End date	Physical Progress to date Narrative required	Challenges and interventions	Assessment of service provider (Scale 15) 1 Poor 2 Fair 3 Average 4 Good 5 Excellent				Annual Average Performance	Number of years the Service Provider have been appointed /new	Assessment comments (future utilisation of service provider)
							installation of a transformer								
34	MDM_DWS	Mabjebilon Water Reticulation Network refurbishment and upgrade	Mbanga Trading Enterprises	WSIG	22-Jun-18	31-Oct-18	100% The project is complete	None	3	3	N/A	N/A	3	1	Good performance
35	MDM_DWS	Mariveni Water Reticulation Network refurbishment and upgrade	Aventino Group JV Bathobohle	WSIG	13-Jun-18	21-Dec-18	95% The contractor has completed the scope of work. The remaining item is ESKOM connection for the new borehole	None	3	3	N/A	N/A	3	1	Good performance
36	MDM_DWS	Makhudubung Water Reticulation Network refurbishment and upgrade	LebP Construction	WSIG	28-May-18	30-Dec-18	65%	The contractor has failed to complete the project as scheduled and has requested for extension of time.	2	2	1	2	2	1	Fair Performance

Annual Evaluation of Service Provider Performance for 2018/19															
No	Department	Project name	Name of Service provider	Source of funding	Start date	End date	Physical Progress to date Narrative required	Challenges and interventions	Assessment of service provider (Scale 1-5) 1 Poor 2 Fair 3 Average 4 Good 5 Excellent				Annual Average Performance	Number of years the Service Provider have been appointed /new	Assessment comments (future utilisation of service provider)
									1	2	3	4			
37	MDM_DWS	Kubjana Water Reticulation Network refurbishment and upgrade	Makgetsi Construction	WSIG	22-Aug-2018	19-Dec-2018	100% The project is completed	None	1	1	1	2	1	1	Poor performance
38	MDM_MM	Electronic Performance Reporting System	Institute of Performance Management	Own	1/07/2018	30/06/2019	SDBIP & Individual PM modules being utilised	None	4	4	4	4	4	1	System supports Performance Reporting and auditing. Other modules may be considered for future use
	MDM_CFO	Furniture	Various	Equitable Share	1 July 2018	30 June 2019	Project completed	None	5	5	5	5	5	1	Service provider may be considered for re-use in future
	MDM_CFO	VAT	MaxProf	Equitable Share	January 2018	30 June 2019	In line with the project plan	Limited support from local municipality with regard to cash collection reports and invoices.	4	4	4	4	4	11 years	Service provider may be considered for re-use in future
	MDM_CFO	Assets Management	ARMS	Equitable Share	August 2017	30 November 2018	In line with the project plan	Capacity constraints in addressing cross-cutting matters	4	4	4	4	4	1	Service provider may be considered

Annual Evaluation of Service Provider Performance for 2018/19															
No	Department	Project name	Name of Service provider	Source of funding	Start date	End date	Physical Progress to date Narrative required	Challenges and interventions	Assessment of service provider (Scale 1-5) 1 Poor 2 Fair 3 Average 4 Good 5 Excellent				Annual Average Performance	Number of years the Service Provider have been appointed /new	Assessment comments (future utilisation of service provider)
								between Lepelle/ DWS and Mopani							for re-use in future

8. Progress on Annual Performance Report for 17/18 financial year

The following overall performance was applicable at the end of the 2017/2018 financial year. Progress was reported in during 2018/2019 is as follows:

17/18 Challenges	17/18 Progress
▶ Performance Reviews cascading of the employee performance management for officials other than directors have not taken place and will take place during the next financial year.	▶ Performance Reviews cascading of the employee performance management for officials other than directors have taken place until post level 3
▶ 100% (8/8) section 54 and 56 appointment have been made	▶ 100% (7/7) section 54 and 56 appointment were made
Percentage of total MIG on R28 324 054.64 (R12 231 400.68 + R 16 092 653.96) out of a total budget of R288 907 000. 67, giving a total % of 9.8 %	▶ Percentage of total MIG budget spent was 90.22%
▶ 0% bids/ tenders were awarded within 60 days of closure of tender advert.	▶ Bids/ tenders were awarded within 60 days of closure of tender advert.
▶ The Audit resulted in adverse opinion	▶ The Audit resulted in disclaimer opinion

9. Performance challenges encountered in 2018-2019

1. As per the legislation as stipulated in section 46 of the Local Government : Municipal Systems Act , Act 32 of 2000 municipalities have an obligation to compile performance reports that reflect the performance of the municipality and that of the service providers appointed by the municipality .
2. The Mopani District municipality have experienced challenges that had an impact on the performance of the municipality amongst the challenges is achieving the planned targets in some other areas.
3. Delays in the procurement of goods and services
4. Delays in the filling of key positions.
5. Slow implementation of Council and audit committee resolutions.

10. Measures taken by management to improve performance in 2018-2019

1. Corrective actions have been included in each key performance indicators to address challenges encountered
2. Application of consequence management to defaulters
3. Regular follow ups with BTO on procurement plan implementation
4. Filling of critical positions to be considered by management
5. Monitoring the implementation of Council and audit committee resolutions.

11. Auditor General Findings raised in 2017- 2018 and management corrective measures

Following is a description of the findings of the Auditor General Report for the 17/18 financial year that relates to Mopani District Municipality and the steps taken by the management to improve the situation as illustrated in the municipality's action plan.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
1	Consultants	Internal control deficiencies were noted on the municipality's use of consultants for financial reporting:	Lack of detailed plan and GAP analysis on the use of consultants	<ol style="list-style-type: none"> 1. Preparation of detailed plan and GAP analysis on the use of consultants. 2. Monitoring of consultants as per the developed plan. 	Resolved	<p>A revised GAP analysis plan has been developed and submitted for verification by the IA.</p> <p>The CFO has provided AG with the control measures on how consultants are monitored and there's agreement with AG.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
2	Assets-Difference between correction of error note and movement in the comparatives	We have noted a difference of R774 845.28 between the correction of prior period error note amount of R48 218 793 for property, plant and equipment and the actual movement in the prior period balance (general ledger movement between current and prior year opening balance). The movement as per the general ledger is R48 993 638.	<ol style="list-style-type: none"> 1. Lack of Internal Capacity. 2. Late preparation of AFS. 3. Non - review of AFS. 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement. 3. Submission of AFS to Audit Committee for review of annual AFS by the Audit Committee two weeks together with the audit file. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	<p>The error was as a result of a journal that was passed on caseware in the 2016-17 financial.</p> <p>The journal was reversed and the amount agrees with the GL movement.</p> <p>The corrections are effected on the interim financial statement.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
3	PPE-Depreciation: Difference between Fixed asset register and Annual Financial Statements	Differences were identified between the fixed asset register and the annual financial statements submitted for audit in respect depreciation for the year	<ol style="list-style-type: none"> 1. Lack of Internal Capacity. 2. Late preparation of AFS. 3. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	<p>The PPE note has been updated and corrected on the interim financial statements.</p> <p>FAR and the PPE note are now reconciling.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
4	PPE-Property, plant and equipment differences identified and incorrect disclosure of depreciation on leased assets	Depreciation on leased assets of R451 578.00 as disclosed as a write off of property, plant and equipment. We identified a difference of R1 066 976.91 between the trial balance, fixed assets register and the financial statement on other property, plant and equipment and infrastructure.	1. Lack of Internal Capacity. 2. Late preparation of AFS. 3. Lack of awareness on changes in GRAP standards. 4. Non-review of the AFS	1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Manager Assets to monthly monitor changes on GRAP standard and regulations. 5. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019.	Resolved	The incorrect mapping of depreciation to the write offs has been corrected. The PPE note has been updated on the Interim financial Statements.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
5	PPE-Recoverable amount for impaired boreholes not verifiable	The municipality impaired several boreholes and determined that the boreholes have a carrying amount of R1. Management has not demonstrated how the recoverable amounts of these assets were determined to arrive at a carrying amount of R1. We are unable to verify the correctness of the impairment loss recognized in the financial statements.	N/A- finding resolved during the audit	N/A- finding resolved during the audit	Resolved	<p>The finding has been resolved during the meeting with Auditor General and consensus has been reached that the finding was resolved.</p> <p>The paragraph which initially appeared on the draft AR has been removed on the final AR.</p> <p>We will further include a paragraph in the Asset Management policy regarding impairment of boreholes.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
6	PPE - Incomplete GRAP 17 disclosures	The municipality did not make these disclosures as required by GRAP	<ol style="list-style-type: none"> 1. Lack of Internal Capacity. 2. Late preparation of AFS. 3. Late submission of information from the LMs. 4. Lack of awareness on changes in GRAP standards. 5. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 4. Manager Assets to monthly monitor changes on GRAP standard and regulations. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	<p>Disclosure as per GRAP 17, property, plant and equipment paragraph .87(a), (b) and (c) with regard to work in progress has been correctly disclosed in the interim financial statements.</p> <p>The asset management on a monthly basis monitors changes in GRAP standards to ensure that all changes are noted.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
7	PPE-No supporting Documents for capitalised assets	We were unable to validate that the expenditure incurred was paid for genuine work done as the supporting documents provided were inadequate. Some payments were processed, based on quotations without any invoices, billing document (scope of work to be done) without any evidence that work was done:	1. Poor records management.2. Lack of checklist to verify complete payment vouchers before a payment is made.	1. Expenditure to develop a checklist to verify complete payment vouchers before payment are made.2. CFO to review the checklist before any payments are approved.	Not Resolved	A checklist for verification of payment vouchers has been prepared and reviewed by the CFO.Expenditure, SCM and Assets to ensure all documents with inadequate supporting documents are retrieved and corrected by the 27/04/2019

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
8	Expenditure-Capital expenses not capitalized	Capital expenses not capitalized. Capital expenditure invoices were recorded as expense	<p>1. Water Services did not budget for refurbishment of assets.</p> <p>2. Repairs and maintenance vote not adequately reviewed by the Asset Manager.</p>	<p>1. Engineering services to provide a budget for refurbishment of assets.</p> <p>2. Manager Assets to review the repairs and maintenance vote to ensure that all assets are capitalised.</p>	Resolved	<p>We have updated and corrected the transactions that were relating to infrastructure and WIP which were incorrectly posted to repairs and maintenance votes as prior year errors in the 2018-19 infrastructure register and WIP register.</p> <p>The repairs and maintenance vote is adequately reviewed when monthly reconciliations are performed to ensure that all assets are not expensed.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
9	Expenditure incurred to repair and maintain property, plant and equipment not disclosed separately	During the review of the annual financial statements submitted for audit we noted that the expenditure incurred to repair and maintenance is not separately discloses resulting in non-compliance with GRAP requirements	<ol style="list-style-type: none"> 1. Late preparation of AFS. 2. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	<p>The PPE note has been adjusted and it includes expenditure incurred to repair and maintain property, plant and equipment.</p> <p>The correction has been done on the interim financial statements.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
10	PPE-Unusual WIP items	We noted two unusual amounts in the WIP register that forms part of the WIP balance at year end. It is not clear as what these two amounts relate to as no WIP projects were linked to the two amounts.	N/A- finding resolved during the audit	N/A- finding resolved during the audit	Resolved	We have updated the 2018-19 WIP register and corrected the unusual amount to the correct vote of borehole development.
11	PPE-Difference between capitalized amounts and the Invoice	The municipality has deducted VAT when capitalising the additions of boreholes from a supplier not registered as a VAT vendor, resulting in understatement of additions to WIP (boreholes development),	<ol style="list-style-type: none"> 1. Lack of control in the identification of invoices in order to correctly account for VAT on registered vendors. 2. Lack of review by the Manager Assets. 	<ol style="list-style-type: none"> 1. Manager Assets to make all assets section employees aware of correct processing of invoices for VAT registered vendors 2. Manager Assets to review all invoices processed to ensure that they are posted in the correctly 	Resolved	<p>We currently working closely with SCM to identify all non-Vat vendors.</p> <p>Journals have been passed for corrections.</p> <p>The correction was done on interim financial statements.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
12	PPE-Difference between capitalised amount and the Invoice	We have identified the difference between the capitalised amount and the invoice amount for borehole development additions in the prior year	1. Lack of control in the identification of invoices in order to correctly capitalised additions 2. Lack of review by the Manager Assets.	1. Manager Assets to make all assets section employees aware of correct processing of invoices to capitalise all additions 2. Manager Assets to review all invoices processed to ensure that they are posted correctly	Resolved	We have compiled a schedule of the boreholes invoices which now agree to the FAR. The schedule is available audit purpose.
13	PPE-Inadequate supporting documents for borehole development additions and completed.	We were unable to validate that expenditure incurred was for genuine work done as the supporting documents provided were inadequate for the amount of R88 553 932.21 in respective of current year additions and R 58 387 921.26 in respect of current year completed projects. Refer to the annexure attached for details on projects mentioned above	1. Poor records management. 2. Lack of checklist to verify complete payment vouchers before a payment is made.	1. Expenditure to develop a checklist to verify complete payment vouchers before payment are made. 2. CFO to review the checklist before any payments are approved. 3. Revision of delegation of powers in terms of signing of work done.	Not Resolved	A checklist for verification of payment vouchers has been prepared and reviewed by the CFO. Expenditure, SCM and Assets to ensure all documents with inadequate supporting documents are retrieved and corrected.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
14	PPE-Assets not verifiable for existence	During assets verification we have noted that the assets in the attached annexures (per local municipality) did not have Asset/borehole numbers. Hence it was impractical for us to conclude that the mentioned assets/boreholes exist and belong to the Municipality. Refer to attached annexures for assets that do not have assets numbers	Delay in allocation of borehole numbers by DWS.	Asset Manager to allocate borehole number on all new boreholes.	Resolved	The asset management unit is currently performing yearly verification. All boreholes and reservoirs without numbers are now numbered. IA has verified work done with the asset manager.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
15	PPE-Completed assets incorrectly classified as WIP	<p>The municipality's assets verification process is inadequate and cannot be relied upon. It is expected that the misclassification identified above was supposed to be identified during the verification process as the municipality has performed a 100% verification.</p> <p>There is lack of communication between the infrastructure department and finance department</p>	Lack of communication between the DWS and the municipality.	<p>BTO to arrange a meeting with DWS before the 18 April 2019</p> <p>Manager Assets to ensure that all completed assets are correctly classified.</p>	Not Resolved	<p>BTO to issue a letter of request to DWS before the 18/04/2019</p> <p>BTO to arrange a meeting with DWS before the 26/04/2019</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
16	Inventory-Distribution Losses	We noted during the analysis of the distribution losses schedule that Raw water abstracted was not included in the calculation.	<ol style="list-style-type: none"> 1. Lack of monthly reconciliation on distribution losses. 2. Lack of review 	1. Deputy Manager Water Service to monitor and review the distribution losses on a monthly basis.	Not Resolved	Matseba Inc together with Engineering Services are busy reviewing the distribution losses register to correct the error.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
17	Inventory- Misstatements	We noted a difference between the reconciliation and the signed financial statements due to water inventory and stores opening balances that was not included in the 2017-18 reconciliation. This means that the inventory balance on the financial statement is understated by R6142913.83	1. Lack of monthly inventory reconciliations.2. Late preparation of AFS.3. Non-review of the AFS	1. SCM Manager to monitor and review inventory reconciliations on a monthly basis.2. Appointment of consultant to assist in the preparation of AFS.3. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee.4. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission.5. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019.	Resolved	Matseba Inc have pass a journal to correct error incurred during preparation AFS as R6142913.83 was treated as stock adjustment Journal instead of been inventory opening balance

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
18	Finance leases - Incomplete and inaccurate finance lease disclosure	the current lease agreement of the municipality has a contingency clause of which contingent rentals were also paid for the current year but was not disclosed as required by GRAP 13 (c)	<ol style="list-style-type: none"> 1. Late preparation of AFS. 2. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	Contingent rentals paid on finance lease are correctly disclosed on the interim financial statement.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
19	PPE-Movable (Lease assets) assets not individually identifiable in the assets	Leased assets (XLP Printers) are not bar coded. The serial numbers of these printers are also not recorded in the assets register. It is therefore impractical to confirm that all the leased assets are recorded in the assets register. Each asset in the assets register should have a unique identifier	Lack of adequate review on barcoding of assets.	Asset Management officials to bar code all leased assets (XLP Printers) for identification.	Resolved	<p>The lease register with serial numbers for each and every photo-copy machine has been updated.</p> <p>The asset unit has barcoded all photocopying machines.</p>

20	Provision for landfill site incorrectly valued	<p>We identified the following additional issues relating to the disclosure in note 37:</p> <ul style="list-style-type: none"> • Key assumptions used to determine the provision are not disclosed • The disclosure note refers to a change in accounting policy however it is not clear as to what has change and how the change was applied. The note also contains a template guidance that was not customised or deleted. • Lastly the Minimum Requirements for Waste Disposal by Landfill published by the Department of Water and Sanitation states that Site life is calculated by comparing the total available airspace with annual airspace utilisation. The report does not indicate (no airspace considerations) how the valuer arrived at the remaining useful life of 12 years. WE are therefore unable to assess the reasonability of the assumptions used to determine the remaining term of 12 years. 	<p>1. The error was due to incomplete report submitted by the service provider on provision on landfill site.</p> <p>2. Lack of review on work performed by consultants.</p>	<p>The CFO must review work done on appointed service providers.</p>	<p>Not Resolved</p>	<p>Ensure that work done by consultant is reviewed.</p>
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No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
21	Receivables not disclosed at year end	The Municipality did not disclose all Service provider whom were overpaid as receivables but rather as expenses, the following contractors were overpaid by end of June and were not included as receivables.	<ol style="list-style-type: none"> 1. Late preparation of AFS. 2. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	<p>Expenditure section reviewed the entire population.</p> <p>Journals have been passed to ensure that all overpayments are disclosed as receivables and not expenses.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
22	Consumer debtors- Impairment of Consumer Debtors	The local municipalities have their own impairment policies that are not aligned.	<p>1. Lack of control over debtors' accounts and adequate follow up in order to recover the monies owed to the municipality.</p> <p>2. Lack of monthly review on debtors accounts by Manager Revenue.</p>	<p>1. The Revenue manager to review debtors accounts on a monthly basis.</p> <p>2. Revenue manager to enforce implementation of the WSP agreements signed with Local Municipalities.</p>	Resolved	<p>The draft impairment policy is developed.</p> <p>The accounting policy to be forwarded to the Local Municipalities after approval by Mopani District Council end of May 2019</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
23	Consumer debtor's misstatements.	The comparative amount for gross consumer debtors per local municipality as per note 9 to the financial statements do not agree to the total gross debtors as shown in note 9 to the financial statements.	1. Late preparation of AFS.2. Non-review of the AFS	1. Appointment of consultant to assist in the preparation of AFS.2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee.3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission.4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019.	Resolved	The gross consumer debtor note has been updated to correct the misstatement. The correction was effected on the interim financial statements.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
24	Receivables-Debts raised for doubtful receivables	Inadequate provision of doubtful debts.	<p>1. Lack of control over debtors' accounts and adequate follow up in order to recover the monies owed to the municipality.</p> <p>2. Lack of monthly review on debtors accounts by Manager Revenue.</p>	<p>1. Monitor and review the WSP agreement with LMs</p> <p>2. Appointment of revenue officials at Local Municipalities to perform the function.</p> <p>3. Manager revenue to review debtors account on a monthly basis.</p>	Resolved	<p>The debtors were written off.</p> <p>A journal was passed to write off the debtors against provision for bad debts</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
25	Consumer debtors- Note 9-Impairment deducted on the ageing does not agree with the allowance for impairment	The water impairment provision of R608 094 199 (2017: R556 516 413) and R65 903 611 (2017: R52 429 995) for water and sewerage respectively as per the main note differ to the amount of R588 318 736 (2017: R529 587 083) and R85 679 075 (2017: R80 641 641) as per the age analysis in the note. The provision amount is misclassified between water and sewerage	<ol style="list-style-type: none"> 1. Late preparation of AFS. 2. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	<p>The consumer debtor note has been updated to correct the misstatement.</p> <p>The correction was effected on the interim financial statements.</p>

26	Receivables from exchange transactions -Ba-Phalaborwa receivable not considered/assessed for impairment	With reference to note 7 of the financial statements the municipality has a Ba-Phalaborwa Local Municipality receivable amounting to R209 838 173 in respect of monies collected by Ba-Phalaborwa as a water service provider but no paid over to the district, the water service authority. The receivable has accumulated over several years. The municipality has not recovered a single cent of the outstanding amount. There is also no commitment by Ba-Phalaborwa to pay over monies owed to the District. This has a significant impact on the district's liquidity. The municipality has not assessed the receivable for impairment as required by GRAP 104.	Lack of monthly review on debtors accounts by Manager Revenue to access for impairments.	Manager revenue to review debtors account on a monthly basis to identify debts impairment	Not Resolved	1 Revenue management is currently visiting the local municipalities to correct all shortcomings identified with the assistance of the Resident Accountant. 2. All incorrect mapping has been corrected with the interim AFS. 3. Advertisement on the appointment of a service provider to assist in the inter-municipal transactions has been done.
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No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
27	Inter municipal account-Differences noted between the Ba-Phalaborwa and Mopani loan account opening balance on the face of the AFS	The opening balance/comparative figure for the Ba-Phalaborwa Municipality inter-municipal receivable differ to the amount as per the Ba-Phalaborwa financial statements by R2 647 951. The municipality did not reconcile the difference. The balance as per MDM is R177 095 345 while Ba-Phalaborwa has R174 447 394.	<ol style="list-style-type: none"> 1. Late preparation of AFS. 2. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	<p>The differences were investigated with the local municipalities</p> <p>A journal has been passed to correct the misstatement on the interim financial statements.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
28	Grants Expenditure -Duplicated payment	During the testing of the grant expenditure it was noted that the municipality has paid the contractor and the consultant for the same claim. This was due to the contractor making copies of original claim documents that the consultant used for a claim that was paid on the 15 th of June 2018. The Contractor then made another claim later that was paid on the 21 st June 2018.	The incident was a pure oversight.	<ol style="list-style-type: none"> 1. Testing the entire population to ensure completeness. 2. Raising of debt to recover money in incidents of duplicate payments. 	Resolved	<p>The supplier has refunded the money.</p> <p>Expenditure section has reviewed the entire population and were double payments were made a receivable has been raised.</p>

29	Revenue and consumer debtors: Shortcomings identified from the audit of revenue and receivables at local municipalities	Misstatements were identified during the audit of revenue and receivables from exchange transactions	1. Lack of monitoring the water and sanitation function by the LM's 2. Incorrect mapping on caseware. Late preparation of AFS4. Lack of adequate review of AFS5. Lack of monthly verification and reconciliation on water and sanitation transactions. 6. Lack of enforcement on the Implementation of the WSP/WSA agreements by the district.7. No control in the processing of journals.	1. Appointment of revenue officials at the local municipality to perform the function.2. Review of tariff policy to cover for allocation of services by Local Municipalities.3. Manager Revenue to review the reconciliations on water and sanitation on a weekly basis.4. Review of credit and debt control policy to cover the handing over of more than 90 days overdue accounts.5. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee.6. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission.7. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019.	Resolved	1. The tariff policy is reviewed to ensure it includes usage of estimates. 2. Ba-Phalaborwa municipality has started with using estimates in the correct year on the accounts which were not billed last year, the proof old billing is available for verification by internal audit.
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No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
30	Revenue from exchange transactions- Accounts not billed	Accounts not billed - Ba - Phalaborwa	Non-use of estimates by local municipalities where there are no readings.	Review of tariff policy to include usage of estimates where there are no readings.	Resolved	The tariff policy has been reviewed to include usage of estimates. All Local Municipalities use estimates where there are no readings
31	VAT-VAT control accounts not cleared against the main control account	The municipality has not implemented adequate internal controls for the reconciliation of the VAT control accounts.	1. Lack of a dedicated and competent person to manage and reconcile the VAT control accounts on a monthly basis. 2. Lack of review of VAT control account	1. Manager Expenditure to monitor and review the VAT control account 2. Review of the current organisational structure	Not Resolved	The expenditure manager together with VAT consultants are currently reviewing the VAT account to correct all errors identified.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
32	Unspent grants - Unspent grants not reduced with money deducted from equitable share by National Treasury for denied roll over requests	National Treasury denied the municipality's application for roll over of funds in respect of unspent funds for rural transport grant of R2 049 000 and water services infrastructure grant of R137 553 for 2016/17. The funds were withheld from the equitable share allocation of 1 December 2017. This implies that the municipality's obligation in respect of the unspent grants has been extinguished. Unspent grants are therefore overstated by R2 186 553	Lack of adequate and sufficient review of the grants accounts in the general ledger on a monthly basis.	Review of the grants accounts in the general ledger by the AFS preparation team and the CFO.	Resolved	The journal has been prepared for the correction and is ready for audit.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
33	Cash flow statement-Cash flow differences	We noted the following discrepancies in the cash flow statement, Taxation, Vat Refund, Interest income, finance cost	1. Lack of Internal Capacity. 2. Late preparation of AFS. 3. Non-review of the AFS	1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019.	Resolved	The finding has been resolved during the preparation of Interim Financial Statements.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
34	Commitments- Difference between the register and AFS and inclusion of finance lease obligation in commitments	We noted following discrepancies included in the commitments register for 2017-18 that results in overstatement of commitments.	<ol style="list-style-type: none"> 1. Late preparation of AFS. 2. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	<p>All the contract that were queried were revisited and confirmed the contract amount as per contract and payment made to date.</p> <p>Difference identified were adjusted to the commitment register.</p> <p>Commitment amount for 2017/18 was then updated on the interim financial statement.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
35	Commitments- Differences between the commitment amount as per the commitment register and the re-calculated amount	We noted the following differences between the commitment register and the re-calculated amount.	<p>1. Incomplete recon due to the following: non-submission of requested payment certificate and completion certificate.</p> <p>2. Lack of corporation between PMU, Assets and SCM units</p>	<p>1. Monthly submission of payment certificate by Expenditure manager.</p> <p>2. Monthly submission of completion certificates by PMU.</p> <p>3. Signing of the monthly reconciliation by the CFO</p>	Resolved	<p>All the affected contract were revisited.</p> <p>Contract amount and amount paid to date were confirmed and commitment amount recalculated.</p> <p>The difference between the register and amount obtained after recalculation was updated to the register.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
36	Commitments- Commitment register not complete	we noted that the following contracts which are still undergoing as per the contract register and work in progress register were not included in the commitment register, therefore the commitments as at year end are understated accordingly	1. Non-review of the commitment register.	1. SCM manager to monthly monitor and review the commitment register. 2. SCM manager to prepare a list of appointed service provider on a monthly basis to ensure that contracts are signed with the service providers. 3. CFO to sign off the commitment register on a monthly basis.	Resolved	All contracts have now being included in the commitment register. Differences have been corrected and the commitment register is complete.
37	Commitments- Differences between the contract amount as per the commitment register and the contract.	Differences between the contract amount as per the commitment register and the contracts	Poor control on the management of variation orders	SCM to review and advice on all variations before approval by the Accounting Officer.	Resolved	Investigation have been conducted to identify and account for all contract committed to. The commitment register has been updated and commitment disclosure updated on the interim financial statement.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
38	Commitments- Projects cost included in the commitment register not belonging to the Municipality	The municipality has included projects which belong to Department of Water and Sanitation in the commitment register	Lack of review by the CFO	<ol style="list-style-type: none"> 1. SCM manager to remove all project which the municipality is an implementing agent. 2. CFO to sign off the commitment register on a monthly basis. 	Resolved	All Contract that relate to Department of Water and Sanitation were removed from the register

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
39	Notes to the Annual Financial Statements – Going concern	We noted the following discrepancies in the Note to the Annual Financial Statement relating to going concern: The note states that total liabilities exceed assets by R3 890 530 822. This is incorrect as assets exceed liabilities. The note goes further to say current liabilities exceed current assets by R3 890 530 823. The correct net liability amount is R1 178 844 045. The net current liability is overstated by R2 711 686 778.	<ol style="list-style-type: none"> 1. Late preparation of AFS. 2. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	<p>The note has been updated with correct amounts in the interim financial statements.</p> <p>CFO to review the going concern note to ensure discrepancies do not recur.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
40	High level review of 2017-18 AFS	discrepancies and misstatements have been identified from the high level review of 2017-18 annual financial statements submitted for audit:	<ol style="list-style-type: none"> 1. Lack of Internal Capacity. 2. Late preparation of AFS. 3. Late submission of information from the LMs. 4. Lack of awareness on changes in GRAP standards. 5. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Not Resolved	The finding will only be resolved during the preparation of the Annual Financial Statements (Final Set)

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
41	UIFW expenditure not investigated and inadequate investigation on irregular expenditure	MPAC did not investigate all contracts that were awarded through regulation 32, In total the audit team tested 19 regulation 32 contracts, some of which were not covered by the MPAC investigation	The information requested was not submitted by management.	SCM to provide all outstanding requested information for investigation by MPAC.	Not Resolved	All outstanding SCM documents have been submitted to MPAC for investigation.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
42	Irregular and Fruitless and Wasteful Expenditure- Misstatements	There is no opening balance to the schedules of unauthorised, fruitless and wasteful and irregular submitted for audit, therefore we do not have a detailed breakdown of the opening balances on the annual financial statements, consequently we do not have supporting documents and we are limited to audit the opening balances	<ol style="list-style-type: none"> 1. Lack of Internal Capacity. 2. Late preparation of AFS. 3. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Not Resolved	<p>BTO to provide a schedule of the opening balance for 2015/16 for the mentioned:</p> <ul style="list-style-type: none"> - Irregular - Unauthorised - Fruitless and Wasteful <p>Current year movement: UIF movement from 2015/16 to 2017/18 were identified from AG's Management report and the UIF register was update.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
43	Inconsistencies between the approved budget and the statement of comparison of budget and actual amounts	We have noted inconsistencies between budget amounts as per the statement of comparison of budget and actual amounts and the budget approved by council. The statement is not easily comparable to the budget. Inconsistencies also exist between actual amounts and descriptions as per the financial statements and the budget statement. The inconsistencies impair the usability of the statement of budget and actual amounts by the users of the financial statements.	<ol style="list-style-type: none"> 1. Lack of Internal Capacity. 2. Late preparation of AFS. 3. Late submission of information from the LMs. 4. Lack of awareness on changes in GRAP standards. 5. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	The approved budget and the statement of comparison of budget and actual amounts reconcile as disclosed in the interim financial statement.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
44	Expenditure incorrectly recognised	Included in other expenses of R83 195 526 as per note 25 to the financial statements is expenditure amounting to R13 167 364.03 for Mameŧja Sekororo RWS. The municipality is implementing the project on behalf of the Department of Water and Sanitation. All expenses incurred are claimable from the department and therefore do not meet the definition of an expense. The municipality is an implementing agent for the department. General expenses are therefore overstated by R13 167 364.03.	Lack of review of the General Ledger.	Monthly review of all GL accounts by the CFO to monitor proper accounting on expenditure incurred on behalf of DWS	Resolved	Expenditure Manager has reviewed the General Ledger to ensure that expenditure incurred on behalf of DWS is not accounted in the accounting records of the municipality.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
45	Expenditure- Material amounts not disclosed separately	The issue raised above is also applicable to contracted services (other contractors). Included in other contractors of R31 483 106 is R25 395 844.93 for security services. This amount is material and was supposed to be disclosed separately	<ol style="list-style-type: none"> 1. Incorrect mapping on caseware 2. Late preparation of AFS 3. Lack of adequate review of AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	The amounts were correctly mapped in the interim financial statements.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
46	Expenditure- Incorrect classification of information technology services	Included in information technology services of R18 837 525 as per note 24, is expenditure amounting to R15 367 749.43 for MaxProf (VAT consultant). This expenditure is not related computer services. Information technology services is therefore overstated by R15 367 749.43.	<ol style="list-style-type: none"> 1. Incorrect mapping on caseware 2. Late preparation of AFS 3. Lack of adequate review of AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	<p>MaxProf has been reclassified from IT Services to Professional Services.</p> <p>The amounts were correctly mapped in the interim financial statements.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
47	Unauthorised expenditure understated	The municipality overspent its approved operational budget on 8 of the 15 main votes as follows	1. Lack of system control on locking of vote to avoid over expenditure 2. Manual processing of transactions 3. Lack of monitoring of day to day transactions by all managers at BTO. 4. Lack of review by the CFO.	1. Appointment of a service provider for implementation of mSCOA. All requisition should be signed by Directors and must be supported by the expenditure report to verify the available funds 3. Re-design the requisition form to cater for verification of available funds 4. CFO to review the checklist before any orders are approved	Resolved	Unauthorised expenditure list has been updated to include all over spend votes.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
48	Expenditure - Prior period expenditure recorded in the current year, expenditure accounted for on a cash basis	We noted invoices paid in the current year for services rendered in the prior year. As the municipality is on an accrual basis of accounting, expenditure should be recognised when it is incurred and not when it is paid. Current year expenditure is therefore overstated.	<ol style="list-style-type: none"> 1. Lack of control in the identification of invoices in order to allocate the transactions in the correct financial year. 2. Lack of awareness by the data capture to identify and to correctly allocate the transaction in the correct financial year. 3. Lack of review by the Expenditure Manager 	<ol style="list-style-type: none"> 1. Manager Expenditure to make all expenditure section employee aware of correct processing of invoices in the correct period 2. Manager Expenditure to review all invoices processed to ensure that they are posted in the correct financial year 	Resolved	We have passed a journal to take the expenditure out current year expenses and took them to accumulated surplus and payables.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
49	Expenditure - Invoices recorded are inclusive of vat and repairs and maintenance items were incorrectly recognized as bulk purchases	Invoices for bulk purchases were recorded inclusive of vat	<ol style="list-style-type: none"> 1. Late capturing of invoices after year end. 2. These invoices were incorrectly captured by the consultant. 3. Lack monitoring and review on work performed by the consultant. 4. Lack of review of invoices before capturing. 	Monthly review of all GL accounts by the CFO to monitor proper accounting on expenditure incurred on behalf of Lepelle Northern Water	Resolved	A Journal was passed to correct the error. Expenses were reduced with the VAT Amount and VAT Control increased.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
50	Expenditure - Poor internal controls over the recording of the invoices	The municipality does not recognise expenditure for bulk purchases for Lepelle Northern Water and Department of Water and Sanitation (DWS) as and when services are provided i.e. when expenditure is incurred. In total expenditure amounting to R197 951 177.69 was recognised at year end through journals. The expenditure section does not even keep an accurate record of all invoices that relates to the expenditure recognised.	<ol style="list-style-type: none"> 1. Late capturing of invoices after year end. 2. These invoices were incorrectly captured by the consultant. 3. Lack monitoring and review on work performed by the consultant. 4. Lack of review of invoices before capturing. 	Monthly review of all GL accounts by the CFO to monitor proper accounting on expenditure incurred on behalf of Lepelle Northern Water	Resolved	<p>The LWN account is reconciled on a monthly basis and is now cleared.</p> <p>We have received DWS statements of accounts and the process of reconciling the account will be finalised by the 24 May 2019.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
51	Expenditure- Invoices not paid within 30 days	invoices that were not paid within 30 days from the date of receipt	1. Poor cash flow and revenue management.2. Failure to monitor the invoice tracking system3. Lack of posts in expenditure section	1. Enforcement of the WSP agreement with Local Municipalities. 2. Appointment of revenue Official to assist in the Local Municipalities.3. Manager Expenditure to monitor that expenditure is in line with cash flow projections4. Review of the current organisational structure	Not Resolved	The municipality has improved in the payment on service providers within 30 days. However there still challenges experienced.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
52	Expenditure-No supporting documents for the amounts recorded as bulk purchases	Discrepancies and misstatements have been identified: Bulk purchases of R 56 968 968, 75 could not be verified. We obtained invoices for Lepelle Northern Water and Department of water and sanitation and we could not agree the amounts as per the invoices to the recorded amount of R 201 103 473.	<ol style="list-style-type: none"> Poor records management. Lack of standard operating procedures on the receiving, recording and payment of invoices. 	Manager Expenditure to develop and implement the standard operating procedures on the receiving, recording and payment of invoices.	Resolved	<p>We have received DWS statements of accounts and the process of reconciling the account has been done.</p> <p>The manager expenditure is has developed of standard operating procedures on receiving, recording and payment of invoices.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
53	Expenditure - Debts written off incorrectly classified as disaster relief fund expenditure	Included in general expenses, <i>The Disaster Relief Fund note 25</i> of R8 281 342 is assets written off of R7742 115. The note is therefore misleading and results in the overstatement of the disaster fund's expenditure.	<ol style="list-style-type: none"> 1. Incorrect mapping on caseware 2. Late preparation of AFS 3. Lack of adequate review of AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	The expenditure has been correctly reclassified on the interim financial statement.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
54	Expenditure-Travel and subsistence	Included in employee related costs of R321 188 887 as per note 19 to the financial statements is transport allowance (bus coupons) amounting to R17 665 424. This amount is for travel and subsistence. In the previous year travel and subsistence was disclosed as part of general expenses. Therefore, management has not retained the presentation and classification of travel and subsistence in the financial statements. In addition, there is no disclosure in the financial statements relating to the reclassification.	<ol style="list-style-type: none"> 1. Incorrect mapping on caseware 2. Late preparation of AFS 3. Lack of adequate review of AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	We have reclassified the Travel allowance from employee cost to travel and accommodation account on the interim financial statements.

55	Expenditure - Incorrect classification of the expenses	<p>Fleet expenditure for prior year amount of R 4959464.07 was included under the operational and maintenance vote. The amount should be mapped to fleet services.</p> <p>2. Operating leases for current year includes amounts which should be mapped to other expenses for the amount of R902395,40.</p> <p>3. Specialist services for the current year includes amount relating to security services which should be mapped to other expenses of R433184.00</p> <p>4. Entertainment allowance for the current year includes the following amounts which should be reclassified to other expenses:</p>	<p>1. Incorrect mapping on Caseware. Late preparation of AFS3. Lack of adequate review of AFS</p>	<p>1. Appointment of consultant to assist in the preparation of AFS.2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee.3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission.4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019.</p>	Resolved	<p>We have correctly reclassified the expenditure on the interim financial statements.</p>
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No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
56	Other disclosure-Differences between the Audit fees expense paid as per the auditor's billing report and the amount that was recognized in the accounting records.	We have noted the difference between the Auditors's Billing report (Audit fees) and the amount disclosed in the Additional disclosures in terms of MFMA note 35 in the AFS. The audit fees have been understated by R 2787455.58	<ol style="list-style-type: none"> 1. Late preparation of AFS 2. Lack of adequate review of AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	<p>A journal has been prepared and the differences were corrected.</p> <p>The correction was effected on the interim financial statements.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
57	Grants Expenditure - WSIG funds spent on projects not on the activity plan	We noted that borehole developments to the value of R19 403 358.93 Projected to R37 097 185,98 were paid from the WSIG funds even though the projects were not included in the activity plan/list of WSIG approved projects for the year. The grant was not used for its intended purpose. Consequently, revenue from conditional grants is overstated. There is a resultant impact on unauthorised expenditure.	Failure to comply with the approved activity plan.	The CFO to monthly review and monitor expenditure on WSIG in line with the approved activity plan.	Resolved	The expenditure has been recognised as unauthorised expenditure on the interim financial statements. Budget and reporting to ensure compliance with the WSIG activity plan.

58	1.Greater Giyani Inter-municipal payable discrepancies	<p>With reference to note 13 to the financial statements, the municipality has disclosed a Greater Giyani Municipality payable of R12 181 503. This amount differs to the receivable as per the Greater Giyani's financial statements of R12 582 226. There is an unexplained difference of R400 723. Furthermore, the comparative amounts as per GGM (note 13) and MDM's financial statements differ. Note 13 to GGM's financial statements shows a receivable of R9 688 458, whereas MDM shows a payable of R24 686 082. This results in a difference of R14 997 624. GGM's financial statements has contradictions as note 18 shows a comparative of R24 686 083.</p>	<p>1. Lack of monitoring the water and sanitation function by the LM's 2. Late preparation of AFS3. Lack of adequate review of AFS4. Lack of monthly verification and reconciliation on water and sanitation transactions.</p>	<p>1. Appointment of consultant to assist with the preparation of AFS.2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee.3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission.4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019.</p>	Resolved	<p>For the financial year 2017/18 Greater Giyani Municipality and Mopani is inter municipal account was agreeing. Therefore the effect of 2017/18 not agreeing will be resolved as it will not impact on the current and prior year figures.</p>
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No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
59	Payables from exchange transactions - Differences noted between the AFS and Listing	Differences were noted between annual financial statements and the retention listing	<ol style="list-style-type: none"> 1. Late preparation of AFS 2. Lack of adequate review of AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist with the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	Starting from financial year 2015/16, a list for creditor's listing was complied. The creditors in the list were matched to payment from bank.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
60	Payables- Differences between the listing and the supporting documents, and control deficiencies	Differences were identified between the creditor's listing and the supporting documents refer to the table below	<ol style="list-style-type: none"> 1. Late preparation and recording of creditors listing. 2. Lack of review of creditors listing. 3. Late preparation of AFS 4. Lack of adequate review of AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist with the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	A journal was passed to write off creditor that payment could not be matched again

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
61	Payables from Exchange transactions - Suspense accounts not investigated and cleared	Included in payables from exchange transactions are suspense accounts that were not cleared, the municipality did not implement controls for investigating and clearing the suspense accounts:	1. No monthly recons are performed.2. No clearing of suspense account on a monthly basis	The Manager expenditure must monitor and review monthly reconciliations.	Resolved	The suspense account has been cleared. Reconciliations are performed on a monthly basis.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
62	Payables from exchange transactions- Differences noted between MDM and GGM opening and closing inter municipal accounts as per Annual Financial Statement	The inter municipal accounts in the AFS of Mopani District Municipality and Greater Giyani do not agree	<ol style="list-style-type: none"> 1. Lack of monitoring the water and sanitation function by the LM's 2. Late preparation of AFS 3. Lack of adequate review of AFS 4. Lack of monthly verification and reconciliation on water and sanitation transactions. 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	<p>For the financial year 2017/18 Greater Giyani Municipality and Mopani is inter municipal account was agreeing.</p> <p>Therefore the effect of 2017/18 not agreeing will be resolved as it will not impact on the current and prior year figures.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
63	Payables from exchange transactions- Differences noted between the retention register and supporting documents	differences were noted between the retention register and the payment certificates	1. Lack of monthly retention reconciliations. 2. Lack of review by the Manager Expenditure.	1. Manager Expenditure to monthly monitor and review the retention register.	Resolved	The retention register has been reviewed and adjusted. Differences identified have been corrected.
64	The procurement of services split into items of lesser value	Contrary to the above it was noted that the municipality issued the following orders of a similar nature to one service provider. Proper planning would have indicated that the procurement would be above the prescribed threshold of R200000, and therefore, a competitive bidding process should have been followed	Poor planning which led to non-compliance of SCM regulations	1. SCM to advertise appointment of service providers through competitive bidding process. 2. MPAC to investigate the irregular expenditure	Resolved	Irregular expenditure register was updated with transaction and reported to council with 3rd Quarter SCM report for council to refer UIF to the MPAC process. MPAC is currently investigating the irregular expenditure. IA to test if the finding is not recurring.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
65	SCM - CIDB the winning contractor's grading is not suitable for the value of the contract.	CIDB the winning contractor's grading is not suitable for the value of the contract.	Non - compliance to CIDB practice note 32	<p>1. Review of SCM policy to include emphasis on the targeted development programme for the use of a PE status as a development tool by the 30 May 2019</p> <p>2. MPAC to investigate the irregular expenditure</p>	Resolved	<p>Irregular expenditure register was updated with transaction and reported to council with 3rd Quarter SCM report for council to refer UIF to the MPAC process.</p> <p>MPAC is currently investigating the irregular expenditure.</p> <p>IA to test if the finding is not recurring.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
66	SCM – Bid adjudication committee not properly constituted	Contrary to the above mentioned clause of the policy, we noted that the Bid Adjudication Committee for the tender MDM 2017-052: Panel of contractors for civil, mechanical, electrical works/service was not properly constituted as neither the CFO nor another manager in the budget and treasury office reporting directly to the CFO or designated by the CFO was part of the adjudication committee that adjudicated tender MDM 2017-052.	Failure to interpret supply chain management regulation which led to noncompliance to SCM regulations	1. Accounting Officer to comply with circular 28 on appointment of bid committees.2. MPAC to investigate the irregular expenditure	Resolved	Irregular expenditure register was updated with transaction and reported to council with 3rd Quarter SCM report for council to refer UIF to the MPAC process.MPAC is currently investigating the irregular expenditure.IA to test if the finding is not recurring.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
67	SCM - Contract management deficiencies	Contracts for consultants were not prepared	<ol style="list-style-type: none"> 1. Non enforcement of the conditions stated on the appointment letter. 2. PMU handing over the project without a signed contract 3. Non submission of progress reports on monitoring of consultants 	<ol style="list-style-type: none"> 1. SCM and PMU to finalise the signing of SLA with the service provider before project/site handover. 2. CFO to perform monthly monitoring and review of the list of appointments to ensure that all appointments have signed contracts. 	Resolved	All project in progress have signed SLAs.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
68	SCM - Suppliers tax matters not cleared by South African Revenue Service	Suppliers tax matters were not declared by the South African Revenue Service	Non - compliance to SCM regulations.	<p>1. SCM to generate CSD report to confirm the tax status of the service providers.</p> <p>2. SCM to obtain the SARS certificates to be used as a source to also confirm the tax status before procuring services to ensure compliance with the laws and regulations.</p>	Resolved	<p>Irregular expenditure register was updated with transaction and reported to council with 3rd Quarter SCM report for council to refer UIF to the MPAC process.</p> <p>MPAC is currently investigating the irregular expenditure.</p> <p>IA to test if the finding is not recurring.</p>
69	SCM - Deviations not sufficiently justified	The municipality deviated from the normal procurement process for the following bidders, the reason given it was that the procurement was urgent (emergency) however no justification was provided for the emergency	Poor planning which led to non-compliance of SCM regulations	1. Appointment of pool of contractors through competitive bidding.	Not Resolved	Engineering services to provide a detail explanation on all services procured by deviations.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
70	SCM - Suppliers' additional information not provided from the other municipality this was a REG 32 appointment.	The head for supply management did not provide the information from the municipalities that performed the competitive bidding process on the appointment of the suppliers that MDM went on a REG 32 process with, as required by the Municipal Finance Management Act sec 74(1), the information was requested on RFI 17 regarding the following suppliers	1. Non-compliance to the requirements of regulation 322, Non-implementation of council resolutions that was taken in November 2017 to stop appointments through regulation 32	1. Review SCM policy clause 32 to be in line with council resolution of November 2017. MPAC to investigate the irregular expenditure	Resolved	Irregular expenditure register was updated with transaction and reported to council with 3rd Quarter SCM report for council to refer UIF to the MPAC process. MPAC is currently investigating the irregular expenditure. IA to test if the finding is not recurring.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
71	SCM - Limitation of scope	project file for the following contracts were not submitted	<ol style="list-style-type: none"> 1. Non enforcement of the conditions stated on the appointment letter. 2. PMU handing over the project without a signed contract 3. Non submission of progress reports on monitoring of consultants 	<ol style="list-style-type: none"> 1. SCM and PMU to finalise the signing of SLA with the service provider before project/site handover. 2. CFO to perform monthly monitoring and review of the list of appointments to ensure that all appointments have signed contracts. 3. PMU to make available progress report on monitoring of all consultants 	Resolved	The projects file for two Service Providers are available for audit purposes.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
72	SCM - Appointment of the suppliers through Regulation 32.	the municipality has appointed the suppliers through a regulation 32 process, but failed to ensure that all the requirements of regulation 32 and applied correctly, there were differences between the value of the contracts on both municipalities and the municipality did procure beyond the scope of the original contract, the suppliers are as follows	<p>1. Non-compliance to the requirements of regulation 32</p> <p>2. Non-implementation of council resolutions that was taken in November 2017 to stop appointments through regulation 32</p>	<p>1. Review SCM policy clause 32 to be in line with council resolution of November 2017</p> <p>2. MPAC to investigate the irregular expenditure</p>	Resolved	<p>Irregular expenditure register was updated with transaction and reported to council with 3rd Quarter SCM report for council to refer UIF to the MPAC process.</p> <p>MPAC is currently investigating the irregular expenditure.</p> <p>IA to test if the finding is not recurring.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
73	SCM - The bid adjudication committee was not constituted in accordance with the auditee's SCM policy and SCM regulation	The bid adjudication committee did not sit in the awarding of the following contracts as per the SCM policy clause 29 and SCM regulation 29 to adjudicate the appointment of the projects:	SCM has fully complied with the practice note 15 and 25 of the CIDB prescripts.	SCM has fully complied with the practice note 15 and 25 of the CIDB prescripts.	Resolved	Irregular expenditure register was updated with transaction and reported to council with 3rd Quarter SCM report for council to refer UIF to the MPAC process. MPAC is currently investigating the irregular expenditure. IA to test if the finding is not recurring.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
74	SCM - No criteria for procuring goods and services from the panel of contractors	The municipality has put together a panel of contractors for civil, mechanical and electrical work/service for a period of 3 years. The criteria to be applied to allocate projects to contractors on the panel was not stipulated upfront. The municipality has not defined a criteria to be applied to allocate projects to contractors on the panel to ensure a fair, transparent and equitable process of selecting contractors from the panel.	Non- compliance to practice note 15 and 24	1. Review scm policy to be in line with practice note 15 and 24.	Resolved	SCM is complying with practice note 15 and 24.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
75	Supply Chain Management- Awards not economical.	during the final audit of supply chain management it was noted that the municipality appointed five suppliers for the provision of physical (guards) security services for Mopani area. Some of the suppliers had submitted bids that were lower in other areas than others however the allocation was not done looking at the lowest bid per bidder amongst the 5 security providers:	Lack of review and monitoring of compliance on SCM activities with SCM laws and regulations. Internal audit not conducted on bids prior to appointments.	Review and monitoring of compliance on SCM activities with SCM laws and regulations by the CFO and the Accounting Officer. Introduction of Internal audit on bids finalised prior to appointments.	Resolved	SCM is complying with the recommendation of the Auditor General on new appointments.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
76	SCM - Deviation was not recorded, was not reported to the next council/ board meeting; and not disclosed in the financials	during the final audit of supply chain management on deviations it was noted the following deviation were not recorded in the deviation register, with the reasons for deviations, and possible not reported to the council which is in contravention with the municipality SCM policy clause 36 as stated above:	Lack of review and monitoring of compliance on SCM activities with SCM laws and regulations. Internal audit not conducted on bids prior to appointments.	Review and monitoring of compliance on SCM activities with SCM laws and regulations by the CFO and the Accounting Officer. Introduction of Internal audit on bids finalised prior to appointments.	Resolved	All deviations are recorded and submitted to Council quarterly. IA to test on the current year.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
77	SCM-Tax clearance not provided and non-compliant supplier	Tax clearance certificates were not provided	1. Non - compliance to the SCM regulations.	1. SCM to generate CSD report to confirm the tax status of the service providers. 2. SCM to obtain the SARS certificates to be used as a source to also confirm the tax status before procuring services to ensure compliance with the laws and regulations.	Resolved	Irregular expenditure register was updated with transaction and reported to council with 3rd Quarter SCM report for council to refer UIF to the MPAC process. MPAC is currently investigating the irregular expenditure. IA to test if the finding is not recurring.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
78	Related parties-No related party disclosure in the financial statements	the annual financial statements for 2017-18 submitted for audit doesn't include a related parties disclosure in the notes to the financial statements as required by GRAP 20	1. Late preparation of AFS.2. Non-review of the AFS	1. Appointment of consultant to assist in the preparation of AFS.2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee.3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission.4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019.	Resolved	Corrections have been effected on the Interim financial statements.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
79	Accumulated Surplus-Differences between the general ledger and annual financial statements	Misstatements have been identified during the audit of the 2017-18 annual financial statements submitted for audit	<ol style="list-style-type: none"> 1. Late preparation of AFS. 2. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	Statement of changes in equity will be resolved when financial statement are prepared

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
80	Prior period errors - Presentation of the Prior Period errors	Journals were presented in the notes to the financial statements in relation to prior period errors which the said disclosure of the journals is not prescribed by GRAP 3	<ol style="list-style-type: none"> 1. Late preparation of AFS. 2. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	The prior period errors have been updated on the interim financial statements through the adjustment of opening balances.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
81	Year end Journals- Year-end journals and control deficiencies	Journals passed at year end do not have supporting documentation to validate the reasons for processing the journals	1. Late preparation of AFS2. Lack of adequate review of AFS3. No control in the processing of journals.	1. Appointment of revenue officials at the local municipality to perform the function.2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee.3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission.4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019.	Resolved	All Journals are reviewed for final signature by the CFO before being added to the accumulated accounts.IA to test if the finding is not recurring.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
82	Adjustments to comparative amounts not disclosed in the notes	we noted the following differences in the comparatives amounts however they are not disclosed in the note 30 to the financial statements on the correction of prior period errors	<ol style="list-style-type: none"> 1. Late preparation of AFS. 2. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist in the preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	All adjustments to comparative figures have been disclosed on the prior period error note on the interim financial statements.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
83	Comparative figures-Difference between correction of error note and movement in the comparatives	Differences in the comparatives amounts as presented in the financial statements and note 30 to the financial statements on the correction of prior period errors:	<ol style="list-style-type: none"> 1. Late preparation of AFS 2. Lack of adequate review of AFS 	<ol style="list-style-type: none"> 1. Appointment of revenue officials at the local municipality to perform the function. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	All adjustments to comparative figures have been disclosed on the prior period error note on the interim financial statements and differences have been corrected.
84	Contingent liabilities -not accurate and complete	misstatements have been identified during the audit of the 2017-18 annual financial statements submitted for audit	Lack of monthly review to ensure that disclosures in the financial statements are accurate and complete.	Manager Legal Services to review the contingent liabilities register on a monthly basis	Resolved	The contingent liabilities register has been updated and all misstatement identified have been corrected and updated on the Quarterly Financial Statement.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
85	Contingent liabilities misstatements	misstatements have been identified during the audit of the 2017-18 annual financial statements submitted for audit	Lack of review to ensure that disclosures in the financial statements are accurate and complete	Manager Legal Services to review the contingent liabilities register on a monthly basis	Resolved	The contingent liabilities register has been updated and all misstatement identified have been corrected and updated on the Quarterly Financial Statement.
86	Employee costs- Differences between the overtime hours on the timesheet and paid overtime hours	that there are differences between the number of hours billed as per the timesheet and the hours actually paid. Refer to the table below	Lack of internal controls on human resource management to ensure that the employees are paid the hours they have actually worked.	We shall continue to monitor overtime by ensuring that it continues to be pre - approved before the actual engagement; ensure the correct capturing of timesheets, and recover any overpayment from the affected individuals; will also ensure that as Management we gear ourselves towards a 4 - shift system by effective implementation of the Recruitment Plan.	Not Resolved	Calculation of hours worked as captured in the timesheets is cross checked by three officials, ie the Divisional Officer of the station, the Assistant Fire Chief and finally by the Chief Fire Officer. The Senior Manager only approves for payments thereof. Calculation of the actual money to be paid is done by BTO following what is reflected in the approved time sheets. Any overpayment must be recovered from the individual employees with immediate effect. We have started the investigation so that all overpayments are recovered.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
87	Employee costs - No pre-approval of overtime	there was no pre-approvals for overtime worked by the following municipal employees:	Lack of internal controls to ensure that overtime is pre-approved before the work can actually be done.	As a norm, performance of overtime is approved before the actual work is conducted through emails, WhatsApp's and SMSs, depending on the dynamics, except on isolated cases. However, email to be forwarded to all Directors as a reminder to adhere.	Not Resolved	Communication was circulated to all Senior Managers to remind them to stick to policy by ensuring approval is granted before overtime work is carried out.
88	HR management- Non-compliance with MSA requirements	no performance evaluation was done for 2017/18 financial year	Lack of review and monitoring of compliance with laws and regulations	Although there compliance in principle, a memo to all will be forwarded to all Executive Mangers and Managers as a reminder to review and monitor compliance to legislations respectively.	Not Resolved	Evaluation of performance of Senior Managers was performed. A communication was sent to Senior Managers reminding them to evaluate officials reporting to them, and all others on levels to which PMS has already been cascaded.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
89	Overpayment of standby allowance for fire fighters	Overpayment of standby allowance for fire fighters	Lack of internal controls on the municipality to ensure that the payment of standby allowance is in line with the SALGBC to avoid non-compliances.	Will ensure recovery of overpayment from the affected individuals.	Not Resolved	Investigations on overpayment has started by BTO and Corporate Directorates; Management agreed to effect recovery of over payment from affected individuals; Engaging personnel on standby is limited to Divisional Officers and 2 officials on the operational level per shift for a period of not more than 2 weeks as per the signed SALGA Bargaining Collective Agreement.
90	Employee costs- Acting period not in line with collective agreement on service for the Limpopo division of the SALGBC 2017	We have identified that the vacant positions (Table a) have not been filled and the vacant has been unoccupied for more than six months period. There is no compelling reason to do so.	Lack of review and monitoring of compliance with laws and regulations.	Recruitment process delayed due to the negative financial standing of the municipality. However, to reprioritise the critical positions for advertising	Not Resolved	A batch of vacant positions has been advertised for recruitment as per approved recruitment plan to fill vacant positions.

91	Employee costs - Differences between the general ledger and the financial statements	We noted that Other payroll levies include Provident/Pension amounting to R 2316419 .36 which were Classified incorrectly in other payroll levies instead of post-employment benefits. Furthermore, the description of post-employments benefits is misleading as not all funds are defined contribution plans. 2. We also noted that the group insurance amounting to R312 804, 32 was included in both other payroll levies and post-retirement benefits. 3. Actuarial losses/ gains from valuation of post-employment Benefits and Long service awards amounting R1482 979,00 for Mopani employees have been incorrectly included in general expenses and not in Employee related costs	1. Late preparation of AFS.2. Non-review of the AFS	1. Appointment of consultant to assist with preparation of AFS.2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee.3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission.4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019.	Resolved	The provident/pension fund amount has been correctly reclassified on the interim financial statements.
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No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
92	Employee costs - Directors Remuneration not disclosed	Remuneration for the following directors was not included in note 26 to the financial statements. 1. Corporate services 2. Planning and development	<ol style="list-style-type: none"> 1. Late preparation of AFS. 2. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist with preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Resolved	Correction have been effected on the quarterly Financial Statements.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
93	Leave provision and pay-outs-differences	Misstatements have been identified during the audit of the 2017-18 annual financial statements submitted for audit	<ol style="list-style-type: none"> 1. Late preparation of AFS. 2. Non-review of the AFS 	<ol style="list-style-type: none"> 1. Appointment of consultant to assist with preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019. 	Not Resolved	The AFS consultants together with expenditure section is currently in the process of reconciliation of leave pay-outs.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
94	Employee provisions- Adjustments to comparative amounts not disclosed in the notes and casting errors	The comparative amount for long service awards was restated due to the transfer of leave accrual and leave provision to accruals however this correction is not disclosed in note 30 to the financial statements on the correction of prior period errors.	1. Lack of Internal Capacity. 2. Late preparation of AFS. 3. Non-review of the AFS	1. Appointment of consultant to assist with preparation of AFS. 2. Preparation of comprehensive set of Quarterly Financial Statement for review by CFO and Audit Committee. 3. Submission of AFS together with audit files to Audit Committee for review two weeks prior to submission. 4. Appointment of Manager Financial Reporting position as per the approved organogram before the 30 May 2019.	Resolved	The impact was on last year financial. The finding will automatically be resolved because the prior period error noted will only disclose error that are made in 2017/18 and corrected in 2018/1930 as the impact does not affect the face of the financial statement.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
95	Employee provisions - GRAP 25 disclosures not complete	Disclosures not complete, Long term service awards and Provision for post-employment healthcare benefit	<ol style="list-style-type: none"> 1. Late appointment of the actuarist. 2. The actuarial report was received late. 	1. Appoint the actuarial consultants in line with the AFS process plan.	Resolved	The interim financial statement were updated with the correct disclosure note for long service and provision for post-employment healthcare benefits according to par 136 of GRAP 25.
96	Employee cost-Differences between the General Ledger and the payroll reports	we have noted the difference between the General Ledger and the Payroll report:	<ol style="list-style-type: none"> 1. Lack of review of the General Ledger and Payroll report. 2. Late preparation of AFS 3. Lack of adequate review of AFS 	1. Manager Expenditure to review the GL and payroll on a monthly basis.	Resolved	<p>Expenditure manager and AFS consultants have reviewed the GL to determine the differences.</p> <p>Journals have been processed to effect the correction.</p>

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
97	Non-compliance with MFMA other compulsory disclosure requirements	The municipality did not include the total amounts paid in levies, pension and medical aid contributions, and whether any amounts were outstanding as at the end of the financial year	<ol style="list-style-type: none"> 1. Lack of Internal Capacity. 2. Late preparation of AFS. 3. Late submission of information from the LMs. 4. Lack of monthly verification and reconciliation on water and sanitation transactions. 5. Lack of awareness on changes in GRAP standards. 6. Non-review of the AFS 	Monthly review of transactions in the general ledger for completeness using trend analysis, year-to-year comparisons and physical invoices and claims.	Resolved	The interim financial statement were updated with the correct disclosure to comply with MFMA disclosure note.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
98	Employee costs- Workman's Compensation expenditure for the year was not accounted for in the accounting records.	Workman's Compensation expense for 2017/18 was not accounted for in the accounting records of the municipality. However, a credit journal 4852 was processed to the workman's compensation vote number, for which the amount do not agree to the supporting assessments.	Lack of sufficient time by the audit committee to review the AFSSegregation of functions in terms of capturing of transactions and posting thereof in the general ledger.Lack of a system of identification of missing transactions in the general ledger.	Lack of sufficient time by the audit committee to review the AFS Segregation of functions in terms of capturing of transactions and posting thereof in the general ledger.Monthly review of transactions in the general ledger for completeness using trend analysis, year-to-year comparisons and physical invoices and claims.	Resolved	The expenditure manager to provide AFS consultants with an assessment report on workman's compensation to account on the municipality's accounting records.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
99	General IT controls- User access management - Evidence of reviews	There is no evidence that the activities of the IT assistant manager who grants user access to the ProMIS and Payday system are being reviewed. There is also no evidence that the user access and privileges are being reviewed by the IT manager	The lack of reviews of system controllers' activities could lead to unauthorised access being gained to the system as inappropriate access granted might not be detected.	1. Review of activities of the network and systems officer to be done monthly by the Manager IT 2. The CFO to quarterly review the user account activity report from the Manager IT	Resolved	Reviews are being done quarterly and POE available for verification.
100	General IT controls - User access management – No evidence of formal access request documentation	There is no evidence of formal access request documentation being completed for registering users, changing access rights, password resets and termination of access on ProMis and Payday.	Inadequate user access request form to cater for changes on the user access and privileges	Manager IT to redesign the user access request form to cater for changes on the user access and privileges.	Resolved	The user access request form has been developed and in use. POE is available For submission

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
101	IT Service continuity - Backup register and evidence to prove that backups are done a weekly basis.	There is no backup register maintained to prove that backups are done on regular basis.	No backup performed on PROMIS due to changes from SebataFMS and PROMIS	Manager IT to implement the backup in line with the IT data backup policy	Resolved	Backup configured for Payday HR & Payroll System and ProMIS and a register of weekly and monthly out-storage backups maintained. POE available for verification.
102	AOPO-Reported performance information not verifiable	Reported performance information not verifiable	Lack of monitoring and verification of performance information captured and the POE by the Directors.	Lack of monitoring and verification of performance information captured and the POE by the Directors.	Not resolved	Directors have started with the monitoring and verification process of performance information on monthly basis. Information captured is edited and POEs verified for relevancy and correctness between the 6th and 8th of every month.
103	AOPO-Reported performance information not reliable/verifiable	Reported performance information not reliable/verifiable	Lack of monitoring and verification of performance information captured and the POE by the Directors.	Lack of monitoring and verification of performance information captured and the POE by the Directors.	Not resolved	Directors have started with the monitoring and verification process of performance information on monthly basis. Information captured is edited and POEs verified for relevancy and correctness between the 6th and 8th of every month.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
104	AOPO-Indicator not well-defined	Indicators not well-defined	1. Lack of review of the SDBIP by the relevant directors and the Accounting Officer.2. Late submission of the draft SDBIP to oversight structures including the Audit Committee3. Lack of SDBIP preparation plan	1. Directors and the Accounting Officer to adequately review the SDBIP in line with the approved SDBIP preparation plan before submission to council structures and the Executive Mayor 2. Performance Coordinator to develop the SDBIP preparation plan by	Resolved	Indicator were redefined in the adjusted SDBIP
105	AOPO-No consistency between planning and reporting documents	inconsistencies between the SDBIP and the annual performance report in respect of the following indicators:	1. Late submission of performance information by the directors. 2. Lack of review on the adjusted SDBIP by the Performance Management Coordinator	1. Directors to ensure that the adjusted SDBIP is submitted in line with approved SDBIP preparation plan. 2. The Performance Management Coordinator to adequately review the adjusted SDBIP	Resolved	The SDBIP and the Quarterly reports reflect the same information

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
106	AOPO-No consistency between indicators/targets and the reported actual achievements	No consistency between indicators/targets and the reported actual achievements	Non - submission of coordination report.	Directors to prepare the POEs in line with the means of verification on the SDBIP	Not resolved	Session on Indicators/targets conducted; and POEs are being compiled and verified by Directors to ensure consistency with the SDBIP.
107	AOPO-Presentation of the annual performance report	The municipality's performance information is presented by department and not per key performance area. The municipality's annual performance report does not show consolidated targets and actual achievements as the focus is on departments. In some instances, similar indicators are spread or duplicated across departments.	Presentation of the annual performance report did not reflect the performance of municipal KPA on the introductory section of the reports.	The coordinator to present the municipal KPAs in the introductory section of the reports	Resolved	The Annual report was corrected and presented per KPA to AGSA and information was provided and the proof of submission

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
108	AOPO-Service providers' performance assessment does not show comparison with the previous year	Service providers' performance assessment does not show comparison with the previous year	Non adherence to the reporting framework.	Directors to prepare the service provider performance report in line with the reporting framework.	Not resolved	Relevant mechanisms being finalised to ensure correct comparisons.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
109	AOPO-Non-compliance issues identified	Non-compliance issues identified	1. Lack of council approved oversight report process plan.2. Postponement of the MPAC hearing date due to late submission of documents by management3. Non - compliance with section 12(5) of the DORA on programmes funded by schedule 5 allocation4. Non - compliance with section s12(2)c of DORA	1. MPAC to prepare and submit the oversight report process plan to Council for approval.2. The Accounting Officer to comply with section 12(5) of the DORA on programmes funded by schedule 5 allocation3. Director Infrastructure services to comply with section s12(2)c of DORA	Not resolved	Preliminaries to compile all controls at advanced stage
110	AOPO - Measures taken to improve performance not supported	Measures taken to improve performance not supported	The recovery plan was not prepared and attached.	Directors to prepare the recovery plan and ensure that it's attached to the POEs.	Not resolved	All KPIs which did not reach the targets are supported by a recovery plan.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
111	AOPO-Strategic objective not included in the APR	The strategic objective, to accelerate sustainable infrastructure and maintenance in all sectors of development was not included in the APR. In addition, this strategic objective is in the SDBIP but it is not linked to any indicator.	Lack of review by the directors of the SDBIP after capturing on the performance system	Directors to review the SDBIP after capturing on the performance system	Resolved	All strategic objectives are included in the SDBIP and Quarterly Report,
112	Water and sanitation	MISA's Municipal Infrastructure Performance Management Information System (MIPMIS) is not used to encourage greater expenditure on infrastructure maintenance and to enforce asset management over the life-cycle of assets at municipal level.	Management did not develop the routine maintenance plan for water and sewer infrastructure.	Development of the routine maintenance plan for water and sewer infrastructure.	Not resolved	Engineering services with the assistance of MISA is currently developing the maintenance plan for water and sewer infrastructure.

No	Audit Findings	Description of Finding	Root cause	Action Plan Description	Progress	Narrative to Progress
113	MFMA Compliance – AFS, APR and Annual Report	The Municipality annual report was only made public during May 2018, which is 4 months after the annual report was tabled. There is no evidence of an invite made out to the local community to submit representations in connection with the annual report. The oversight report was not made public.	Lack of review to ensure compliance with MFMA legislation relating to Annual reports	<ol style="list-style-type: none"> 1. Ensure that the annual report is made public as per prescribed timelines. 2. Provide evidence of an invite made out to the local community to submit representations in connection with the annual report. 3. Ensure that the oversight report is made public. 	Resolved	The annual report was tabled at council. An invite has been made to invite the local community to submit representations in connection with the annual report.