



**ANNUAL PERFORMANCE REPORT FOR THE
2024/2025
FINANCIAL YEAR**

Contents

Contents

Contents..... 2

1. Purpose..... 3

2. Legislative Requirements 3

3. Performance Management Overview 5

4. Organisational Performance Management Process 7

5. Audit and Performance Committee..... 7

6. Auditing of Performance Information 9

7. Individual Performance Management..... 10

8. Performance of External Service Providers 11

9. Annual Organisational Performance Information 15

10 Overall annual performance 2024/2025..... 18

11.Conclusion 221

Annexure

Top-Layer Service Delivery and Budget Implementation Plan for 2024/2025 Financial Year.....22-71

1. Purpose

The Annual Performance Report of Dipaleseng Local Municipality for the 2024/2025 financial year is submitted in terms of Section 46 (1) and (2) of the Local Government: Municipal Systems Act (No. 32 of 2000) (MSA). The report reflects the performance information of the municipality from 01 July 2024 to 30 June 2025 and focuses on the implementation of the 2024/2025 Service Delivery and Budget Implementation Plan (SDBIP), concerning the strategic objectives of the municipality as encapsulated in the Integrated Development Plan (IDP) for the year under review.

The format of the report will reflect the Municipality's Key Performance Indicators (KPIs) per Municipal Key Performance Area. Each Municipal Key Performance Area (KPA) has several IDP Strategic Objectives which has been developed to focus the development of organisational initiatives in a more coherent and organised manner.

This report will also endeavor to report to Council the Municipality's performance in terms of the five (5) National Government's Strategic Key Performance Areas for local government, which are:

- Basic Service Delivery and Infrastructure Development;
- Local Economic Development and Spatial Development;
- Municipal Financial Management and Viability;
- Municipal Transformation and Institutional Development
- Good Governance and Public Participation.

The report cover the year's progress made with the actual implementation of the Municipality's Top-Layer SDBIP. It primarily reflects on the Annual Targets, any Target Adjustments approved by Council during the financial year and the Annual Actuals achieved in the 2024/2025 financial year.

2. Legislative Requirements

Section 40 of the Municipal Systems Act of 2000 (MSA) outlines that "a municipality must establish mechanisms to monitor and review its Performance Management System", so as to measure, monitor, review, evaluate and improve performance at organizational, departmental and employee levels. In terms of Section 34 (a)(i) of the MSA, it is expected that a municipal council must review its integrated development plan annually in accordance with an assessment of its performance measurements in terms of section 41. During the IDP review process the Key Performance Areas, Key Performance Indicators and performance targets are reviewed, this review forms the basis of the review of the Organisational Performance Management Scorecard and performance contracts of Section 54/56 Managers.

The Municipal Planning and Performance Management Regulations (2001) stipulates that a "municipality's performance management system entails a framework that describes and represents how the municipality's cycle and processes of performance planning, monitoring, measurement, review, reporting and improvement will be conducted, organised and managed, including determining the roles of the different role players" (Chapter 3, Section 7, Municipal Planning and Performance Management Regulations, 2001).

Section 46 of the Municipal Systems Act (No.32 of 2000) stipulates the following:

Annual performance reports –

- (1) A municipality must prepare for each financial year a performance report reflecting:
 - (a) the performance of the municipality and of each external service provider during the financial year;
 - (b) a comparison of the performances referred to in paragraph (a) with targets set for and performances in the previous financial year; and
 - (c) measures taken to improve performance.
- (2) An annual performance report must form part of the municipality's annual report in terms of Chapter 12 of the Municipal Financial Management Act.

3. Performance Management Overview

The Performance Management and Development System Policy (PMDS) and Procedures was approved on 23 May 2024 for the 2024/2025 financial year.

The approved Performance Management and Development System Policy (PMDS) and Procedures included a review of the initiatives required to clarify the processes to collect, collate and verify performance information.

This report includes highlights from the key performance measures included in the Integrated Development Plan (IDP) for the 2024/2025 financial year. These priority measures constitute the Organisational Top Layer Service Delivery and Budget Implementation Plan (TL SDBIP) for the 2024/2025 financial year.

At the end of the financial year (01 July 2024 to 30 June 2025) 66% of priority performance measures have met or exceeded the year-end target. Areas for improvement are detailed in the report and are shown in the Municipal Scorecard for the 2024/2025 financial year. The accountable officials have provided commentary to put performance into context and identified actions that are taken to address under performance.

Performance and monitoring underpin the municipality's IDP in terms of reviewing progress regularly as well as achieving priorities and delivering value for money to the communities that we serve. Early investigation of variances enables remedial action to be taken where appropriate. The overall performance for the 2024/2025 financial year shows an increase of 14% when compared to the 2023/2024 financial year.

The following table compares the overall performance for the 2024/2025, 2023/2024 and 2022/2023 financial year.

| OVERALL PERFORMANCE COMPARISON OF THREE (3) FINANCIAL YEARS | | | |
|-------------------------------------------------------------|-----------|-----------|-----------|
| Municipal Performance | 2022/2023 | 2023/2024 | 2024/2025 |
| Overall Performance for Financial Year | 42% | 52% | 66% |

4. Organisational Performance Management Process

Key performance indicators have been refined in support of the municipality's development priorities and objectives as set out in the revised IDP framework and will remain for the duration of the IDP period for consistency in measuring and reporting on long term strategies and projects. Measurable performance targets with regarding each of these development priorities and objectives were established. A process to ensure regular monitoring of performance is in place through the submission of quarterly performance reports to the Audit and Performance Committee and thereafter Council.

Individual agreements and performance plans were prepared in line with provisions prescribed in the Performance Regulations (Notice 805, published on 1 August 2006 in the official gazette) and signed by the Municipal Manager and Senior Managers. These agreements are fully implemented and aligned with the Service Delivery and Budget Implementation Plan as required in terms of the Municipal Finance Management Act.

The Performance Evaluation Committee was established for the assessment of the performance of the Municipal Manager as well as Managers directly accountable to the Municipal Manager. The committee meets on a quarterly basis to evaluate individual performance.

5. Audit and Performance Committee

The Audit and Performance Committee members for the 2024/2025 financial year were as follows:

| Initial & Surname | Position |
|----------------------|-------------|
| Mrs. S.J. Masite | Chairperson |
| Mr. L. Langalibalele | Member |
| Mr. D.S Twala | Member |
| Mr. S. Mofokeng | Member |

The Audit and Performance Committee meets on a quarterly basis of each financial year to ensure compliance with relevant legislation, procedures and to consider the quarterly performance achievements reported on the Top Layer Service Delivery and Budget Implementation Plan (TL SDBIP) as well as the performance achievements reported in terms of the Departmental Service Delivery and Budget Implementation Plans.

The Audit and Performance Committee meetings took place as required by legislation on the following dates:

| DATE | MEETING |
|------------------|------------------|
| 22 July 2024 | Ordinary Meeting |
| 03 October 2024 | Ordinary Meeting |
| 03 October 2024 | Ordinary Meeting |
| 24 October 2024 | Special Meeting |
| 29 January 2025 | Special Meeting |
| 22 April 2025 | Ordinary Meeting |
| 30 June 2025 | Special Meeting |
| 27 August 2024 | Special Meeting |
| 21 October 2024 | Special Meeting |
| 29 November 2024 | Special Meeting |
| 24 February 2025 | Special Meeting |
| 26 May 2025 | Special Meeting |
| 27 August 2024 | Special Meeting |

The minutes of the meetings are available in the Portfolio of Evidence of the Municipal Manager.

6. Auditing of Performance Information

The Municipal Systems Act 2000, Section 45 requires that the results of the performance measurements in terms of section 41 (1) c, must be audited as part of the internal auditing process and annually by the Auditor- General. All auditing must comply with section 14 of the Municipal Planning and Performance Management Regulations, 2001 (Regulation 796).

The Chief Audit Executive, Mrs. M. M. Ngwenya, is responsible for the Internal Audit function within the municipality. As part of their scope of work, auditing of the Performance Management System and relevant Performance Information in terms of the Internal Audit Plan of Dipaleseng Local Municipality for the 2024/2025 financial year, was performed and reports were received for each quarter in terms of the following:

Quarter 1:

Determine the adequacy and effectiveness of Performance Management System as well as compliance with section 45 of the Municipal Systems Act. The auditing commenced in October 2024.

Quarter 2:

Provide reasonable assurance on the completeness, relevance, accuracy, consistency of information furnished in the Service Delivery and Budget Implementation Plan as well as that of the Portfolio of evidence furnished is sufficient. The auditing commenced in January 2025

Quarter 3:

Give assurance on whether the key management controls in place are adequate and effective to minimize the high-risk areas that will be identified and agreed with management during the process of risk assessment. The auditing commenced in April 2025.

Quarter 4:

Review scorecards on a test basis to supporting evidence on a sample basis, perform detailed testing on selected performance information (AOPI); and ensure the accuracy and validity of the information included in the annual report based on the evidence inspected, on a sample basis. Performance Information reported in Quarter 4 has been finalised.

7. Individual Performance Management

Performance Evaluation Panels for the evaluation of Top Management are established per the Local Government: Municipal Performance Regulations for the Municipal Manager and Managers directly accountable to Municipal Managers, 2006, as follows:

- A. For purposes of evaluating the annual performance of the Municipal Manager (Section 54A), an Evaluation Panel constituting of the following persons was established:
 - (i) Executive Mayor or Mayor;
 - (ii) Chairperson of the Performance Audit Committee;
 - (iii) Member of the Mayoral or Executive Committee or in respect of a plenary type Municipality, another member of Council;
 - (iv) Mayor and/or Municipal Manager from another Municipality; and
 - (v) Member of a Ward Committee as nominated by the Executive Mayor or Mayor.
- B. For purposes of evaluating the annual performance of Managers directly accountable to the Municipal Manager, an Evaluation Panel constituted of the following persons was established:
 - (i) Municipal Manager;
 - (ii) Chairperson of the Performance Audit Committee or the Audit Committee in the absence of a Performance Audit Committee;
 - (iii) Member of the Mayoral or Executive Committee or in respect of a plenary type Municipality, another member of Council; and
 - (iv) Municipal Manager from another Municipality.

Performance Evaluation sessions are to be conducted quarterly. The first and the third quarter assessment are informal assessments. Formal assessments are conducted in the presence of the Evaluation Panel for the mid-year (quarter two) and full year (quarter four) performance achievements. The final (annual) formal performance evaluation sessions of the Municipal Manager and Managers Directly accountable to the Municipal Manager determines that if a manager has performed above adequately and is eligible for a performance bonus.

The Performance Management and Development System Policy (PMDS) and Procedures of Dipaleseng includes the cascading of performance to all levels of staff in line with the Local Government: Municipal Staff Regulations, 2021 (Regulation 890). The Municipality, however, has faced challenges in implementing

Individual performance management to all levels of staff in the 2024/2025 financial year and will investigate the implementation thereof through a phased-in approach from the 2025/2026 financial year and beyond.

8. Performance of External Service Providers

The monitoring of the service provider performance is ensured through the signing of Service Level Agreements. It is currently being done on a user department level. The end user department provides reports on performance of service providers by submitting reports to the performance management unit and through Council's committee structures.

The following are the service providers engaged in each business unit during the 2024/2025 financial year focusing on the critical functional areas of the municipality:

| ASSESSMENT OF EXTERNAL SERVICE PROVIDERS | | | | |
|------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------|-----------------------|
| EXTERNAL SERV ICE PROVIDER | SERVICE PROVIDED IN TERMS OF SIGNED SLA | PERFORMANCE TIMEFRAMES | DESCRIPTION OF SERVICES PROVIDED | PERFORMANCE REVIEW |
| 1.Ifalethu | Panel of service provider to supply water chemicals as when required for a period of three years | As when appointed once off delivery | Supply and delivery of water chemicals | Good |
| 2. Ntebo Enterprise | Normal 7 days RFQ | Once off delivery | Supply and delivery of Durable plastic chairs 400 and tables 8 | Good |
| 3.Jicama 167 | Panel of service provider to supply water chemicals as when required for a period of three years | Once off delivery | Supply and delivery of water chemicals | Good |
| 4.Kamohelo Mashome Construction | Normal 7 days RFQ | Once off Delivery | Supply and delivery of water tanks | Good |
| 5. Oakantswe Construction and projects | Panel of service provider to supply water chemicals as when required for a period of three years | As when appointed once off delivery | Supply and delivery of Bulk electrical meter | Good |
| 6. Libembe Projects | Normal 7 days RFQ | Once off Delivery | Supply and delivery of office furniture | Good |
| 7.Mpendulo Construction and Supply | Normal 7 days RFQ | Once off Delivery | Supply and delivery of electric meters | Fair |
| 8.Pro Axpert Construction | Normal 7 days RFQ | Once off Delivery | Repairs of steel elevated tank in grootvlei | Fair |
| 9.Sinhla Construction | Normal 7 days RFQ | Once off Delivery | Repairs and painting of palisade | Good |

| | | | | |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------|------|
| 10.Rch Trading | Normal 7 days RFQ | Once off Delivery | Supply and delivery of water materials | Good |
| 11. Libembe Projects | Deviation | Once Off Delivery | Supply and delivery of water materials | Good |
| 12. Hamilton Hydraulic Services | Deviation | Once Off Delivery | Repairs Toyota Land Cruiser | Good |
| 13 Tyre Mart | Normal process below 30000.00 | Once Off Delivery | Supply and fittings of tyres | Good |
| 14. Baobab Blouberg Group | Panel of service provider to supply desktops and laptops and IT items as and when required for a period of three years | Once Off Delivery | Supply and delivery of laptops | Good |
| 15. Tlotlo Lebone | Deviation | Once Off | Hiring of a vacuum truck | Good |
| 16.Supa Quick | Normal Process RFQ | Once Off | Hiring of a TLB and Excavator | Good |
| 17. Vpg Enterprise | Normal Process RFQ | Once Off | Hiring of a tipper Truck | Good |
| 18. Mpophoma Construction | Competitive Bidding | 12 Months | Rehabilitation of Charles Street | Good |
| 19.Gifted Jack (Pty) Ltd | Normal RFQ Process | Once Off | Supply and delivery of trimmer lines | Good |
| 20. Artness Trading | Normal RFQ Process | Once off | Supply and delivery of office furniture | Good |
| 21. Aspor Utility Services | Normal RFQ Process | Once off | Supply and delivery of safety boots | Good |
| 22. Lamla Engineers | Deviation | Once Off | Hiring of a Water tank for a period of 30 Days | Good |
| 23. SVG | Normal Process | Once Off | Hiring of a water tank for a period of 30 days | Good |
| 24.Increcorp | Normal Process | Once Off | Hiring of a water Truck for a period of 30 days | Good |

None: All service Providers performed in an accepted standards.

| CORRECTIVE MEASURES FOR CONTRACTORS PERFORMING BELOW THE ACCEPTABLE STANDARD | |
|------------------------------------------------------------------------------|---------------------|
| NAME OF CONTRACTOR | MANAGEMENT COMMENTS |
| | |
| | |
| | |
| | |
| | |

9. Annual Organisational Performance Information

In relation to the 2024/2025 financial year-end performance results, the position shows that:

- **66%** of measures met or exceeded the year-end target.
- **34%** of measures were not achieved.
- The percentage calculation is based on the targets achieved against the total number of planned targets.

| COLOUR CODED STATUS | 2022/2023 PERFORMANCE | 2023/2024 PERFORMANCE | 2024/2025 PERFORMANCE |
|------------------------|-----------------------|-----------------------|-----------------------|
| Green – KPI Achieved | 42% | 52% | 66% |
| Red – KPI Not Achieved | 58% | 48% | 34% |

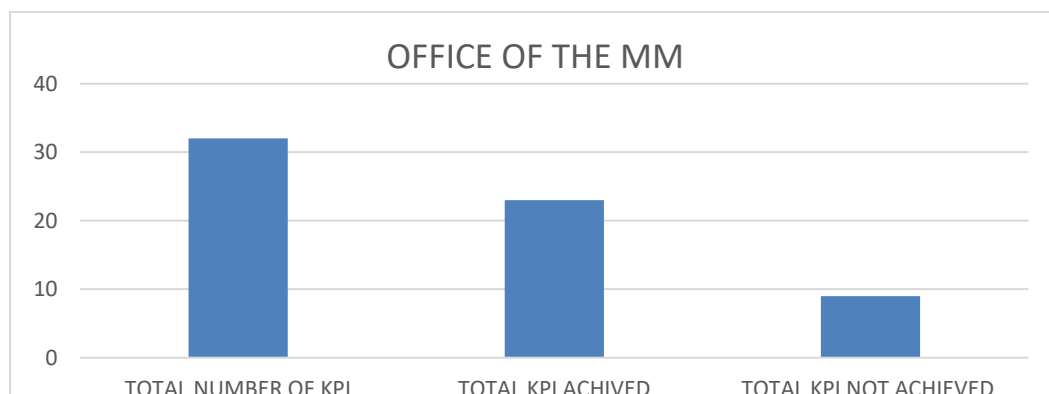
The colour coded system used to report performance is as follows:

- **Green** – Performance targets achieved.
- **Red** – Performance targets not achieved.

The performance results for the organizational priorities can be summarized as follows:

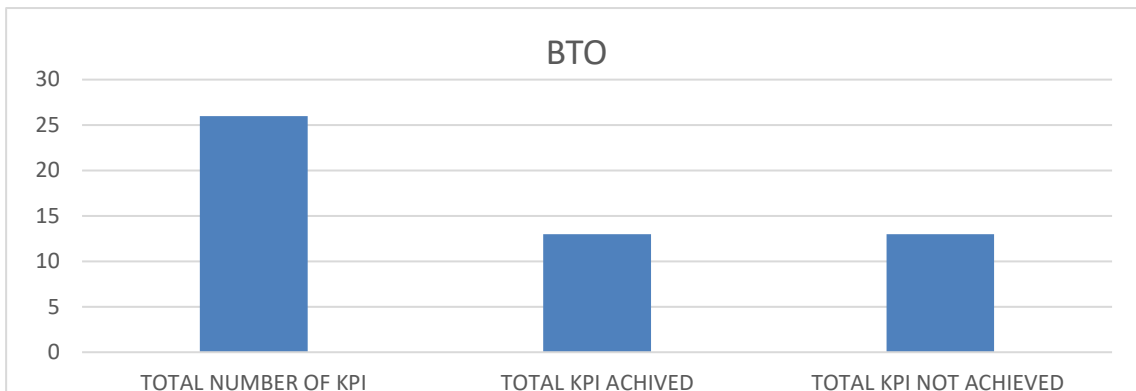
9.1KPA 1: Municipal Transformation and Good Governance

| TOTAL NUMBER OF TARGETS | NUMBER OF KPIs ACHIEVED | NUMBER OF KPIs NOT ACHIEVED | OVERALL PERCENTAGE |
|-------------------------|-------------------------|-----------------------------|--------------------|
| 29 | 26 | 3 | 90% |



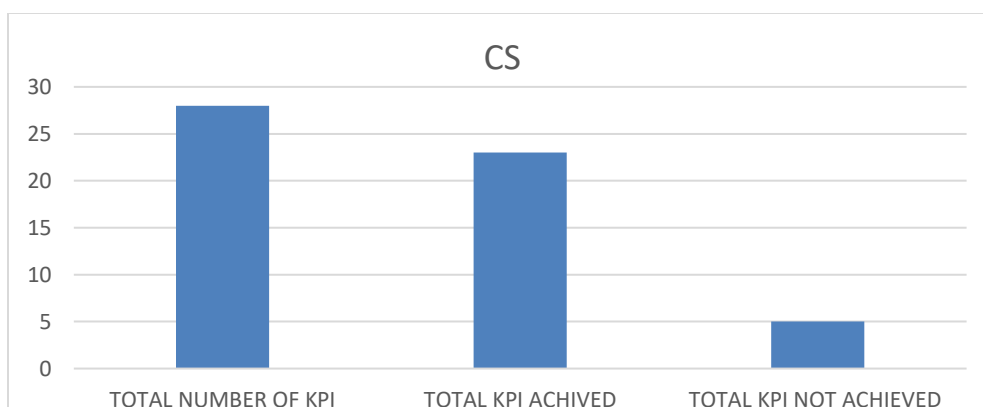
9.2 KPA 2: Municipal Financial Viability and Financial Management

| TOTAL NUMBER OF TARGETS | NUMBER OF KPIs ACHIEVED | NUMBER OF KPIs NOT ACHIEVED | OVERALL PERCENTAGE |
|-------------------------|-------------------------|-----------------------------|--------------------|
| 26 | 13 | 13 | 50% |



9.3 KPA 3: Municipal Transformation and Organizational Development

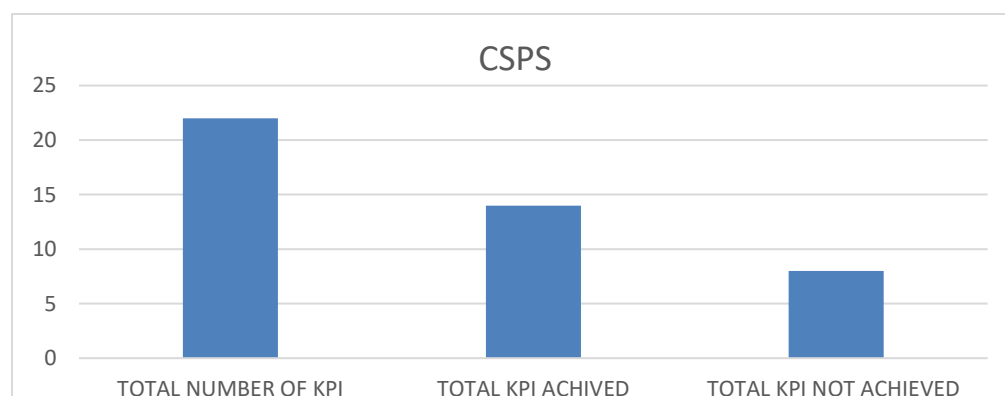
| TOTAL NUMBER OF TARGETS | NUMBER OF KPIs ACHIEVED | NUMBER OF KPIs NOT ACHIEVED | OVERALL PERCENTAGE |
|-------------------------|-------------------------|-----------------------------|--------------------|
| 28 | 23 | 5 | 82% |



9.4 KPA 4: Basic Service Delivery

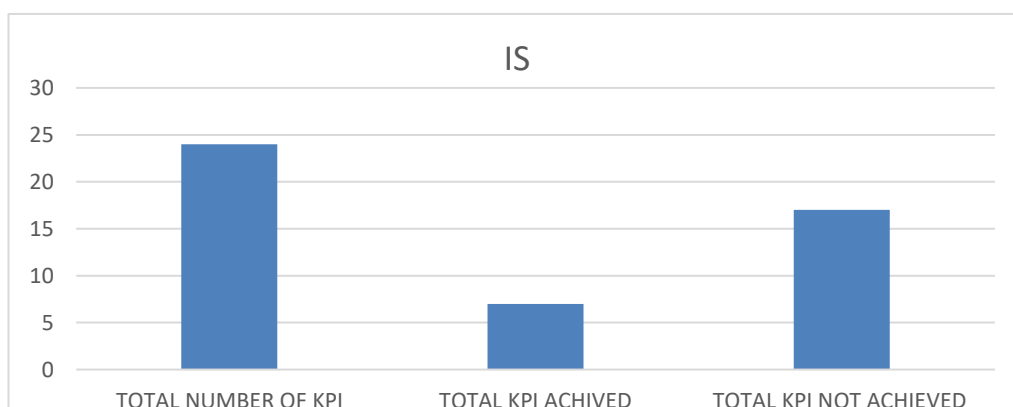
9.4.1 Community Services and Public Safety

| TOTAL NUMBER OF TARGETS | NUMBER OF KPIs ACHIEVED | NUMBER OF KPIs NOT ACHIEVED | OVERALL PERCENTAGE |
|-------------------------|-------------------------|-----------------------------|--------------------|
| 25 | 16 | 9 | 64% |



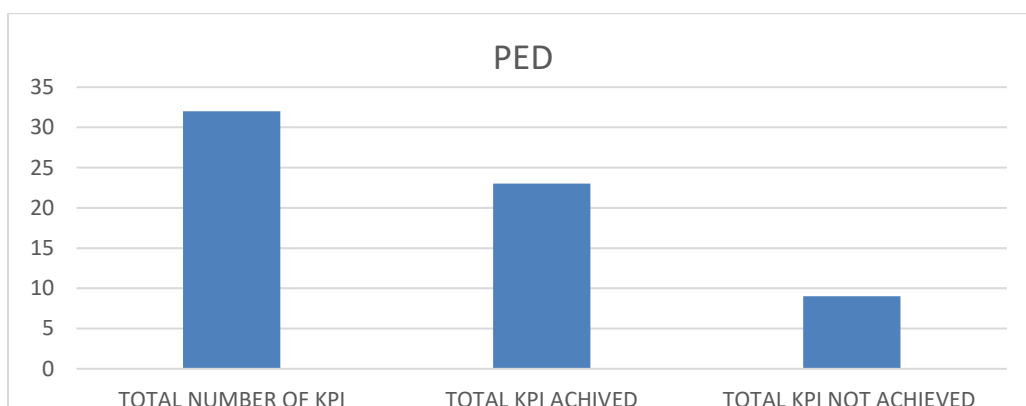
9.4.2 Infrastructure Services

| TOTAL NUMBER OF TARGETS | NUMBER OF KPIs ACHIEVED | NUMBER OF KPIs NOT ACHIEVED | OVERALL PERCENTAGE |
|-------------------------|-------------------------|-----------------------------|--------------------|
| 24 | 7 | 17 | 29% |



9.5 KPA 5: Spatial Rationale and Municipal Planning

| TOTAL NUMBER OF TARGETS | NUMBER OF KPIs ACHIEVED | NUMBER OF KPIs NOT ACHIEVED | OVERALL PERCENTAGE |
|-------------------------|-------------------------|-----------------------------|--------------------|
| 32 | 24 | 8 | 75% |



10. OVERALL ANNUAL PERFORMANCE 2024/2025

| DEPARTMENT | KEY PERFORMANCE AREAS (KPA's) | Planned KPIs 2024/2025 | Achieved KPIs 2024/2025 | Outstanding KPIs 2024/2025 |
|---------------------------------------------------------|----------------------------------------------------------------------|------------------------|-------------------------|----------------------------|
| Municipal Manager | Municipal Transformation & Good Governance | 29 | 26 (90%) | 3 (10%) |
| Budget & Treasury | Financial Viability & Financial Management | 26 | 13 (50%) | 13 (50%) |
| Corporate Services | Municipal Transformation & Organizational Development | 28 | 23 (82%) | 5 (18%) |
| Planning & Economic Development | Spatial Rationale, Municipal Planning and Local Economic Development | 32 | 24 (75%) | 8 (25%) |
| Community Services & Public Safety | Municipal Basic Service Delivery | 25 | 16 (64%) | 9 (36%) |
| Infrastructure Services | Municipal Basic Service Delivery | 24 | 7 (29%) | 17 (71%) |
| TOTAL KPIs | | 164 | 109 (66%) | 55 (34%) |
| Overall Performance Annual Performance 2024/2025 | | | 66% | |

10.1 Office of the MM

| Rating | Terminology | Number of KPI's per rating |
|--------|----------------------------------------------|----------------------------|
| 1 | Unacceptable Performance | 0 |
| 2 | Performance Not Fully Effective | 3 |
| 3 | Fully Effective | 22 |
| 4 | Performance significantly above expectations | 1 |
| 5 | Outstanding Performance | 3 |
| | Total KPI's | 29 |

10.2 Budget & Treasury

| Rating | Terminology | Number of KPI's per rating |
|--------|----------------------------------------------|----------------------------|
| 1 | Unacceptable Performance | 0 |
| 2 | Performance Not Fully Effective | 13 |
| 3 | Fully Effective | 12 |
| 4 | Performance significantly above expectations | 0 |
| 5 | Outstanding Performance | 1 |
| | Total KPI's | 26 |

10.3 Corporate Services

| Rating | Terminology | Number of KPI's per rating |
|--------|----------------------------------------------|----------------------------|
| 1 | Unacceptable Performance | 0 |
| 2 | Performance Not Fully Effective | 5 |
| 3 | Fully Effective | 21 |
| 4 | Performance significantly above expectations | 1 |
| 5 | Outstanding Performance | 1 |
| | Total KPI's | 28 |

10.4 Planning & Development

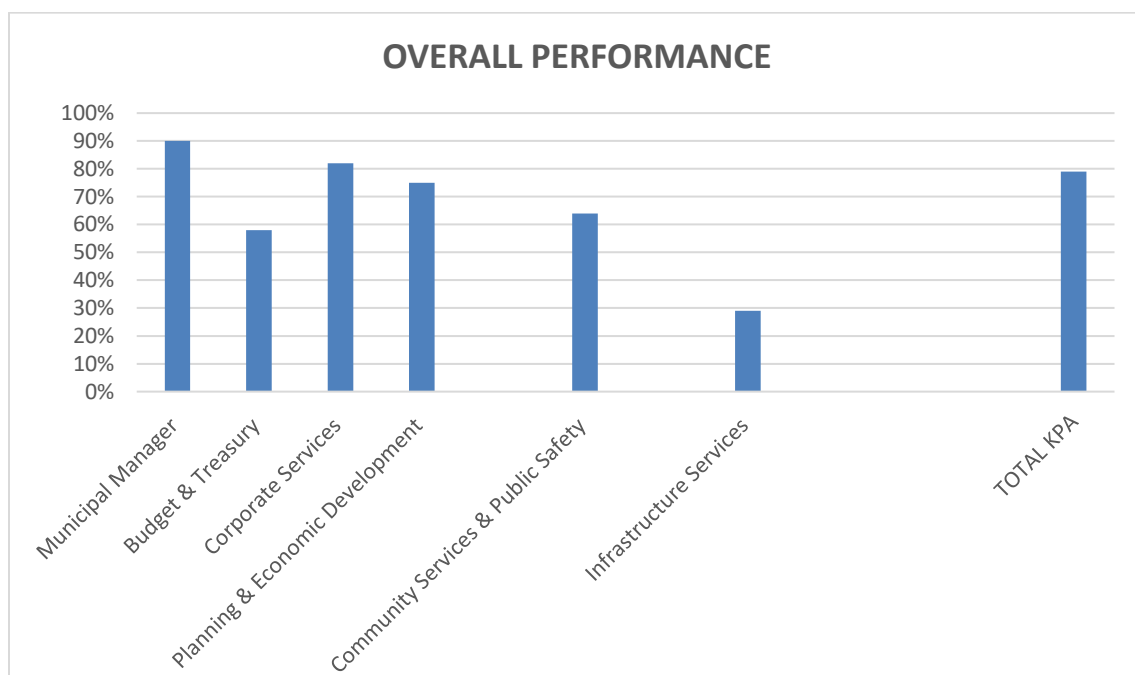
| Rating | Terminology | Number of KPI's per rating |
|--------|----------------------------------------------|----------------------------|
| 1 | Unacceptable Performance | 0 |
| 2 | Performance Not Fully Effective | 8 |
| 3 | Fully Effective | 20 |
| 4 | Performance significantly above expectations | 2 |
| 5 | Outstanding Performance | 2 |
| | Total KPI's | 32 |

10.5 Community Services & Public Safety

| Rating | Terminology | Number of KPI's per rating |
|--------|----------------------------------------------|----------------------------|
| 1 | Unacceptable Performance | 0 |
| 2 | Performance Not Fully Effective | 9 |
| 3 | Fully Effective | 13 |
| 4 | Performance significantly above expectations | 2 |
| 5 | Outstanding Performance | 1 |
| | Total KPI's | 25 |

10.6 Infrastructure Services

| Rating | Terminology | Number of KPI's per rating |
|--------|----------------------------------------------|----------------------------|
| 1 | Unacceptable Performance | 0 |
| 2 | Performance Not Fully Effective | 17 |
| 3 | Fully Effective | 5 |
| 4 | Performance significantly above expectations | 0 |
| 5 | Outstanding Performance | 2 |
| | Total KPI's | 24 |



11.Conclusion

The analysis contained in this report was based on information received until 30 June 2025. It be noted that an increase in performance has been obtained by the Municipality.

The non-achievement will be corrected in the next financial year.

| | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------|--|--|--|--|------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2024/2025 SERVICE DELIVERY AND BUDGET IMPLEMENTATION PLANT | | | | | | | | | | | | | | | | | | | |
| CORPORATE SERVICES | | | | | | | | | | | | | | | | | | | |
| DIRECTOR CORPORATE SERVICES: MR. P.M. MOKOENA | | | | | REPORTING AUTHORITY: MUNICIPAL MANAGER: MR. L. CINDI | | | | | | | | | | | | | | |

| IDP Ref. No. | Strategic Objectives | Key Performance Indicator | Unit of Measurement | Source of Funding | 2023/24 Base line | 2024/25 Annual Target | Planned Annually Targets | Actual Performance (June 25) | Personal Score Rating (1 to 5) | Reasons for Deviations | Remedial Action | Portfolio of Evidence | Listing | Findings | Legends | Internal Audit Recommendations |
|--------------|----------------------------|----------------------------------------------------------------------------------------------------------|---------------------|-------------------|-------------------|-----------------------|--------------------------|------------------------------|--------------------------------|------------------------|-----------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------|--------------------------------|
| CS: 01 | Organizational Development | Reduction of vacant Senior Management positions | # | Opex | 2 | 4 | 4 | 4 | 3 | N/A | N/A | Advert, Recruitment plan and Letters of appointment. | Appointment of Director IS, CSPS, CS and PED. | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| CS: 02 | Organizational Development | % of approved vacancies filled within 06 months into the new Municipal Staff Regulations by 30 June 2025 | 100% | Opex | New | 100% | 100% | 100% | 3 | N/A | N/A | Letters of Appointments of all advertised positions issued within 6 months. | Advert, Recruitment plan and appointment letters | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| CS: 03 | Organizational Development | # of S54 & 56 Performance Agreements signed by 30 July 2024 | # | Opex | 6 | 6 | 6 | 6 | 3 | N/A | N/A | Signed S54 & 56 Performance agreements | Signed performance agreements of MM,CFO,Director CS,Director IS Director CSPS and Director PED | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| CS: 04 | Municipal Transformation | Employment Equity Report Developed | # | Opex | 1 | 1 | 1 | 1 | 3 | | N/A | Signed Employment Equity report | Signed Employment Equity report | The actual performance has been supported with relevant | | None |




| | | | | | | | | | | | | | | | | |
|--------|----------------------------|----------------------------------------------------------------------------|---|------|----|----|----|----|---|-----|-----|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|
| | | by 30 Jan 2025 | | | | | | | | | | | | and complete evidence, therefore the achievement is supported | | |
| CS: 05 | Municipal Transformation | Development of a Workplace Skills Plan by 30 April 2025 | # | Opex | 1 | 1 | 1 | 1 | 3 | N/A | N/A | Signed Workplace Skills Plan with Council resolution. | Signed WSP and Council Resolution | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | Council resolution not submitted/ The report was tabled at mayoral due to new employee taking over |
| CS: 06 | Municipal Transformation | # of Skills Development Programs Reported / Implemented by 30 June 2025 | # | Opex | 12 | 12 | 12 | 12 | 3 | N/A | ccc | Quarterly Training and Skills development reports | Quarterly Training and Skills development reports | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| 1 | Organizational Development | Review of HR Policies by 30 May 2025 | # | Opex | 1 | 1 | 1 | 1 | 3 | N/A | N/A | HR Policies reviewed with a Council resolution. | Approved HR policies and Council resolution | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| CS: 08 | Organizational Development | Review of ICT Policies by 30 May 2025 | # | Opex | 1 | 1 | 1 | 1 | 3 | N/A | N/A | ICT Policies reviewed with a Council resolution | Approved ICT policies and Council resolution | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| CS: 09 | Organizational Development | Review of Communication and Stakeholder Management Policies by 30 May 2025 | # | Opex | 1 | 1 | 1 | 1 | 3 | N/A | N/A | Communication and Stakeholder Management policies reviewed with | Approved Communication and Stakeholder Management policies and Council resolution | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |

| | | | | | | | | | | | | | | | | |
|--------|----------------------------|------------------------------------------------------------------------------------------------|---|------|-----|-----|-----|-----|---|-----|-----|-----------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|------|
| | | | | | | | | | | | | Council resolution. | | | | |
| CS: 10 | Organizational Development | Review of Records Management Policies by 30 May 2025 | # | Opex | 1 | 1 | 1 | 1 | 3 | N/A | N/A | Records Management policies reviewed with a Council resolution. | Approved Records Management policy and Council resolution | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| CS: 11 | Organizational Development | # of Quarterly Performance Files submitted to Internal Audit within 10 days after each Quarter | # | Opex | 4 | 4 | 4 | 4 | 3 | N/A | N/A | Quarterly Performance reports with PoE's | Quarterly Performance reports with PoE's as end June 2025. | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| CS: 12 | Organizational Development | # of Contracts Management Reports reviewed and monitored per quarter | # | Opex | 4 | 4 | 4 | 4 | 3 | N/A | N/A | Contract management Quarterly Reports. | Quarterly Contract Management report as end June 2025 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| CS: 13 | Organizational Development | # of reports in the File Plan and Records Management Policy | # | Opex | 11 | 11 | 11 | 11 | 3 | N/A | N/A | File plan and records management reports. | File plan and records management reports. | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| CS: 14 | Financial Management | Reduction of overtime by 30% | % | Opex | New | 30% | 30% | 30% | 3 | N/A | N/A | Quarterly Cost Curtailment reports | Quarterly Cost Curtailment reports as end June 2025. | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |

| | | | | | | | | | | | | | | | | |
|--------|----------------------|------------------------------------------------------------|---|------|------|------|------|------|---|--------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|
| CS: 15 | Financial Management | Reduction of UIFW by 50% by end of June 2025 | % | Opex | New | 50% | 50% | 50% | 3 | N/A | N/A | Quarterly Deviation reports | Quarterly Deviation report as end 2025 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| CS: 16 | Good Governance | # of Portfolio Committee meetings convened by 30 June 2025 | # | Opex | 11 | 11 | 11 | 11 | 3 | N/A | N/A | Agenda issued, Minutes of meetings and attendance register, Minutes of meetings and attendance register, | Agenda issued, Minutes of meetings and attendance register of Portfolio meetings held April, May, and June 2025. | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| CS: 17 | Good Governance | # of Mayoral Committee meetings convened by 30 June 2025 | # | Opex | 11 | 11 | 11 | 11 | 3 | N/A | N/A | Agendas issued, Minutes of meetings and attendance registers, | Agendas issued, Minutes of meetings held on April, May and June 2025. | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| CS: 18 | Good Governance | # of LLF meetings convened by 30 June 2025 | # | Opex | 11 | 11 | 11 | 6 | 2 | 5 LLF meetings could not convene, due to none forming quorum | Strictly adherence to the approved schedule. | agenda, Minutes and attendance register, | Agenda issued, Minutes of meetings held on April, May and June 2025. | Key performance indicator reported as not achieved by the department | | Department should adhere to set quarterly targets. |
| CS: 19 | Good Governance | # of Council meetings convened by 30 June 2025 | # | Opex | 4 | 4 | 4 | 15 | 5 | N/A | N/A | Agenda, Minutes and attendance registers, | Agenda, Minutes and attendance registers of meetings as end June 2025. | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | Agenda's not submitted |
| CS: 20 | Good Governance | % of Council resolutions implemented by 30 June 2025 | % | Opex | 100% | 100% | 100% | 100% | 2 | N/A | N/A | 100% Council Resolutions register implemented by 30 June 2025. | 100% Council Resolutions register implemented as end June 2025. | Portfolio of evidence not submitted | | Council resolution not submitted |

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| CS: 21 | Good Governance | % of Audit Performance Committee resolutions implemented by 30 June 2025 | % | Opex | 100 % | 100% | 100 % | 100% | 2 | N/A | N/A | 100% APC Resolutions register implemented by 30 June 2025. | 100% APC Resolutions register implemented as end June 2025. | Only 72% of the resolutions were implemented in the 2024/25 financial year | | 100% APC Resolutions register must be implemented by 30 June 2025. |
| CS: 22 | Good Governance | # of ICT meetings convened by 30 June 2025 | # | Opex | 4 | 4 | 4 | 4 | 2 | N/A | N/A | Agenda issued, Minutes and attendance registers meeting convened as end June 2025 | Agenda issued, Minutes and attendance registers, | Key performance indicator not achieved | | 2 meetings held in the 2024/25 financial year. Submit agenda and attendance register for the meeting held on 30 December 2024 |
| CS: 23 | Good Governance | % of website and social media posts updated by 30 June 2025 | % | Opex | 80% | 100% | 100 % | 100% | 3 | N/A | N/A | 100% of updates on website and social media posts | Quarterly update, on website and social media posts as end June 2025. | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| CS: 24 | Good Governance | # of media monitoring / analysis conducted by 30 June 2025 | # | Opex | 12 | 12 | 12 | 12 | 3 | N/A | N/A | Media analysis reports with Council. | Media analysis reports as end June 2025. | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| CS: 25 | Good Governance | # of Quarterly Newsletters Released 10 days after each quarter | # | Opex | 4 | 4 | 4 | 4 | 3 | N/A | N/A | Quarterly newsletter published within 10 days of each end of Quarter | Quarterly newsletter published within, published within 10 days of each quarter as | The actual performance has been supported with relevant and complete evidence, therefore the | | None |

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| | | | | | | | | | | | | | end June 2025. | achievement is supported | | |
| CS: 26 | Good Governance | % of Resolved AG Findings by 20 June 2025 | # | Opex | New | 100% | 100% | 60% | 2 | N/A | N/A | Resolved findings | Resolved findings as end June 2025 | Portfolio of evidence not submitted | | |
| CS: 27 | Financial Management | Implementation of Risk Mitigations | # | Opex | New | 2 | 100% | 100% | 4 | N/A | N/A | Quarterly report on mitigated risk | Quarterly report on mitigated risk | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| CS: 28 | Financial Management | % of Revenue Collection Rate | % | Opex | New | 100% | 100% | 100% | 3 | N/A | N/A | Quarterly report on revenue collected | Payment received from VODACOM. | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |

| DIPALESENG LOCAL MUNICIPALITY (MP 306) | | | | | | | | | | | | | | | | |
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| 2024/2025 SERVICE DELIVERY AND BUDGET IMPLEMENTATION PLANT | | | | | | | | | | | | | | | | |
| MUNICIPAL MANAGER | | | | | | | | | | | | | | | | |
| MUNICIPAL MANAGER: MR L. CINDI | | | | | REPORTING AUTHORITY: EXECUTIVE MAYOR | | | | | | | | | | | |
| IDP Ref. No. | Strategic Objectives | Key Performance Indicator | Unit of Measurement | Source of Funding | 2023 /24 Baseline | 2024/ 25 Annual Target | Actual Performance | Achieved / Not achieved | Personal Score Rating (1 to 5) | Reasons for Deviations | Remedial Action | Portfolio of Evidence | Listing | Findings | Legend | Internal Audit Recommendations |
| MM: 01 | Good Governance | Date PMS Framework Policy Review and Adopted by Council | Date | Opex | 1 | 1 | 1 | Achieved | 3 | N/A | N/A | Council Resolution approving PMS Framework Policy | PMDS policy was approved by council on the meeting held on 28th May 2025 under item no C: 143/05/25 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported |  | None |
| MM: 02 | Good Governance | # of Quarterly Performance Files submitted to I.A. within 10 days after each end of Quarter | # | Opex | 4 | 4 | 4 | Achieved | 3 | None | None | Quarterly Performance Reports with PoEs | Proof of submission | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported |  | None |
| MM: 03 | Good Governance | # of S54 & S56 quarterly performance assessments concluded by 30 June 2025 | # | Opex | 4 | 4 | 2 | Not achieved | 2 | None availability of key stakeholders | Engage stakeholders as soon as quarter end. | Agenda / Minutes of Quarterly Performance Assessments / Invitations | None | Reported as not achieved by the department. |  | Adhere to planned schedule and engage relevant stakeholders at the end of each quarter |

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| MM: 04 | Good Governance | Submission of Annual Report to Council by Jan 2025 | # | Opex | 1 | 1 | 1 | Achieved | 3 | N/A | N/A | Annual Report and Council Resolution | Final Annual report 2023 24 financial year under Council resolution no C03/01/25 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| MM: 05 | Good Governance | Adoption of Oversight Report by Council by 31 March 2025 | # | Opex | 1 | 1 | 1 | Achieved | 3 | N/A | N/A | Oversight Report Adopted by Council | Oversight reported adopted under Council resolution no C75/03/25 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| MM: 06 | Good Governance | # of meetings with members of Troika | # | Opex | 4 | 4 | 3 | Achieved | 3 | | | Attendance Register / Agenda | Troika meetings were held as follows: 22 February 2025, 19 March 2025, 22 April 2025, 21 May 2025 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| MM: 07 | Good Governance | # of Ward Committee meetings held by 30 June 2025 | # | Opex | 72 | 72 | 73 | Achieved | 4 | None | None | Attendance Register / Agendas / Minutes | ANNEXURE A | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| MM: 08 | Good Governance | # of Audit Performance Committee (APC) convened by 30 | # | Opex | 6 | 5 | 11 | Achieved | 5 | None | None | Agenda / Attendance Register / Minutes of APC | ANNEXURE B | The actual performance has been supported with relevant and complete evidence, therefore the | | None |

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| | | June 2025 | | | | | | | | | | | achievement is supported | | |
| MM: 09 | Good Governance | Risk-Based 3 year rolling plan developed by 30 June 2025 | # | Opex | 1 | 1 | 1 | Achieved | 3 | None | None | 3 Year rolling Internal Audit Plan Document | The 3 year rolling internal audit plan for 2025/26 financial year and was approved by APAC on the 30 June 2025 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | None |
| MM: 10 | Good Governance | Internal Audit Plan developed by 30 June 2025 | # | Opex | 1 | 1 | 1 | Achieved | 3 | None | None | Annual Internal Audit Plan Document | Annual internal audit plan for 2025/26 financial year and was approved by APAC on the 30 June 2025 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | None |
| MM: 11 | Good Governance | Internal Audit Charter Reviewed by 30 June 2025 | # | Opex | 1 | 1 | 1 | Achieved | 3 | None | None | Updated Internal Audit Charter | Annual internal audit Charter for 2025/26 financial year and was approved by APAC on the 30 June 2025 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | None |
| MM: 12 | Good Governance | Internal Audit Methodology Reviewed by 30 June 2025 | # | Opex | 1 | 1 | 1 | Achieved | 3 | None | None | Updated Internal Audit Methodology Document and APC Minutes | Annual internal audit methodology for 2025/26 financial year and was approved by APAC on the 30 June 2025 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | None |

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| MM: 13 | Good Governance | Audit Performance Committee Charter Reviewed by 30 Sept 2024 | # | Opex | 1 | 1 | 1 | Achieved | 3 | None | None | Approved Audit Performance Committee Charter with Council Resolution | APAC Charter approved by Council on its Special Meeting held on the 30th August 2024, under Council Resolution no :175/08/24 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| MM: 14 | Good Governance | # of Internal Audit Reports submitted to APC by 30 June 2025 | # | Opex | 4 | 4 | 14 | Achieved | 5 | None | None | Agenda / Attendance Register / Minutes of APC | See Annexure C | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| MM: 15 | Good Governance | # of Audit Performance Committee Reports submitted to Council by 30 June 2025 | # | Opex | 4 | 4 | 9 | Achieved | 5 | None | None | Minutes of Council meetings and Council Resolutions | See Annexure D | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |

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| MM: 16 | Good Governance | Risk Management enabling documents reviewed by 30 June 2025 | # | Opex | 6 | 6 | 6 | Achieved | 3 | None | None | Approved Risk Management Policy, Risk Management Framework, Anti-Fraud and Anti-Corruption Policy, Anti-Fraud and Anti-Corruption Prevention Plan, Whistle Blowing Policy, Risk Management, Anti-Fraud and Anti-Corruption Committee Charter and Council Resolution | Approved Risk Management enabling documents by council meeting held on 28th May 2025 under item no C: 143/05/25 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| MM: 17 | Good Governance | # of RMC Meetings convened by 30 June 2025 | # | Opex | 4 | 4 | 4 | Achieved | 3 | None | None | Minutes of RMC meeting held 2024/25 and Attendance Register | RMAFACC meetings held: 02 August 2024. 25 October 2024. 25 February 2025. 23 March 2025 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| MM: 18 | Good Governance | Strategic Risk Register Updated by 30 June 2025 | # | Opex | 1 | 1 | 1 | Achieved | 3 | None | None | Updated Risk Register | Strategic Risk Assessment report 24 June 2025 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |

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| MM: 19 | Good Governance | Developed Operational Risk Register by 30 June 2025 | # | Opex | 1 | 1 | 1 | Achieved | 3 | None | None | Operational Risk Register Report | Operational Risk Register Report | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| MM: 20 | Good Governance | Developed Ethics, Fraud and Corruption Risk Register by 30 June 2025 | # | Opex | 1 | 1 | 1 | Achieved | 3 | None | None | Ethics, Fraud and Corruption Risk Register | Ethics, Fraud and Corruption Risk Register | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| MM: 21 | Good Governance | Review 2023/24 ICT Risk Register by 30 June 2025 | # | Opex | 1 | 1 | 1 | Achieved | 3 | None | None | Updated 2024/25 ICT Risk Register | Updated 2024/25 ICT Risk Register | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| MM: 22 | Good Governance | # of Risk Management Monitoring Reports | # | Opex | 4 | 4 | 4 | Achieved | 3 | None | None | Risk Management Monitoring Reports | Quarterly reports | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| MM: 23 | Good Governance | Risk Management, Ethics, Anti-Fraud and Anti-Corruption | # | Opex | 1 | 1 | 1 | Achieved | 3 | None | None | Attendance Register / Agenda / Minutes / e-mails and newsletter articles | Attendance register of the Workshop held: 16 March 2025 | The actual performance has been supported with relevant and complete evidence, therefore the | | None |

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| | | n Awarene ss Worksho p by 30 June 2025 | | | | | | | | | | | | achievement is supported | | |
| MM: 24 | Good Governan ce | # of Risk Mitigatio n Reports by 30 June 2025 | # | Opex | 4 | 4 | 4 | Achieved | 3 | None | None | Risk Mitigation Reports | Quarterly reports | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| MM: 25 | Good Governan ce | % of Resolved AG Findings by 20 June 2025 | % | Opex | New | 100% | 27% | Not achieved | 2 | Limited resource s- (finances) | continuo us implem tation of FRP | Web enabler Audit action plan Report | Web enabler audit action plan report | Reported as not achieved by the department. | | |
| MM: 26 | Financial Manage ment | Reductio n of overtime by 30% | % | Opex | New | 30% | R 42 291,06 - R 41 310,68 = R980, 38 which equals to 2,32% decre ase | Not achieved | 2 | Municipal operation s | To curb overtime hours with legislated threshold . | Quarterly Cost Curtailment Reports | Overtime report | Reported as not achieved by the department. | | |
| MM: 27 | Financial Manage ment | Reductio n of UIFW by 50% by end of June 2025 | % | Opex | New | 50% | No UIFW has been incurre d by the unit. | Achieved | 3 | None | None | Quarterly Deviation Reports | Quarterly Deviation reports | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |

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| MM: 28 | Organizational Development | # of Quarterly Performance Files submitted to Internal Audit within 10 days after each Quarter | # | Opex | 4 | 4 | 1 | Achieved | 3 | None | None | Quarterly Performance Reports with PoEs | Proof of submission | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| MM: 29 | Financial Management | % of Revenue Collection Rate | % | Opex | New | 100% | 0% there were no activities to be performed by the department | Achieved | 3 | None | None | Progress report of financial recovery plan and funding plan. | Progress report of financial recovery plan | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |

| DIPALESENG LOCAL MUNICIPALITY (MP 306) | | | | | | | | | | | | | | | | | |
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| 2024/2025 SERVICE DELIVERY AND BUDGET IMPLEMENTATION PLAN | | | | | | | | | | | | | | | | | |
| PLANNING AND ECONOMIC DEVELOPMENT | | | | | | | | | | | | | | | | | |
| DIRECTOR PLANNING AND ECONOMIC DEVELOPMENT: MS C. POULTEN | | | | | REPORTING AUTHORITY: MUNICIPAL MANAGER: MR L. CINDI | | | | | | | | | | | | |
| IDP Ref. No. | Strategic Objectives | Key Performance Indicator | Unit of Measurement | Source of Funding | 2023 /24 Baseline | 2024 /25 Annual Target | Revised Annual Target | Annual Performance | Listing | Achieved /Not achieved | Personal Score Rating (1 to 5) | Reasons for Deviations | Remedial Action | Portfolio of Evidence | Findings | Legend | Internal Audit Recommendations |
| PED: 01 | Good Governance | # of LED Forums convened by 30 June 2025 | # | Opex | 11 | 11 | 4 | 8 | Annexure 1 | achieved | 4 | None | schedule of meetings for each quarter to be submitted | Agendas issued / Minutes of meetings and attendance register | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | 🟢 | None |
| PED: 02 | Good Governance | # of Human Settlement Project Steering Committee Meetings convened | # | Opex | 11 | 11 | 11 | 12 | Annexure 2 | achieved | 4 | None | None | Agendas issued / Minutes of meetings and attendance register | The actual performance has been supported with relevant | 🟢 | None |

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| | | by 30 June 2025 | | | | | | | | | | | | | and complete evidence, therefore the achievement is supported | | |
| PED: 03 | Economic Development | # of job opportunities created through infrastructure capital projects and EPWP Programs | # | Cape x | 340 | 340 | 340 | 602 | Annexure 3 | na | 5 | None | None | # of signed contracts of employment | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| PED: 04 | Economic Development | Revised SMME & Cooperative Database by 30 June 2025 | # | Opex | 1 | 1 | 1 | 1 | Annexure 4 | na | 3 | None | None | Signed updated SMME & Cooperative 2024/25 Database | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |

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| PED: 05 | Economic Development | # of SMME and Coop Training and Capacity Building Programs conducted by 30 June 2025 | # | Opex | 4 | 4 | 4 | 5 | Annexure 5 | achieved | 5 | None | Acting incumbent to organise trainings | Agendas issued / Minutes of meetings and attendance register | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| PED: 06 | Economic Development | Development of an LED Strategy by 30 JUNE 2025 | # | Opex | 1 | 1 | 1 | 0 | Annexure 6 | not achieved | 2 | Draft strategy in place but funding to complete the strategy | N/A | Approved LED Strategy by Council | The Key Performance Indicator has been reported as not achieved by the department | | The department to relook at other alternative in the next financial year. |
| PED: 07 | Economic Development | Development of a Investment Attraction Policy by 30 March 2025 | # | Opex | 1 | 1 | 1 | 0 | Annexure 7 | not achieved | 2 | no funding in place | N/A | Approved Investment and Attraction Policy by Council | The Key Performance Indicator has been reported as not achieved by the department | | |
| PED: 08 | Economic Development | # of monthly SLP and CSI reports submitted to Portfolio Committee and MayCo | # | Opex | 11 | 11 | 11 | 9 | Annexure 8 | not achieved | 2 | N/A | Submit Relevant information to Portfolio Committee | Agendas issued / Minutes of meetings and attendance register | The Key Performance Indicator has been reported as not achieved by the | | None |

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| | | | | | | | | | | | | | | | departme nt | | |
| PED: 09 | Economic Developme nt | % of Business License Applications approved within 7 days after the date of receipt | % | Opex | 100% | 100% | 100% | 100% | Annex ure 9 | achieved | 2 | Approve business licence in time | None | Signed monthly internal control report on approved business license applicatio ns | Not all business license applicatio ns are approved within 7days after the date of receipt | | Submit signed monthly internal control report on approved business license applications. (Application date and the approved date must appear) |
| PED: 10 | Economic Developme nt | # of monthly reports on Business Inspections Conducted by 30 June 2025 | # | Opex | 11 | 11 | 11 | 6 | Annex ure 10 | not achieved | 2 | Conduct Business inspection on monthly basis. | No | Agendas issued / Minutes of meetings and attendance register | The Key Performa nce Indicator has been reported as not achieved by the departme nt | | Department must state they deviations and corrective measure |
| PED: 11 | Spatial Rationale | # of approved new township establishme nts by 30 June 2025 | # | Opex | 1 | 1 | 1 | 0 | Annex ure 11 | not achieved | 2 | Delay in approving township establish ment | Expedite approval of township approval | Record of Decision for approved new township establishm ent / Approval by Tribunal Committee | The Key Performa nce Indicator has been reported as not achieved by the departme nt | | If the town ship was later approved, submit the record of decision for approval by Tribunal Committee. |

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| PED: 12 | Spatial Rationale & Integrated Human Settlement | # of reports on the formalisation of informal settlement submitted to Portfolio Committee and MayCo by 30 June 2025 | # | Opex | 11 | 11 | 11 | 11 | Annexure 12 | achieved | 3 | na | na | Agendas issued / Minutes of meetings and attendance register | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| PED: 13 | Spatial Rationale & Integrated Human Settlement | # of reports submitted for the Grootvlei Township Development | # | Opex | 11 | 11 | 11 | 11 | Annexure 13 | achieved | 3 | None | None | Agendas issued / Minutes of meetings and attendance register | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| PED: 14 | Spatial Rationale & Integrated Human Settlement | # of reports on the issuing of title deeds and submitted to Portfolio Committee and MayCo | # | Opex | 11 | 11 | 11 | 3 | Annexure 14 | not achieved | 2 | Delay in delivering title deeds by Coghsa | activity to be reviewed when title deeds have been delivered | Agendas issued / Minutes of meetings and attendance register | The Key Performance Indicator has been reported as not achieved by the department | | Coghsa to expedite the process of issuing title deeds |




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| PED: 15 | Spatial Rationale & Integrated Human Settlement | Review of Land Invasion Policy by 30 May 2025 | # | Opex | 1 | 1 | 11 | 1 | Annexure 15 | achieved | 3 | N/A | N/A | Land Invasion Policy reviewed and approved by Council | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| PED: 16 | Spatial Rationale | Development of a Comprehensive Land Audit by 30 March 2025 | # | Opex | 1 | 1 | 1 | 1 (Report presented to Council in July 2025) | Annexure 16 | achieved | 3 | None | None | Approved Comprehensive Land Audit Report by Council | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| PED: 17 | Spatial Rationale & Integrated Human Settlement | Review of Housing Sector Plan by 30 May 2025 | # | Opex | 1 | 1 | 1 | 1 | Annexure 17 | achieved | 3 | None | None | Housing Sector Plan reviewed and approved by Council | The actual performance has been supported with relevant and complete evidence, therefore the achievement is | | None |

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| | | | | | | | | | | | | | | | supporte d | | |
| PED: 18 | Spatial Rationale | # of Monthly SPLUMA Reports submitted to Portfolio Committee and MayCo by 30 June 2025 | # | Opex | 11 | 11 | 11 | 11 | Annex ure 18 | achieved | 3 | None | None | Agendas issued / Minutes of meetings and attendance register | The actual performa nce has been supporte d with relevant and complete evidence, therefore the achievem ent is supporte d | | None |
| PED: 19 | Spatial Rationale | # of Monthly Housing Needs Register Reports submitted to Portfolio Committee and MayCo by 30 June 2025 | # | Opex | 11 | 11 | 11 | 11 | Annex ure 19 | achieved | 3 | None | None | Agendas issued / Minutes of meetings and attendance register | The actual performa nce has been supporte d with relevant and complete evidence, therefore the achievem ent is supporte d | | None |
| PED: 20 | Spatial Rationale | # of Monthly Building Regulations and Encroachme nt Reports submitted to Portfolio Committee and MayCo | # | Opex | 11 | 11 | 11 | 11 | Annex ure 20 | achieved | 3 | None | None | Agendas issued / Minutes of meetings and attendance register | The actual performa nce has been supporte d with relevant and complete | | None |



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| | | by 30 June 2025 | | | | | | | | | | | | | evidence, therefore the achievement is supported | | |
| PED: 21 | Spatial Rationale | % of building plan applications processed within 30 days after the date of receipt | % | Opex | 100% | 100% | 100% | 100% | Annexure 21 | achieved | 2 | None | None | Signed monthly internal control report on building plan applications | Not all applications are processed within 30 days after the date of receipt | | All applications must be processed within 30 days after the date of receipt |
| PED: 22 | Spatial Rationale | # of Land Use Application Reports submitted for approval to DLM within 120 days | # | Opex | 11 | 11 | 11 | 11 | Annexure 22 | achieved | 3 | None | None | Agendas issued / Minutes of meetings and attendance register | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| PED: 23 | Municipal Planning | Submission of 2024/25 IDP / Budget Process Plan to Council by 31 August 2024 | Date | Opex | 1 | 1 | 1 | 1 | Annexure 23 | na | 3 | None | None | Approved IDP / Budget Process Plan | The actual performance has been supported with relevant and complete evidence, therefore the achievement is | | None |

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| | | | | | | | | | | | | | | | supported | | |
| PED: 24 | Municipal Planning | Annual Municipal Strategic Planning Workshop by 30 Jan 2025 | Date | Opex | 1 | 1 | 1 | 01-Jan-00 | Annexure 24 | na | 3 | None | None | Invitations / Agenda / Signed Attendance Register / Workshop Report | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| PED: 25 | Municipal Planning | Submission of a Draft IDP to Council by 31 March 2025 | Date | Opex | 1 | 1 | 1 | 1 | Annexure 25 | na | 3 | N/A | N/A | Draft IDP Submitted to Council by 31 March 2025 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| PED 26 | Municipal Planning | Approval and Adoption of a Revised IDP by Council by 31 May 2025 | Date | Opex | 1 | 1 | 1 | 1 | Annexure 26 | achieved | 3 | None | None | Approved IDP by Council by 31 May 2025 | The actual performance has been supported with relevant | | None |

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| | | | | | | | | | | | | | | | and complete evidence, therefore the achievement is supported | | |
| PED: 27 | Financial Management | Reduction of overtime by 30% | % | Opex | New | 30% | 30% | 0% | Annexure 27 | Achieved (no overtime incurred) | 3% | none | None | Quarterly Cost Curtailment Reports | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| PED: 28 | Financial Management | Reduction of UIFW by 50% by end of June 2025 | % | Opex | New | 50% | 50% | 0% | Annexure 28 | Achieved (no overtime incurred) | 3 | None | None | Quarterly Deviation Reports | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |

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| PED: 29 | Organizational Development | # of Quarterly Performance Files submitted to Internal Audit within 10 days after each Quarter | # | Opex | 4 | 4 | 4 | 4 | Annexure 29 | achieved | 3 | None | na | Quarterly Performance Reports with PoEs | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported |  | None |
| PED: 30 | Good Governance | % of Resolved AG Findings by 30 June 2025 | # | Opex | New | 100% | 100% | 100 | Annexure 30 | | 3 | AG findings from PED addressed. Awaiting approval of management | | Quarterly Updated Audit action plan report | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported |  | None |
| PED: 31 | Financial Management | # of Risk Mitigation Strategies Implemented | # | Opex | New | 2 | 2 | 2 | Annexure 31 | achieved | 3 | None | None | Quarterly Risk Mitigation report | The actual performance has been supported with relevant and complete evidence, therefore the achievement is |  | None |

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| | | | | | | | | | | | | | | | supporte d | | |
| PED: 32 | Financial Manageme nt | % of Revenue Collection Rate | % | Opex | New | 100% | 100 | 100% | Annex ure 32 | achieved | 3 | Progress on budget funding plan recorded on pg14 of financial viability presentati on | | Progress report of financial recovery plan and funding plan. | The actual performa nce has been supporte d with relevant and complete evidence, therefore the achievem ent is supporte d | | None |

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| | DIPALESENG LOCAL MUNICIPALITY (MP 306) | | | | | | | | | | | | | | |
| | 2024/2025 SERVICE DELIVERY AND BUDGET IMPLEMENTATION PLANT | | | | | | | | | | | | | | |
| | BUDGET AND TREASURY | | | | | | | | | | | | | | |
| | CHIEF FINANCIAL OFFICER: MR T.H. THOKDANE | | | | | REPORTING AUTHORITY: MUNICIPAL MANAGER: MR L. CINDI | | | | | | | | | |
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| | IDP Ref. No. | Strategic Objectives | Key Performance Indicator | Unit of Measurement | Source of Funding | 2023/24 Baseline | 2024/25 Annual Target | Actual Annual Performance 2024/25 | Personal Score Rating (1 to 5) | Reasons for Deviations | Remedial Action | Portfolio of Evidence | FINDINGS | Legend | Internal Audit Recommendations |
| 1 | BTO : 01 | Basic Service Delivery | % of registered indigent formal h/h with access to free basic water by 30 June 2025 | % | Opex | 100% | 100% | 100% | 3 | | | Indigent Register | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported |  | None |
| 2 | BTO : 02 | Basic Service Delivery | % of registered indigent formal h/h with access to free basic sewer services by 30 June 2025 | % | Opex | 100% | 100% | 100% | 3 | | | Indigent Register | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported |  | None |

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| 3 | BTO : 03 | Basic Service Delivery | % of registered indigent formal h/h with access to free basic electricity services by 30 June 2025 | % | Opex | 100% | 100% | 100% | 3 | | | Indigent Register | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| 4 | BTO : 04 | Basic Service Delivery | % of registered indigent formal h/h with access to free basic solid waste services by 30 June 2025 | % | Opex | 100% | 100% | 100% | 3 | | | Indigent Register | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| 5 | BTO : 05 | Financial Viability | Going Concern Ratio by the end of June 2025 | % | Opex | 0:1 | 2:1 | 0:53 | 2 | our current liabilities exceed current assets due to continue cash challenges | Implementation of the Financial Recovery Plan to ensure that more revenue is generated to pay the creditors as they are due and payable. | Audited Financial Statements | Reported as not achieved by the department. | | |

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| 6 | BTO : 06 | Financial Viability | Rand value reduction of outstanding debt by 30 June 2025 | R | Opex | New | R100m | R27M | 2 | our current liabilities exceed current assets due to continue cash challenges | Implementation of the Financial Recovery Plan to ensure that more revenue is generated to pay the creditors as they are due and payable. | Monthly and Quarterly Debtors Age Analysis | Reason for deviation and remedial action not provided by the department | | Department must provide reason for deviation and remedial action. |
| 7 | BTO : 07 | Financial Viability | % of Revenue Collection Rate | % | Opex | 65% | 70% | 52% | 2 | Culture of non-payment from the Consumers and inaccurate data | Implementation of Revenue enhancement and data cleaning to ensure that Revenue is maximised in terms of billing and collection. | Monthly and Quarterly Debtors Age Analysis | Culture of non-payment from the Consumers and inaccurate data | | Implementation of Revenue enhancement and data cleaning to ensure that Revenue is maximised in terms of billing and collection. |
| 8 | BTO : 08 | Financial Management | % of Compliance to the Expenditure Plan by 30 June 2025 | % | Opex | 64% | 100% | 8% | 1 | Cash flow challenges | Implementation of the Financial Recovery Plan to ensure that more revenue is generated to pay the creditors as they are due and payable. | Monthly and Quarterly Debtors Age Analysis | Reported as not achieved by the department. | | Implementation of the Financial Recovery Plan to ensure that more revenue is generated to pay the creditors as they are due and payable. |



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| 9 | BTO : 09 | Financial Management | % of Compliance to SCM Regulation 6 by 30 June 2025 | % | Opex | 40% | 100% | 100% | 3 | | | Section 71 Reports and Regulation 6 Reports Submitted to PT | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| # | BTO : 10 | Financial Management | # of days taken to award tenders from the date of advertisement | # | Opex | < 90 days | < 90 days | N/A | 3 | | | Tender advert, bid committee minutes and letters of appointments | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| # | BTO : 11 | Financial Management | % of compliance with MFMA to payment of creditors within 60 days upon receipt of the invoice | % | Opex | 80% | 100% | 1% | 1 | Cash flow challenges | Fully implementation of Financial recovery plan | Invoice / Delivery Note and Remittance Advice | Reported as not achieved by the department. | | The department to indicate reasons for deviations and collective measures. |
| # | BTO : 12 | Financial Management | # of Budget Related Policies prepared and submitted by 31 March 2025 | # | Opex | 1 | 1 | 1 | 3 | | | Budget Related Policies approved by Council and submitted to NT and PT | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |

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| # | BTO : 13 | Financial Management | # of Financial Reports submitted within 10 days after each month end | # | Opex | 12 | 12 | 3 | 2 | Financial Information not available in time | Adhere to timeline for submitting | Section 71 Reports submitted to MayCo and PT | The instability within the department at Q2 had a negative implication in the compilation and reporting timelines for November and December 2024. | | Submit reports within stipulated period |
| # | BTO : 14 | Financial Management | # of Annual Financial Statements prepared and submitted to AGSA by 31 Aug 2024 | # | Opex | 1 | 1 | 1 | 5 | None | None | AFSA received by AGSA | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| # | BTO : 15 | Financial Management | # of SCM Compliance reports submitted to MayCo and PT | # | Opex | 12 | 12 | 3 | 2 | | | Section 71 Reports submitted to MayCo and PT | Portfolio of evidence for Q2 not submitted, therefore internal audit is unable to assure that SCM compliance reports for 2025/26 were all submitted to Mayco at the end of the year. | | Department must submit accurate, relevant and timely information (portfolio of evidence).The department to also indicate corrective measures. |

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| # | BTO : 16 | Financial Management | # of GRAP Compliance asset register compiled by target date | # | Opex | 1 | 1 | 1 | 3 | None | None | Approved Asset Register with Council Resolution | Portfolio of evidence not submitted, therefore the achievement is not supported | | Department must submit accurate, relevant and timely information (portfolio of evidence).The department to also indicate corrective measures. |
| # | BTO : 17 | Financial Management | Reduction of Qualifying paragraphs from AG Findings by 30 June 2025 | # | Opex | 4 | 4 | N/A | 1 | | The paragraphs have been reduced from 4 to 1 | Auditor General Report. The paragraphs have been reduced from 4 to 1 | Portfolio of evidence not submitted, therefore the achievement is not supported | | Department must submit accurate, relevant and timely information (portfolio of evidence).The department to also indicate corrective measures. |
| # | BTO : 18 | Financial Management | Adjustment Budget submitted to Council by 28 Feb 2025 | Date | Opex | 1 | 1 | N/A | 5 | | | Budget Adjustment approved by Council | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |

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| # | BTO : 19 | Financial Management | Submission of a Draft Budget to Council by 31 March 2025 | Date | Opex | 1 | 1 | 1 | 3 | None | None | Draft Budget submitted to Council by 31 March 2025 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| # | BTO : 20 | Financial Management | Approved and Adoption of Budget by Council by 31 May 2025 | Date | Opex | 1 | 1 | 1 | 3 | None | None | Budget approved and adopted by Council by 31 May 2025 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| # | BTO : 21 | Financial Management | Review and updating of Indigent Register by 30 June 2025 | Date | Opex | 1 | 4 | 1 | 3 | | | Indigent Register Report reviewed and updated | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| # | BTO : 22 | Financial Management | Reduction of overtime by 30% | % | Opex | New | 30% | 19% | 3 | | | Quarterly Cost Curtailment Reports | Reported as not achieved by the department. | | Challenges within the institution must be resolved, if not the overtime will continue and will reflect negatively |
| # | BTO : 23 | Financial Management | Reduction of UIFW by 50% by end of June 2025 | % | Opex | New | 50% | 30% | 2 | | | Quarterly Deviation Reports | Reported as not achieved by the department. | | |

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| # | BTO : 24 | Organization al Development | # of Quarterly Performance Files submitted to Internal Audit within 13 days after each Quarter | # | Opex | 4 | 4 | 4 | 3 | A quarterly requirem ent | | Quarterly Performance Reports with PoEs | None alignment of reporting dates when KPI were set in SDBIP | | Aligned dates (at least 15days after the end of quarter) in the new financial year. |
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| 2024/2025 ANNUAL SERVICE DELIVERY AND BUDGET IMPLEMENTATION PLAN FOR THE 2024/25 FY | | | | | | | | | | | | | | |
| INFRASTRUCTURE SERVICES | | | | | | | | | | | | | | |
| DIRECTOR INFRASTRUCTURE SERVICES: MR. F.N. SHABANGU | | | | | REPORTING AUTHORITY: MUNICIPAL MANAGER: MR L. CINDI | | | | | | | | | |
| IDP Ref. No. | Strategic Objectives | Key Performance Indicator (Activity / Project / Key Initiative) | Unit of Measurement | Source of Funding | 2023/24 Baseline | 2024/25 Annual Target | Annual Performance for 2024/25 FY | Personal Score Rating (1 to 5) | Reasons for Deviations | Remedial Action | Portfolio of Evidence | Findings | Legend | Internal Audit Recommendations |
| IS: 01 | Basic Service Delivery | % of grant expenditure spent by 30 June 2025 | % | Capex | 100% | 100% | 100% | 3 | None | None | Signed monthly grant expenditure reports submitted to Council, CoGhsTA and PT | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported |  | None |
| IS: 02 | Basic Service Delivery | # of monthly grant expenditure (MIG & INEP) reports (DORA) submitted by 07th of each month | # | Capex | 12 | 12 | 12 | 3 | None | None | Signed monthly expenditure reports submitted to Council, CoGshTA & PT | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported |  | None |

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| IS: 03 | Basic Service Delivery | # of approved PMU project Implementation Plans by 30 June 2025 | # | Capex | 1 | 1 | 1 | 3 | None | None | Signed monthly expenditure reports submitted to Council, CoGSHTA & PT | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| IS: 04 | Basic Service Delivery | # of existing formal households provided with potable water by 30 June 2025 | # | Opex | 14 750 | 14 750 | 12 363 | 2 | The current billing report not aligned with the total number of allocated HH | Utilise Accurate Billing Report | Billing Report | Billing report submitted has 12534 houses including business , target for this KPI is 14 750 | | Relevant, complete and accrute portfolio of evidence must be submitted to support the achievement |
| IS: 05 | Basic Service Delivery | # of existing formal households provided with sanitation services by 30 June 2025 | # | Opex | 14 750 | 14 750 | 12616 | 2 | The current billing report not aligned with the total number of allocated HH | Utilise Accurate Billing Report | Billing Report | Billing report submitted has 12534 houses including business , target for this KPI is 14 750 | | Relevant, complete and accrute portfolio of evidence must be submitted to support the achievement |
| IS: 06 | Basic Service Delivery | # of existing formal households provided with electrical services by 30 June 2025 | # | Opex | 14 750 | 14 750 | 6752 | 2 | The current billing report not aligned with the total number of | Utilise Accurate Billing Report | Billing Report | Billing report submitted has 6752 houses including business , target for this KPI is 14 750 | | Relevant, complete and accurate portfolio of evidence must be submitted to |

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| | | | | | | | | | allocated HH | | | | | support the achievem ent |
| IS: 07 | Basic Service Delivery | # of KM of gravel roads maintained by 30 June 2025 | KM | Opex | 30 | 40 | 51,90 | 5 | None | None | Monthly report | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| IS: 08 | Basic Service Delivery | # of m ² of tarred roads maintained by 30 June 2025 | M ² | Opex | 3 000 | 3 000 | 8560,72 | 5 | None | None | Monthly Report | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| IS: 09 | Basic Service Delivery | # of highmast lights maintained by 30 June 2025 | # | Opex | 87 | 87 | 75 of 87 [86%] | 2 | | 86% of total high mast lights workin g | | The department reported only 74 high mast lights are functional | | The departme nt to indicate reasons for deviation s and collective measure s. |

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| IS: 10 | Basic Service Delivery | # of KM of storm water infrastructure maintained by 30 June 2025 | # | Opex | 30 | 40 | 39.2 | 2 | Lack of adequate machinery | Procurement of machinery | Monthly Report | 39.2 km of stormwater maintained at the end of financial year | | The department to indicate reasons for deviations and collective measures. |
| IS: 11 | Basic Service Delivery | # of new formal households provided with water service connections (Balfour North) by 30 June 2025 | # | Opex | New | 343 | 0 | 2 | Designs approved, lack of funding for implementing the project. | Apply for Funding | Monthly Report | Reported as not achieved by the department. | | Department must plan properly when they set targets, reason for not achieving stated indicates that there was not planning when they target for the quarter was set. |
| IS: 12 | Basic Service Delivery | # of new formal households provided with sewer service connections (Balfour North) by 30 June 2025 | # | Opex | New | 343 | 0 | 2 | Designs approved, lack of funding for implementing the project. | Apply for Funding | | Reported as not achieved by the department. | | Department must plan properly when they set targets, reason for not achieving stated indicates that the was not planning when they |

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| | | | | | | | | | | | | | target for the quarter was set. |
| IS: 13 | Basic Service Delivery | # of new formal households provided with electricity service connections (Balfour North) by 30 June 2025 | # | Opex | New | 343 | 0 | 2 | Designs approved , lack of funding for implementing the project. | Apply for Fundin g | Monthly reports | Reported as not achieved by the department. | Departm ent must plan properly when they set targets, reason for not achieving stated indicates that there was not planning when they target for the quarter was set. |
| IS: 14 | Basic Service Delivery | % of Water Quality Compliance Levels as per analysis certificates (SANS 241) - Blue Drop | % | Opex | 5% | 60% | 0% | 2 | The Municipa lity is currently at 65% of blue drop complian ce for the annual performa nce ending June 2025 | | Complianc e certificates | Portfolio of evidence for this key performance indicator not submitted | Departm ent must submit accurate, relevant and timely informati on (portfolio of evidence).The departme nt to also |

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| | | | | | | | | | | | | | indicate correctiv e measure s. |
| IS: 15 | Basic Service Delivery | % of Waste Water Quality Compliance Levels as per analysis certificates (SANS 241) - Green Drop | % | Opex | 5% | 60% | 0% | 2 | WWTWs plants operation al, due to theft and vandalis m | | Complianc e Certificate | Portfolio of evidence for this key performance indicator not submitted | Departm ent must submit accurate, relevant and timely informati on (portfolio of evidence) .The departme nt to also indicate correctiv e measure s. |
| IS: 16 | Financial Managem ent | % of reduction of unaccounted water losses by 30 June 2025 | % | Opex | 40% | 35% | 39% | 2 | Aging Infrastruc ture [Asbesto s pipes] | | Installation of PVC pipes to reduce water loss And to install smart meters | Portfolio of evidence for this key performance indicator not submitted | Departm ent must submit accurate, relevant and timely informati on (portfolio of evidence) .The departme nt to also indicate |

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| | | | | | | | | | | | | | | corrective measures. |
| IS: 17 | Financial Management | % of reduction of unaccounted electricity losses by 30 June 2025 | % | Opex | 40% | 35% | 27,33% | 2 | | | | | | |
| IS: 18 | Good Governance | # of Infrastructure Project Steering Committee meetings convened by 30 June 2025 | # | Opex | New | 11 | 7 | 3 | | | | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| IS: 19 | Financial Management | Reduction of overtime by 30% | % | Opex | New | 30% | 20% | 2 | Shortage of staff | Appointment of Qualified Personnel | Monthly report | Reported as not achieved by the department. | | None |
| IS: 20 | Financial Management | Reduction of UIFW by 50% by end of June 2025 | % | Opex | New | 50% | 37% | 2 | Emergency breakdowns | Develop procurement plan | Monthly Reports on UIFW | Reported as not achieved by the department. | | Develop Proper procurement plan |

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| IS: 21 | Organizational Development | # of Quarterly Performance Files submitted to Internal Audit within 10 days after each Quarter | # | Opex | 4 | 4 | 4 | 3 | | | Quarterly Performance Reports with PoEs | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| IS: 22 | Good Governance | % of Resolved AG Findings by 20 June 2025 | # | Opex | New | 100% | 100% | 2 | Limited resources- (finances) | Resolving of Audit Action plan | Web enabler Audit action plan Report | Reported as not achieved by the department. | | Resolved AG findings on the Website |
| IS: 23 | Financial Management | Implementation of Risk Mitigations | # | Opex | New | 2 | 2 | 2 | Lack of funds | Implementation of Risk register plan | Risk Mitigation Report | Reported as not achieved by the department. | | Fully implementation risk register |
| IS.24 | Financial Management | % of Revenue Collection Rate | % | Opex | New | 7 | 4 | 2 | Revenue Collection not properly registered | BTO to submit reports | Billing Report | Reported as not achieved by the department. | | Obtain billing report |

| DIPALESENG LOCAL MUNICIPALITY (MP 306) | | | | | | | | | | | | | | |
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| 2024/2025 SERVICE DELIVERY AND BUDGET IMPLEMENTATION PLAN | | | | | | | | | | | | | | |
| COMMUNITY SERVICES AND PUBLIC SAFETY | | | | | | | | | | | | | | |
| DIRECTOR COMMUNITY SERVICES AND PUBLIC SAFETY: MR T.B.W. DLAMINI | | | | | | REPORTING AUTHORITY: MUNICIPAL MANAGER: MR. L. CINDI | | | | | | | | |

| IDP Ref. No. | Strategic Objectives | Key Performance Indicator (Activity / Project / Key Initiative) | Unit of Measurement | Source of Funding | 2023/24 Baseline | 2024/25 Annual Target | Actual Performance (End of June, Q4) | Personal Score Rating (1 to 5) | Reasons for Deviations | Remedial Action | Portfolio of Evidence | Listings | Findings | Legend | Internal Audit Recommendations |
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| 1 | CSP S: 01 | Basic Service Delivery # of existing formal households provided with refuse services by 30 June 2025 | # | Opex | 14 750 | 14 750 | 11153 | 3 | Target Achieved | None | Monthly Billing Report | Billing Report for April | Portfolio of evidence for this key performance indicator not submitted, internal audit is unable to quality assure the 14 750 achievement reported by the department. | | Department must submit accurate, relevant and timely information (portfolio of evidence). |

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| 2 | CSP S: 02 | Basic Service Delivery | # of new formal households provided with solid waste services (Balfour North) by 30 June 2025 | # | Opex | New | 343 | 0 | 1 | No additional new households registered on the billing system by the end of Jan, Q3. | Consistent verification of new registration on the billing system. | New Consumer Accounts and Monthly Billing System | Billing report Jan, Waste Collection Schedule | No additional new households registered on the billing system by the end of the year. | | Consistent verification of new registration on the billing system. |
| 3 | CSP S: 03 | Basic Service Delivery | # of External Audits of the Landfill Sites conducted by 30 June 2025 | # | Opex | New | 1 | 1 | 3 | Target Achieved | None | 3 External Audit of Landfill Sites | External audit landfill sites licences | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| 4 | CSP S: 04 | Basic Service Delivery | # of revised Disaster Management Plan by 31 March 2025 | # | Opex | 1 | 1 | 1 | 3 | Target achieved | None | Approved Disaster Management Plan | Approved disaster management plan | Portfolio of evidence for this key performance indicator not submitted, internal audit is unable to quality assure the 1 achievement reported by the | | Department must submit accurate, relevant and timely information (portfolio of evidence). |

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| | | | | | | | | | | | | | | departme nt. | | |
| 5 | CSP S: 05 | Basic Service Delivery | # of revised Physical Security Plan by 31 March 2025 | # | Opex | 1 | 1 | 1 | 3 | Target achieved | None | Approved Physical Security Plan | Physical Security plan | Draft security plan submitted | | Department must submit approved security plan |
| 6 | CSP S: 06 | Basic Service Delivery | # of traffic law enforceme nts conducted by 30 June 2025 | # | Opex | 1 | 1 620 | 2155 | 3 | Target Achieved | None | Quarterly reports on Traffic Law Enforcement Reports | April report on law enforcem ent activities. | The actual performan ce has been supported with relevant and complete evidence, therefore the achievem ent is supported | | None |
| 7 | CSP S: 07 | Basic Service Delivery | # of incident reports on structural fires occurring in informal settlement s by 30 June 2025 | # | Opex | 4 | 4 | 4 | 3 | No incidents reported | Preventi on and safety measur es in place for any anticipa ted incident s | # of Quarterly Incident Reports | N/A | The actual performan ce has been supported with relevant and complete evidence, therefore the achievem | | None |

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| | | | | | | | | | | | | | | ent is supported | | |
| 8 | CSP S: 08 | Basic Service Delivery | # of community members utilizing Library Services by 30 June 2025 | # | Opex | 5800 | 5 800 | 10109 | 3 | Target Achieved | None | Monthly Reports on Patrons visiting Libraries | Patron register for April 25 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| 9 | CSP S: 09 | Basic Service Delivery | # of reports on municipal buildings maintained by 30 June 2025 | # | Opex | 11 | 11 | 11 | 3 | Target Achieved | None | # of monthly reports submitted to MayCo | April report 25 | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |

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| 10 | CSP S: 10 | Good Governance | # of Quarterly Community Safety Forums convened by 30 June 2025 | # | Opex | 4 | 4 | 4 | 3 | Target Achieved | None | Agendas issued / Minutes of meetings and attendance register | CSF meeting | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | None |
| 11 | CSP S: 11 | Good Governance | # of Quarterly Waste Management Awareness Campaigns convened by 30 June 2025 | # | Opex | 4 | 4 | 4 | 3 | Target achieved | None | Agendas issued / Minutes of meetings and attendance register | | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | None |
| 12 | CSP S: 12 | Good Governance & Public Participation | # of Community Surveys Conducted in the provision of emergency services by 30 June 2025 | # | Opex | 4 | 4 | 3 | 3 | Target partially Achieved | None | # of questionnaires and signed survey reports | | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | None |

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| 13 | CSP S: 13 | Good Governance & Public Participation | # of by-law awareness campaigns conducted by 30 June 2025 | # | Opex | 4 | 4 | 3 | 3 | Target partially Achieved | None | Attendance Register of awareness campaigns / Photo logs | Awareness campaign conducted on Jan 25. | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | None |
| 14 | CSP S: 14 | Good Governance & Public Participation | # of Traffic Safety Awareness Campaigns conducted by 30 June 2025 | # | Opex | 12 | 12 | 7 | 2 | Target not Achieved | None | Attendance Register of awareness campaigns / Photo logs | Campaigns conducted at N3, 9 Jan 25 | 3rd quarter portfolio of evidence not submitted | Department must submit accurate, relevant and timely information (portfolio of evidence). |
| 15 | CSP S: 15 | Good Governance & Public Participation | # of Transversal Activities conducted by 30 June 2025 | # | Opex | 20 | 20 | 10 | 2 | Target not Achieved | budgetary constraints | Invitations / Attendance Registers / Photo Logs | + | Key performance indicator reported as not achieved by the department | Department should adhere to set quarterly targets. |
| 16 | CSP S: 16 | Good Governance & Public Participation | # of HIV / Aids Awareness campaigns conducted by 30 June 2025 | # | Opex | 4 | 4 | 4 | 3 | Target Achieved | budgetary constraints | Invitations / Attendance Registers / Photo Logs | Report on HIV/AIDS workshop conducted 28 Jan 25 at GSDM by SALGA. | The actual performance has been supported with relevant and complete evidence, therefore the achievement | None |

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| | | | | | | | | | | | | | ent is supported | | | |
| 17 | CSP S: 17 | Good Governance | # of monthly reports submitted into the functionality of Library to Portfolio Committee and MayCo | # | Opex | 11 | 11 | 11 | 3 | Target Achieved | None | # of monthly reports submitted to Portfolio Committee and MayCo | Jan Monthly report on library activities | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| 18 | CSP S: 18 | Good Governance | Annual Review of the Integrated Waste Management Plan by 30 March 2025 | # | Opex | 1 | 1 | 1 | 3 | Target achieved | None | Approved Integrated Waste Management Plan by Council | None | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| 19 | CSP S: 19 | Good Governance | Development of a Traffic Management Plan by 30 March 2025 | # | Opex | 1 | 1 | 1 | 3 | Target achieved | None | Approved Traffic Management Plan by Council | None | Portfolio of evidence for this key performance | | Department should adhere to set quarterly targets. |

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| | | | | | | | | | | | | | | indicator not submitted | | |
| 20 | CSP S: 20 | Financial Management | Reduction of overtime by 30% | % | Opex | New | 30% | 30% | 3 | Overtime reduces compared to Q1 | None | Quarterly Cost Curtailment Reports | Jan cost curtailment report | Incomplete portfolio of evidence submitted | | Quarterly Cost Curtailment Reports for 1st, 2nd and 4th quarter not submitted |
| 21 | CSP S: 21 | Financial Management | Reduction of UIFW by 50% by end of June 2025 | % | Opex | New | 50% | 50% | 3 | No UIFW incurred | No UIFW incurred | Quarterly Deviation Reports | Deviation Report | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |
| 22 | CSP S: 22 | Organizational Development | # of Quarterly Performance Files submitted to Internal Audit within 10 days after each Quarter | # | Opex | 5 | 4 | 4 | 3 | Target achieved | | Quarterly Performance Reports with PoEs | | The actual performance has been supported with relevant and complete evidence, therefore the achievement is supported | | None |

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| 23 | CS PS : 23 | Good Governan ce | % of Resolved AG Findings by 20 June 2025 | # | Opex | New | 100% | 50% | Not achiev ed | 2 | Not achiev ed | Slow implementatio n of schedule 6 | Quarterl y Updated Audit action plan report | Indicator reported as not achieved | | Improve implementation of action plan |
| 24 | CS PS : 24 | Financial Managem ent | Implement ation of Risk Mitigations | # | Opex | New | 2 | 2 | Achiev ed | 3 | None | None | Quartely Risk Mitigatio n report | Quartely Risk Mitigation report | | None |
| 25 | CS PS :25 | Financial Managem ent | % of Revenue Collection Rate | % | Opex | New | 100% | 100% | Achiev ed | 3 | None | None | Progres s report of financial recovery plan and funding plan. | Progress report of financial recovery plan and funding plan. | | None |